

https://dspace.org/

HIV, gender, and civil society: a Botswana case study

Pulizzi, Scott

2016-11-02

http://hdl.handle.net/10539/21360

Pulizzi, Scott, (2016) HIV, gender and civil society: a Botswana case study, University of Witwatersrand, Johannesburg,< http://wiredspace.wits.ac.za/handle/10539/21360>

Downloaded from a DSpace repository. https://dspace.org/

HIV, Gender, and Civil Society

A Botswana Case Study

Scott Pulizzi

Student ID: #0603077F

A thesis submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy in the Political Studies Department, Faculty of Humanities,
University of Witwatersrand, Johannesburg, South Africa
8 March 2015

Abstract

HIV is the most pressing public health and development challenge facing Botswana. Reducing gender-related vulnerability to HIV is one of the top priorities of the government and its development partners. Civil society organisations (CSOs) have been identified as crucial in these efforts. As a result, civil society has grown in Botswana, in both numbers and size, to deliver services such as home-based care, counselling, and testing. Yet to reduce gendered vulnerability to HIV, social and human development goals must be met in several sectors of society. The focus on HIV-related services has implications in practise, policy, and theory that may compromise long-term development aims and co-opt civil society. This research draws on critical theory and uses action research methods to investigate the role of civil society in Botswana for reducing gendered vulnerability to HIV, now and in the future.

The case of Botswana is a crucial one, as it has one of the highest HIV prevalence rates, as well as the resources, both domestic and from partners, to mobilise a comprehensive response. The combination of these factors has afforded the opportunity to gain insights to inform civil society theory and development approaches in both policy and practise to improve the HIV response and civil society's role in it. Through a literature review, interviews with key informants, a survey, and a workshop, this research found that the HIV response in Botswana is addressing many of the issues suggested by global development partners, such as UNAIDS, at the policy level, though implementation is lacking, especially concerning male involvement in gender programming. It found that efforts to meet the immediate needs are in place, but the long-term strategic interests are only incrementally addressed. This suggests that HIV is causing a development deficit. Additionally, the roles that CSOs serve in the response are focussed on serving these immediate needs, making it increasingly difficult for the response to effect broader social change to achieve gender equality and development. Civil society is taking on more responsibility in the public sector, which puts it in a vulnerable position. Its role needs to be reconceptualised in the HIV response and in development more broadly.

This research proposes theoretical and policy implications to inform civil society-state relations; approaches to address complicated social development issues, such as gender-based violence; and offers an 18-point analytical framework to address operational and programmatic capacities in civil society. The framework offers a new category for the dynamic analysis of civil society organisations while working with the state called 'civil agents'. It also describes the bridge function that CSOs serve when working with key populations, such as sexual minorities, in criminalised settings. Together these theoretical and policy implications can contribute to the understanding of civil society in the HIV response, and gender equity in the context of the post-2015 global development agenda.

Key words: Civil Society Organisations, Non-governmental Organisations, HIV, Gender, Botswana, Development, Critical Theory, Action Research

Declaration

I declare that HIV, Gender, and Civil Society, A Botswana Case Study is my own work, that it has not been submitted for any degree or examination in any other university, and that all sources I have used or quoted have been indicated and acknowledged by complete references.



Scott Pulizzi
8 December 2015

Acknowledgements

I am grateful for the support that I have received for this research. The staff at the Botswana Council of NGOs (BOCONGO) showed me the civil society situation. Staff from the Women's Affairs Division explained the policy landscape and the history of the women's movement. The partners at the Ministry of Health gave me guidance on my methods. Colleagues at the University of Botswana helped me understand the history of social movements in the country. Staff at the Botswana Network of AIDS Service Organisations (BONASO) provided insights into civil society and government relations. Finally, friends at the Ministry of Education showed me the depth and breadth of the country.

This research would not have been possible without the input from colleagues at the Botswana Network of AIDS and Law (BONELA), Emang Basadi, the Botswana Christian AIDS Intervention Programme (BOCAIP), the Botswana Network of People Living with HIV and AIDS (BONEPWA), Women Against Rape (WAR), Education Development Center, Inc. (EDC), Kagisano Society Women's Shelter, Johns Hopkins University (Center for Communication Programs, Botswana), Family Health International (FHI 360), Stepping Stones International, and the Botswana Teachers Union (BTU).

Special thanks go to the hundreds of teachers I worked with throughout the country from whom, through their efforts to better serve their learners, I learned about the rich Tswana culture and the meaning of botho.

I am also grateful for the input of development partners, specifically the BOTUSA project (a collaboration between the Botswana Ministry of Health and the US Centers for Disease Control and Prevention), the United States Agency for International Development (USAID), and the African Comprehensive HIV/AIDS Partnership (ACHAP).

Thanks to Mo. and Mk. for your warm support and your reminders about the important things in life.

I would like to thank Shireen Hassim, Professor of Politics; Robert Thornton, Professor of Anthropology; Ursula Scheidegger, Department of Political Studies; and Daryl Glaser, Professor of Politics, University of Witwatersrand, for their input into this research.

Finally, but not least, I would like to acknowledge and give thanks for the guidance, encouragement, and support of my adviser Sheila Meintjes, Professor in Political Studies, University of Witwatersrand.

Dedication

This research is dedicated to my grandfather, Peter Pulizzi, who motivated me for life-long learning; my mother, Kathy Pulizzi, for showing me that it is never too late in life to have academic aspirations and that with dedication and discipline we can achieve them; and my father, Matt Pulizzi, for showing me that hard work, creativity, respect for others, and a sense of humour are the metrics of success.

Most of all, I dedicate this work to my loving and supportive wife, Cindy J. Wong. She pioneered the path, becoming the first in our family to earn a PhD, and then she encouraged me through my work. You are the love of my life, and you inspire me to do the best that I can each and every day.

Contents

Abstract ii

Declaration iii

Acknowledgements iv

Dedication vi

Contents vii

List of Tables ix

List of Acronyms x

Note on Terminology xii

Preface xiii

Chapter 1 – The Research Question 1

- **Problem Statement** 2
- **Gender and HIV** 7
- **The HIV Response in Botswana** 11
- **Civil Society and HIV** 13
- **Research Questions and Methodology** 16
- **Description of the Research Process** 23

Chapter 2 – Methodological Approach 27

- **The Research Setting** 29
- **Case Selection** 37
- **Literature Review and Interviewee Selection** 40
- **Primary Data Collection** 42
- **Persons Interviewed** 50
- **Analysis and Interpretation** 52
- **Synthesis** 55

Chapter 3 – The Botswana Country Context: A Crucial Case 59

- **Country Overview** 60
- **HIV in Botswana** 65
- **Discussing Gendered Vulnerability** 75
- **Locating Civil Society** 87
- **Synthesis** 96

Chapter 4 – Theoretical Critique: From the Bio-medical to the Social 99

- **HIV Programme Theory** 100
- **Critical Theory** 107
- **Theoretical Approaches to Development** 110
- **Gender and Development** 114
- **Political Consensus and Practical Questions** 120
- **Analytical Frameworks for Gender and HIV in Development Practise** 126
- **Synthesis** 130

Chapter 5 – Civil Society Theory: Common Good, Private Means 133
Opening the Space 134
Defining Civil Society 137
Operationalising the Concept in the Development Context 143
Towards an Analytical Framework 155
Synthesis 159
Chapter 6 – The Intersection of Gender, HIV, and Civil Society in Botswana 161
Education, an Entry Point for Civil Society 162
Framing the Answer 168
Voices of the Respondents and Participants 171
Policy Analysis 182
Core Operational Activities of CSOs 201
Synthesis 208
Chapter 7 – Implications for Theory, Policy, and Practise 212
Civil Society in a New Light 213
Theoretical Contributions 223
Bridging Theory to Policy and Practice 233
The Way Forward for HIV, Gender, and Civil Society in Botswana 243
Appendix 1: Data Collection 247
Teacher Survey 248
Workshop Invitation 249
Workshop Agenda and Facilitator's Notes 250
Follow-up Letter 255
Appendix 2: Correspondence with the Government of Botswana 257
Methodological Suggestions 258
Research Permit 259
Bibliography 260
Original Source Data 261
Botswana 264
Civil Society 274
Critical Theory 282
Development Theory 283
Gender 285
HIV and AIDS 292
Methods 299

List of Tables

Table 1: Categories of Analysis (page 182)

Table 2: Functional Categories of Civil Society (page 199)

Table 3: Core Operational Activities of CSOs (page 201)

Table 4: Continuum of Characteristics and Capacities of CSOs (page 221)

Table 5: Operational and Programmatic Implications for Civil Society Policy (page 239)

List of Acronyms

ACHAP	African Comprehensive HIV/AIDS Partnership
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
BDP	Botswana Democratic Party
BOCAIP	Botswana Christian AIDS Intervention Programme
BOCONGO	Botswana Council of NGOs
BONASO	Botswana Network of AIDS Service Organisations
BONELA	Botswana Network on Ethics, Law and HIV/AIDS
BONEPWA	Botswana Network of People Living with HIV and AIDS
BOTUSA	A collaboration between the Botswana Ministry of Health and the US Centers for Disease Control and Prevention
BTU	Botswana Teachers Union
CBO	Community-Based Organisation
CDC	US Centers for Disease Control and Prevention
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSOs	Civil Society Organisations
DfID	Department for International Development (UK)
DMSAC	District Multi-Sectoral AIDS Committee
EDC	Education Development Center, Inc.
FBO	Faith-Based Organisation
FHI 360	Family Health International
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
INGO	International Non-Governmental Organisation
LGBTI	Lesbian, Gay, Bisexual, Transgender, and/or Intersex
MCP	Multiple Concurrent Partners
MDGs	Millennium Development Goals
MSM	Men who have Sex with Men
NAC	National AIDS Council
NACA	National AIDS Coordinating Agency

NGO	Non-Governmental Organisation
NSF	National Strategic Framework
ORID	Objective, Reflective, Interpretive, and Decisional
PEPFAR	President's Emergency Plan for AIDS Relief
PSI	Population Services International
SADC	Southern African Development Community
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WAR	Women Against Rape
WHO	World Health Organisation

Note on Terminology

Batswana, Motswana, Setswana, and Tswana

These terms are used in the popular sense, not the ethnic sense. Therefore, citizens of Botswana are collectively referred to as Batswana and a single citizen as a Motswana. Tswana refers to the culture of the country, and Setswana to the official and lingua franca of the country. When I use Setswana terms, for proverbs or in reference to traditional structures and customs, I put them in italics.

Civil Society Organisation (CSO) and Non-Governmental Organisation (NGO)

Definitions of a CSO are discussed, and a precise working definition for this research is provided. I use CSO as the broader term encompassing NGOs and other CSOs. I use the term NGO primarily when referring to government documents or in direct quotations that specifically use the term.

HIV and AIDS

Earlier in the epidemic it was common to see the term HIV/AIDS in many policy documents and articles. As one is a virus and the other a syndrome, it was not always accurate to treat them as linked. HIV, the virus that causes AIDS, is the broader of the two terms. Therefore, I use HIV response to encompass all aspects of the response, including prevention, treatment, care, and support, and I use the term AIDS when referring to something specific, such as an AIDS-related illness, or in direct quotes and titles.

Preface

This study is the culmination of work I did in Botswana as both a part-time PhD candidate and a development practitioner working in HIV education. In the latter position I worked for an international civil society organisation (CSO), Education Development Center, Inc. (EDC), a Boston-based organisation with development projects in dozens of countries, most of which are in Africa. The organisation's international development projects are primarily funded by the US government though agencies such as the US Agency for International Development (USAID) and the US Centers for Disease Control and Prevention (CDC). The CDC, through the President's Emergency Plan for AIDS Relief (PEPFAR), funded my project in Botswana.

The general arc for this research started with a thought inspired by comment that a colleague made in passing. We were in Lusaka, Zambia, in 2002 when we met someone who had worked in the ministry of education but then left to start his own NGO. After pleasantries were exchanged and we caught up with each other, we parted ways – at which point my colleague said, somewhat derisively, 'Everyone has an NGO these days'. He was a public sector trade unionist, and I worked for a CSO at that time, so the comment stung just a little, and I wondered what was behind that observation.

Prior to enrolling in the PhD programme and shortly after my Zambia visit, I conducted fieldwork, in partnership with a team from the Botswana Ministry of Education and the CDC, from 2002 to 2006. Our objective was to create an HIV education curriculum to reduce the risk of HIV infection of learners, contribute to care and support, and reduce HIV-related stigma and discrimination. The curriculum was designed for use in public schools throughout the country. The fieldwork consisted of travelling throughout the country interviewing learners, teachers, administrators, and parents to discuss the vulnerability and the needs of young people. Through this process I learned how social relations, particularly gender, shape vulnerability, and how gender is shaped by development conditions. As I was working for a CSO partnering with the government, the essential pieces were in place for this research idea to take shape.

Over time I began to realise that there were in fact a lot of CSOs working in the education sector. I wondered what the long-term implications were. The objectives of the projects of my organisation were to help build capacity in the education sector. This relationship therefore afforded me the opportunity to have a conversation about civil society and government relations with my counterparts. We talked about representation, accountability, and sustainability. We took every measure to make our project the best that it could be, and the ideas and actions we took provided an impetus for me to interrogate the larger HIV response in Botswana in this way.

One of the first activities of the project was to travel the country and interview teachers, administrators, parents, and learners about vulnerability to HIV and how it can be addressed through education. Taking a cue from my previous work in facilitation and non-profit organisational development, I used a protocol inspired by Senge's Fifth Discipline (Senge 1996), where I encouraged the informants to explore the root causes of their observations. This method is based on systems thinking that has application in action research (Greenwood and Levin 2007, 58). Through this technique, the main finding was that gendered vulnerability has many root causes and that education could *directly* address only a few, though it could contribute to others. That is to say that individual knowledge and skills mattered, but larger cultural and contextual factors were just as important in shaping gender relations. For example, many informants stated that society needed to change, which requires many actors, including but not limited to education.

My work continued for several more years, and the ideas concerning vulnerability and social change were refined over time, based on my experiences and interactions with people in the political and economic contexts. I write this to explain how my idea came about and to demonstrate that I am not a removed objective researcher on this subject, as I worked on the issue both before and during my studies. During the research for this thesis, I reflexively worked to keep possible bias in check, since the focus was normative, with the aim of reducing vulnerability to HIV. This was the central idea I used to ground

my analysis. My position and experience, though, afforded me great sensitivity to context, which heightened and sharpened my analysis. I constantly questioned my assumptions by journaling my thoughts and observations, and then verifying their validity though key informant interviews and triangulation of data sources. My familiarity with the setting, the developments, the literature, and most crucially the people gave me a unique view on this research.

I applied for the PhD programme at Witwatersrand and was provisionally accepted in 2006. I presented my proposal to the faculty and students in the Department of Political Studies in March 2007 and submitted my research proposal in the later part of 2007. I was subsequently accepted as a full candidate in 2008. My academic fieldwork was conducted from 2008 to 2010. During this time I continued to work for EDC in the field of HIV education. I developed materials and trained teachers in Botswana and several other countries in the region. In 2011, I joined the United Nations Educational, Scientific, and Cultural Organization (UNESCO) in the Section of HIV and Health Education, Division for Peace and Sustainable Development, where I continued my work in HIV curriculum and policy development and teacher training. Simultaneously, from 2011 to 2013 I wrote my thesis. I presented my findings in a seminar at the Political Studies Department in February 2014. Subsequently, I made revisions, considering the input of attendees and the detailed comments of my academic advisor in the months that followed.

My perspective developed over the course of the 2000s through my fieldwork in Botswana and other countries in the region. I worked in the education sector to prevent new HIV infections among adolescents and young people, which required the investigation of gender. I worked with colleagues to find what education could do at the proximal behavioural level. I found that these choices were made in a social context codified in laws, customs, and economic structures that militated against individual choice. This led to questions about how to make systemic change. Systemic change, however, is usually long term and beyond the scope of an individual development project. As I was working for an international CSO with projects in the public sector, I was acutely aware of the issues of accountability and sustainability that outside

organisations, such as mine, had vis-à-vis the host government. Believing in the value of civil society, but with limits, I began a line of inquiry about the role of civil society on the crucial issue of gendered vulnerability to HIV, a major development challenge facing Botswana. This study sets out to investigate and analyse this dynamic.

This study is broken into seven chapters. The first provides an overview of the situation by stating the problem, posing the research questions, and discussing my methods. Chapter 2 discusses the methods used for data collection and analysis and explains the specifics of my field-based data collection. Chapter 3 provides the country context of Botswana by explaining HIV, gender, and civil society in this country. The fourth chapter offers a theoretical critique from gender, development, critical theory, and HIV programme theory. Chapter 5 continues exploring theory, with a focus on civil society. The sixth chapter presents the findings along three analysis categories: The Breadth of the HIV Response in Botswana: The Issues that Civil Society Addresses, The Quality of the HIV Response in Botswana: The Extent to which Change Can Be Sustained, and The Depth of the HIV Response in Botswana: The Roles that Civil Society Serves. The final chapter discusses the theoretical and policy implications and describes a way forward.

This research occurred at the same time that the Botswana government and its development partners were responding to an unprecedented health crisis. HIV incidence climbed at an alarming rate throughout the 1990s; when I began working there in 2002, there was an institutionalised and coordinated response. Botswana has made remarkable strides towards strengthening its health systems and providing free medication to all its citizens in need. Indeed, HIV is no longer a death sentence in Botswana. However, there are social vulnerabilities at the core of prevention, and these need to be addressed to achieve the goals put forth by Botswana's Second National Strategic Framework (NSF) for HIV and AIDS 2010–2016 and its Vision 2016 of gender equality and social development. As Botswana prepares for its next round of strategies and plans, and in the broader post-2015 Sustainable Development Goals context, this research puts forth implications that can inform discussions of reducing gendered vulnerability to HIV and civil society's role in working towards this goal.

Chapter 1 – The Research Question

Problem Statement

This research explains that HIV is one of the most pressing public health concerns in Botswana and that vulnerability to infection has many aspects that are gendered. It argues that a comprehensive response to HIV must go beyond purely bio-medical and health interventions by also addressing human development issues, such as economic, political, legal, and social. It demonstrates that in human and social development, civil society organisations (CSOs) have increased both in role and in number in the past few decades, though their role and functions are not made explicit nor fully understood in development policy and theory. This study proposes theoretical and policy implications for CSOs in the response to HIV, and to gender and development more broadly.

This is a case study of a country with one of the highest rates of HIV prevalence in the world, Botswana. Botswana's strong economy, stable government, and well-resourced development partners make it unique in terms of the HIV response in the Southern African region, and at the same time these assets give Botswana the means for a comprehensive and complete HIV response and a comprehensive development agenda that includes partnership with CSOs. These assets combine to make Botswana a crucial case that can inform other hyper-endemic HIV countries in the region and others with gender and development agendas.

This research comes at a time (2014) when Botswana's major development frameworks, policies, and visions are under review. The current National Strategic Framework for HIV and AIDS dates from 2010 to 2016. The principal development strategy, Vision 2016, also ends in 2016. Globally, the Millennium Development Goals, including those that address HIV and gender, are under review in the United Nations (UN) system and with its partners to create a post-2015 development agenda. It is the aim of this research to analyse these frameworks and inform development implementation in the coming decade. This study discusses the topics of HIV, gender, and civil society over seven chapters. The current chapter provides an overview of the key themes, approaches, and research questions. Chapter 2 describes the methodological approach, and the following

chapter outlines the case of Botswana. The fourth and fifth chapters explain the theoretical framework, drawing primarily on gender, development, critical, and civil society theories. Chapter 6 describes my field-based data collection and applies my three-part analysis tool, exploring the breadth, depth, and quality of civil society in addressing gender in the HIV response. The final chapter discusses conclusions and implications for policy and theory.

Human Immunodeficiency Virus (HIV), the incurable and communicable virus that causes Acquired Immune Deficiency Syndrome (AIDS), is an urgent public health issue. It prompted a UN General Assembly Special Session and Declaration of Commitment titled 'Global Crisis – Global Action'. In Botswana nearly one in five persons is infected (Botswana Government 2009b, 1); according to UNAIDS, Botswana is one of the most highly affected countries in the world (UNAIDS 2011e, 7). The virus threatened to devastate the country by negatively altering the economy, society, government, and health system (Botswana Government 2009d, 10). Treatment has reduced both mortality and morbidity but has only become widely available in recent years, after more than 100,000 AIDS-related deaths (UNAIDS 2009b, 1). The Botswana government demonstrated leadership by mobilising domestic resources and, along with international partners, by rolling out national testing, treatment, and support services. These efforts stopped the progression of the disease and mitigated its effect (Botswana Government 2010b, 29). While progress has been made regarding efforts to care for the infected and affected, an estimated 10,587 persons are newly infected each year, according to the government of Botswana surveillance survey, and these new infections occur most frequently among young women (Botswana Government 2009b, 3). Even with advances in testing, treatment, and support, these new infections are a continuous burden on families and the social welfare system, and thus threaten national development and will exacerbate gender inequality.

HIV is a virus that is transmitted through specific bodily fluids from one person to another: blood, semen, vaginal secretions, and breast milk (US Centers for Disease Control and Prevention [CDC] 2010, 1). The virus attacks the human immune system. It

can take as many as 10 years for HIV to advance to the point where the immune system is weakened so that it increases a person's chances of life-threatening opportunistic infections and cancers, at which point the person is diagnosed with AIDS (AVERT 2012, 1). Infected persons can transmit HIV in the years before AIDS develops and any symptoms occur. Thus, HIV's long latency period means that it travels silently through communities (Mattes and Manning 2004, 191). There is no vaccine for HIV, nor is there a cure for AIDS – but it is preventable. And if proper steps are taken – monitor one's immune system, follow a healthy diet, exercise, take anti-retroviral medicines when necessary, and practise safer sex – one can live a healthy and productive life and prevent further onward transmission (UNAIDS 2011c, 19).

HIV in the region is a complex epidemic that requires a multi-sector response (Kaboyakgosi and Mpule 2008, 303). In addition to the health objectives, many activities in the HIV response simultaneously serve developmental objectives, such as building a health services infrastructure to scale up testing and treatment, advancing a rights-based agenda to challenge stigma and discrimination, and addressing vulnerabilities stemming from social, economic, legal, and political inequalities. The surveillance data show that the HIV epidemic in Botswana is characterised by gender inequality (Botswana Government 2009d), and thus gender and development have been central to the past two NSFs for HIV and AIDS, dating from 2003 until 2016. Addressing gendered vulnerability to HIV requires responders to address gender and development. This is the first central theme of this research.

The increased demands that HIV places on the public sector and the increased resources dedicated to the HIV response are factors that led to a growth in the number of CSOs in Botswana (Kiley and Hovorka 2006, 167). These organisations come from a wide spectrum of missions, capacities, and resources. They include international and national non-governmental organisations (NGOs), trade unions, and community- and faith-based groups. All of these organisations found a role in Botswana's HIV response to advocate and provide services for prevention, treatment, care, and support. These organisations figure prominently in the HIV strategies of the Botswana government and its

international development partners: prevention of new infections, systems strengthening, strategic information management, and scaling up treatment, care, and support (Botswana Government. 2009a, 3). The emerging role that these CSOs perform in national development is the second central theme of this research.

Botswana has a high HIV burden that disproportionately affects women (Botswana Government 2009d). In this way, it is similar to other countries in the Southern Africa region (Barker, Contreras, et al. 2011, 2). What makes Botswana unique, though, is that it has the resources and international partnerships to mobilise a national response in accordance with international recommendations. This affords researchers, policy makers, and programme developers an opportunity to learn of promising policy and practise that can inform other high-burden countries (Mupedziswa 2011, iv). The second Framework states that reducing gendered vulnerability to HIV is a specific objective of the government's response and that civil society is a central partner. The intersection in Botswana of high HIV incidence, a well-resourced national response, and an active civil society sector allows us to look at the fundamental developmental issue of addressing gender inequalities in a new context.

Two-thirds of all people living with HIV are in Sub-Saharan Africa (UNAIDS 2011e, 7). UNAIDS estimates that the HIV prevalence rate among 15–49 year olds in Botswana is 21.9%, making it second only to Swaziland for the world's highest rate; more than 300,000 persons in Botswana are living with the virus, approximately 96,000 of whom have been orphaned (UNAIDS 2013, 1). Preliminary results from the most recent Botswana AIDS Impact Survey HIV (BAIS IV), conducted by the government in 2012–2013, confirm this, but at the time of this writing the final report was not released.

HIV is socially devastating. It affects family, friends, co-workers – everyone in the nation is affected. The implications to social and economic development caused by the loss of human potential are enormous. People who are infected can die at a time in their lives when they are starting and supporting a family, establishing a career, and caring for their elders. HIV is an urgent public health issue: it spreads quickly, there is no cure, and it can

kill in the prime of life. However, through protective behaviours and social protection, supported in part by public health interventions and development programmes, HIV infection can be prevented and its effects can be mitigated.

In Botswana, HIV was first considered to be a disease affecting only homosexual white men, coming to the public's attention as a foreign concern. This gave the virus a sense of 'otherness', resulting in domestic stigma, denial, and myth when the virus eventually spread in Botswana. In this environment it spread silently, so that by 1990 the virus was generalised in the population (Iliffe 2006, 38). The first public health messages were broadcast over the radio; the messages were in English and seemed to be disconnected from daily Tswana life, so HIV initially came to be known as the 'radio disease' (Allen and Heald 2004, 1142). The challenge that development and public health workers faced was that to advocate for individuals to get tested, stigma and denial had to be overcome – the virus had to be perceived by the population as a local concern. The Botswana government took a proactive approach. Former president of Botswana Festus Mogae (1998–2008) said at the International AIDS Conference in 2008 in Mexico City that his administration's decision to implement provider-initiated opt-out testing for HIV was in the public health interest and that 'leaders need to distinguish between human rights, which are absolutely sacrosanct, from civil rights, which are contextual' (Mogae 2008, 2).

The tension between this public health approach for controlling an epidemic, identifying and proactively targeting a problem, and a rights-based approach, which prioritises voluntary action, underscores the complexity of HIV and the public policy barriers that affect implementation of programmes that can reduce new infections and mitigate its effect. For example, the criminalisation of homosexuality and injecting drug use makes it difficult for government programmes to reach key populations at risk for HIV with prevention and other health services. Gender programmes that challenge entrenched patriarchal norms conflict with country ownership that favours traditional structures. The public health approach to testing is mandatory, which conflicts with the rights-based approach of voluntarily knowing one's status. The right to comprehensive sexuality

education conflicts with an abstinence-only education policy. There is the need to keep the disease exceptional to keep public attention on the issue, to overcome misinformation and myths, and to encourage protective behaviours, and the need to normalise the virus within the public health system to provide the maximum benefit for the maximum number of people (Colvin 2011, 1). Still, within these tensions the urgency of action is clear and needed across the spectrum, from bio-medical and commodity-based, medium-term development to objectives for addressing the social determinants.

The social determinants of health are concerned with what makes people vulnerable to disease in a society; they are a central concern of public health work (Wuest et al. 2002, 795). The social determinants related to gendered vulnerability to HIV include education attainment level, cultural equality, economic independence, health status, legal protection, and political representation (United Nations Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa [UN Task Force] 2004, 5):

> Education can impart knowledge and develop skills so that young people can protect themselves from HIV and make healthier life choices. Education also has the potential to provide young people with the skills to be gainfully employed, further mitigating their economic risk. Cultural equality promotes equality in familial and intimate decision-making. Legal equality secures citizenship rights, including legal protection against violence, particularly in marriage, property ownership, and access to capital and business licenses, so that women can achieve financial independence and equal protection under the law. Political representation helps to create supportive policy environments.

These social determinants of HIV demonstrate that it is more than a health issue; it is also a development issue. Therefore, action is needed in several quarters.

Gender and HIV

Women in Botswana are more vulnerable to HIV infection for multiple reasons, particularly biologically, because of the larger mucosal areas for the virus to enter, and socially, because of factors that foster inequalities and violence against women with little control over their sexual lives (Phaladze and Tlou 2006, 24). While there are measures, such as condom use, that can prevent HIV, proper and consistent use of such measures is

not just an issue of individual behavioural choice; it has to also be understood as a social relation (Thornton 2008, 31). The social dimensions of life determine the norms that govern decisions about family, sex, economic independence, and individual rights, and create a context of risk (Mathews 2005, 146).

Inequalities in economic, legal, cultural, and political aspects of life are gendered and contribute to a higher vulnerability to HIV for women than men. Botswana customary law essentially treats women as minors who are subservient to men (Schapera 1955, 28; Renwick 2007, 150). The risk for lesbian, gay, bisexual, transgender, and/or intersex (LGBTI) persons could possibly be highest because the criminalisation, social stigma, and discrimination faced by persons who do not conform to gender norms makes it difficult to have open and safe discussions about health and to access appropriate health services (Phaladze and Tlou 2006, 24). At the time of my fieldwork, only one CSO (BONELA: the Botswana Network on Ethics, Law, and HIV/AIDS) was working with LGBTI persons, and government policy was mostly silent on this issue. There have been some changes with the current NSF; still, more research is needed to understand the risks and needs of sexual minorities in Botswana (Beyrer et al. 2010, 18). The research in this study focuses on the gender vulnerability of women and girls to HIV in the context of heterosexual relations, which is a key driver of the epidemic (Botswana Government 2009d, 11), but will also speak to the vulnerability of men and sexual minorities.

Long-term social change is critical to address many of the drivers of the HIV epidemic in Botswana. These are identified in the first and second Frameworks as multiple concurrent sexual partnerships, adolescent and inter-generational sex, alcohol use and high-risk sex, stigma and discrimination, and gender violence and sexual abuse (Botswana Government 2009d, 11). The most striking finding is that young women and girls are at a much higher risk earlier in life than are boys and young men. The most recent surveillance in Botswana revealed that the prevalence among females is 19.2%, whereas it is 14.1% for males (Botswana Government 2013, 4). A mobile population with multiple concurrent sexual relationships, income inequality, and violence against women and girls characterise the epidemic (Stegling 2004, 230).

In Botswana, sexual networks – links between people through their concurrent sexual partners – are one of the drivers of the epidemic (Botswana Government 2010b, 11). These networks are a manifestation of gender norms. Men are motivated to have multiple partners by a perceived norm of masculinity (McIlwaine and Datta 2004, 487). Women can potentially gain financial security and protection from male partners, which require sexual relations in return (Dintwa 2010, 49). Having multiple sexual partners who are geographically separated, and who in turn have other partners, creates a web of relations and increases risk. In addition, individuals who have recently contracted the virus have a high viral load, making them highly infectious; having sex with multiple, concurrent partners during this time increases the likelihood of onward transmission (Epstein 2007, 61). Though there is some debate on the concurrency theory (see Lurie and Rosenthal 2010, for example), which is discussed in the next chapter, there is no debate that multiple sexual partners increases risk for HIV infection by statistically increasing the possibility of exposure to the virus. Further, when these multiple partners are spread across a wider area, the resulting sexual network opens up more entry points for HIV.

Addressing individual risky behaviours is one aspect of HIV prevention; understanding the relationships and social structures that create these sexual networks is another (Thornton 2009, 1). For example, Botswana, and the Southern Africa region as a whole, has a highly mobile male migrant labour population, which aids in making these sexual networks possible. In Botswana there is a specific national programme called 'O iCheke – Break the Chain', designed to address the issue of multiple concurrent partners (MCPs) among its highly mobile citizens. *O iCheke* means *to check yourself*, and the programme uses social marketing and community interventions to educate people and stimulate public conversation on the risks of concurrent sexual partners (Botswana Government 2009). This programme along with the others in the response, suggests that addressing sexual networks – and trying to reduce MCPs in particular – is part of a multifaceted HIV response.

The UN, the US government, the European Union, and other development partners prioritise gender inequality in their HIV response. Specifically, as stated in the UNAIDS 2011 Political Declaration: Targets and Elimination Commitments, it is a UNAIDS objective to 'eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV' (UNAIDS 2011e, Target 7). Many development partners contribute to a wide range of programmes and policies starting with those specific to HIV, such as voluntary counselling and testing, but also extending to general health services such as for sexual reproductive health and prevention of mother-to-child transmission. The HIV response is rooted in public health, but critical synergies with development sectors, such as poverty reduction and education, are increasingly recognised by UNAIDS as essential (UNAIDS 2011c, 3).

Initially, HIV prevention interventions emphasised individual behaviour change by targeting an apparent knowledge deficit. Botswana, for example, focussed on individual responsibility with the 'ABC strategy': Abstinence, Be faithful, and Condom promotion (Klaits 2009, 6). The theory of change was that if people knew about the HIV risk factors, they would adopt protective behaviours. This treated individual behaviour as purely a cognitive issue and thus independent of context. At its core, though, the objective of reducing gendered inequality requires systemic social change to the context, which includes legal protection; political participation; economic empowerment to earn, save, and invest for economic independence; education for personal empowerment and cultural change; and social relations that are equitable, protective, and nurturing.

Addressing gendered vulnerability to HIV is a development issue as well a public health one, and it is central to the HIV response. In Botswana, this is recognised in the aims of government and its partners. The extent to which the HIV response goes beyond individual knowledge and the bio-medical issues to engage with social change is a major theme of this research.

The HIV Response in Botswana

Botswana is a middle-income country. Its economy is driven by mining, which helped it move from one of the poorest countries at its independence in 1966 to one of the fastest-growing economies (Stegling 2004, 226). While it has wealth it is not distributed equally, as Botswana has one of the highest Gini coefficients in the world (Good 2009, 66).

Botswana has a representative democracy that has been peacefully led by the Botswana Democratic Party (BDP) since independence (Stegling 2004, 227). Botswana is ranked as one of the least corrupt countries in Africa (Transparency International 2011, 3). The quality of democracy is an issue of debate, however. The BDP's hold on power points to pitfalls in the democratic process (Sebudubudu and Osei-Hwedie 2006), which is explored further in Chapter 3.

Despite these advantages, or perhaps because of them, Botswana has one of the highest HIV prevalence rates in the world – 16.9% of the general population is affected (Botswana Government 2013, 4). According to Ian Taylor, 'Botswana is a country of paradoxes: the combination of a burgeoning economy and burgeoning HIV infection rate make the country of profound interest to any discussion on the impact of AIDS on Africa' (Taylor 2004, 157). Its population is relatively small, below 2 million people, but the country's high HIV prevalence rate and comprehensive response afford useful insights to inform the HIV response and international development more broadly.

The HIV response in Botswana includes a complex mix of objectives that range from immediate bio-medical and commodity-based interventions to medium-term infrastructure development and to long-term social change. Because it involves multiple sectors of society, sexual relations, and money, the response is a combination of science and ideology (Pisani 2008, 11). The bio-medical aspects of the response include testing and treatment, condom provision, and male circumcision. To deliver these interventions, the health system needs to be further developed: services and facilities upgraded, technical capacity of staff improved, and coverage expanded.

Botswana established its first plan to address HIV in 1989 and revised it in 1997. Under President Festus Mogae (1998–2008) a National Strategic Plan was developed that aimed to locate HIV within the social and political context by linking the HIV response to the national development plan (Stegling 2004, 231). The plan addresses prevention, treatment, care, support, the legal environment, and response management. The framework recognises that development issues such as poverty and gender inequality drive the epidemic in Botswana (Stegling 2004, 232). President Mogae put in place two national leadership and coordination mechanisms, the National AIDS Council (NAC) and the National AIDS Coordinating Agency (NACA), and mobilised domestic and international resources and partners – including multilaterals, such as UN agencies; national governments, such as the United States; and civil society, both local and international – in the response. NACA coordinates all the development partners who are involvede: UN agencies such as UNAIDS, UNICEF, WHO, and the World Bank; private funds such as African Comprehensive HIV/AIDS Partnership (ACHAP), which is funded by the Bill and Melinda Gates Foundation and Merck Pharmaceuticals; local organisations such as the Botswana Network of AIDS Service Organisations (BONASO) and the Botswana Network on Ethics, Law, and AIDS; and bi-lateral partnerships such as with the US government. The US government partnership also brings in several US-based international NGOs (INGOs), such as Family Health International (FHI 360) and Population Services International (PSI). Church and faith-based groups are also active and organised under networks such as the Botswana Christian AIDS Intervention Programme (BOCAIP). Finally, there are groups that conduct workplace HIV programmes; this includes Debswana, the mining giant; Standard Chartered Bank; and the Botswana Teachers Union (BTU).

When I began working in Botswana in 2002, the government and its partners were scaling up efforts in the country in partnership with the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund). As a middle-income country, Botswana has substantial domestic resources to put towards the HIV response, as evidenced in its most recent UNGASS (United Nations General Assembly Special Session) Country Progress Report (Botswana Government 2010b, 1). Still, there are several sustainable development

issues in which the country needs to invest, such as reducing unemployment, reducing inequality, increasing political participation, and protecting bio-diversity, which are outlined in the national development plan Vision 2016. The position of UNAIDS is that HIV does not have to be seen as a diversion but rather a 'pathfinder and investment opportunity' (UNAIDS 2010, 11). If invested in sustainable change, money allocated for the HIV response can be used to improve health infrastructure, modernise education, address broader health issues and gender inequalities, improve economic opportunities, and achieve gender equality legally, if not politically.

Botswana is an important case because it affords us the opportunity to see the extent to which the HIV response goes beyond the bio-medical and uses HIV resources, as mentioned in the words of UNAIDS, as a 'pathfinder and investment opportunity' for social change. The combination of high prevalence, infrastructure, resources, leadership, and policy give the country the means, opportunity, and motive for an advanced response. The Botswana case is also instructive to the region because policies and approaches are shared throughout the Southern African Development Community (SADC). Gendered vulnerability to HIV is a crucial issue in Botswana, and civil society is putatively central to the response as evidenced by its prominence in the national policy.

Civil Society and HIV

The study of civil society is crucial in the Botswana HIV context because with an increase in the disease burden and a corresponding increase in donor programmes, the number of CSOs has increased; so too has their importance (Renwick 2007, 146). Development partners have urged the involvement of CSOs in Botswana for decades (Carroll and Carroll 2004, 340), and these organisations – including community-based organisations (CBOs), faith-based groups, national and international organisations, trade unions, and INGOs – are critical partners to government in both development and the HIV response (Stegling 2004, 227). There are several definitions of *civil society*, and time is devoted to discussing, defining, distinguishing, and locating them within the HIV response in subsequent chapters. A working definition for our use here is that *civil society* is the realm of organisation that is concerned with public ends and is neither government

nor private business (Young 2000, 158). This includes key responders to HIV in Botswana.

There are many instances in the world where civil society has served public ends, such as representing marginalised groups, advocating for social justice, and providing spaces to strengthen social ties and build democracy. In the Tswana culture of Botswana, debate and decision-making on social issues is frequently done in the traditional village structures of the *kgotla* and is a central aspect of civil society (Maundeni 2004a, 10). Community-based support, especially to orphans and vulnerable children, is where civil society first played a major role in the response (Stegling 2004, 234). Botswana's major development partners – the US government, the UN, the British government, and the European Union – all state the crucial role of CSOs in their HIV response. CSOs have come into favour by governments and donors because they have a social mission, are adaptive and less bureaucratic than government, and in many instances are close to the community beneficiaries (Kamat 2004, 160). CSOs in Botswana offer alternatives to state policy and market forces and have the ability to protect the underserved (Maundeni 2004b, 623).

The spectrum of these groups in Botswana ranges from local service organisations to national advocacy groups and international development and technical support organisations. These include established organisations, such as *Emang Basadi* (Women Stand Up) and Women Against Rape (WAR), that were created to address gender inequality and gender-based violence (GBV) before the large-scale HIV response; organisations that were created in specific response to HIV, such as BONASO and BONELA; and international organisations, such as FHI 360 and PSI. These are accompanied by scores of non-formal community- and church-based organisations that have arisen to meet the needs of their communities. CSOs in Botswana provide social care and support for infected and affected persons, testing and treatment services, advocacy, social marketing campaigns, behaviour change interventions, empowerment programmes, and a wide range of technical support to various line ministries concerned with HIV, such as the ministries of health, education, and home affairs. The women's

movement in Botswana developed nationally in the 1980s after the challenge to the Citizenship Act by Unity Dow, which launched *Emang Basadi* (Carroll and Carroll 2004, 342). Since then, CSOs in the women's movement have driven many of the achievements of gender equality, such as creating the Women's Affairs Division within the government and advocating for the 1995 Beijing Platform of Action to be taken on as the National Gender Framework (Datta 2004, 259).

CSOs have an established role in the Botswana HIV response. Their position between business and state provides a unique opportunity to contribute to the response. The diversity of these organisations in terms of history, size, and scope, among other attributes, suggests that we cannot assume that they all have the same level of representation, capacity, and accountability. CSO funding is also quite diverse: it ranges from organisations funded by small-sum and in-kind donations from individual members to multi-million-dollar grants from high-profile international funders (Kiley and Hovorka 2006, 171). Despite the diversity, these funding sources can all be uncertain in the medium to long term, raising questions about the sustainability of CSO programmes.

The nature of the work that CSOs are doing as part of the response deserves special attention. Initially, CSOs responded to a public health emergency. As treatment has become widely available, though, the HIV burden is changing. Treatment makes HIV in many ways a chronic disease, which can be managed. The number of people living with the virus will place demands on the health sector. This raises questions about the future role that CSOs have as the epidemic changes vis-à-vis the government in providing social services. Modern CSOs in Botswana developed early in response to gender inequalities. As the epidemic intensified, these organisations responded to the needs that HIV created.

It is clear the CSOs in Botswana have been central to the HIV response; however, there are several questions about the future. A clear role for the full range of CSOs to respond to the full range of issues to reduce gendered vulnerability to HIV is yet to be articulated.

Research Questions and Methodology

The aim of this research is to look at the intersection of these different issues. Understanding the need for structural change to address gender inequality and the import of civil society in the HIV response, the following is the main research question: what role do CSOs serve in reducing gendered vulnerability to HIV?

HIV in the development context prompted the idea for this research. Working in development in Southern Africa in the 2000s, as my colleagues fell ill and died, I saw first-hand the devastating effect and omnipresent effects of HIV. As the prevalence grew, the response intensified and affected all sectors of development. I worked on education programmes as a member of an international CSO that provided technical assistance to the Government of Botswana, receiving donor funds through the US PEPFAR programme. I observed that HIV in the education context forced teachers and administrators to address core issues with a new urgency. The rights of teachers and learners were contested in the context of HIV stigma and discrimination; life skills for healthy development and unwanted pregnancy prevention were taught under the threat of HIV infection. Teacher and learner rights, life skills and pregnancy prevention are not new issues for the education sector, but HIV programmes brought a more structured and better-resourced discussion and action plans than previously available in education development programmes. Other development sectors, such as gender equality, poverty reduction, democracy and governance, and human rights, also had HIV programmes – which led to a concern, in some quarters, that HIV was addressed at the expense of other social issues (Good 2009, 87). If this were the case, HIV creates what I would call a development deficit. Alternately, I wondered if through newly resourced programming and policy to advance development, HIV has created a development opportunity? This question of a HIV as a deficit of development opportunity framed my thinking and was sparked by observations in the region.

The second observation concerned the growth of CSOs in Botswana, of which my organisation was one. The urgency of the HIV burden challenged traditional systems and their ability to meet local demand, and CSOs became crucial government partners in

providing grassroots participation and policy implementation (Kaboyakgosi and Mpule 2008, 306). This trend gained momentum as international development funders supported CSOs to provide HIV services. The strongest evidence of this trend was a 2011 open competition from the US Agency for International Development (USAID) for a grant-funded programme of civil society-strengthening, totalling US $20 million over five years. The main objectives of this grant were to build the technical and operational capacity of Botswana-based CSOs to improve HIV and AIDS service delivery (USAID 2011, 8). This move by Botswana's major development partner is clear evidence of civil society's central role and the import that donor agencies place on the public services provided by local and private entities. If the objectives of this grant were realised, CSOs in Botswana would be strengthened and in a position to advance development. However, if these organisations focus strictly on providing HIV and AIDS services, there may be fewer resources for development.

The third issue that I encountered was gender. In my work in education and HIV, I was responsible for leading a team from the Ministry of Education and the US-Botswana partnership, BOTUSA, to develop a national curriculum. We were funded by PEPFAR to consult with teachers and to write, test, and roll out a set of materials for primary and secondary schools to support HIV education. The team's first task in 2002 was to interview teachers and administrators in 22 schools across the country about what they think their learners needed to learn to reduce their vulnerability to HIV. Most responses focussed on knowledge acquisition and a combination of building self-esteem, morality, and personal strength to resist unprotected sex. This was frequently directed at girls, as many respondents believed that that their female learners needed these skills to resist the advances of older boys and men. Teaching boys these skills was also important to the teachers, but there was a gendered responsibility in their view that was sometimes explicitly stated, but many times simply implied.

We also learned that the HIV message had to be contextualised. Our aim was to take the HIV subject from a singular lesson in biology to one that connected to the lives of learners by speaking to their relationships with family, friends, and the community and

the choices they make each day. When we unpacked the learners' typical scenarios to construct context-specific lesson plans, the informants explained the great extent to which social expectations – what it means to be a man or a women – shape behaviour in Tswana culture. Our educational aim was to build confidence and assertiveness in girls and to teach boys how to be empathetic and to understand and cope with vulnerability. As an educator, I understand the importance of nurturing the individual and how knowledge, attitude, and skills can help one make safer choices. However, as a development professional, I also see that individuals make choices within a context that are social and structural. Education played a crucial but limited function in reducing gendered vulnerability.

CSOs play a central but evolving role in the HIV response in Botswana and are well-positioned to address gendered vulnerability. While their role is recognised, most mention of CSOs in policy and planning documents of government and development partners treat them as static entities. This is limiting. CSOs in the HIV response are different from the CSOs of the past because the virus brings new challenges, resources, and activities to a rapidly changing context. This new context raises several questions about the effectiveness of the HIV response, public accountability, and the future of the civil society sector itself. These issues require a systematic analysis and a new theory to inform future policies and programmes.

As we have seen, within the HIV response, CSOs provide many services to communities around prevention, treatment, care, and support, and they are stated as key partners in the strategies of development partners such as UNAIDS, USAID, and the Department for International Development (DfID). The idea behind this development is, as Willis (2005) suggests, that CSOs fit into government restructuring, which is characterised by decentralisation and privatisation, because of the belief that they are more efficient than national public sector government programmes (p. 114). The role of CSOs as service providers appears to be further entrenched by the New Investment Framework proposed by UNAIDS (2011c). The Investment Framework calls for a 'return on investment' by emphasising that donors and policy makers focus on supporting initiatives that will have

long-term dividends. The Framework is designed to move the HIV response towards a strategic and targeted approach (Schwartländer et al. 2011, 2031). The use of such terms as 'investments' and 'dividends' reflects a monetised approach to human development. This idea was also picked up by Stillwaggon (2014) in her article 'Better economic tools for evaluating health and development investments'. Calling for efficient use of resources is certainly an important aim, as the alternative is wasteful. However, this monetised approach appears to be reductionist: it favours services and commodities that can be costed and their effects isolated for attribution, thus demonstrating a 'return on investment'.

While accountability and evidence-based projects are necessary, there is a bias in this approach. It prioritises medicines, male circumcision, and condoms, all of which have evidence of effectiveness through randomised control trials. These strategies are crucial to the response, but they are not the only significant factors, as they address only the bio-medical aspects of the virus. As discussed, vulnerability to HIV is social as well as biological. Social and structural change for empowerment and equality is complex, and progress is difficult to attribute to a single project or policy. As funds became harder to mobilise after the global financial crisis, donors choose to engage in shorter-term interventions that have evidence of a direct effect within the average project cycle of a few years. For example, a programme that provides Nevirapine to pregnant mothers will reduce onward transmission of HIV from the mother to her child with a very high rate of success, and it is very easy to measure the causation of administering the drug and prevention of a new HIV infection – whereas a programme that is designed to empower young girls in decision-making and communication skills, to have the ability to insist that her sexual partner use a condom, for example, will be very hard to measure and to demonstrate conclusively its causal effect. While it is possible for girls in the programme to demonstrate that they have new skills in decision-making and communication, it is quite difficult to know if this will translate to condom use, because the decision to use a condom is shaped not only by her skills, but also by the social context in which the choice is made. This includes condom availability and affordability, her partner's willingness to use a condom, and her partner's willingness to respect her sexual choices.

With a fixed number of resources, donors and governments may 'invest' only in projects whose effect can be measured and demonstrated. Increasingly this is a bio-medical intervention, of a manageable scale, run by purportedly efficient CSOs. While both approaches are needed, the former that gets prioritised at the expense of the latter.

In the literature, many questions are raised about the role of CSOs in modern development, for example:

- As service providers, will CSOs move from grassroots organisations, driven by volunteers and accountable to their members, towards a professionalised staff and a de-politicised agenda accountable only to donors (Kamat 2004, 168)?
- As CSOs' role as service providers makes them reliant on funds from donors and government, how effective and independent can they be to perform more typical CSO functions, such as advocacy (Stegling 2004, 240)?
- As implementers, will CSOs have the agency to affect the social determinants of health (Seckinelgin 2005, 364), or has the HIV-response bureaucracy co-opted CSOs (Maundeni 2004a, 72) and compromised grassroots responses with top-down management (Renwick 2007, 144)?
- Are CSOs still the space between government and economy in the neo-liberal global economic system (Kamat 2004, 158)?
- Does the competition for funds drive innovation, or does it lead to secrecy of lessons learnt and duplication (Eboko 2005, 71)?
- While CSOs are good at leading change and innovating, their reach is small; how can everyone be reached (Pisani 2008, 174)?
- Do CSOs have the absorptive capacity and accountability structures in place to represent key populations at risk for HIV infection (Rau 2006, 290)?
- How can CSOs transition from serving immediate needs (relief) to long-term needs (development) (Seckinelgin 2004, 301)?
- Does the rise of CSOs signal a strengthening democracy or a failure of the state (Diamond 1997, 284)?
- How sustainable are CSOs if they are dependent on donor funding (Lekorwe and Mpabanga 2007, 12)?

This thesis addresses each of these questions by proposing a set of theoretical concepts and policy implications. The HIV epidemic changes over time and so do the CSOs responding to it. The situation has been under-analysed and under-theorised in the current dynamic with implications for the future HIV response. This research maps these issues and develops an analytical framework to examine the issues and to inform policy and programmes for modern civil society's role in addressing the urgent global health and development concerns of HIV and gender inequality.

I draw on aspects of critical and development theories to inform my analysis. Critical theory has been successfully applied to public health work (Coreil 2010a, 69) and HIV in particular (Mathews 2005, 154). Brookfield's (2005) use of critical theory in adult learning approaches to produce insights for social change provides useful tools for this analysis of gendered vulnerability (p. 25). Brookfield proposes seven aims of critical theory that bridge the civil society and gender vulnerability objectives of this research, challenge ideology, contest hegemony, unmask power, overcome alienation, pursue liberation, reclaim reason, and practise democracy (p. 65). Brookfield acknowledges that gender was not theorised by the original critical thinkers in the Frankfurt school (p. 310), but he believes that critical theory is adaptive and capable of more – Tyson (2006), for example, has used critical theory for gender analysis (p. 85). My introduction to critical theory came from Freire (2005); the idea of praxis and critical reflection for action is fundamental to his theorising (p. 66), and this resonated with me as it also fundamental for human development work.

Development theory is the other field of research that informs this work. Development theory is often debated and ever changing, and there is little agreement on a single theory (Schuurman 2009, 831). At its core, though, is the objective of improving the human condition (Peet 1999, 161). Critical theory has been applied in development practise (Chambers 1997, 31) and development theory (Willis 2005, 207). Both critical theory and development theory have normative aims, and as critical theory is reflexive, it critiques the norm (Ingram and Simon-Ingram 1991, xxviii). Escobar (1997) notes that this idea is

echoed in post-development theory, which challenges a norm of development measured by strict economic measures requiring technical solutions to change as a social process (p. 8). Post-development theory has been applied to the subject of HIV (Rahnema 1997, 111). There is a danger, however, that post-development theory offers critique but does not provide alternatives (Willis 2005, 207) and that it could become yet another grand narrative (Janzen 2008, 27). In the thesis, I propose to address this problem by synthesising these theoretical views and offering a revised approach.

Recently, Willis (2005) has suggested that civil society in development theory has become an issue at the theoretical crossroads: a vehicle of local empowerment and grassroots development, while also a tool of global capitalism's neo-liberal agenda of decentralisation and privatisation (p. 114). The topics of gender, civil society, and HIV in a development context call for a theory that is normative, reflexive, and action-oriented. Critical Development Theory as proposed by Schuurman (2009) accommodates emancipation and ideological challenge in modern global systems (p. 836). This application of critical and development theory guided my interpretation of the literature, my development of protocols for interviews and focus groups, and my analysis of the data.

This is a qualitative research project drawing on methods from grounded theory and action research. The aim is to develop a theory for civil society's role in reducing gendered vulnerability to HIV. Qualitative research is useful for understanding the complexity of social structures and formulating further questions, as opposed to research designed simply to test a hypothesis (Mason 1996, 4, 15). Grounded theory, as described by Corbin and Strauss (2008), is a methodology for qualitative research that is designed to investigate complexity for the purpose of theory development by systematically reviewing raw data and field notes, delineating concepts, making connections between them, and expressing these relationships in a theoretical whole (p. 106). Action research is designed to generate knowledge for social action (Greenwood and Levin 2007, 5). Grounded theory and action research work well together, as the former is explicit on the methods to develop theory, while the latter describes how to act (Dick 2007, 398), which

is the aim of this research: to reduce gendered vulnerability to HIV infection. As Brookfield's approach to critical theory is action-oriented, the methods of grounded theory offer a pragmatic complement because they offer techniques for participatory data collection and analysis and for challenging a singular theory as truth, which accommodates critical theory (Gibson 2007, 441, 450, 451).

Description of the Research Process

This research started with a desk review of policy documents from the government of Botswana, donors, UN agencies, published volumes, and peer-reviewed articles. My fieldwork was done in two stages; through my employment and then while I was enrolled as a student. Previous to this study, I worked with the Ministry of Education to develop HIV curriculum from 2002 to 2006; the work required site visits, teacher interviews, learner interviews, and a curriculum/learning review. These activities exposed me to all the regions of Botswana, including visits to schools and administrative offices in Francistown, Serowe, Maun, Kasane, Ghanzi, and Tsabong and frequent visits to Gaborone. During these four years I became familiar with Tswana culture, Botswana's HIV response and its key responders, gender relations, and the discourses on gendered vulnerability to HIV. This professional experience sharpened my sensitivity to the issues, the jargon, and the dynamics, which enhanced the data collection and analysis.

Corbin and Strauss (2008) suggest that experience is a useful attribute in grounded theory (p. 33). However, experience can be a handicap if preconceptions obscure the researcher's relationship with the data (Bachman and Kyngas 1999, 148). I followed the methods of grounded theory and qualitative research to enhance my sensitivity and keep my prejudices in check. The specific methods are explained in Chapter 2. The objective, as Chambers suggests, was to reflect critically on my own values and assumptions and learn through engagement and committed action (Chambers 1997, 108).

I was accepted for full candidature for the degree of Doctor of Philosophy at the University of Witwatersrand in 2008. I conducted my academic fieldwork from 2008 to 2010. I constructed categories of key responders, informed by my desk review and

experience in Botswana, and set out to interview representatives of each category: government staff, members of civil society (local and international), academics, and representatives of the donor community. My sample ended when these categories were adequately addressed – that is, the research guided my data collection until all categories were saturated (Corbin and Strauss 2008, 157). This stage of the fieldwork consisted of several methods: I interviewed key informants from government, civil society, academia, and donors; I surveyed nearly 200 educators charged with teaching adolescent HIV prevention; and I conducted an action research workshop with a sub-set of key informants. I kept detailed memos of each aspect of my data collection, reflected on them, and then constructed categories and mapped key concepts – a process called 'coding' in grounded theory (Corbin and Strauss 2008, 193). It was an iterative process of data collection, reflection, analysis, and theory development (Stringer 2007, 8), designed to produce knowledge claims that promote social action (Greenwood and Levin 2007, 5).

Flowing from my interviews and workshop discussion, I split the analysis into three main areas: *breadth*, *depth*, and *quality* of the response. The *breadth* of the HIV response concerns the issues that civil society addresses. The aim is to demonstrate the range of issues that need to be addressed in the HIV response and the related development efforts and to map out where CSOs are acting so that we can see the extent to which CSOs are working in relation to the whole. I draw on several strategies and frameworks, including the UNAIDS Getting to Zero Strategy 2010–2015, the UN Framework for Action to End Violence Against Women 2008–2015, the 2011 Investment Framework, and the Botswana NSF 2010–2016.

The *depth* of the HIV response concerns the roles that civil society plays. I draw on the wide range of roles described in the theoretical literature and apply that to the Botswana situation to measure the depth of CSO involvement in the response. This section focuses on functions, whereas the previous focus is on issues and topics. I have created a tool that primarily combines Diamond's (1998) theorising on civil society in democracy and governance (p. 218) with applications of civil society in the HIV response described in the UNAIDS Guidance Document for Partnerships with Civil Society (UNAIDS 2011a)

and a substantial amount of updating and expanding through my own theoretical additions.

The *quality* of the HIV response is concerned with the extent to which change can be sustained. I frame this section on a spectrum, with HIV creating a development *deficit* or a development *opportunity* on either side. It is a deficit when the resources in the HIV response are focussed on the narrow aspects of the disease without addressing the underlying structural issues of development. It is an opportunity when the HIV resources, analysis, and discourse are used to effect systemic change. Development is transformational, and we have to look at the programmes with this metric. I analyse the quality and sustainability of the HIV response in terms of practical and strategic interests, drawing on a combination of Molyneux's theorising on gender and development as employed by Connelly et al. (2000, 141) and Gupta's model for transformational and empowerment approaches to gender programmes (Gupta, Whelan, and Allendorf 2003). I complement these conceptual pieces by drawing on updated empirical analysis of HIV and gender programming in Sub-Saharan Africa (Bruce et al. 2011).

The aim of this study, then, is to explore the role of civil society in reducing gendered vulnerability to HIV to advance a theory to inform policies and programmes that address this very pressing public health issue. The theories, data collection, and analysis are described in the following chapters.

Chapter 2 – Methodological Approach

This section describes my general research approach, drawing on action research, grounded theory, and associated qualitative methods. This research uses these tools and methods for the purpose of conducting a case study to develop both theory and policy implications for CSOs in development and the HIV response. I explain how the theories reviewed in this work, namely HIV programme theory, critical and development theory, gender theory, and civil society theory, informed my methodological approach. I also explain the rationale for my case selection of Botswana, how I conducted my literature review, and how I selected interviewees.

I frequently use the first person throughout this study. I recognise that personal pronouns are traditionally discouraged in academic writing because they appear non-objective and anecdotal. However, this research has the normative aim to reduce the vulnerability to HIV infection and promote human development. As stated in the Preface, I have worked on these issues in Botswana for more than 12 years. HIV vulnerability is largely social and relational and, as such, is a construct. Therefore, the response, including civil society's role, is largely social and relational. As I am part of the response, I have insights about the issues, actors, and social context. I am not, nor do I pretend to be, objective. This is an action research study; it is designed to inform policy and practise. My position affords me an opportunity to make a substantive contribution to the larger human development project – which does not mean that this research is not rigorous. My inquiry has been systematic, and my approach and methods are described below in detail.

This chapter describes the methodological approach in broad terms. The details of how the data were collected, organised, analysed, and interpreted are described below. I explain my key informant selection within the national context. I also describe my processes for conducting each interview and for developing protocols for the focus group, survey, and workshop; and my analysis and interpretation methods.

This chapter demonstrates the strengths and limitations of this research methodology so that the analysis that follows will be clear. I explain the theory, starting with the bio-

medical aspects of HIV, and then widen it to discuss the social dimensions. I then describe the data collection and analysis methods in detail.

The Research Setting

This study is aimed at understanding human experience within the complex contexts of the social, political, and economic realms of life. My methods are drawn from the field of qualitative research. As Mason (1996) states, 'Qualitative research is interested in how the social world is interpreted, understood, experienced, or produced'; it recognises the complexity of the social world, so data collection methods are 'sensitive and flexible', and yields analysis that demonstrates an 'understanding of complexity, detail, and context' (p. 4).

The academic aim in undertaking this research is theory development with public policy implications. Theory, as defined in the grounded theory tradition, is 'an explanation of the inter-relationship between and among concepts in order to present a systematic view of what's going on' (Holton 2007, 308). My use of the term *theory*, as Hoover and Donovan (1995) suggest, describes a pragmatic approach to social issues, provides frameworks to interpret data, makes linkages to other research, and provides the means to develop significant meaning from the data (p. 40). The theory then should inform policy choices to reduce gendered vulnerability to HIV.

Development has the normative goal of improving the human condition. For this research, development is defined in Sen's (1999) terms of 'Development as Freedom'; it is about empowerment and realising one's full potential, and not strictly about poverty reduction or aiming for modernisation in the European or North American sense. Development theory in this tradition is about human capacity building and thus introduces metrics for analysis that are not neatly quantifiable or simple, precisely because there are subjective elements. It explains the complexity of life and the interconnectivity of people and the environment. Development theory lays the groundwork to explain social change, both its import and its methods. It explains that development is not linear and that opportunity and equity are the products of complex

social structures – including local culture, which is a product of tradition in the face of contemporary change; history; national politics; and global systems such as the economy and development systems. Development theory thus elevates sensitivity to these connections and provides the vocabulary to describe human progress.

Within these complex systems are institutions of power. These comprise the engines of global capitalism and donor agencies, traditions and conservative culture, local political systems, and ethnic and clan-based public administration. While I am using Sen's definition of development, I recognise that this is not a universal definition. For many, development is viewed primarily in economic terms; see, for example, Easterly's *The Elusive Quest for Growth* (2002) or Sachs' *The End of Poverty* (2005). While they argue with each other about their pessimism and optimism, respectively, for the global development project, their central view of development is economic. This reductionist and universalistic approach discounts difference, and discontent with such a narrow approach has given rise to a critical theory of development, or post-development theory. Critical theory provides a challenge to development approaches that have the singular aim of economic growth. Where some development theories focus only on poverty reduction in economic terms, at the expense of other development factors (Sen 1999), critical theory applied to development urges insight into power dynamics and the effect of empowerment in relation to these dynamics – an important addition to development theory. Post-development theorists, such as Arturo Escobar (1997) and Wolfgang Sachs (2000), explain that the development agencies and supporters of free trade are pushing a strict economic agenda that is technical and top-down, which threatens local and environmental sustainability.

This theoretical approach offers insight into the dynamics studied in this research – that is, the extent to which the development policies of international organisations and the global economic systems affect human relationships. Just as I critique the HIV response for being overly bio-medical (see Chapter 4), post-development theories lay a similar claim of reductionism to the project of development. However, an enduring critique of post-development theory is that it does not propose alternatives. This critique, posed by

Kiely (1999) and others, is explored more fully in Chapter 4. For now, my observation is that I see this critique as an issue of application, rather than a flaw with the theory itself. At this point, I acknowledge the critique and suggest that by combining critical theory approaches with action research objectives I will have a sufficient framework to propose alternatives, as evidenced in Chapter 7.

Action research is a strategy for analysis, social critique, and knowledge generation that promotes social action (Greenwood and Levin 2007, 5). It is a systematic approach to investigation for finding answers to meet the concerns that people face daily (Stringer 2007, 1). This study uses action research because it is concerned with policy and theoretical implications that inform ways to reduce gender-based inequality and prevent new HIV infections. Specifically, the Freirean tradition of critical theory, which uses an inductive process of reflection, social critique, and action (Herr and Anderson 2005, 15), is consistent with my theoretical objective: to develop a theory with a programme and policy purpose. My focus is thus on the policy implications for governments and donors that administer civil society activities aimed at addressing gender and HIV.

At its core, action research is the study of power relations (Greenwood and Levin 2007, 73), which makes it perfectly suited for this research on gendered vulnerability. Action research starts with questions focussing on how things affect key stakeholders, rather than testing a hypothesis (Stringer 2007, 19). My objective is to develop new theoretical concepts to inform policies and programming affecting civil society in the HIV response and development work more broadly. These concepts are intended to be used by development partners, such as the government of Botswana and its National AIDS Coordinating Agency (NACA); UN agencies, such as the United Nations Population Fund (UNFPA), United Nations Development Program (UNDP), and World Bank; bi-lateral donors, such as USAID; and private foundations. Theory generated by action research methods is designed to have wide and meaningful application (Stringer 2007, 187).

In this study, action research is the purpose, theory development is the objective, and grounded theory is the approach. Grounded theory offers the tools for analysis and the creation of theory that emerges from the data. As Bryant and Charmaz (2007) note, 'Grounded theory methods allow for researchers to converse with the data in inductive ways, for the purpose of new discovery, beyond identifying antecedent conditions' (p. 25). The grounded theory techniques are a complement to action research because 'the goal of grounded theory is to generate a theory that accounts for a pattern of behaviour that is relevant for those involved' (Bachman and Kyngas 1999, 151). Grounded theory, developed by Barney Glaser and Anselm Strauss in the 1960s, has evolved into different methods of interpreting data, where Glaser used a strict approach, and Strauss, along with Corbin, used a looser one (Reichertz 2007, 215). Grounded theory, in the Corbin and Strauss tradition, is about inductive conversations with the data in order to develop theory. Therefore, I see this interpretation of grounded theory as a complement to action research. Dick (2007) states that 'grounded theory is explicit in how theory is developed and action research is explicit in how to act: both can learn from each other' (p. 398). Wuest, Merritt-Gray, Berman, and Ford-Gilboe point out that 'grounded theory is a research method that is useful to discover dominant social and structural processes that explain behaviour in the situation under study. Grounded theory allows for exploration of the interaction between subjective experience and social structure' (Wuest et al. 2002, 798). It is an inductive method for conversing with the data for the purpose of discovery (Bryant and Charmaz 2007, 25). It also helps to explore experience in relation to social structures and therefore is geared towards the discovery of social determinants of health, and it has been applied in gender research (Wuest et al. 2002, 795). Using the data to generate theory is the essence of grounded theory. The approach captures the context and complexity of human behaviour and the insights to challenge hegemony.

Wuest et al. (2002) comment that grounded theory does not have a strong tradition of participatory applications, but they see no reason why it would not work in this way (p. 802). I have come to the same conclusion, so for this research I drew a connection between action research, which is participatory, and grounded theory, which is inductive and thus provides useful methods for analysing the data that emerge from action research.

Action research is value-laden and concerned with change, and this connects with the underlying theoretical approach for this research, critical theory as applied in development contexts. In this way, participatory forms of action research are connected to the critical theory described by Freire, where one approaches issues through dialogue, debate, analysis, and problematising. The research process, then, is one of iterative reflection and critique. Herr and Anderson (2005) point out that 'conservatism can pull researchers to the norm; it is important for researchers to be critical and not legitimise "unacceptable" social arrangements' (p. 24). In that connection, the explicit goal of this research is to critique dominant social structures, and the methods and approaches selected support this aim.

Although grounded theory is a starting point for change (Glaser, 1978), change is not usually an explicit goal of its research process. However, the purpose of this research is to promote change, and this is why I made connections between critical theory, grounded theory, and action research. Stringer (2007) adds that 'action research, unlike positivist science, is not about an objective body of knowledge that can be generalised to large populations; rather it is about collaboratively building descriptions and interpretations of events that enable groups to form mutually acceptable solutions to problems' (p. 189). Grounded theory, for the purpose of action research, is focussed on how things happen and how they affect stakeholders, not on a testable hypothesis.

These methods are not without their critics. For example, Clarke and Friese (2007) have stated that grounded theory has positivist roots and can sometimes be characterised by oversimplification and lack of reflexivity (p. 369). I have explained that modern grounded theory, in the Corbin and Strauss tradition, and my specific application of it in connection to action research, can address these concerns.

Another concern is raised by Olsen (2007) who points out that grounded theory has been criticised by feminists because of its positivist application (p. 422). In Chapter 4, I drew on feminist approaches to gender relations in the development context. Gender theory provides approaches and insights to investigate inequality and power relations and thus

will inform my critical analysis. Gender theory explains that gender is not essentialist; it is a social construction. Thus, these inequalities and inequities can be addressed through social means. Gender theory informs the direction for action through policies and programmes.

The other central concern of this research is the role of civil society in development and public health. Civil society theory explains what civil society has done and what it can do to promote democracy, civility, and human development. This falls within the political sociology tradition where the relationship between state and society are analysed. As I will explore in further detail in Chapter 5, civil society theory describes the functions and values to society that this sector provides and debates the benefits and limits of its interactions with sectors of society. The increase in the number of CSOs working in development has subsequently increased the import of action research, as many of these organisations are charged with grassroots change. Action research is a strategy that has been used in civil society research to analyse power and generate knowledge for action (Greenwood and Levin 2007, 53, 181).

The combination of critical theory and grounded theory works especially well in the context of HIV and development. HIV programme theory, which is discussed in detail in Chapter 4, describes how HIV vulnerability can be reduced. This theory is rooted in bio-medical research and interventions. Critical theory counter-balances the individual focus of HIV programme theory by bringing in the social dimensions, an analysis of the power structures, and thus a greater understanding of development. Gibson (2007) has pointed out that the pragmatism of grounded theory can be a complement to critical theory (p. 441), where critical theory provides insight and grounded theory the tools. Further, critical theory warns against absolutes, and grounded theory can accommodate context through what Gibson calls continual pushing to infinite sensitivity to tease out the nuance of a given case (p. 451).

Together, these two approaches to research provide conditions to conduct action research. Denzin (2007) deploys critical grounded theory as a means of confronting hegemony and

absolutes and enabling problem solving (p. 468). However, there is the danger of problem solving becoming an absolute as well, thus raising a contradiction in the claim. I interpreted *problem solving* as having a continual reflective and transformational aim, as described by Freire in his book *Pedagogy of the Oppressed* (2005). Drawing on these insights, I come to the same conclusion as Gibson (2007) that the pragmatism of grounded theory complements critical theory (p. 437). Thus, this research brings these theoretical perspectives together in a process of action and reflection with the aim of improving the human condition.

A question could be raised as to why this is not a public health thesis. Public health attempts to bring in the social dimensions of bio-medical issues. Public health is targeted towards disease prevention and health promotion. However, the way that gender vulnerability is viewed in the HIV response is actually more than disease prevention and health promotion. It is fundamentally a development issue because the response requires change on several fronts – including law, politics, economics, and social customs – to achieve equity and equality; the goal in this instance is to address *rights*, which have a health benefit but are concerned with more than just access to health. This thesis is informed by public health but does not seek to advance public health theory. Therefore, this research is aimed at developing an approach within development theory, with a specific focus on civil society.

This work is a case study examining the crucial case of Botswana. Botswana is significant because of the combination of a high HIV prevalence rate, national plans and programmes that identify reducing gender vulnerability as a priority, and a burgeoning civil society sector working in the HIV response. I relied on several forms of data, including secondary data from books, journal articles, and government documents, complemented by interviews, surveys, and focus groups of members of government and civil society. These data are primarily qualitative. To avoid bias creeping in, because of my long association with Botswana before I began this research, I also sought multiple perspectives and deployed data triangulation (Corbin and Strauss 2008, 33).

Grounded theory is a process that takes the researcher back and forth from data to theorisation, which requires a sense of detachment to keep the process in perspective. Where previous knowledge and sensitivity are helpful for maintaining that perspective, those same experiences can bring their own biases. Bachman and Kyngas (1999) suggest that grounded theory accommodates this by recognising that the researcher's experience is another 'data point' that requires analysis (p. 149). This method encourages the researcher to fully develop his or her views and put them alongside others. At the same time, this method recognises and contextualises the researcher's views and turns them from a bias to a source of information. It does not let these views dominate the other sources of data; rather, it confines their importance to simply another data source. Bachman and Kyngas point out that the process of 'bracketing' is a method employed by some researchers in grounded theory. In this process, researchers identify and suspend what they already know in order to process their data without preconceptions (p. 148). However, this method accepts the idea of objectivity as achievable in social science, while in my view this is impossible. While I reject the idea of objectivity used in this sense as if it were natural science, I concede that there can be bias. The insights gained through sensitivity and involvement with the subject matter contrasts with objectivity, which is detached.

These insights are used in this application of grounded theory (Corbin and Strauss 2008, 41). Grounded theory in the Corbin–Strauss tradition accommodates my position and research aims. I have a clear normative aim with this research, which is to prevent new HIV infections by addressing gender vulnerabilities. Gender is a social determinant; it is relational and subjective. I guarded against bias through several reflexive techniques, which are described in detail below. Thus, this is a subjective study with somewhat objective aims. The study of gender, HIV, and civil society in Botswana is a complicated dynamic that requires the researcher to be aware and critical. In the following pages I explain my approach, case selection, and interview sampling; further develop my methods for data collection, analysis, and interpretation; and explain how these together will answer the research question.

Case Selection

This is a qualitative case study of a single country. Theory development through case study is an inductive process (George and Bennett 2004, 111), one that is consistent with grounded theory and action research as described in the previous section, both of which are used in this work. As Bachman and Kyngas (1999) state, 'Grounded theory is a way to do qualitative research and create inductive theory (p. 147). However, while qualitative case studies bring detail to the topic of inquiry, they do not always cover the full range of issues (Patton 1987, 9). This shortcoming is associated with an intention of generalising the findings. My aim here, though, is to capture the complexity of the different dimensions of society that contribute to gendered vulnerability to HIV in Botswana and to develop a theory that has the potential to be used in other contexts. The justification is that in qualitative research, transferability can be achieved through new theory (Herr and Anderson 2005, 6). The methods I applied to this case study are aimed at highlighting complexity. Case studies are ideal for exploring interactions and meaning in human behaviour (Patton 1987, 19–20) and for developing theory (Van Evera 1997, 69). The depth of analysis captured through case study research provides the possibility of conceptual validity, which enables the exploration of causal mechanisms and the generation of new theory (George and Bennett 2004, 21).

In selecting this case, I looked for a combination of factors that would contribute to theory development concerning the topics of HIV, gender, and civil society. I sought a case that would both expand theory and have intrinsic importance (Patton 1987, 53). The critical factors were epidemiological context; a national strategy that reflects global good practices and thus addresses HIV and gender; an active civil society sector in the HIV response; and conditions that could be replicated, in part, by other countries.

At first I looked for a country with a generalised HIV epidemic. According to UNAIDS (2009a), a *generalised epidemic* is when

> HIV is firmly established in the general population and HIV prevalence is consistently over 1% in pregnant women. Although sub-populations with higher risk may continue to contribute disproportionately to the spread of HIV, sexual

> networking in the general population is sufficient to sustain an epidemic independent of subpopulations at higher risk for infection. Prevalence is usually higher in urban areas than in rural areas. Therefore, most countries with generalised epidemics can be modelled as consisting of two distinct sub-populations (an urban population and a rural population). (p. 4)

In 2011 Botswana's the prevalence of HIV among 15–49 year olds was more than 23.4%, the second highest in the world, just below Swaziland (UNAIDS 2012).

In this epidemiological context, the general population is affected and thus the national response takes on a comprehensive agenda that includes social development, rather than a purely health one. In other words, with *concentrated* epidemics (e.g. an HIV prevalence rate of less than 1% of the general population), the response would target key populations such as injecting drug users, men who have sex with men (MSM), or commercial sex workers. With *generalised* epidemics, vulnerability is more pervasive; in addition to health infrastructure development, laws, treatment, and services, the response will have elements of public awareness-raising on sexual reproductive health and economic development, which affect the general population in many ways. As a result, the response becomes part of the national development strategy.

As I discuss in Chapter 3, the Government of Botswana has extensive strategic plans to address HIV, which have directed the government's response through the 1990s. Under President Mogae, the government created NSFs that are comprehensive and reflected the AIDS funding and response bureaucracy of the past decade. The second Framework, has the goal of preventing new HIV infection by 2016. This includes explicitly addressing gender and defining a role for civil society. In the same chapter, I describe how the Botswana response follows global good practises by implementing the recommendations of donor partners such as the Global Fund, UNAIDS, and PEPFAR.

In regard to the case selection, because of the epidemiology of the pandemic, the country most likely to fit the requirements would be from the Southern Africa region. In the Latin

America/Caribbean region there are some countries that have a generalised epidemic, such as Guyana and Suriname, but the pandemic in Southern Africa is the highest in the world, affecting more interconnected countries and with highly mobile populations travelling between them. It therefore seems a public health and development priority to focus the research in that region. Within Southern Africa there are many options; Lesotho, Zambia, and South Africa, among others, all have generalised epidemics. Many countries in the region also have comprehensive strategic plans addressing gender and describing civil society's role, so it might have been plausible to select another country in the region. I chose Botswana because this research developed during the time that I worked in the country. My research question emerged after travelling throughout the country, discussing HIV prevention with parents, teachers, young people, local government administrators, and development partners. At the same time, I was also working with unions in the region and visited most of the neighbouring countries. I have made multiple visits for work on HIV issues to Zambia, Zimbabwe, Malawi, Tanzania, Kenya, Uganda, and South Africa. I also visited and worked closely with organisations in Swaziland, Lesotho, Mozambique, and Rwanda. I have not been to Namibia or Burundi but have worked with organisations there. In short, I am familiar with the HIV situation in East and Southern Africa from my work there since 1999 and Botswana since 2002.

Therefore, much of my research ideas and approaches are informed by these experiences. I travelled most extensively and conducted more interviews and training in Botswana, so that country had the biggest influence on my thinking. Further, because of my experience over several years of working in the country, I was afforded a familiarity with the country context – specifically, knowledge of the HIV situation and the response in terms of policy, CSOs, and development partners. This familiarity gave me a sensitivity and insight that informs the research. The Botswana case can be helpful to the region, as the SADC provides a forum to share good policies and practices. Botswana is on the frontier and likewise provides a good case for theory development.

Literature Review and Interviewee Selection

The literature consulted for this study was extensive, as evidenced in the bibliography, and more than 400 sources were accessed. I organised the literature into themes that are reflected in the bibliography and that formed the basis for the outline of the thesis. Additional reviews of the pertinent literature appear in Chapters 3, 4, and 5.

The objective of the study is to understand the dynamics that create gendered vulnerability to HIV and to understand civil society's role in reducing it. I received assistance from two researchers in the Ministry of Health with whom I was able to discuss my objectives and methods. They recommended that I contact two umbrella groups, BONASO and the Botswana Council of NGOS (BOCONGO), and the Women's Affairs Division of the government. These groups were germane in granting my research permit (see Appendix 2). They recommended that I also contact the Botswana government and multilateral agencies, such as the UN agencies and donors, both bi-lateral (e.g. the US government) and private (e.g. the Gates Foundation, Merck Pharmaceuticals). Of course, the biggest part of my interview sample comprised civil society itself. BOCONGO provided me with a list of its membership – umbrella advocacy groups representing CBOs working throughout the country, faith-based organisations (FBOs), and national service providers, among others – grouped by area of work. I began with the members of BOCONGO, and these key informants referred me to other organisations and individuals. My sampling strategy was a combination of theoretical sampling that comes from the literature review, and chain sampling, where key informants referred me to others who could speak to the issues of this research (Morse 2007:235).

I also interviewed several international CSOs. It is worth noting that in several meetings with project administrators I learned that the US government routinely shares information about grantees and projects in different countries, an effort that is partially promotional but also designed for programmatic improvement – collaboration and information sharing are encouraged, to avoid duplication. In contrast, international CSOs operate in a competitive environment; they compete for project grants, contracts, and other funds,

staff, and reputation and status among professionals and sometimes the general public. It is in the interest of CSO staff to know what each organisation is doing and to learn about their successes and their challenges. Each CSO can be a competitor, a strategic partner, or a future employer – a point I expand on in the analysis.

The University of Botswana is the premier academic institution in the country, and many researchers at the University are undertaking research in the field of HIV, as it is an important topic in the Botswana context. To get a sense of the emerging issues and the stories behind the research, I interviewed a number academics working in the field of HIV and gender. A key interviewee was Professor Seloilwe, PhD, the leader of the Centre for AIDS Research, which was developed with support from the University of Pennsylvania and established in January 2009. I spoke with some of her students as well.

I also wanted to obtain the opinions of Batswana living outside the capital. I travelled around the country conducting HIV training for teachers who worked in the towns, villages, and surrounding rural areas, from Francistown and Phikwe in the east, to Maun in the north, Ghanzi in the west, and Kanye in the south. I administered a survey to 200 teachers on the issue of HIV and gender. The results are discussed in the following chapters; a copy of the survey is located in Appendix 1.

As previously noted, there are multiple definitions of *civil society*, and this is discussed in more detail in Chapter 5. At this stage and for this thesis, *civil society* is defined as the associational life between the private (family) and public spheres (government). Thus, neither the media nor private businesses are part of 'civil society' in this definition. While journalists and the private sector do play an important role in the HIV response, as reflected in the two NSFs on Botswana, they are not part of the associational life that reflects the organisation of 'civil society', according to the definition used in this research.

The objective of the sampling strategy was to obtain the views of the persons who could speak to the critical issues concerning gendered vulnerability to HIV and the role of civil

society in the response. To obtain interviews, I explained my institutional affiliation and the purpose of my research to each potential interviewee and focus group discussant. I was granted an interview with each readily; everyone I interviewed was familiar with Witwatersrand University and believed that the topic was of high importance. A copy of my invitation letter to the workshop and all other interview and data collection protocols are located in Appendix 1. I was fortunate enough to able to interview most of the key informants that I identified from various constituencies, including government, multi-laterals, bi-lateral donors, private donors, and a wide array of CSOs. After I conducted several interviews and the workshop, I constructed a matrix of every organisation working on the issues in Botswana. I compiled the matrix from the information that key informants and workshop participants gave me as well as secondary data from the Internet and government documents. The views that I was able to access reflected the most representative people and organisations working in the HIV field. I captured the viewpoints that helped me answer my key questions.

Primary Data Collection

The primary data collection consisted of two phases. The first phase was conducted through semi-structured interviews through discussion-based problem-solving methods in the context of teacher training workshops. The subsequent research was greatly informed by these experiences.

For the second phase I conducted key informant interviews, facilitated an action research workshop, and administered a survey instrument. My data collection fieldwork was primarily informed by Patton's (1987) guidelines: take descriptive field notes, gather a variety of perspectives, triangulate, use quotations, select key informants wisely, separate descriptive from interpretive, provide formative feedback, and include one's field notes as part of the process (p. 105). Each element is explained in more detail below.

The secondary literature anchored the interview and workshop process by giving me insights into the issues. I learned that gendered vulnerability is principally a social function, that gendered vulnerability to HIV is a concern of policy makers in Botswana

and their development partners, and that civil society plays an important part in the HIV response, but also that there are limits to and concerns about its expanding role. The question then became, what could civil society do to reduce gendered vulnerability in Botswana? I eventually settled on this research question: What role do CSOs serve in reducing gendered vulnerability to HIV? This is the question I posed to members of civil society and government.

Key Informant Interviews

As explained above, the data collection was informed by a literature review that was grouped around the thematic pillars of this research. The literature review was an iterative process that continued throughout my research and writing. At the time I started my interviews I had enough understanding of the situation to create a semi-structured interview protocol. This allowed the research to be grounded and informed, but also flexible and exploratory. The point was to have enough structure to aid comparability and analysis but not at the expense of missing context and meaning and pre-empting the free flow of ideas (Patton 1987, 109). According to Mason (1996), good interviewing means asking good questions, being observant, listening, reflecting, and recording well (p. 46). I kept this in mind throughout the data collection process.

Each interview began with me thanking participants for their time. I then reintroduced myself, stating my name, my institutional affiliation, my academic objective, and my research question. This was followed by a confidentially statement, where I stated that I would not attribute any ideas or quotes if they did not want me to do so. At no point did I ask any questions about the interviewees' personal behaviour or HIV status, nor did I ask them to critique their individual organisation's policy or performance. This research did not involve human subjects. The interview focussed on the broader social issues and sectoral responses to HIV.

The interview technique is based on the ORID method developed by the Institute of Cultural Affairs, where the first Objective question is followed by a Reflective question, then an Interpretive one, and finally a Decisional one. The process moves from a simple

objectively verifiable issue to in-depth analysis (Grayson 2010, 1). This method provides a consistent approach to interviews and guides the thought process, but still allows for individual experiences and organisational perspectives to develop and come through. I spoke to 30 people on this research topic and interviewed 15 in-depth; each of the in-depth interviews followed the same arc, but the content and follow-up questions varied and were driven by the informant themselves. Here is how they worked:

- Objective questions are in the spirit of 'What do we know?' I asked the informant about HIV prevalence in country, with follow-up questions about the gender and age differences. The Botswana AIDS surveillance data are widely reported in the country through professional and public outlets, and everyone I interviewed knew these data, so it was a solid departure point for the interview.
- Reflective questions are meant to explore intuitive understanding of the situation, so I would ask a question about why the informant thinks a Motswana is vulnerable to HIV in Botswana. At this level, informants are not pressed to support their position with facts but rather to reflect on their understanding and experience.
- Interpretive questions ask directly, 'What does it mean?' In this instance, I asked, 'What does vulnerability to HIV mean to Batswana? What does it mean to the country? What does it mean to your organisation?'
- Decisional questions build on the previous questions through a four-stage process designed to elevate insight. The question here is, 'What is to be done about it?' I asked, 'What should be done about gendered vulnerability to HIV? Specifically, what should the government, donors, churches, business, and – most crucially – civil society do about it?'

The ORID method provided a structured process, and I was able to complete this sequence in almost every interview. The conversations were rich, with many ideas, events, and developments discussed. I took notes in each session, organised by the four ORID stages, which I complemented by using a mind-mapping technique to organise the concepts and explore relationships. Mind mapping is a diagramming technique to outline information in a way that helps users visualise ideas and understand the connections

among them. This framework offered a progression but did not require a rigid categorisation.

Note: I did not limit myself to these four questions. While I followed the ORID process, I often posed several questions within each stage, for example:

- Who is driving the agenda in the HIV response?
- How does gender shape the response to HIV?
- Which organisations have emerged to respond? What is their character? How do they relate to their donors [or the government]?
- How has HIV impacted debates about gender and equality?
- How has the participation of CSOs challenged gender paradigms?
- What are the strengths and limits of CSOs in the response?
- What is needed from governments and other development partners to improve the CSO working environment?

When taking notes during the session I tried to capture direct quotes when I could, especially if they stood alone and did not come at the expense of catching the next idea that the person was expressing. I also kept a line of follow-up issues and action items to research, which included names of people to interview, laws and policies to review, and articles and books to read. In the grounded theory tradition of Corbin and Strauss, described above, direct verbatim quotations are important but not at the expense of context; in other words, it is more important to pay attention to the larger picture rather than focus on fidelity to a single quote. The strength of this method is to come at issues from more than one angle; in this way the crucial issues will clearly emerge (Covan 2007, 68). My technique is based on dialogue where I follow up, rephrase, and clarify what the informant has said so that I do not miss anything important. I also created mind maps when I am note taking. I frequently rephrased the idea for the informants to verify that I understand them correctly. In some instances I showed them the map, and we discussed their response in those terms.

Each session ended with me thanking participants for their contributions. I shared my contact details, offered informants the opportunity to add to or change anything that they said, and asked if they wanted me to make any of their comments confidential. At the end of each day, I reviewed the interviews and redrafted my notes into fuller narratives. Following Lempert's (2007) suggestion, I created memos – narratives of the data that signal the beginning of the process of moving from description towards conceptualisation – to facilitate the generation of theory (p. 245).

Workshop

A workshop creates a space for participants to explore issues in depth and provides the opportunity to build on the ideas of other participants, which heightens the analysis and generates implications for policies and programmes. Thus, the workshop method is well-suited to meet the objectives of action research. My role was to be an action research facilitator. It was incumbent on me to use my facilitation training to get the most out of the day – to rely on the group of experts assembled to deliver insights and ideas. I had to set ground rules (described below) to create a safe environment and give everyone an opportunity to participate. It was also important that I actively listened to contributions and summarised ideas to validate my understanding and help other participants to process the information. A facilitator is not neutral; it was my job to challenge interpretations and ideas so that we can drill down, interrogate root causes, and bring new thinking to the issue. Ultimately, my job was to lead the process so that the workshop objectives were achieved (Delmas 2008).

For the workshop I invited representatives from prominent organisations working in the field, some of whom I had interviewed and others who were referred to me. My invitation (see Appendix 1) stated the objectives of the workshop: define gender-related vulnerability to HIV in the Botswana context; identify major developments in HIV and gender policies and programmes in Botswana; locate civil society within these efforts; and, develop a way forward for civil society and government collaboration to reduce gender-related vulnerability to HIV.

I stressed that the last point was critical and was the focus of the event. I hoped that by coming together we could build on one another's experiences to think of innovative programme designs, develop an policy advocacy platform, and explore coalition building on the intersection of gender and HIV. I stated that all contributions could be kept confidential if requested and that each participant should respect ground rules, which we jointly reviewed and agreed on: Share your experiences, but don't dominate the session; Actively listen to the experiences of others; Speak through the chair; Keep an open mind to new ideas and different interpretations; Focus discussions and criticisms on issues, not individuals; Don't just raise concerns – offer solutions; Respect the session times. The workshop was designed in four connected sessions each addressing the workshop objective.

Session one, an opening discussion addressed the key questions: How do we define gender? / Why are persons vulnerable to HIV infection in Botswana today? / What are the gender dimensions of vulnerability? I drew on Phaladze's framework -- gender identity, roles, and power interact with biological, genetic, and immunological sex differences to create health conditions different for men than women (Phaladze, et al, 2006: 34).

Session two, consisted of a group activity to develop a timeline, using index cards working in two small groups (gender and HIV) participants will list major events (policies, programmes, movements, court cases, etc.) that relate to their topic and place it on a timeline. We will combine the work of groups, consolidate and discuss so that we have consensus on one timeline. I drew on the UN Task Force on Women and Girls to prompt participants to cover all areas that need analysis in order to understand the breadth and depth of the response, the actual content/strategy of interventions (UN Task Force, 2004: 5).

Session three was a situation analysis using pair-work brainstorming for participants to analyse the breadth and depth of current and past efforts in the HIV response in Botswana. The key questions were: What is the quality of the interventions we have

identified? / Are they designed for meeting immediate needs, long-term needs, or a combination? /Are interventions reinforcing gender stereotypes, transforming gender relations, or something in between? I drew on a combination of Connely et al's use of Maxine Molyneux's 'gender and development tool' concerning practical needs and strategic interests to investigate the extent to which the CSOs are transforming gender relations and attitudes and Gupta's model for transformative approaches.

Session four used a plenary group discussion to develop the action agenda. Participants built on the work and develop a clear action agenda for policy advocacy and programme design. The key questions they tackled were: What are the factors that make different sectors of civil society effective? / What are the areas that CS needs to improve using its own resources? / What are the areas that CS needs to improve through the help of government? / What do the different sectors of civil society need to do, and what does government need to do to reduce gender-related vulnerability to HIV infection? / What will the organisations around the table today do? I drew on my own experience in civil society capacity building to prompt participants to think about the following areas:

- Facilitative working environment (e.g., ease of registration, tax exemptions)
- Ease of acquiring funds (e.g., via government contracts; multi and bi-lateral contracts such as UNAIDS, USAID, EU, and DfID; favourable tax codes to prompt individual and business donations)
- Partnership on planning and implementation of programmes and policies (note that this is an issue of degree from consultation, to cooperation, to collaboration)
- Capacity building on programmatic issues (e.g., intervention design, monitoring and evaluation), and on operational issues (e.g., financial management, human resource management)
- Public leadership to pave the way for social change and give legitimacy to CS initiatives
- Clearly defined roles so that CS focuses on innovation and representations and the government focuses on sustaining good practices, taking them to scale, and mainstreaming issues.

The workshop lasted for six hours, including a spirited conversation over lunch. It produced data in several forms, including note cards, flip chart sheets, and notes, which I spent that evening and the following weekend organising. I summarised main points, created memos of my initial analysis, and compiled a 'to do' list of items that I needed to follow up on based on conversations and participant recommendations. I then drafted a workshop summary report and circulated it to all workshop participants. I received confirmation that my accounting and initial analysis was on target. This summary can be found in Appendix 1. The analysis and follow-up are described in the following sections of this research on data analysis.

Survey

I added a survey to my data collection methods to get a sense of public opinion, especially from those persons not working in the capital, Gaborone, such as the areas around Maun, Ghanzi, Phikwe, and Kanye. Over the course of four trainings of nearly 200 teachers (in total) I administered a quick one-page survey, which can be found in Appendix 1. The survey was designed to investigate the issues of this research from an opinion level. The teachers were at an HIV training, so they were informed and interested in the topic but were not working directly with it full time.

I asked participants of the training if they were interested in completing the survey. I usually did this right before or after a coffee break so it did not distract from the training. I also made it clear that the survey was completely voluntary and was not connected to the training and that it was anonymous. At the top of the survey I wrote, 'The information you give will be kept in strict confidence. All questionnaires are anonymous. You have the right to refuse to answer any of the questions.' I first asked the sex of each respondent. I then asked respondents if they thought gender vulnerability was different for males and females, and if so whom they thought was most at risk for infection. I asked them to rank-order what needed to change in order to reduce infection: economy, laws, society, politics, health services, and 'other', where they could write in another answer. I asked them to rank-order the sector of society (apart from school, as they were

all teachers) that is most responsible for creating change: private business, local government, NGOs and CBOs, churches, national government, hospitals, and 'other', where again they could write in another answer. The survey ended with a qualitative write-in question where I asked if participants had any additional comments on gender and HIV in Botswana. The final line of the survey thanked them for their time and cooperation for completing the survey.

I collected the surveys at each workshop and placed them in a folder. I tallied the 200 returns after all four workshops were complete. These data are presented in Chapter 6.

Follow-up Interviews

After the initial interviews, workshop, and survey, on subsequent trips to Botswana I conducted follow-up surveys with key informants. After the workshop I sent a summary note to the participants who confirmed that my understanding was correct via e-mail. I was able to meet a few of them again for a follow-up meeting. For these I worked off my notes from the previous meeting to investigate developments and changes since we last talked. I also asked about the future landscape in the country.

I essentially ended the data collection process in the field when there was nothing new emerging from the data, when I reached the so-called 'saturation point' (Hood 2007, 161). This information was added to my primary data collection notes, and its analysis is discussed later in this chapter.

Persons Interviewed

With the literature review complete and my protocols developed I set out to learn about the specific situation in Botswana through key informant interviews. I selected the informants who represented different aspects of the response, including government, donors, and various members of civil society. The names and organisations came from three sources: the literature, my experience working in the field, and referrals from other informants. The civil society members were selected under advice from BOCONGO and the Botswana Ministry of Health. The full list is located in the bibliography.

The interviews were very easy to organise, as all the key informants were supportive of the aims of this research. Some interview sessions lasted over an hour, especially among the core civil society groups working in this area: BONELA, BONASO, Botswana Network of People Living with HIV and AIDS (BONEPWA), BOCAIP, and WAR. Interviews with University of Botswana researchers and the Women's Affairs Department were also very fruitful. Other sessions were shorter because the agency (e.g. UNDP, ACHAP, Tebelopele) was working on gender in a limited way; it was not the core business. As they were all working in HIV, though, the fact that gender was not their core business was telling in itself, and it helped me to understand the larger HIV response and to locate gender within it.

Groups such as BONASO and BOCAIP are umbrella organisations that represent several organisations. Other globally recognised groups, such as YWCA, are doing interesting work but on a very small scale in Botswana, and I did not believe that they were a necessary contributor. I tried to interview someone from NACA, but I was referred to the Ministry of Health and the Women's Affairs Division. As NACA creates the NSFs that comprised a principal part of the document review, I concluded that NACA's viewpoints were broadly represented through the official policy documents and specifically represented through implementers – in this case, the members of government whom I interviewed. Organisations such as the Botswana business coalition and the mining giant Debswana have HIV programmes, but these are directed more towards their employees and have little connection to social change. The journalist association, which in some instances can be included in civil society, is not a development or public health association and so was not included in the sample. The Botswana Council on Women is an important organisation that I did not interview, but I did interview staff from both *Emang Basadi* and WAR, two of its most high-profile members. UNAIDS has a presence in country, but it provides technical assistance on issues such as treatment and thus was not included in the sample. The same was true for WHO, which provides bio-medical technical assistance. UNFPA is supporting the government on HIV work but with little CSO involvement. DfID, the UK development agency, is a high-profile development

partner, but Botswana is not a priority country. The Clinton Foundation is a high-profile private organisation, but its focus is on treatment. The European Commission is funding some programmes and providing support to the government's existing strategy; thus its input would be redundant.

Of the 30 people I interviewed I found that regardless of their institutional work portfolio, everyone had an opinion about gender and HIV. The idea of civil society and its role was more elusive.

Analysis and Interpretation

In qualitative research, theory development and data generation are sometimes simultaneous and dialectical processes, so it is important for researchers to establish demarcations between these phases and a method for moving between them (Mason 1996, 141). *Coding* – breaking down the data and reflecting on their core meaning, using one's memos as source and process for interacting with the data en route to discovering meaning (Corbin and Strauss 2008, 193) – is the key technique for doing this when working with qualitative data. Wuest, Merritt-Gray, Berman, and Ford-Gilboe (2002) best describe the general approach I have taken:

> The process of data analysis includes first coding substantively. Each field note, transcription, or document is read line-by-line with the questions, 'What is this a conceptual indicator of?' or 'What is going on here?' . . . Eventually, codes are grouped together into categories. The constant comparison of categories results in the formation of hypotheses about the relationships among categories. The grounded theory process requires continual hypothesizing of relationships from the collected data and ongoing checking out of hypothesized relationships through comparison within data already collected or in new data . . . This ongoing process of confirming and modification is essential to ensure that the emerging framework is grounded in the data. (pp. 798–799)

The coding method is just a device to systematically organise the data. It is not something I used to create a quantifiable tally. Rather, coding pointed to recurring themes, though I

did not let these codes overshadow the richness and the individuality of the data collected because I kept my source notes for further reference. In the next chapter I thoroughly explain how my codes were defined and the linkages and relationships to the data that are behind the coding so that the product is more than a simple list of codes. A common coding method is referred to as the 'six C's': consequences, context, conditions, co-variants, and contingencies (Wuest et al. 2002, 799). I preferred a structured thematic analysis for this research, as described in the subsequent analysis.

As noted, my data for this research come from multiple sources. From the literature review I had established major themes to organise the data – civil society, gender, HIV, Botswana, theory, and methods – which I used as the basis for coding. This iterative process was designed to take raw data to the conceptual level. I started to break down the data by reflecting on the memos that I generated after each interview I conducted, the articles and chapters I read, the notes of the focus groups, and the survey results. I coded key words, phrases, and ideas to create categorical comparisons.

My analysis also used spatial methods to explore relationships, including mind mapping or concept mapping, which facilitates exploration of the complex relationships between issues and helped me to keep issues visually open, avoid quick fixes, and avoid snap judgements (Stringer 2007, 112). This was sometimes done on a single sheet of paper and other times using note cards, flip charts, and a lot of wall and floor space. While there is a range of computer programmes available to help with this exercise, I prefer to use a paper and pencil to make rough illustrations of the ideas that get refined and in some cases expanded. I used different colours, symbols, shapes, and sizes to illustrate relationships. While mind mapping results in a final illustration, for me it is more important as a process tool – the process of creating the mind map is a useful tool for processing and analysing the data.

The themes provided a good entry point to organise my thoughts. I realised that I needed something more sophisticated and action-oriented to take my analysis deeper. I reviewed the programme, policy, and peer review literature with the intention of pulling together a

framework for what is needed to reduce gendered vulnerability, the functions that civil society performs in that regard, and the extent to which these functions create sustained development. I was looking for a way to describe and analyse the complexity of civil society within the response. After careful consideration, what emerged were three categories: *depth*, *breadth*, and *quality* to analyse the HIV response in Botswana vis-à-vis gender and civil society. The concepts of breadth and depth related well to the wide range of issues that civil society addresses, the functions it serves in development, and the sustainability of its effects. I operationalised these concepts as follows:

- *Breadth:* The issues that civil society addresses, which includes health, such as HIV prevention, treatment, care, and support; legal equality; prevention of GBV; political representation; and economic empowerment.
- *Depth:* The functions that civil society serves in the HIV response, which includes both traditional functions, such as democracy building through advocacy, representation, and mobilisation, and more modern functions, such as being a laboratory for innovation and public sector service provision.
- *Quality:* The extent to which change can be sustained. This category addresses proximal and distal issues in a relief to development framing.

Each of these concepts is anchored in the core text that I based my analysis and interpretation on, which I list and describe in the next section of this chapter.

Grounded theory and action research techniques come into full form at the interpretation stage of this research. Grounded theory is a research method that is useful for discovering dominant social and structural processes that explain behaviour in the situation under study. Theory building is about connecting the raw data through ideas that form a theoretical whole (Corbin and Strauss 2008, 106). Grounded theory allows for exploration of the interaction between subjective experience and social structure, and its goal in data analysis is the discovery of dominant social processes, not a description of phenomena (Wuest et al. 2002, 798). This stage of the research is designed to bring everything together and develop a theory. Theory development in grounded theory application 'is often misunderstood, probably because of its natural science origins. In

grounded theory it means: an explanation of the inter-relationship between and among concepts, in order to present a systematic view of what is going on' (Holton 2007, 308). Grounded theory is good at using the data to create theory, and action research is good at linking understanding with action – many times used together (Dick 2007, 398).

As stated earlier, the analysis stage of this research ended with categorising the data mainly into three main categories. To take the research to the next level I needed approaches to structure my interpretation. I found a series of documents that spoke to these core areas of analysis. I pulled them together and refined them to create the tools I needed for interpretation, which were also used in part in the workshop design as described above. For the breadth section I used the UN Framework for Action developed by the Task Force on Women and Girls. I primarily used the framework for 2008–2015 but supplemented it with earlier texts and suggestions put forth by the Men-as-Partners Programme to address a broad set of issues relating to gender. For the depth section I began creating a tool based on Diamond's theorising on civil society (1999). Diamond's theory provided a useful point of departure, but I needed to update the functions described by Diamond with my own insights. The result was a new civil society analysis tool that grew out of this research, which I construct, describe, and apply in subsequent chapters. Regarding quality, I interpreted both the quality and the sustainability of the response in terms of practical and strategic interests by drawing on a combination of Molyneux's theorising on gender and development, as used by Connelly et al. (2000), and Gupta's model for transformational and empowerment approaches to gender programmes with a focus on civil society (Gupta et al. 2003). With each of these tools created to coincide with my three areas of analysis, I was prepared to work with the data and investigate issues so that the theory emerged.

Synthesis

This chapter has shown the combination of methods and theoretical traditions that I employed to collect and analyse data, which provided the means of investigating the issues of gendered vulnerability to HIV and the civil society response. I described why I chose Botswana as my case and provided a methodological overview. The methods

described helped me to answer my research question because they were comprehensive, sensitive, and applicable to the task. The literature review captured all the important resources in theory, research, and policy documents. My sample was well informed by government and civil society recommendations and captured the insights of the key players in the country on these issues. Social research on HIV is normative in that it is trying to reduce new infections; therefore action research, and the workshop in particular, was the right approach as all of us involved – the interviewees and the interviewer – were working on aspects of HIV prevention before and after the research, and the process served to inform this.

The methods for organisation and analysis were iterative, developed and refined over time, and shaped by new data and experience over several years. They are well suited to develop theory in area of political sociology and the analysis of civil society more specifically in the context of development in Africa and the HIV response. The next chapter explains how I applied these methods to my analysis and the development of my theory.

The literature on theory was useful to inform my approach to the topics and my protocol design. The gender theory literature explained how power and structures of patriarchy are entrenched and that challenges to it require social change. The theorising about a continuum of approaches from stereotyping to transformational reveals that many programmes are capable of doing harm as well as creating social change. Critical theory provides insights into power structures. The early work spoke to economics, while modern applications broadened the scope and looked at all levels of society, and many times were used for critiquing the gendered dimensions that perpetuate inequality. Development theory builds on these tools with a special emphasis on the development architecture – that is, it speaks to the donors' policies and practises and the metrics by which development is deemed successful.

The literature on research methods shows that there were ways to conduct research for the purpose of social action. This flows directly out of development theory and is

appropriate for the public health crisis that is HIV. Action research provided guidance on how to make the research meaningful and practical to those who participate in it. Grounded theory informs how theory can flow from the data. It provided a means for interacting with the data, building theory, refining it, and presenting it. It worked well with action research as the intent is the same: to create something that can be used by others.

I conducted several good interviews, I facilitated a successful workshop, I collected useful information from four administrations of the survey, and I became very familiar with the literature from peer-reviewed journals, books, and government documents. When I transitioned to the writing phase of this research, I was confident that I had quality data to analyse and that would provide meaningful interpretations.

I acknowledge that this is a dynamic field and therefore that there will always be new programmes, organisations, and dynamics emerging, but I had to draw the line at some point for this research to move forward. I did so when I interviewed the key players in the response as recommended by the ministry, at the point that the data became repetitive. As per grounded theory tradition, I stopped data collection when I was at the saturation point.

I also consider the 2016 time frame to be important factor in this research, as that is the year when both the NSF for HIV and AIDS and the ambitious development strategy of Vision 2016 expire. My intention was to complete this work in advance of that date in order to inform the programme and policy development that will be part of the post-2016 review discussion that is taking place in the country. Further, the agenda for the post-2015 Millennium Development Goals is in process, so this is an opportune time to analyse practices and propose a new way forward.

I found that all the respondents were very interested in the topics of this research. Everyone I asked to interview agreed to meet with me, and they all had a lot to say on the topics. I was grateful for the time they gave me. I also got the sense that our meeting had

value for them. The issues surrounding gender, HIV, and civil society were all central to their work. The way in which this research investigated the issues was new, which facilitated new thinking. I observed a lot of deep reflection and responses such as ‘That is an important question’, which led me to this conclusion. Every discussion was very rich and we covered a lot of issues, which underscored the complexity of the topics of this research.

Chapter 3 – The Botswana Country Context: A Crucial Case

Country Overview

Botswana is a democratic, stable, and prosperous nation in Southern Africa with a population of fewer than 2 million inhabitants. It also has the one of the highest rates of HIV prevalence in the world. The leadership in the country has responded with a large-scale comprehensive response, albeit a tardy and reactive one, coming only after the country had experienced a sustained generalised epidemic. The current response plan recognises gender-related vulnerability as a key concern. To address gendered vulnerability to HIV, Botswana supports an agenda through its national development strategy, Vision 2016. Vision 2016 includes targets for gender equality and economic and human development. While it does not have a historically strong civil society, CSOs in Botswana had been relatively weak but have increased in number and effectiveness in the past 15 years primarily through the HIV response, which has been supported by international donors.

Botswana offers a crucial case: it has the means and motive to respond to HIV and address gendered inequality, it is in the middle of a hyper-endemic HIV region, and it offers us the ability to learn about gender and development, HIV responses, and policy implications for working with civil society. These implications can inform HIV responses and gender and development in the region. This chapter provides an overview of the country, describes the HIV response and gender relations, and locates civil society in the response; it provides the Botswana context for the theory and analysis that follows in subsequent chapters.

Botswana is an arid, land-locked country in Southern Africa. It is 581,730 square kilometres (Central Intelligence Agency [CIA] 2013), dominated by the Kalahari Desert in its centre. Most of the population of 1.8 million persons lives along the Gaborone-Francistown corridor running from south to north along the eastern side of the country, connecting the capital to many of the main mining areas and traditional settlements with other countries in the region, which include the towns of Mochudi, Serowe, and Selebi-Phikwe. Many town and city dwellers also keep a rural secondary residence called a

cattle post. Setswana, the national language, is spoken by the majority of the population. It is a Bantu language also spoken in South Africa and parts of Namibia and Zimbabwe and is related to Sotho, which is spoken in Lesotho and South Africa. English is the official language of government. It is taught at school from the lower primary level. A third of the population is under the age of 15 (CIA 2013). More than 85% complete a basic education, and the literacy rate – the percentage of individuals age 15 or older who can read and write – is over 80%, with rates almost identical for males and females (UNDP 2013).

The ethnic groups living in Botswana include the tribes of the Tswana, Kalanga, and the Basarwa, or San. The San are an indigenous group who have had a land conflict with the government, as their traditional areas of hunting-gathering fell within the diamond belt (Good 2009, 127), and the government wanted this land to establish lucrative partnerships with private companies in the diamond industry. Other hunting areas were claimed by the state for the Kalahari Game Reserve. This dispute has underscored negative aspects of Botswana's development. According to Good and Taylor (2007), 'there are growing indications that Botswana is descending to autocracy and arbitrariness and its democratic profile is in serious danger' (p. 275). This claim may be debatable. However, the increasingly technical role of CSOs vis-à-vis a political role is a central theme of this study and supports Good and Taylor's argument on a fundamental level.

Christianity is the predominant religion. Charismatic Evangelical churches coexist with established Christian churches, such as Catholic and Anglican, with traditional beliefs holding a strong syncretic influence (Haron and Jensen 2008, 183). The Batswana are traditionally governed by a king, called the *Kgosi*, and local chiefs, called the *Kgosana* (Samatar 1999, 40). Botswana is now a parliamentary republic, but there are still traditional governance structures in place at the local level called *kgotla*, run by tribal chiefs who are arbiters of customary law. Botswana was a protectorate during the time of the British Empire and gained full independence on 30th September 1966. At the time of independence Botswana only had 12 kilometres of paved road and 22 college graduates, it was surrounded by white-ruled countries hostile to independent African states, and it

was one of the poorest countries in the world (Acemoglu and Robinson 2012, 409). The British administrators were pessimistic about its future economic prospects (Samatar 1999, 65).

By the 1950s many men were migrant workers in the mines of South Africa. In their absence, patriarchal authority remained relatively intact. The smallholder rural economy did not experience robust growth, both because of the absence of men and because the women did not have access to credit and were confined to traditional agriculture rather than the more lucrative herding (Ntseane and Solo 2007, 129). Diamonds were discovered shortly after independence, and the government joined in a highly profitable public-private partnership with the mining giant De Beers to establish the diamond mining industry (Good 2009, 22). Diamonds became the driver of the economy, while both cattle and tourism, particularly in the game reserves of the northern towns of Kasane and Maun, also contribute (CIA 2013), and there is also a small light-manufacturing sector. The government's diamond proceeds are used to support infrastructure and public services. As the diamond market fluctuates, so too does the Botswana economy. In 2009, in the wake of the global economic crisis, the economy shrank by 30%. It has since recovered, boasting per capita GDP of $16,800 in 2012 (CIA 2013). However, as the diamond resources are finite, it is unclear what the future prospects of the economy are. The majority of the citizens work for the civil service. Botswana has extensive roads, clean water, free primary education, and a functioning bureaucracy. The diamond industry has made the country and the well-positioned elite wealthy, but not the majority of its individual citizens. The diamond wealth presents Botswana as a rich country, although a third of the population is still reliant on social security schemes (Ntseane and Solo 2007, 21).

The wealth from diamond mining creates a paradox where the national income is high but not everyone benefits, leading to high levels of income inequality (Good 2009, 66). Additionally, as Good points out, the 'diamond wealth distorts democracy' because the wealth entrenches the ruling party and discourages opposition (pp. 5, 25). Good also argues that the San peoples were systematically discriminated against and thus do not

enjoy the benefits of this wealth (p. 127). The wealth disparity is a common issue in many countries in Africa, but what makes Botswana different from many other post-colonial countries, Acemoglu and Robinson (2012) contend, is that its leaders were not extractive. The diamonds were discovered in the president's tribal area. He made arrangements for the minerals to become part of the nation's wealth and not just benefit the tribe; subsoil mineral rights were owned by the nation (p. 412). In this way, social services can be provided to the country's citizens and to those who do not benefit directly from the diamond wealth. The diamond revenues, however, are one reason that the ruling party has been in power uninterrupted since independence.

The statesman Sir Seretse Khama was a paramount chief from the Mangwato tribe. He ruled from independence in 1966 until his death in 1980. The party he founded in 1961, the BDP, has held power continuously since independence. The BDP had its roots in the colonial administration and developed through the local institutions of the *kgotla*, which helped the nation make the transition to independence (Samatar 1999, 78). According to Parsons (1999), Botswana served an instrumental role in British expansion by keeping trade routes open to Zambezi and Zimbabwe. It also bisected the German colony in the west and the Boers to the east. The Protectorate had little intrinsic value to the British government and was to be handed over to one of the contiguous colonies. Parsons (1999, 1) shows that 'investment and administrative development within the territory were kept to a minimum'. However, Acemoglu and Robinson (2012) argue that the protection the British gave Botswana meant that the country was able to develop its institutions in a stable and sustainable way without much outside interference, unlike its neighbours (p. 409).

Since 2008 Khama's son, Ian Khama, has been the Republic's fourth president (2008–present). The ruling party controls the legislature and the executive and selects the president, who does not stand for direct election (Molomo 2005, 37). The ruling party won a majority most recently on October 2014. The opposition parties are organised and vocal but pose no real power challenge as the electoral system – first-past-the-post – favours the party in power (Maundeni 2004a, 21) and allows the ruling party to set the

terms and access to campaign funds (Molomo and Sebudubudu 2005, 153). Botswana is ranked by Transparency International (2011) as one of the least corrupt countries in the world. Samatar (1999) suggests that the public sector is effective and merit-based rather than patronage-based (p. 9). The SADC has its headquarters in Gaborone, the Botswana capital.

Despite the country's stability, the quality of its democracy has been criticised. Ian Taylor (2005) commented that 'the creation of a more equitable society and the fairer distribution of resources is now Botswana's greatest developmental challenge and on which will define the success or otherwise of the post-independence project' (p. 54). President Khama has been interventionist. He centralised power and took away the ability to allocate land from the chiefs and also granted the president the power to remove chiefs. Perhaps the saving grace for Khama was the auspicious discovery of diamonds and the newfound wealth that enabled some social redistributive policies (Acemoglu and Robinson 2012, 412). Others have observed that 'a lot remains to be done to improve the quality of Botswana's governance. Its democracy needs to be reassessed in the light of the need for good governance and emerging parliamentary democracies in Africa and beyond. This is because democracy has more meaning when there are checks and balances in place, but in Botswana these are ineffective' (Sebudubudu and Osei-Hwedie 2006, 35).

Botswana offers many interesting aspects for a case study. It is stable, democratic, and prosperous. The success of Botswana's development is principally because it had strong local institutions that survived the colonial period (Acemoglu and Robinson 2012, 411). Acemoglu and Robinson hold up Botswana as a shining example of a country that does not fail because of its inclusive economic and political institutions, which are traditional in origin and fostered under the protectorate status. The diamond wealth subsequently fed a virtuous circle of development – political stability and public investment – and did not lead to factionalism or rebellion (p. 413).

Acemoglu and Robinson characterise Botswana as a successful case of development, using the metrics that are crudely applied to country case after country case. Therefore, relative to some of Botswana's neighbours – Zimbabwe and Mozambique, for example – it is a shining example of democratic development. There is danger, however, in looking for specific areas of difference between these countries and then ascribing them to development. As Good (2009) points out, the global desire to find an African success story made it easy for donors to overlook Botswana's democratic deficits and problems of democracy (p. 49). While it is true that Botswana was a protectorate and not a colony, it is important not to make sweeping causal statements. Good and Taylor (2007) describe aspects of Botswana's political and social development that are deeply problematic, namely, its de facto one party rule and inequality. Further, much of the analysis of Botswana's development is silent on gender and overlooks the deep patriarchy embedded in these systems.

It is important to explore the Botswana context through these complex historical dynamics and to understand their significance for the present, but not to be singular or relative. The instances of development in Botswana may even be idiosyncratic. Mupedziswa (2011) asks the question "What can Africa learn from Botswana? Arguably, while Botswana can be viewed as a 'midget' when it comes to population size and infrastructure, the country is a 'giant' in terms of providing examples of social development to the African continent and beyond" (Mupedziswa 2011, iv). Mupedziswa's view may be accurate; thus this research must focus on both Botswana's similarity to its neighbours and its differences to be useful in this regard. The irony is that many of the conditions that contribute to Botswana's heralded development – wealth, a developed infrastructure that facilitates mobility, and stability (which masks an entrenched patriarchy) – are factors that made Botswana highly susceptible to the HIV pandemic.

HIV in Botswana

The first case of AIDS was discovered in 1985 (Physicians for Human Rights 2007, 25). In 2013, Botswana had the second highest HIV prevalence rate in the world, behind only

Swaziland (UNAIDS 2012, A5–A6). It sits in the middle of a hyper-endemic region with highly mobile and well-connected networks of people that facilitate the spread of HIV. Botswana initiated a national response to the epidemic in 1987. Despite these early efforts, HIV prevalence continued to rise throughout the 1990s. It was not until 2003 when prevalence peaked to almost 30% of the adult population (UNAIDS 2013) that the government took a different tack and developed a comprehensive national strategy. Both the 2003–2010 and the 2010–2016 Frameworks are comprehensive and well-resourced, and follow the global recommendations of good policy and practise that involves a range of partners such as international donors, the private sector and civil society. The treatment programmes have worked to make HIV a manageable chronic illness, just like hypertension or diabetes. HIV vulnerability was little understood for some time, which is why the rate trebled in the 1990s. What is clearly stated now, as evidenced in the NSFs, is that HIV is a public health priority and a development issue in Botswana, that gendered vulnerability is a central concern, and that civil society has an important function in the response.

There are new HIV infections every day, each one of which is preventable. Government policies and programmes underscore that HIV is a central concern, but they must also address a range of other responsibilities such as poverty reduction and water management, and only those charged with working on HIV can make it a priority (Pharaoh 2005, 44). Until there is a cure, each infected person will require a lifetime of treatment to stay alive – but with treatment, infected persons can live a long and productive life. It is critical that people are urged to know their status and to know that they and their loved ones are cared for, without it leading to blame and discrimination (Klaits 2009, 18). The infrastructure and resources needed to provide counselling, testing, and treatment to the population are substantial and enduring. While Botswana has been able to meet this demand with the help of donors and its own domestic resources, pending medical breakthroughs such as a cure or vaccine, HIV will be on the public agenda for the long term.

According to BOCONGO (2009), 'the effects of HIV & AIDS have contributed greatly to a decline in the last decade. This has resulted in lower life expectancy, higher infant and maternal mortality rates and significant changes in the distribution of population according to sex and age' (p. 9). The predictions at the beginning of the decade portended a potential national collapse of state and private institutions (De Waal 2003). This dire prediction never came to fruition, as the widespread distribution of anti-retroviral drugs (ARVs) meant that 'any threat of immediate collapse has been averted' (Gossett 2010, 250). Yet, as the BOCONGO statement points out, the effects HIV are nonetheless real and wide reaching.

My fieldwork revealed that HIV affects everyone, with such a high prevalence rate that it is mathematically impossible to remain isolated. There may be some aspects of denial in some quarters, but publicly at least HIV is on the agenda. Stories of HIV were in the media, people talked about it in workshops, and government leaders addressed it through policies and programmes. Perhaps the high prevalence rate, which means that everyone is affected, has challenged the earlier stigma and discrimination. In every workshop and interview I conducted, people talked about the issue from a personal point of view. I witnessed the discourse change over the years I worked in the country. The discussions became more practical and technical – more about testing and treatment and less about myths and misconceptions.

The effect and meaning of HIV in Botswana is constantly changing and needs further research to better understand its evolution. In the beginning of the epidemic, the situation unfolded in confusion and secrecy. Because AIDS presents itself in many ways, people were infected and dying of AIDS-related illnesses without identifying it as such. It was a silent killer. As noted in Chapter 1, HIV in Botswana came to be known as the 'radio disease' as the public health messages were transmitted over the radio without local context, and many did not recognise the disease as an issue for them in their daily lives – it was just something they heard about on the radio (Allen and Heald 2004, 1144). In other words, people heard about HIV but did not identify any evidence of it in their community (Upton 2001, 361). Many times the messages were accurate but very explicit,

which was not an effective way of reaching the Batswana public (Dow 2000, 65). Myths were created, such as the belief that condoms spread the virus, casting doubt on the severity of the disease (Allen and Heald 2004, 1144). One study in a Gaborone neighbourhood found that 'AIDS is rarely publicly attributed to death', as many of the means of transmission – procreation and sharing of bodily fluids – are associated with shared relationships and cultural traditions, and recognising HIV in this way would go against the local culture (Klaits 2005, 59).

Traditional culture and modern religion clashed on approaches to prevent further infections (Su 2010, 5). Abstinence, being faithful to one partner, and correct and consistent condom use – the so-called ABC approach – was the central focus of one of Botswana's major development partners, the US government, under President Bush's PEPFAR programme. The intention was to address the issue of MCPs. This has an epidemiological justification – the virus can be spread most effectively from a person who is newly infected because the viral load is very high for the first few weeks after infection; thus MCPs afford the virus a network in which to spread (Botswana Government 2009b) – but it also carries a moral code. In Botswana there is a limited tradition of polygamy, primarily among chiefs, though this was discouraged with the advent of Christianity (Schapera 1955). Under customary law, a man could have as many wives as he could support, although this was not true for women (Quansah 2006: 36). Though this is no longer legal.

The social meaning and motivation of sexual behaviours, reflected in the values of peers, family, and community, offers an interesting contrast to the abstinence discourse that is centred on building individual moral strength to resist temptation. In his book *Unimagined Community*, Thornton (2008) describes how social networks in Southern Africa are used to explain the higher HIV prevalence in some communities. His work in Uganda and South Africa describes a situation similar to Botswana, where sexual relationships, and the networks that are formed through them, are products of social and cultural determinants rather than individual behaviour. This raises questions about the efficacy of abstinence and fidelity messages that impose a rigid moralistic code on

individuals and that are disconnected from the larger social context. This point was underscored most recently at the Global AIDS Conference in Melbourne. In a keynote address titled 'State of the Art Epidemiology and Access', Salim Abdool Karim (2014) presented research showing that young women schools continue to be infected at higher rates than their male peers. This occurs in the wide social environment, suggesting that girls continue to be systemically vulnerable. The first and second Frameworks established that HIV vulnerability is not an issue of a moral failing but one of social development, which is a significant distinction. Toward that end, the Botswana government, in partnership with the US government, launched a specific campaign to address MCP called '*O Icheke* – Break the Chain', which attempts to explain how the virus is spread through networks of concurrent partners and to stimulate community and family discussion on the issue to change behaviours (Botswana Government 2009a).

While Thornton described the anthropological dimensions of MCPs through his network thesis, others have made an epidemiological argument concerning viral load and concurrent partnerships. In her book *The Invisible Cure: Why We Are Losing the Fight Against AIDS in Africa* (2008), Helen Epstein argues that concurrent partnerships among the newly infected are more risky because the viral load is high, yet the person is asymptomatic and thus appears deceptively healthy while actually highly contagious. This position has ignited a spirited debate among HIV researchers. Lurie and Rosenthal (2010) contend that mathematical modelling does not support the Epstein conclusion, and Sawers and Stillwaggon (2010) warn that the focus on MCPs overshadows other vulnerabilities, such as malaria and sexually transmitted infections, that facilitate HIV infection. Epstein and Morris published a rejoinder in the *Journal of the International AIDS Society* (2011), doubling down on their premise and calling for more research. This debate highlights the point that HIV transmission is complicated and that there are many facets to vulnerability. More research is needed to investigate the causes for the epidemic's extreme pattern in the Southern Africa region. This is a complicated debate and perhaps not a useful one if it confuses prevention policy and programming. The epidemiological methods may need further refining; in addition, a greater understanding of the role that sexual networks play may be needed, as they are clearly an important

dimension in prevention policy. However, the real issue is that sex that happens under any form of coercion, such as under the threat of violence or from social pressure, means that decisions about sex are not consensual, nor made in the interest of all partners; this creates a situation of inequality and thus is risky. This debate highlights that a comprehensive response, affecting many aspects of life, with rights-based social development at its core, is required to reduce this risk.

Botswana's national response came in 1987 with the country's first short-term plan, soon followed by the medium-term plan in 1989. Both plans took a fairly conservative approach, focussing on prevention, especially through blood safety – the bio-medical aspects of the response – with little attention to social change issues (Kaboyakgosi and Mpule 2008, 305). These plans directed the government response through the 1990s. Under President Mogae, the government created the first Framework in 2002. The Framework is informed by UNAIDS good policy and practise guidelines that prioritise epidemiology, testing, and treatment. A bureaucracy was created and structured according to UN and donor recommendations to implement the Framework. This is best illustrated by three core principles agreed to by donors, developing countries, and UN agencies, known as the 'Three Ones': one agreed-on HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multi-sector mandate; and one agreed-on country-level monitoring and evaluation system (WHO 2004, 1).

Rather than a local and organic response, as some countries, such as Uganda, chose for their initial response, Botswana relied on a national top-down approach (Allen and Heald 2004, 1142). It is not clear if one is more effective than the other or if there are inherent characteristics with each that can accelerate certain aspects of the response and preclude others. The top-down approach adopted by Botswana is clearly a technical one, as described below, which is critical to understanding civil society's role in the response and the extent to which it can affect change to reduce gendered vulnerability.

Botswana's response has been supported by a wide range of development partners, such as the aforementioned UNAIDS and its co-sponsors, the Global Fund and the European Commission. The partnership between the Botswana government and the US government is especially substantial. What started as a tuberculosis research project has developed into an HIV response effort that includes testing, treatment, prevention, and support. The national Voluntary Counselling and Testing programme, Tebelopele (16 centres and 26 mobile facilities), is a spin-off from this partnership and the largest legacy of it. Private sector support through the Bill and Melinda Gates Foundation and Merck Pharmaceuticals resulted in a joint initiative, ACHAP, which has contributed to the successful national treatment programme. National businesses have workplace programmes and through philanthropy have also made contributions.

The response has continued comprehensively and with sustained international and support under the current president, Ian Khama. Under his leadership the government released Botswana's second Framework, whose goal is to prevent new HIV infections by 2016. To achieve this the Framework sets out the following objectives:

1. Reduce the incidence of sexual transmission of HIV among females and males ages 10–49
2. Increase access to health care services for HIV prevention
3. Strengthen community and health systems capacity for universal access to quality, comprehensive, and sustainable HIV and AIDS services
4. Effectively coordinate, harmonize, and align stakeholder support to the national response at all levels
5. Strengthen and sustain political leadership and commitment on HIV and AIDS at all levels
6. Improve the ethical and legal environment to support the national response
7. Strengthen the information management system of the national response to enhance information sharing and utilisation
8. Increase access to HIV and AIDS comprehensive quality treatment, care and support services (Botswana Government 2009d)

For comparison, these were the objectives in the 2003–2009 Framework:

1. Increase the number of persons within the sexually active population (especially those ages 15–24) who adopt HIV prevention behaviours in Botswana by 2009
2. Decrease HIV transmission from HIV+ mothers to their newborns by 2009
3. Decrease the HIV prevalence in transfused blood in the country
4. Increase the level of productivity of People Living with HIV/AIDS, especially those on ARV therapy.
5. Decrease the incidence of tuberculosis among HIV-positive patients in the country
6. Broaden the skills of health workers (doctors and nurses) to provide accurate diagnosis and treatment of opportunistic infections
7. Ensure the implementation of the NSF minimum HIV/AIDS Response Packages by all sectors, Ministries, districts, and parastatals
8. Ensure the full implementation of all planned HIV/AIDS activities at all levels
9. Minimise the impact of the epidemic on those infected and/or affected, public services, and the economy
10. Create a supportive, ethical, legal, and human rights-based environment conforming to international standards for the implementation of the National Response

The second Framework was the result of a long process of consultation and reflection on advances in epidemiology, treatment, rights framing, and other aspects of the response. The revision of the plan was led by NACA and involved both a high-level reference group for policy guidance and a technical reference group to inform programming. The technical group consisted of members of the Botswana government; international experts from UNAIDS, UNDP, WHO, and the US government; and both local and international civil society such as BONASO, BONELA, BONEPWA, and PSI. The planning took place over two years and included activities such as workshops and district-level consultations to review lessons learnt and debates and to establish priorities for the revised strategy. The authors recognised that prevention efforts need to be strengthened by addressing the lack of capacity in the health sectors and among civil society and community members. The process for revising the strategy was top-down and built on consensus, and this was emblematic of social development in Botswana.

Many of the objectives are similar between the two frameworks, but are presented in a more systemic way. For example, instead of specific objectives on the prevention of mother-to-child transmission and decreasing tuberculosis, the second Framework speaks to increased capacity of, quality of, and access to the health system, which is inclusive of those objectives. The second Framework also recognises the importance of the multiple stakeholders outside of government and community-based services. The second Framework recognises the successes of the first Framework in the increase in provision of ARV therapy and increased support to orphans and vulnerable children. The authors recognised the weaknesses of the prevention efforts and that the capacity of the health sector and community responses, including civil society, needed to be strengthened to improve prevention programmes. The authors also stated that there is need to sustain long-term effectiveness by refining, refocusing, and mobilising resources. The need to build on past success and tackle new priorities is the aim of the second Framework.

The second Framework states that HIV is mostly spread through sex. It does not distinguish between same-sex relations and heterosexual relations. The Framework also recognises that behaviour change is the 'only long-term solution to the prevention of HIV' (Botswana Government 2009d, 11). Behaviour change requires a culturally appropriate combination of bio-medical, behavioural, and community approaches that, the Framework states, should 'address cultural, structural, and institutional determinants of vulnerability' (Botswana Government 2009d, 11). The specific drivers listed include MCPs, adolescent and inter-generational sex, alcohol and high-risk sex, stigma and discrimination, and gender violence and sexual abuse. The issue of gendered vulnerability is described in the Framework as follows:

> The status of women, especially adolescent girls, is one of the most powerful drivers of the AIDS epidemic. Women are often caught within a vicious set of circumstances. As they tend to have little power over their own bodies, they are put at risk by a combination of tacit social acceptance of male partners having more than one sexual relationship, inability to negotiate condom use, and sexual exploitation, especially among younger girls. Thus socially as well as biologically

> they are more susceptible to HIV infection. There is also growing evidence in the region on gender violence, sexual abuse and how they could be associated with risk to HIV infections. If the national response does not begin to deal effectively with this larger reality experienced by women and girls, it cannot hope to achieve the goal of preventing new infections by 2016. (Botswana Government 2009d, 12)

The national response is guided by a number of principles, including multi-sectoralism, human rights, improvement and innovation, specificity and focus, community involvement, evidence-informed responses, and gender sensitivity (Botswana Government 2009d, 18). The four priorities are to prevent new HIV infections; strengthen systems; manage strategic information; and scale up treatment, care, and support (Botswana Government 2009d, 20). The implementation strategy targets reducing MCPs, increasing condom access, scaling up communication programmes, strengthening linkages with substance abuse prevention programmes, addressing age-disparate sex, scaling up gender-sensitive HIV and AIDS knowledge and skills, increasing HIV testing and counselling, increasing demand for and access to male circumcision services, promoting prevention among HIV-positive persons, increasing prevention of mother-to-child transmission, increasing access to prevention services for the most at risk populations, and scaling up post-exposure prophylaxis (Botswana Government 2009d, 21).

In both the first and second Frameworks, the roles of different stakeholders are explained, including the ministry of health, local government, the media, the private sector, and civil society. Concerning civil society, the first Framework states that the 'growing needs of the national (HIV) response … have overtaken the Government's ability to deliver and civil society offers alternative mechanisms to assist the country to increase the scope and coverage of critical HIV/AIDS programmes' (Botswana Government 2002, 68). In the second Framework civil society is still considered a key partner; the Framework notes that the sector 'has grown and has played an increasingly important role in the expansion of programmes through outreach and targeting marginalised populations' (Botswana

Government 2009d, 33). The second Framework also recognises that civil society is more effective than government at reaching key populations, such as persons with disabilities, sexual minorities, and displaced persons. Yet even though civil society has been recognised as weak, there is no explicit goal for increasing its capacity. This is a clear gap in the Framework, which appears more stark when compared to the capacity-building resources and efforts directed at the health sector.

Both the first and second Frameworks clearly explain the government response based on the epidemiological analysis. From both we can see that HIV is a crucial public health issue; the response has a bio-medical priority with social development aspects. This in turn requires a response from a broad range of sectors, including the Ministry of Health, the Ministry of Education and Skills Development, the Ministry of Defence Justice and Security, the Ministry of Local Government, and the Ministry of Labour & Home Affairs, and draws on the support of a wide range of partnerships, including bi-lateral support, multi-lateral support, private sector support, and civil society. What is also clear from both Frameworks is an acknowledgement of gendered vulnerability to HIV as a persistent and systemic issue that needs to be addressed and that civil society is a crucial part of the response.

Discussing Gendered Vulnerability

The pioneering anthropologist of Tswana culture, Isaac Schapera (1955), observed several decades ago that in Botswana women are socially inferior to men; they are first minors under their father, and then treated as the dependents of their spouses (p. 28). This dynamic puts women at a disadvantage for decision-making, especially concerning sexual choices, such as the use of protection. Phaladze and Tlou (2006) add, 'Most Batswana women become infected with HIV through unprotected vaginal intercourse. Women are more vulnerable than men to contracting HIV this way' (p. 24). The second Framework suggests that gender inequality is a driver of the epidemic. The Framework recognises that the lack of power that girls and women have over their own bodies translates to risk 'by a combination of tacit social acceptance of male partners having more than one sexual relationship, inability to negotiate condom use, and sexual

exploitation, especially among younger girls. These entrenched gender inequalities are at the centre of many the drivers of the epidemic, be it multiple concurrent partners, intergenerational sex, alcohol abuse and high-risk sex, and GBV. Thus, socially as well as biologically, they are susceptible to HIV infection' (Botswana Government 2009d, 12). The Framework also recognises the growing evidence concerning GBV and sexual abuse as a driver, stating that 'if the national response does not begin to deal effectively with this larger reality experienced by women and girls, it cannot hope to achieve the goal of preventing new infections by 2016' (Botswana Government 2009d, 12).

Gendered vulnerability to HIV is a combination of several factors, some of which are especially acute in Botswana. Women in Botswana are subject to physical, emotional, psychological, and sexual abuse, and their socio-economic deprivation makes them dependent on men for money; because it is difficult for women to negotiate safer sex under these conditions, they remain 'extremely vulnerable' to HIV (Phorano, Nthomang, and Ntseane 2005, 200–201). Food insecurity is also a driver for sexual risk taking among women in Botswana, both because of their dependency on others for food and because malnutrition weakens the immune system and mucosal integrity (Weiser et al. 2007, 1589). Other female vulnerabilities include poorer health, including other sexually transmitted infections, which in women are many times asymptomatic; age; economic dependency; and cultural factors, all of which militate against negotiating a safer situation (Phaladze and Tlou, 2006, 25).

Gender was not initially seen as a concern in regards to HIV policy and programming in Botswana, as the first national policy in 1993 did not include it at all. But events such as the Fourth World Conference on Women in Beijing 1995 and the Conference on Population and Development spurred change on gender, as seen in the revised policies of 1998 and 2004 (Phaladze and Tlou 2006, 24). Gender and development and the HIV agendas began to share a common public policy space.

> The First National Conference on Gender and HIV/AIDS in Botswana was held in June 2001. Over 200 participants attended the conference. They were drawn from Government institutions, parastatals, civil society organisations, the University of

> Botswana and other research institutions, and the private sector. Several Members of Parliament attended the conference as well. The overall objective was to provide an understanding of the social dynamics of HIV and the relationship between gender and HIV. The Conference focused on seven areas of concern with the context of Gender and HIV: human rights, economic empowerment, health care, gender based violence, women in power sharing and decision making, gender and HIV in education and training, and the girl child. (Botswana Government 2003, 15)

Gender inequality is systemic and embedded deeply in social structures of Botswana. Popular novels reveal gender inequality as a major theme in Botswana culture. Writers such as Unity Dow, Bessie Head, and Oratile Sekgoma have all described aspects of the oppression, primarily rooted in customary law, that infantilises women. Writes Head (1997), 'A man who is influenced by a women is no ruler. He is like one who listens to the advice of a child' (p. 3). If a woman refuses the sexual advances of a man, she is considered to have something wrong with her by men because her main value is for sex (p. 49). Also described is a resentment that men have towards women when they are vocal about their rights (Dow 2002, 11). This issue was a theme in *Far and Beyon'*, a novel by Unity Dow (2000) in which women organise to challenge sexual abuse and corrupted power to protect a young woman's right to a safe education. In a country with an oral tradition, proverbs are significant shapers of social relationships where gender inequities are dominant. Unbridled male sexual prowess is revered: '*Monna poo ga a gelwe lesaka*' (a man is like a bull, he should not be confined to one kraal). Males as unquestioned leaders is another popular theme: '*Ga di nke di etelewa pele ke manamagadi*' (a herd is never led by cows) (Nitza, Chilisa, and Makwinja-Morara 2010, 106). Gender is a social distinction, and in Botswana society men have traditionally held authoritative power over women in the private and public spheres of life. When women attempt to change this relationship, men have been threatened and try to put women back into what men see as their traditional submissive roles. This manifests as violence against women and as coercive sexual relations that fuel the HIV epidemic.

The dominance of a masculinist culture extends to the many sexual practices in Botswana that drive the epidemic. For older men, sex with young girls is believed to be cleansing (Ntseane and Preece 2005, 357). However, sex is dangerous for young girls who are prey to older men; they lack the ability to protect themselves against these more experienced, better resourced, and powerful men (Datta 2004, 492). In workshops and interviews, the 'three C's' – cash, cell phones, and cars provided by their 'sugar daddies' – were often anecdotally cited as the reason that young girls go out with older men. The existence of 'sugar mommies' was not common in the literature but did come up occasionally in my interviews and trainings.

In Botswana, Ntseane and Preece (2005) suggest that sex is often understood by women as an act to please men. Sexuality is understood through the lens of men's needs and their entitlement, while women's sexuality is 'looked down on, feared, and repressed' (p. 357). The sexual practice of 'dry sex' – removing vaginal lubrication with herbs, detergent, antiseptics, etc. – is a clear example of this. It is done to enhance male pleasure by restricting vaginal fluid and increasing friction, but this practise puts women more at risk for HIV infection because tearing and inflammation provide many more entry points for the virus (Lunga 2002, 42). Ntseane and Preece state that sex with cousins, uncles, and stepfathers is viewed 'as a source of extended family entertainment" (p. 356). However, since the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) in 1989, there has been increasing global recognition that sexual exploitation is abusive and a violation of women's human rights, and the notion that sex is entertainment for male family members is exploitive – though, as Ntseane and Preece point out, 'it is important to understand this cultural dimension of sex for HIV/AIDS prevention, because it has a direct bearing on one message of the current ABC prevention strategy, namely, "be faithful to one partner"' (p. 357).

In addition to the three C's, older men use alcohol to lure young women into bed. The sense of sexual entitlement among men is pervasive. Phorano, Nthomang, and Ntseane (2005) write that sometimes young women get free beer at a bar, but then leave without having sex with the man who bought it for them; this in turn angers the man, who may go

home drunk and rape his wife (p. 199). Rape and adultery used to be considered serious offences (Schapera 1955, 260, 267); now, however, while marital rape is commonly reported at health centres, the police do not acknowledge it as a crime so there is no follow-up from law enforcement. As stated in a 2012 Botswana government report on GBV, 'marital rape was found to be a fairly common experience for women in Botswana, married women have no recourse to the law because marital rape is not recognised as an offense punishable by law. This is fuelled by the traditional perception that by paying *bogadi* (a bride price that is supposed to replace the services the daughter will no longer provide for her family), a husband has purchased unlimited conjugal relations with his wife and has exclusive control over her reproductive functions' (Machisa and van Dorp 2012, 88).

Marriage customarily involves agreements between families and the payment of *bogadi*, which traditionally meant cattle but can now mean cash. Phaladze and Tlou (2006) suggest that *bogadi* disadvantages wives by limiting their decision-making capacity in the relationship. If a woman believes that she is in debt to her husband because he paid a bride price for her, it makes it difficult for her to make demands that will benefit her own health (p. 29). Schapera (1955) points to other forms of union, including civil marriages, which were introduced by Europeans, and cohabitation, a temporary living arrangement in response to economic needs, such as rent and food (p. 125). However, economic and social inequalities disadvantage women, making them subject to abuse in all these arrangements (Phorano et al. 2005, 199). With modernity, the traditional proscription against childbearing outside marriage eased, and it has even become normative for childbirth before marriage to prove that reproduction is possible and that one is a 'proper Motswana' (Upton 2001, 354). Wife inheritance, or sex with a husband's brother, became a common practice in exchange for performing fatherly duties in the context of migrant labour and father absenteeism (Ntseane and Preece 2005, 356). Indeed, this practice has become even more prevalent with the growth in premature deaths, often AIDS-related.

Consistent condom use is hard for women to initiate as female condoms are not as accessible as male condoms, and if a woman were to ask her partner to use a condom, he

would accuse her of promiscuity (Lunga 2002, 44). The withdrawal method is a common birth control technique and is also considered a good practice for maintaining one's health by spilling the 'hot blood and semen', which is considered to be harmful to oneself and others if not released; however, this method is not effective at HIV prevention (Ntseane and Preece 2005, 357).

The inability to solve domestic issues peacefully also perpetuates violence against women. Alcohol and drug abuse is on the rise as well. Substance abuse, economic inequality between men and women, and the tradition of paying *bogadi* are all factors that increase violence against women in contemporary Setswana society (Phorano et al. 2005, 198). Alcohol abuse in particular is a vector of GBV, and drunkenness is in some contexts a socially acceptable way to show frustration and anger, especially in the absence of traditional extended family support structures (Phorano et al. 2005, 198). Marriage and other forms of union in Botswana are patriarchal and reflect the social inequalities that make women vulnerable to HIV.

Economic independence has been difficult for women to establish, especially in the rural areas. As wage-earning positions are more limited for women, pregnancy offers a means of establishing a cash relationship with men. To meet multiple needs and to diversify their risk, women establish relationships with multiple partners (Griffiths 1997). Transactional sex – sex in exchange for financial or material support – is common in Botswana at many income levels and is not viewed as commercial sex work (Iversen 2005, 48). Discrimination in employment and lack of support for childcare and other care-giving services make it difficult for women to attain equality and earning potential. Women who earn a living have greater financial independence, which could make it easier to practise safer sex (Norr, Tlou, and Moeti 2004, 223).

Commercial sex work is an issue that remains crucial to the response globally but is not part of the discourse in Botswana. As commercial sex work is illegal, it is not fully acknowledged and thus not adequately addressed by HIV programming and policy so that HIV vulnerability is persistent (Botswana Government 2010b, 49). This discrimination is

also revealed in the myths and misconceptions that surround HIV:

> In Botswana, HIV/AIDS is associated with sex workers and promiscuity, and this has contributed to blaming young women for its spread and the spread of other STDs (referred to as 'malwetse a basadi', meaning 'women's diseases'). The fear of being stigmatised as 'loose' has led many young women to avoid openly seeking information on sexual and reproductive health matters. This ignorance and fear predisposes them to HIV infection. (Phaladze and Tlou 2006, 28)

The norms of masculinity in Botswana suggest that being a man is defined and characterised by multiple female sexual partners, especially younger partners (Botswana Government 2006, 9). Sexual relations with multiple partners, it is thought, exhibits male prowess (Ntseane and Preece 2005, 356). According to Griffiths (1997), Batswana men have 'good women' who are faithful, non-questioning, and ready to cook and have sex, while 'good men' can keep control and contain their domestic situation so as not to bring shame upon themselves as men. However, these traditional ideas of masculinity are now challenged by the contemporary globalised society and economy. Conventional jobs and identities, such as rancher, are not as accessible to as many men as was once the case, and the changing roles of women, especially their ability to be economically independent, alters the dynamic with men (Datta 2004, 255). Contemporary male identities have to be reconceptualised and vulnerabilities understood to reflect the current relations and contexts. This is an emerging part of the HIV response and gender and development programmes globally (Barker et al. 2010). In Botswana this has become a national priority, especially to address GBV (Machisa and van Dorp 2012, 68).

Gender relations are dependent on ever-changing social dynamics that are influenced by many factors, such as economic and political factors, global trends, and interpretations of tradition. Thus, convention and tradition are not static. Gender relations are highly contested and have always been influenced by context. HIV has introduced urgency to the analysis of gender, not just to the bio-medical aspects, but to the social dimensions as well. There are competing narratives in the Botswana context, with some ideas based on epidemiology and the progressive social agenda of rights and equality contrasted with

other ideas about reinforcing tradition and morality; the second Framework is an example of the former, while the situation described in the previous paragraph by Ntseane and Preece (2005) and Griffiths (1997) – where the past is selectively interpreted, which reinforces the patriarchy that contributes to the epidemic – captures the latter. To reduce vulnerability to HIV infection in Botswana, what is needed is a progressive and inclusive agenda of social and human development.

In that context, MSM and transgendered persons face several forms of stigma and discrimination, principally because their behaviour and orientation is not seen as part of traditional Botswana society. Despite being recognised as key populations in the UNAIDS response (UNAIDS 2010), the Botswana NSF does not offer any policies or programmes to reduce the vulnerability of these populations; on the contrary, same-sex sexual activity is criminalised. Concurrent sexual partnerships with both sexes are an important factor in transmission, but more research is needed to understand the risks and vulnerabilities of key populations in Botswana (Baral et al. 2009, 1). One study found that 'the majority of Botswana's GLBs (gay, lesbian, or bisexual persons) experience levels of distress because of social isolation, criminalization of same-sex behaviours, and unmet health care needs' (Dintwa 2010, 855). While MSM is little studied in the region, one study in Botswana and Namibia revealed that bisexual sex is common and that interventions to reduce concurrency need to address this vulnerability (Beyrer et al. 2010, 18). Similar to the shortcomings in addressing commercial sex work, same-sex relations are illegal in Botswana; this means that same-sex relationships are not recognised and that the vulnerability of this population persists (Botswana Government 2010b, 49). However, having global agencies such as UNAIDS and UNDP advocating a rights-based agenda in the HIV response opens up room for discussion on same-sex relations, which is unprecedented in the country's history.

Behaviours are more than individual choice; behaviours are shaped by the context in which decisions are made. Thus, if the aim is to reduce vulnerability to HIV by encouraging people to adopt safer and protective behaviours, we need to understand the context in which decisions are made. Gender is relational and social; therefore, all

populations need to be involved in reducing vulnerability. Reducing vulnerability requires empowerment, sensitisation, understanding, and equity, as well as aspects of development such as economic equality, political representation, and legal equality. Adequate representation in the public sphere results in laws to protect and promote the rights of all. Patriarchy in Setswana society keeps women from leadership positions; women serve male interests, privately and publicly. The Botswana Centre for Human Rights, Ditshwanelo, has noted gains made by women in government, professional, and management positions but states that there are still entrenched barriers: 'strong societal perceptions continue to hamper efforts to achieve gender equality, with women often sharing the same views as men about women's place in society, decision-making, marriage and the family, etc. Customary Law reinforces these perceptions and inequalities' (Ditshwanelo 2007). Only as recently as 2012 were women afforded equal property inheritance rights in a landmark decision that challenged customary law. The Southern Africa Litigation Centre appealed to the Botswana High Court to challenge the inheritance law on behalf of Edith Mmusi and her sisters. The High Court ruled that the customary law of inheritance was discriminatory to women in October of 2012.

HIV and gender are part of the development strategy of Botswana, and these agendas are not mutually exclusive. Botswana is a signatory to gender conventions such as CEDAW, which it acceded to on 13 August 1996. Botswana also submitted a combined first, second, and third Report to the Committee on the Elimination of Discrimination Against Women, Forty-fifth session, 920th meeting in Geneva, 29 January 2010 (UN Committee on the Elimination of Discrimination against Women 2010). In this Report the government stated that a constitutional amendment concerning sex-based discrimination had been added. Parliament approved a Bill that would allow for the Convention to be applied in the domestic legal system. Fifteen Acts were reviewed and amended if found to be discriminatory to women. The 2004 abolition of the Marital Powers Act, which addressed discrimination in marriage, property ownership, inheritance, dissolution of marriage, and children's rights, is one example of this. Customary law remained an issue and patriarchy was entrenched, so the government worked with *Ntlo ya Dikgosi*, the House of Chiefs, to raise awareness of CEDAW. In delivering the Report at the 45th

session the Permanent Representative of Botswana to the UN Office in Geneva, Boometswe Mokgothu, delivered a response. The Report,

> stressed that the Constitution was the supreme law of the land and took precedence over both common and customary law. In cases where there was a conflict between common or customary law and the Constitution, the Constitution prevailed, as had occurred in the *Unity Dow* case. He acknowledged that customary law continued to discriminate against women in some situations but said that it was difficult to pass legislation that went against the entrenched beliefs of the various tribes, each of which had its own customary law. Accordingly, the Government preferred to try to persuade the traditional chiefs to gradually modify customary law with a view to eliminating human rights violations. (Botswana Government 2010a, 5)

This idea of entrenched beliefs that are sacrosanct and difficult to change is, however, deeply flawed. As we have seen, the dichotomous interpretation of past custom on one side and current practise on the other is not accurate. Tradition is often used to block change, or even used as an excuse for why change is not occurring and is thus a method to protect patriarchal interests. Gender relations are not static but rather should be understood as fluid and contextual. Therefore, they are constantly changing and the context can be changed, as is the aim of Botswana's development strategy.

The Report goes on to cite the increase in the number of high-ranking women in civil service as a positive achievement. It also states that violence against women is a primary concern of the government, and progress was noted in this area, evidenced by the passing of the Domestic Violence Act in 2008. The police followed up on this Act with the Women's Affairs Department with measures to collect data on domestic violence and a National Action Plan on the subject. Though this has been in preparation in some form since 2007 but has not been formally adopted at the time of writing. Another positive achievement is the Home-Based Care programme, which the government launched in recognition of the care-giving burden of women, especially in the face of the HIV epidemic. The first section of the Report concludes by saying, 'While progress was being

made towards ensuring equality for women, many challenges remained. Targets would continue to be set with a view to the full implementation of the Convention, which this Government considered to be an essential means of promoting social cohesion and development' (Botswana Government 2010a, 5).

The government's statement, specifically on social cohesion and development, shows an attempt to alter tradition and reinforces the notion of a society that is in transition. The reality was somewhat different, as I describe below. Much of the discussion about women's equality is centred on making women equal to men. There is little attention, if any, given to women's equity and the changes that men need to make to achieve this so-called social development.

BOCONGO developed a Shadow Report to supplement and offer alternatives to the Government of Botswana's accounting to the CEDAW with the intent of moving the country to full implementation of the Convention. The Shadow Report was developed in consultation with several of the 130 member CSOs of BOCONGO, including several women's organisations, in particular *Emang Basadi*. The Report recognises that amendments have been made to the Constitution but is not as optimistic as the government concerning their effect. It states that the Constitution is still based on a patriarchal system with built-in exceptions that continue to discriminate against women. Referring to the landmark Unity Dow case concerning the citizenship act of 1982, which challenged the fact that only men could pass citizenship to their children, the Shadow Report states that these constitutional gains mean little on the ground in the communities, as customary law governs life, and patriarchy is entrenched and essentially unchallenged. Awareness of the constitutional changes remains quite low among the general public, so the ability to challenge discrimination is compromised – and the situation is even more acute in rural areas where customary law rules supreme. The Report also criticises the government for not explicitly addressing discrimination related to sexual orientation, asserting that the criminalisation of same-sex sexual relations (for men and women) is a violation of rights (BOCONGO 2009).

The Shadow Report states that access to legal services is difficult for women due to expense and to gender-insensitivity. GBV laws are on the books but enforcement is low, whether because of a lack of awareness or because of the belief that domestic violence should be solved at the family level. *Bogadi* is another challenge: 'The payment of bride price, or *bogadi*, further renders women more vulnerable in marriage to be treated as objects that can be bought, used and disposed of at the owner's whim' (BOCONGO 2009, 27). The Report explains that marital rape, a major advocacy issue of women's CSOs, is practically unaddressed on the ground. Further, while high rates of school attendance are a positive aspect of Botswana development, there are many reports of the sexual abuse of young girl learners and high levels of teen pregnancy – which, according to BOCONGO, the government is doing nothing to address (BOCONGO 2009).

Nearly 10 years after Botswana signed the Convention, a leading Tswana academic observed,

> Botswana has ratified international and regional treaties that bind the country to fulfil these commitments. These include the Convention on the Elimination of All Forms of Discrimination against Women, the Nairobi Forward Looking Plan, the Beijing Declaration, and the Platform for Action and the SADC Declaration on Gender and Development. Global and regional trends in women's participation in parliament and local government have been analysed. Overall, the analysis revealed that not much has been achieved to integrate women into politics despite signing international declarations. (Maundeni 2005, 204)

According to Datta (2004), however, there has been progress, albeit from a low base, which can be partially attributed to the pressure by women's organisations and civil society (p. 259). Many women work in the informal section, and the Women's Affairs Department was established to promote the advancement of women in the male-dominated spheres of economic activity (Ntseane and Solo 2007, 35). The Women's Affairs Department in the Botswana Government works very closely and systematically with NGOs through the Women's NGO Coalition, an umbrella body. Achievements include the implementation of the National Gender Programme Framework, and

communication flow between the department and NGOs that are affiliates of the Coalition.

The Women's Affairs Department also facilitates quarterly meetings between itself and civil society (Botswana Government 2010a). However, the focus of 'gender and development' has problematised women in Botswana in such a way that the conceptualisations of gender exclude men; gender is thus perceived as a women-only problem (Datta 2004, 251). But on such issues as GBV and HIV, Datta suggests that Botswana is in a new dynamic, 'we are no longer talking about women's movements, we are talking about gender power relations' (Datta 2004, 267). Rights-based approaches that focus on bodily autonomy and privacy assume that persons actually *have* bodily autonomy is an androcentric view (O'Manique 2004, 55). Datta argues that promoting women's interests has engendered a male backlash, reflected in the way that tradition is deployed to defend patriarchy and privilege, and asks how can gender be reconceptualised to promote full human development and gender equality (p. 252). This is where civil society is critical.

Civil society is recognised by UNAIDS, the Botswana government and development partners as central in the HIV response, partially for its ability to go beyond the bio-medical issues and to grapple with social issues such as gender. The next section locates civil society within the HIV response in Botswana and considers its position in the wider development agenda.

Locating Civil Society

As stated in Chapter 1, there are several definitions of civil society. A deeper discussion of civil society – its definition and location within the HIV response – occurs in Chapter 5. A working definition for our use here is that *civil society* is the realm of organisation that is concerned with public ends and is neither government nor private business (Young 2000, 158). In Botswana there are at the time of writing many organisations that fit this description – the highest number in its history, in fact – and their place is explicitly mentioned as essential to the HIV response and the development strategies. This section

describes the origins, roles, issues, and general context of civil society in Botswana, providing a basis for the analysis and discussion that follows.

Botswana's civil society sector was essentially small and informal throughout its post-colonial history until the late 1980s, but the sector grew rapidly from then on (Carroll and Carroll 2004, 333). In 1989 there were only a few registered interest groups (Carroll and Carroll 2004, 334), while in the 2000s there are hundreds in Botswana, ranging from local service organisations to national advocacy groups and international development and technical support organisations. According to a 2006 study, there were more than 200 CSOs working on the Botswana HIV response alone (Kiley and Hovorka 2006, 171). Some of the more high profile organisations include *Emang Basadi* and WAR, which were created to address gender inequality and GBV before the large-scale HIV response emerged, and BONASO and BONELA, which were formed specifically in response to HIV; these organisations are joined by international CSOs such as Family Health International 360 and Population Services International. Additionally, a number of non-formal community and church-based organisations operate at the grassroots level. As mentioned previously, civil society in Botswana provides social care and support for infected and affected persons, testing and treatment services, advocacy, social marketing campaigns, behaviour change interventions, empowerment programmes, and a wide range of technical support to various line ministries concerned with HIV, such as the ministries of health, education, and home affairs. Civil society is firmly entrenched in the HIV Strategic Framework and the national development plans, and is also central to the development strategies of Botswana's partners, such as the UN agencies and the US and British governments. Going forward, CSOs will be central to the nation's development.

Zibani Maundeni, a Batswana civil society theorist, has argued that CSOs in Botswana have several roles in supporting society: to provide alternate approaches and structures to government, highlighting innovations and representation; to provide public services in market and public sector failures; to provide sector-wide networking and capacity building for advocacy; to provide a watchdog function on the private sector; and to look after press freedom (Maundeni 2004b, 623–24). Maundeni suggests that civil society in

Botswana began with largely apolitical welfarist organisations (Maundeni 2005, 179). The government was actually hostile to CSOs in the early 1990s, as it viewed them as actively pursuing their own agenda. Foreign development partners, such as the UNDP and World Bank, encouraged NGO participation in Botswana's national development, thus solidifying its role (Carroll and Carroll 2004, 339–40). This suggests that civil society is shaped by those who fund it (Lekorwe and Mpabanga 2007, 15). This includes donors, such as the international development partners, the national government, and in some cases local membership fees. With donor-funded CSOs there is a concern that a lot of the money is caught up at the upper and middle level for planning and strategizing, with little money going to the activities implemented at the grassroots level (Kiley and Hovorka 2006, 173). This concern highlights ongoing tensions in civil society between community-level implementation versus a national agenda, and volunteer-driven organisations versus professionally staffed ones. This theme is addressed in detail in the final chapters.

The Societies Act of 1972 first established the parameters of civil society in Botswana. Maruatona (1999) asserts that the ruling party used this act to keep dissent at a minimum and to stabilise the newly independent state (p. 477). The view by political elites towards civil society was antagonistic at first, but changed because of growing experience with politicians and civil servants who could promote and protect the government agenda vis-à-vis civil society. A significant event in the course of civil society development was that the opposition political party mounted a significant challenge to the ruling BDP in 1994. The result was that the BDP became more consultative with the public, and the leadership recognised global trends in civil society. Economic and social developments at home, such as growth in the numbers of non-state-employed persons in the urban areas, meant that civil society became an important partner in national development (Carroll and Carroll 2004, 348–49).

Civil society in Botswana is restrained in an activist sense, according to Strain (2008), because of the non-confrontational culture of Botswana politics. While the nation's political stability is remarkable on the continent, this means that it is difficult for civil

society to challenge the state. Moreover, the one-party dominant system marginalises smaller parties and non-state actors from the public policy discourse (p. 34). However, Maundeni (2004) warns that these standards do not recognise that a less confrontational degree of criticism takes place in Botswana civil society (p. 21). For this reason, civil society is recognised as an important partner by both the government and the public in Botswana.

The creation of BOCONGO in 1995 is a clear indication of the cooperative relationship between civil society and the government. BOCONGO was created with support from the Botswana government and its development partners to coordinate and facilitate CSOs, NGOs in particular. Since its inception, BOCONGO has contributed to national policy and implementation and enjoys high-level consultative status. However, labour groups were excluded from the policy process (Carroll and Carroll 2004, 343), which suggests that the government makes a distinction between NGOs and activist interest groups that put demands on the state. While this suggests a weak civil society, Maundeni (2004) offers a useful and alternative interpretation of civil society in Botswana by reminding us that we cannot simply transfer metrics of success in Western democracies to elsewhere and that civil society is active and viable in Botswana. However, the country's pervasive gender inequality and the fact that the ruling party is not held critically accountable for it suggests that despite Maundeni's insights, civil society has a lot of room for growth in Botswana.

Toward the late nineties Donor money began to wane for a short time as Botswana achieved middle-income status. As a result, CSOs became increasingly local and existed either with very small-scale member support and voluntarism or government funding. This period was short-lived, as the HIV response resulted in a lot of global attention and resources applied to Botswana. Thus, civil society became the well-funded and professionally staffed sector it is today. Fuelled by the HIV response, several hundred non-profit international, national, and community-based groups were established in Botswana (Carroll and Carroll 2004, 344). The conditions that created the emergence of CSOs appear to have been threefold: foreign encouragement; local structures already in

place representing the consultative character of Tswana culture; and post-independence architects of the country who had created a liberal democracy in their traditional, fraternal image (Carroll and Carroll 2004, 345). This paternalist view has been challenged by civil society, albeit in a limited way.

Civil society in Botswana has its roots in the women's movement. It began with the challenge to the Citizenship Act in 1982 and was followed by the activism generated by the 1985 UN Conference on Women in Nairobi, which spurred the creation of domestic CSOs and linked them internationally (Carroll and Carroll 2004, 340–341). CSOs used the Beijing Platform for Action as a leverage point for involvement in the National Gender Framework and subsequent development plans (Datta 2004, 259–260). The most high profile of these organisations is *Emang Basadi*. Formed to respond to the Citizenship Act of 1982, the organisation was formally established in 1986, with a vision of raising awareness through lobbying, advocacy, and capacity building and of providing legal aid and counselling services for the empowerment of women. *Emang Basadi* has worked to reach women beyond the urban centres (Carroll and Carroll 2004, 342). The citizenship case and the challenge to marital power gave impetus to gender activism (Maundeni 2004a, 158). Thus, contemporary civil society in Botswana is rooted in gender activism. But HIV is the issue that spurred its growth to unprecedented levels.

While community-based groups have existed in Botswana for some time, the emergence of professional and international CSOs, primarily as a result of the HIV response and the demands of HIV on the public sector, is a relatively new development (Ntseane and Solo 2007, 39). CSOs range from local CBOs to national advocacy groups to international technical service agencies. Organised local responses to crises are common in Botswana; called 'crash benefits', they involve people getting together to support one another, such as helping to rebuild a home after a fire. This kind of support is called *letsema*; it is the traditional basis for community responses to HIV (Ntseane and Solo 2007, 61).

Faith based organisations (FBOs) are another important feature in Botswana and the region. Because so many persons identify with religion and because FBOs are central to

the response, they are critical to the national discourse (Haron and Jensen 2008, 193). However, the role of faith-based groups in the response and in the conceptualisation of civil society in the country needs a more fine-grained distinction. They are a partner without critique, the extent to which they put their efforts towards proselytising activities rather than HIV programming and the extent to which they advocate for an ideological agenda versus an evidence-informed one calls for further comment by the government.

Government health services were fairly expansive in Botswana, but this changed with the new demands presented by HIV, which were comprehensive and so geographically wide (Kiley and Havorka 2006, 176). Many of the CSOs involved in the response served only one catchment area, one that the public and private sectors had failed to reach, which speaks to two essential characteristics of CSOs in the HIV response: they are service-oriented, and they need an organising entity such as an umbrella group in order to contribute to national efforts (Kiley and Havorka 2006, 171).

The rapid growth of the HIV response and the civil society sector stretched the national capacity to meet the need for skilled personnel. Kaboyakgosi and Mpule (2008) attribute this lack of capacity to problems of scaling-up the national response and to the fact that HIV money from big donors was not accounted for nor fully implemented (p. 308). In 2009 the Global Fund also refused to fund Botswana on the grounds that the proposal submitted by the National AIDS Coordinating Agency (NACA) lacked justification and details (Ontebetse 2009). This suggests that lack of capacity is endemic to the HIV response, even after decades of experience, and is not limited to the civil society sector. The cyclical and unsteady funding of HIV work leads to even more instability with staffing and institutional capacity, implying that in a weak civil society landscape in Botswana, HIV-focussed CSOs are also very weak (Strain 2008, 34).

While traditionally CSOs were not central to development in Botswana, the HIV response changed this relationship; the government put forward strategies and encouraged CSOs to work within the bounds of those strategies. However, Strain (2008) has observed that this keeps CSOs focussed on servicing the strategy, with little space to

challenge the state – thus, they have been co-opted (p. 36). This is an astute point that requires further elaboration and contextualisation. I revisit it in the discussion in Chapter 5 on civil society theory, the analysis of the findings in Chapter 6, and the conclusions and implications in Chapter 7.

The public policy role of civil society has increased since the 1990s, but this may be at the expense of local governance structures, including both Councils and traditional leadership structures (Maundeni 2004, 10). Many CSOs rely on voluntary staff (Lekorwe and Mpabanga 2007, 13), which introduces a tension between local and organic actors and more professional people. It is not that one is better than the other; rather, it becomes an issue of trade-offs. Strain (2008) comments that in many countries, providing services to the public is a measure of the legitimacy of the state – having CSOs provide these services tends to threaten the government (and the opposition political party may use this as an election ploy to buy votes through services); therefore, CSOs can threaten the state if they do good work (p. 35). While Strain's observations can ring true in many countries, in the Botswana context there is little reason for the state to be threatened as the opposition is weak and civil society is increasingly apolitical. The government and ruling party can claim the successes of civil society, and this in turn strengthens its position.

While HIV funding may be significant, Kaboyakgosi and Mpule (2008) remind us that in Botswana CSOs are not just recipients of money; they are avenues for participation and innovation (p. 306). The context of civil society involvement in the HIV response is clearly described in the first and second Frameworks, which are compared and contrasted in later chapters. My point here is to establish that civil society has a central and explicit role in the HIV response, in relation to the national government of Botswana. The government acknowledges that 'civil society has grown and had played an increasingly important role in the expansion of programmes through outreach to marginalised populations such as sex workers, people with disabilities, sexual minorities, and displaced persons. Additionally, their programmes are often well received by target populations due to their civic, rather than governmental, nature. By adding their multiple points of

interface with specific target groups, civil society can expand the capacity of initiatives to address issues on many fronts' (Botswana Government 2009a, 33).

For example, the second Framework calls on CSOs to undertake action-oriented HIV research; perform a 'watchdog' role, ensuring appropriate design and implementation of HIV programmes; undertake advocacy and lobbying activities in support of prevention, care, support, and mitigation initiatives; assist in the design and implementation of workplace interventions; provide counselling, care, and support to those infected or affected; assist with scaling-up HIV interventions and conceptualising new and innovative strategies; and assist with the evaluation of programmes and policies (Botswana Government 2009d). The Framework further makes demands on CBOs to expand their implementation and involvement in the HIV response to the community level; advocate for more volunteerism among communities and community members; and assist local communities in mobilising human, financial, and material resources to support the HIV response. FBOs are asked to mobilise resources for HIV interventions; undertake advocacy initiatives; provide counselling, care, and support to orphans and persons living with HIV; and promote abstinence and delaying sexual debut amongst the youth (Botswana Government 2009d, 69).

In the Botswana government report to CEDAW in 2008, the government recognised that CSOs have increased in number, and that many focus on gender and development and women's issues. The report notes that 'women employed by these organisations also held senior positions' and that 'there is need for continuous capacity building for civil society organisations in order to sustain programme implementation momentum' (Botswana Government 2008b, 76), indicating that civil society offers a route to leadership positions for women (Geisler 2006, 69). Translating these positions into meaningful social change will require a strengthening of the sector, as well as civil society leaders who will transfer these leadership skills to other sectors.

The 2008 Report further elaborates on the roles that civil society has played and will continue to play in gender and development, including enabling women's participation in

Parliament, *Ntlo ya Dikgosi* (House of Chiefs), and local authorities; working alongside government to mitigate and change the impact of negative customary practises; creating income-generation activities and reaching out to key populations, such as commercial sex workers; promoting girl's education; and sponsoring national and local awareness campaigns to sensitise the public on gender inequalities (Botswana Government 2008b, 13–14, 36). The government credits civil society with making 'significant achievements in the implementation of the National Gender Programme Framework (1997), the African Platform of Action (1994) as well as the Beijing Platform for Action (1995)' (Botswana Government 2008b, 49). The Report demonstrates that civil society has established its place on the gender and development agenda as well as in the HIV response in Botswana.

Thus civil society has an established role. Accordingly, the number of CSOs has grown. This development in turn raises questions about the evolving role of these organisations in relation to government service delivery. There is little research on civil society policy in Botswana in general, although Zibani Maundeni's work (see, for example, Maundeni 2004a) is an exception. There is even less research on policy regarding the HIV response, although Strain's work (see, for example, Strain 2008) is the other exception. Kiley and Hovorka (2006) have observed this lacuna and state that there is no systematic research of civil society in Botswana's national HIV response (p. 168). This study aims to fill that gap by looking at the role that civil society and CSOs serve in Botswana. For example, in the provision of essential services, is government leaving this to CSOs and not taking responsibility? This question is a key focus of this research and is explored in the following chapters. The analysis focuses on the importance of policy: to achieve sustainability and coverage of programmes in a just way, must policy be stakeholder-driven, as Rajaraman Earle, and Heymann (2008) suggest (p. 10) – and is it in fact stakeholder-driven?

A Botswana government assessment concludes that CSOs

> generally face challenges including low institutional capacity for programming and implementation of interventions, limitations in leadership, inadequate skills and inexperienced staff, high staff turnover, and lack of resources to sustain most

> of their activities. As a result some of the organisations have closed down. In recognition of the critical role played by civil society in the national development process and in particular in the delivery of women's empowerment programmes, Government has developed guidelines on NGO funding to facilitate NGOs' access to funding from Government. (Botswana Government 2008b, 76)

Further, as CSOs are donor-funded to conduct development activities, they become more professional and less voluntary and thus less representative of their local constituency. I note this to point out that there are many questions about the capacity of CSOs as well as their role vis-à-vis government in the wider development agenda, which has been given scant attention in the literature.

This section has demonstrated that civil society in Botswana started as a local welfarist sector of society and then took on an activist role in the 1980s to advance gender and development. When the country ascended to middle-income status, Botswana NGOs received little support from extra-national sources, but this changed once HIV prevalence rose to alarming rates. This prompted international attention and support, which fuelled the development of civil society to unprecedented levels. This raises questions about the legitimacy of local civil society, its relationship with government, the sustainability of its activities, and the nature of civil society itself – all of which are addressed in the research.

Synthesis

This chapter provided an historical context to the subject of this study: HIV, gender, and civil society in Botswana. It explained the political and social background and offered insight into how and why HIV was seen mainly as a public health issue rather than one connected to the cultural and social relations of the country. In particular, the chapter described the social constructions of gendered vulnerability to HIV and the emergence of civil society as a major player in the gender and development agenda and the HIV response. The confluence in Botswana of high HIV prevalence, gender vulnerability, and an active civil society were highlighted.

The response in this regard seems incremental, incomplete, and perhaps even opportunistic (in that it takes advantage of donor support). The point raised by Strain regarding civil society co-option also needs further discussion. As noted, there is little systematic research on civil society in Botswana. We need to look at the theories underpinning these phenomena to better understand what we are observing and to develop insights that will inform the analysis, which will then have implications for the HIV response.

While this chapter raised the issues for consideration, it did not place them in a theoretical context. Chapter 4 addresses the underpinning theories for the development and response agenda, which links back to the framework in Chapter 2. Together, these provide the basis for the research.

Chapter 4 – Theoretical Critique: From the Bio-medical to the Social

This chapter explores the theories and concepts related to gendered vulnerability to HIV infection in Botswana as well as those that informed the methods used for this study and how they will answer the research question. Several theoretical traditions frame this work. First, the chapter focuses on the theories that inform HIV policies and programmes as part of the national HIV response in Botswana. Secondly, the analysis draws on critical and development theories and is informed by the gender and civil society literature, primarily in the fields of HIV, gender, and development. This chapter explains that HIV infection in Botswana is not simply an individual bio-medical issue but also a social developmental one. In addition to the bio-medical aspects of the response, such as testing and condom use, legal, economic, political, educational, and cultural changes are needed to reduce HIV-related vulnerability. The theories and concepts analysed in this chapter – in particular, the gaps – lay the foundation for and direct the analysis that follows.

HIV Programme Theory

HIV programme theory describes the logic underpinning many of the interventions to prevent new HIV infections. HIV is found primarily in blood, semen, and vaginal fluids. According to a leading international AIDS charity, 'the most common ways that people become infected with HIV are: through having unprotected, sexual intercourse with an infected partner; through injecting drugs, using an un-sterilised needle or syringe that has been used by someone who is infected; as a baby of an HIV-infected mother, during pregnancy, labour or delivery, or through breastfeeding' (AVERT 2013, 1). Botswana has marshalled resources to secure blood safety and prevent mother-to-child transmission. As stated in the second Framework, 'the drivers of the epidemic, being verified through the consultation process and research, are generally understood to include: multiple and concurrent sexual partnerships; the low rates of male circumcision; adolescent and intergenerational sex; gender inequalities and violence; substance abuse, in particular alcohol; and stigma and discrimination' (Botswana Government 2009d, 8).

Donors and policy makers want to spend their limited resources on programmes that have a high chance at being effective. This is exemplified by authors such as Seidenfeld and Haxton (2011) who say that

> it is important that a rigorous and comprehensive set of guidelines be applied to the design and evaluation of all HIV prevention programs in order to answer the following questions: What works? For whom? and under what conditions? Billions of dollars are donated annually by the federal government and private foundations in the United States and other industrialized nations to combat the HIV/AIDS epidemic in sub-Saharan Africa. Given the scope of the epidemic, rigorous research on various programs and interventions is needed to inform decisions about how best to channel foreign education aid to prevent HIV/AIDS. (p. 25)

This is a well-intentioned objective; however, it is also a problematic one due to its over-simplification of a complex issue and the premise that success can be easily transferred from one context to another. As we will see, this is a recurrent fault in much of the HIV programme theory.

Botswana employs two main approaches to HIV prevention: behavioural, which focuses on promoting individual protective behaviours among key populations, and ecological, which focuses on changing social context. Behavioural approaches centre on commodities (condoms), medical services (testing), and drug provision (HIV treatment). Ecological approaches consider the environment as an influencing factor, acknowledging that the promotion of healthy behaviours is achievable only when programmers understand the structural influences on those behaviours. Combining these approaches means that key populations are targeted with health interventions and then supported to develop attitudes and behaviours that are healthy within a given context.

The ecological approach to health provides an understanding of social relations, but at its core it does not seek to fundamentally change them (Coreil 2010a, 73). Most behaviour change interventions are based on the theory of planned behaviour (Ajzen 1985) and its predecessor, the theory of reasoned action (Fishbein and Ajzen 1975). In these theories,

individual attitudes and social norms are precursors for the adoption of health-seeking behaviours. However, these theories have limits as they assume that individuals are largely autonomous (Mathews 2005, 154) and do not fully consider context (Campbell 2003, 8). Campbell (2003) shows the short-sightedness of emphasising attempts at assertiveness and empowerment without social, political, and economic change (p. 49). These strategies for behaviour change are based on Western concepts of individual morality and rationality that have little connection to African life (Schoepf 2004a, 18). The concepts of empowerment, social identity, social capital, and power are under-studied in public health (Campbell 2003, 55).

These views underscore the complexity of HIV: the disease is situated at the intersection of health, development, and culture. The HIV response has been rooted in a bio-medical scientific approach that sees it as biology rather than understanding it as a more complex social and cultural phenomenon. The epidemic in Sub-Saharan Africa is part of a culture where sex often carries a social relation that is expressed through complex sexual networks (Thornton 2008, 29, 31). The HIV discourse is filled with the themes of morality, making it highly political (Schoepf 2004a, 15). Boler and Archer (2008) offer a trenchant criticism of the US government's 'programme, saying it is "aid at its worst: tied to certain brands of prevention' that are politically driven and not evidence-based (p. 125). Pisani (2008) sums it up by saying that ideology and money get in the way of good AIDS work (p. 127). Good programmes are not just about how people *should* behave, they should also consider how they *do* behave and then seek options from that point of departure (Boler and Archer 2008, 136). Motivations for sex go beyond simple individually generated ones, and sexual behaviour is more than dichotomous pleasure seeking on one side and moral discipline on the other. There are deeply held social and cultural motivations for sexual behaviour, and public health programmes need to take this into account.

HIV prevention education is a product of the endogenous and exogenous influences on the intervention site; it is complicated and messy and impossible to measure out of context. Thus, when compared alongside the bio-medical aspects of the HIV prevention

response, education appears to be a risky expenditure because it cannot be replicated and scaled up with the same degree of efficacy or predictability as, for example, treatment. This idea is reflected in the UNAIDS Investment Framework (Schwartländer et al. 2011), which demarcates programmes based on cost-effectiveness. The framing of the HIV response has been dominated by basic programme activities, such as treatment. This is on some levels a reductionist approach that prioritises easier-to-measure programmes, contributing to a persistent belief that programmes for education, or social change more broadly, are not a worthwhile investment because behaviour change cannot be attributed to a single educational intervention, even though these programmes can make a contribution to the HIV response. The inability to make direct attribution means that these programmes are in danger of being marginalised, thus compromising the social change agenda.

It is also significant that risk behaviours concerning HIV are not simple acts based on a singular logic. A 2014 UNESCO publication titled *Charting the Course of Education and HIV* points out that most of the programme theory for reducing risk behaviours is based on a universalist way of thinking. Many programmes assume that knowledge, skills, and intentions to make healthy choices are sufficient for reducing the risk of HIV infection. However, the authors point out this is not the case, as people live in complex situations with many influences on their behaviour that are beyond their individual control. In other words, as Ndebele, Kasese-Hara, and Greyling (2012) comment, these influences are located within the political, economic, and cultural contexts of specific societies. The most proximal influence in making decisions is the individual's sexual partner, who may or may not have the same level of knowledge about HIV (Letamo 2011). The approach of many HIV prevention programmes stems from an individualist, and at times a Western, narrative of human behaviour that does not always apply to collective societies where individual identity is associated with group structures, such as the family or village (Boler and Aggleton 2005). This theme, and related assumptions about the rational individual, is reinforced by the bio-medical approaches to HIV prevention: the atomised individual can be counselled and tested and 'what works' can be replicated (Kippax 2012). As Yankah and Aggleton (2008) observed, it is 'unrealistic to think that short-term skills-based

interventions will lead young people to think clearly and stay safe considering all the barriers they face in accessing information, condoms, contraception and in overcoming social stigma associated with sex and relationships' (p.482).

This observation is not restricted to education; it has been observed across the HIV prevention spectrum of activities and has created a counter-movement to the dominant bio-medical approach. This call for greater emphasis on an ecological approach to HIV prevention is what Kippax (2012) calls 'social public health'. Kippax's idea takes into consideration the complex interaction of influences on behaviours and puts forth a range of interventions, programmes, and policies to address them. This approach requires coordination so that the efforts are aligned with and complement one another, but also recognise that each has its limits. HIV is a complicated and social epidemic that requires a sophisticated and holistic response. The ecological model recognises and addresses social relationships and promotes a coordinated and multi-faceted response. This approach contrasts with the search for isolated programming that is promoted in the aforementioned UNAIDS Investment Framework, which disaggregates and isolates aspects of the response. UNESCO (2014) states that the HIV response needs an ecological model that puts individual and social learning as a priority, recognising it as key to the adoption and maintenance of healthy behaviours, and strives to change the environment in which those behaviours take place (p. 138).

The issue of empowerment and involving persons living with HIV and AIDS was key to bring civil society into the response (Iliffe 2006, 78). Motivated by local connections and compassion, CSOs responded by providing local services for care and support. At the same time, CSOs have shed light on the issue of women's vulnerability to HIV caused by male power and the legal, political, social, and economic structures that support it (Akeroyd 2004, 90). According to Pisani, an epidemiologist who worked in the global arena, but especially in South East Asia, civil society was innovative and in the vanguard in the HIV response, but its reach was small and narrow; the next step is to take the work of civil society to the larger public (Pisani 2008, 174).

An important aspect of the response addresses the vulnerabilities of key populations most at risk of HIV infection. According to UNAIDS (2011a), 'gay men and other men who have sex with men, women and men who inject drugs, sex workers and transgender people worldwide are socially marginalized and face the full range of human rights abuses across every level making them more vulnerable to HIV. The engagement of key populations is critical to a successful and meaningful HIV response: they are key to the epidemic and key to the response (p. 28). UNAIDS warns that the definition of *key populations* is epidemic-specific. In the case of Botswana, however, little research has been undertaken on this topic and policy documents do not mention key populations, so it is difficult to know exactly what the *key vulnerabilities* to HIV are. One challenge is the criminalisation of gay relationships, sex work, and drug taking, which forces secrecy and makes it difficult to assess the situation and determine the health needs of key populations. However, given the vulnerability of key populations in other parts of the sub-continent, one can extrapolate that their vulnerability in Botswana is high. This public health approach of focussing on those persons at higher risk of infection does have a negative side effect, however. With its focus comes separation and labelling that can lead to stigma towards key populations. Further, it can create a false sense of security where those who are not in a particular 'risk group' may believe themselves to be safe (Schoepf 2004a, 16). This underscores the complexity of the response. Good epidemiology is needed to create focussed prevention programmes, while at the same time broader social development programmes are needed to address stigma and discrimination.

CSOs have a long history of community-based work. In the HIV response, CSOs have been successful at reaching populations whose activities are deemed illegal and who the government cannot engage with. CSOs provide services and offer a vehicle to aggregate and advocate for their interests. Thus, the role of civil society is critical for key populations in the HIV response. This particular function of bridging between the official HIV response and the populations associated with illegal behaviours has not been explicitly identified in the literature and is a unique aspect of civil society that should be

identified. This research further describes this function and its associated policy implications in the concluding chapters of this study.

At the 13th International AIDS Conference in Durban, South Africa, on 12 July 2000, Geeta Rao Gupta gave a plenary address titled 'Gender, Sexuality, and HIV/AIDS: The What, the Why, and the How'. Her premise is that *gender* – a socially constructed concept of norms and expectations of behaviour – and sexuality are both central to the sexual transmission of HIV. Power imbalances limit women's sexual autonomy and increase men's freedom, increasing the risk for all. For women, the expectation that they be ignorant about sex makes it difficult for them to learn about risk reduction. Gupta emphasises that norms of virginity and cleanliness fuel rape, coercion, and intergenerational sex. Moreover, the idea of motherhood as a feminine ideal discourages barrier methods and non-penetrative sex. Violence against women, too, is a key factor. Economic dependency further increases the exchange of sex for money or other benefits. The imbalances also affect men. The expectation that a male who is sexually knowledgeable and experienced represents masculinity militates against men seeking information to learn how to reduce risk. The expectation is that men should have multiple partners – this is part of what it means to be a man. This notion links to the norm of sexual domination. Gupta concludes that the expectation of invulnerability militates against efforts to protect both men and women because it denies risk (Gupta 2000, 2).

Therefore, reducing gendered vulnerability requires a set of initiatives that are embedded in a contextual social analysis, affecting policies and programmes in such domains as education (formal, non-formal, workplace, church-based, community-based, and mass media social change), legal reform, economic empowerment, and health services. Gupta challenges each of these policies, programmes, and interventions with a gender-stereotype analysis on a continuum: Do these approaches reinforce negative and harmful stereotypes of gender relations and power imbalances? Is this an approach that does no harm? Is this a gender-sensitive approach? Is it transformative? Is it empowering? The gendered analysis and theorising that Gupta suggested in 2000, investigating the extent to which different approaches transform gender relations and empower individuals to reduce

their vulnerability to HIV, offers a helpful set of tools to analyse the conditions in the Botswana case. In subsequent chapters I deploy the basic tools used by Gupta when analysing the quality of the HIV response in Botswana, whose policies, plans, and frameworks speak directly to these issues.

HIV programme theory explains how interventions are designed to prevent new infections. This section has demonstrated that HIV vulnerability is a social issue, not just an individual one. It is also gendered, and this requires a combination of efforts to change the socially created vulnerabilities, including efforts by CSOs. HIV programme theory aimed at reducing gendered vulnerability to HIV must incorporate theory that deals with individual empowerment and social change. We now turn to critical theory.

Critical Theory

In the following sections I describe how I draw on critical theory and a related application of gender and development theory to inform my analysis. I explain how these theories can substantially contribute to HIV programme theory to address the critical issues faced in transforming and empowering people. The application of these theories together provides the possibility of creating a new analytical concept that can be used in this research and indeed in other human development projects with normative social objectives.

As stated in Chapter 1, poverty and social inequality are gendered in Botswana; thus, it is important to address the moral issues and cultural dynamics that translate to women bearing the brunt of the consequences of the HIV pandemic. A transformation in cultural gendered attitudes and social customary practices is a necessary prerequisite for headway to be made in HIV prevention. This poses a conundrum for HIV practitioners, as there are so many critical factors at play when developing prevention programmes. HIV is a sophisticated biological epidemic that requires extraordinarily sophisticated understanding of how it works. The medical treatment regime of ARVs also requires full understanding and a rigid individual commitment in conjunction with strong support systems. Therefore, understanding the disease and bringing it under control is also a

fundamentally social process. HIV is a social disease that requires individuals to understand their own bodies and have control over their own sexual and social interactions. This occurs in a cultural and political context where men and women might have very different understandings about autonomy and individual decision-making and action. Thus, programmes need to take these very complex cultural and social contexts into account. Critical theory provides a useful entry point.

Since education is a rationale for this thesis, the question is how to sensitively and effectively engage with societies that will need to adapt sexual and social protective behaviours in very significant ways. Education is a lever of change and can affect gender relations; this led me to explore critical theory through the prism of Paolo Freire's application. For Frieire (2005), critical reflection is necessary for our understanding but also for our ability to extend this understanding to action, which called 'praxis' (p. 66). In this way, critical theory is not a traditional theory. It is not predictive; rather, it is used to examine moral issues such as social injustice (Ingram and Simon-Ingram 1991, xx). It follows from Horkheimer's definition that critical theory is adequate only if it meets three criteria: it must be explanatory, practical, and normative, all at the same time (Bohman 2005, 1). Critical theory has been applied to many aspects of life, such as state, culture, and economy, but no single definition has brought this diversity together. As Held (1980) commented, 'It is easier to say what critical theory is not, rather than what it is' (p. 24). Still, despite this scepticism, it can be done.

According to Brookfield (2005), a traditional critique of critical theory is that it offers analysis without offering guidance about how to take action (p. 7). It is true that critical theory does not prescribe action, but that critique is too categorical. Action in critical theory is the result of the critical process, such as described in Freire's praxis, where education is the key to action (Freire 2005, 84). For Brookfield, the transformational potential of the application of critical theory is that it imparts knowledge that will change the world, not just interpret it (p. 25). Brookfield applies seven aims to the process of critical theory in education: challenge ideology, contest hegemony (which is more subtle and pervasive than ideology [p. 65]), unmask power, overcome alienation, pursue

liberation, reclaim reason, and practise democracy. As the first task is to challenge ideology (p. 40), this application of critical theory is helpful for looking at gendered vulnerability to HIV in Botswana. At the root of HIV vulnerability are systemic inequalities that need to be challenged and changed for the purpose of reducing infection and promoting human development. Critical theory provides useful analytical guidance on power and inequality.

Brookfield (2005) shows that critical theory has its roots in the Frankfurt school of the 1930s, whose central project was to challenge ideology in the context of industrialisation and the development of capitalism (p. 40). These earlier critical thinkers, however, were silent on issues of gender (Ingram and Simon-Ingram 1991, xxxvi) and had not engaged with development issues. Yet critical theory has proven to be adaptive. The earlier Frankfurt critique – that capitalism is exploitive and alienating – has been applied in a more nuanced way in contemporary gender and sexual behaviour analysis, for example, to analyse the cultural practices that dictate sexual norms and the ways in which these norms are internalised (Tyson 2006, 25). Freire brought education and a means to address social oppression into a human development context as an application of critical theory. This has proved useful for other purposes and has been applied to the combination of gender, HIV, and development research recently, and in Botswana specifically (Ntseane 2009). Ntseane draws on the Freirian tradition of critical theory to explain gendered vulnerability as a form of social oppression. Lindlof and Taylor (2002) observed that modernist applications of critical theory concerns itself with 'forms of authority and injustice that accompanied the evolution of industrial and corporate capitalism as a political-economic system,' and that postmodern critical theory politicizes social problems 'by situating them in historical and cultural contexts, to implicate themselves in the process of collecting and analyzing data, and to relativise their findings' (p. 52).

Freire's critical theory has been applied to development work because of its regard for the transformative power of local knowledge and creative problem solving. A limitation of Freire's perspective is that it treats all oppression as similar and is silent on women (Janzen 2008, 12). Bringing the gender lens of HIV programme theory, such as Gupta's

insights discussed above, together with the education critical theory approach aimed at social transformation will enable a much more nuanced understanding and analysis of power relations.

In a plenary speech to the International AIDS Conference in Toronto 2006, Dr Cristina Pimenta addressed the issue of gender and social vulnerability to a population steeped in bio-medical discourse. She explained that vulnerability is not always a given and that the technical and commodified solutions to HIV prevention are just part of the response. She suggested that what is also required is a 'social logic' to understand and address vulnerability in a dynamic context (Pimenta 2006). Social logic – the understanding of structural inequality in social and economic systems – is crucial to the response, and in this way Pimenta offers a critical approach to public health, development, and specifically the HIV response, as questioning basic assumptions in order to advance development thinking, particularly regarding the HIV response, is central to this project. This critique of development theory grows out of a critical theory approach and offers new ways of looking at development problems, which is the focus of the next section.

Theoretical Approaches to Development

International development is a multidisciplinary field (Schuurman 2009, 832), and development programmes address a wide range of issues. Development agencies such as UNDP, USAID, and DfID fund medical interventions, infrastructure projects, education programmes, and governance activities, among others. Development is aimed at improving the human condition; however, this is complicated and often problematic because the means to improvement – in fact, improvement itself – is not universal. A precise definition of *development* is difficult to find, as it can include economic growth and job creation, democratic participation, educational attainment, and improvement of health status, or all of these at once. Different interpretations of what *development* means have led to quite different solutions to economic and social problems in less-developed countries. While improving lives is the ultimate aim of development, there is debate on how this should be achieved and further debate on what constitutes improvement in a person's condition (Schuurman 2009, 831). Opinions about the objectives of

development include economic growth, the need to build infrastructure, and education, all of which are discussed below.

The World Bank Group, founded in 1945 following the Bretton Woods agreements, is premised on the idea that loans and grants are the main instruments to development. The post-World War II reconstruction methods for Europe were applied to other countries in subsequent decades in a quest for modernity. Modernisation theory sees development as a linear and progressive process in a series of stages, from tradition to mass consumption (Rostow 1960). Andre Gunder Frank (1967), among others in the 1960s and '70s, challenged this idea by asserting that development is a progressive process of 'underdevelopment' and dependency. He suggested that dependency was the basis of development, and thus contested the idea of development as simply about the modernisation of a society. Theorists of dependency argued that 'development' masks the processes of underdevelopment that inevitably flowed from capitalist social and economic relations in developing countries. They saw that the expansion of capitalism had created new forms of economic dependence despite the political independence of decolonisation. Projects are designed purely for income-generation and may not address the sexual division of labour and exploitation in the social context. Therefore, a singular focus on income does not necessarily lead to progressive development (Simmons 1997, 247).

While the field of development may be well intentioned, it is clearly imbued with issues that undermine its aims, which makes it worth questioning the assumptions of the entire field. Post-development theory, drawing on authors such as Vendana Shiva (1997), Majid Rahnema (1997), and Arturo Escobar (1997), gives us the tools for such a critique. Post-development theory challenges the assumptions of the development project. It suggests that liberal development discourses tend to promote a universalism that masks the Western-centric implications of their prescriptions. Shiva (1997) points out that the use of so-called value-free and objective science destroys local knowledge and extends the patriarchal West's domination over nature, women, and non-Western cultures (p. 162).

Instead, the critique promotes knowledge of local systems of production and ways of living. Earlier development discourse focussed on abnormalities, such as malnourishment or landlessness, yet was silent on the positive aspects of local systems. For critics, Western development approaches were somewhat reductionist and reinforced not only dependency but also particular forms of systemic Western patriarchy that required particular family forms (the nuclear family) and lifestyles embedded within liberal values (Escobar 1997, 88–89). Conventional development sees social life as a technical problem requiring a universal technical solution, rather than a process that is discursive within a local context, as evidenced by the logical frameworks mentioned above. Thus, in the view of post-development theorists, current development is inhumane because it treats persons as abstract entities whose progress can be charted (Escobar 1997, 91). In *Pedagogy of the Oppressed,* Freire (2005) refers to this as 'massification', describing it as a dehumanising process (p. 148). Post-development says that Western development is the problem, not the solution (Peet 1999, 150).

A further critique comes from Rist (2002), who suggests that in many ways development theories have more to do with ideology and public opinion than problem solving (p. 165). Peet (1999) views the quest to improve the human condition as corrupted by the ideology, noting that gender and class in social relations should be analysed in a discursive way (p. 161). Simon (2007) reminds us that these critiques are important to a process that may yield new insights and that this is part of the development project; the challenge is to understand how these can be applied to practice (p. 215). There is an ideological and intellectual tradition in development studies coming from critical theory (Schuurman 2009, 834). Critical reflection is necessary in development work to challenge the power imbalance inherent in the development industry (Chambers 1997, 31). Post-development applies critical theory effectively in the analysis of the field. Post-development theory gives us tools to critique the methods and aims of development, which can be used in a critical and reflexive process of development and increases sensitivity to these concerns; however, it offers few alternatives regarding what to do about it (Willis 2005, 207). Post-development is useful because it helps us critique the power structures within the development field, but it fails as a practical theory by treating

all development as the same and becoming a grand narrative itself (Janzen 2008, 27). In other words, there is a contradiction: on the one hand post-development theory rejects essentialism, but on the other it essentialises all development through its categorical critique (Kiely 1999, 36). Still, there is a useful analytical aspect of post-development thinking that extends some of the earlier literature reviewed in this chapter.

Within the literature some voices maintain the critique of post-development while attempting to offer suggestions for change. For example, Simmons (1997) holds a typical post-development view, contending that development is top-down and that alternative visions of local knowledge and empowerment are needed (p. 252). Lie (2008) builds on this idea and proposes an actor-oriented approach to understand how meaning in development is created. He offers this as a complement to post-development theory in that it seeks to understand how agency is created by drawing on ethnography and discourse methods (p. 132). This approach puts the actors' lived experience as central, while post-development can get caught in the structural analysis of power, which in some ways reinforces it. Discourse is offered as a process. Matthews (2004), who recognises the failures of the development project in that poverty is still entrenched, echoes this approach to some extent. She points out that post-development has explained the potential reasons for many of these failings and adds that a way forward is to systematically listen to local voices who offer new ways of conceiving problems and the ability to find new solutions (p. 382).

There is a danger that post-development can give way to populism, where the local is always right and the outside expert is hegemonic. This is not useful and brings the discussion to an impasse. There is real need for a true discourse, exchange, and mutual learning where all the actors, from the grassroots to the experts, 'think globally, and act locally' (Morse 2008, 349). Schuurman (2009) calls this discursive and reflective process a 'critical development approach', which is characterised as improving the human condition with structural analysis, considerations of the global systems that affect them, and challenges to ideology (p. 836). He also points out that while actor-oriented analysis is an important emerging trend, this micro-level analysis should not supplant macro-level

structural analysis (p. 837). Through an analysis of the social structures of oppression and actor mobilisation on these issues, we can achieve what he calls 'transformative social action' (p. 839). Siemiatycki (2005) concurs that post-development puts the emphasis on the grassroots while rejecting grand narratives, but loses credibility when it refuses to offer practical alternatives to mainstream development (p. 57). He suggests that this critique gives a foundation for 'real development', which is culturally appropriate, driven by the actors at the grassroots level, equitable, and just (p. 59).

All these theories point out that development is not a clear path. The more social the development objective, the more complex and context-dependent the approach is. Even something as universally effective as the polio vaccine has a social interpretive dimension as evidenced by opposition to the vaccine in some communities in Pakistan and Nigeria. Development is discursive and contested in some areas, but it still remains a vibrant field of work with a large degree of consensus. The work of Schuurman and Siemiatycki cited above points to a useful way forward that is informed, reflective, critical, and non-hierarchical. This research is guided by that approach.

Development is an enormous project. Entire UN agencies, such as UNDP, bi-lateral agencies, such as USAID and DfID, and high-profile private actors, such as the Bill and Melinda Gates Foundation, are dedicated to it. All of these agencies have different priorities and working styles, but in the main they operate the same way and there are few philosophical differences among them. Achieving gender equality is priority for each agency. However, the extent to which they actually engage with gender and development on a theoretical level is limited.

Gender and Development

The central feminist critique is that development is gendered. Conventional development theory treats the subject of development as 'neutral', from a male point of view. Simmons (1997) argues that the institutions that drive development are bastions of male Western power (p. 251). A range of feminist development specialists point to the gender-blindness within the whole field of development – both in its theories and in its programmes. Ester

Boserup (1970), who pioneered theories on the role of women in economic development, observed that the division of labour in many countries put women's unpaid work outside the development discourse and that the concept of productive work needed to be reconceptualised to achieve development. In her book *Gender Planning and Development: Theory, Practice, and Training* (1993), Caroline Moser offered analytical tools that speak to the different roles that women have in the family, community, and economy, noting that development planners need to take all these into account for effective policy and programme development. Molyneux (1985) made distinctions between practical and strategic interests, which is a central analytical tool for this research and is described in more detail below. Moser (1989) built on the work of Molyneux, with planning tools for development and theories on the multiple roles that women have in society.

For feminists, development's androcentrism means that for interventions to be meaningful for everyone, using theoretical tools to identify and interrogate the systems and practices that reinforce patriarchy is critical. The Women in Development (WID) approach – that is, the approach adopted in the 1970s – was about integrating women into development through women-focussed projects that did not recognise the ways in which power operated to reproduce women's subordination. This served to reinforce patriarchy by designing development efforts that did not challenge gender relations in any way. WID accepted the sexual division of labour, and in that way remained embedded within an androcentric liberal perspective that sought equality as sameness between men and women, rather than recognising difference (Kabeer 1994, 5, 13). Gender and Development (GAD) brought a critique to bear on gender relations, recognising both the different needs and interests of women and men and the normative aim to change these structures (Squires 1999, 123). This discussion coincided with developments in feminist theory that focussed on the substantive nature of gender equality and emphasised difference. At the same time, this perspective drew attention to the role that women played in production and reproduction in different contexts (Van Marle and Bonthuys 2007, 23). Connelly et al. (2000) compared and contrasted WID and GAD and showed that the first focussed on the exclusion of women, while the second identified power

relations and social constructions that led to gender inequalities. The first led to a practical emphasis on projects to increase women's productivity, income, and ability to look after the household, while the second was about addressing those immediate concerns but with the longer-term objective of transforming the unequal power relations that created the conditions of underdevelopment in the first place (p. 141). In this way, the role of reducing gendered vulnerability is not just an issue of lifting women up to be equal and the same as men, but rather recognising the relational aspect of the gender work that women and men do and changing the systems that create and perpetuate inequality and vulnerability. The implication is that development should address the structures that determine power relations, means of livelihood, the interpersonal, and the cultural (p. 91).

Kabeer's 1994 publication, *Reversed Realities: Gender Hierarchies in Development Thought*, further defines the concept of gender and development. The idea that women had no role in development was overturned, as this literature showed the central role that they played in production and reproduction. From the 1970s on, feminists have pointed to the consequences of not taking women into account. Gender power relations shaped women's access to critical decision-making. This idea that critical decision-making is compromised is at the heart of gendered vulnerability to HIV. Inequality means that women cannot make the choices that will keep them safe because they are dependent economically, legally, politically, and socially. Therefore, programmes and policies that are designed for universal application do not recognise the interests of women; the multiple roles they serve in the economy, family, and community; and the differential power relationships that exclude women from decision-making about their lives. The male-centred approach to development limits participation opportunities for women and narrows the focus of development to male interests, primarily income. The privatisation of public services, liberalising economic reforms, and education for employment all advance the narrative that development is about income and that the free market is the engine of economic growth. While many people desire to increase their economic returns, it is not their only motivation for making choices, and this is where that bias is revealed.

People also make choices based on concerns such as family obligations and cultural norms that do not directly correspond to economic motivations.

This issue of domestic obligation is one that underscores the embedded gender inequalities. In many cultures, women have domestic responsibilities that are different from men's and are outside the formal economy. Household work is work, but it is not paid work and is therefore apart from many aspects of the economic development discourse. Moser (1993) explains that since much of what many women do day to day in the world is not paid and therefore is not externally validated by development agencies, she developed a planning framework to call attention to the subordination of women in the development system and to provide an alternate view towards empowerment. The development policies of the aid institutions have privatised public services and thus attacked the welfare state. This is in turn harms women more than men because of the disproportionate domestic responsibilities. Without cash-earning work and fewer social services to turn to for support, there are few options left. The result is that women are structurally more reliant on men (Connell 2009, 255). Jackson (1998) cautions us against development theories that reduce disadvantage to a single issue, such as economic poverty (59–60). These types of development polices exacerbate inequality because inequality is not a product of a single issue. Some theorists point out that by replacing radical ideas of struggle with more technical solutions, gender and development is placed within male-dominated paradigms (see, for example, Smyth 1998, 231–33). The central call in GAD is for development to move away from a market-based foundation to a social one for gender equity (Judd 1999, 226). Liberalism has been central to development but it can undermine women's interests, such as the right to privacy, which will mitigate involvement in issues such as domestic violence (Schwartzman 2006, ix). Women were considered irrational by development planners and were encouraged to display more masculine economic rationality, though as Kabeer (1994) points out, men were never asked to have feminine sensitivity (pp. 23, 29).

Jeff Hearn reminds us that we must also understand the complicated situation where men are at once in the position of power, yet also face systemic vulnerabilities (Hearn 2007,

26). For example, economic systems that reward individual earning power at the expense of other traditionally valued functions can contribute to the isolation and alienation of some men. In this context, the economic independence of women can be a threat to some men (Silberschmidt 2005, 196). Programmes such as micro credit that are aimed at empowering women economically have caused male resentment and male co-option of the programme resources on some levels, which winds up disempowering women and reinforcing patriarchy (Connell 2009, 28). Female economic empowerment requires male engagement (Silberschmidt 2005, 200–01). Social transformation can be achieved when men and women together take responsibility for change, as marginalisation can fuel aggression (Silberschmidt 2005, 201). There is always a risk in looking at the vulnerabilities of those in power and inadvertently justifying their actions. The point here is not to make an excuse for male behaviour but rather to show the complex dynamics of gender relations. GAD is a process that requires a full grasp of the social dynamics of change and relations of power and authority.

Inequalities that exist between women and men are neither inherent nor one-dimensional. Class, ethnicity, age, and location intersect with gender to determine life chances. There is no biological basis for women to be denied a bank loan or to not have the right to inherit property. Such prohibitions are the product of institutionalised social custom that is a significant barrier to economic success for women. Social roles that place the responsibility of care-giving and domestic work on women and then in turn consider this unpaid work to be inferior to income-generating jobs puts women at a further disadvantage by closing off avenues of economic independence. Women tend to have an increased social role in times of crisis (Tinker 2006, 269). This issue is more acute in countries where there is a high HIV rate and thus a high need for care giving. The point here is that gender relations are a product of a social interaction. It is the dynamic between men and women and the meaning that is associated with actions, status, and behaviour that need to be addressed.

The literature is clear that the objective of reducing gendered inequality requires systemic social change beyond just health services. This includes legal equality and protection;

political participation; economic empowerment and the freedom to earn, save, and invest; education for personal empowerment; cultural change; and social relations that are equitable, protective, and nurturing. These factors are not discrete elements; they intersect and in different contexts are highly contested in different ways. This theme has been repeated in the critique of HIV programme theory and development theory: isolated projects can help, but social progress cannot be achieved without a broader strategy or architecture in place.

While there are some objective measures for the legal, political, and economic domains listed, the education and social aspects are more subjective and normative. The behavioural manifestations of these beliefs are reflected in GBV and in the ideals of male domination. There is much research to show that the manifestation of masculinity, too, is measured by sexual prowess and promiscuity. The work of Hunter (2004, 2005) has shed some light on the dynamic nature of masculinity in KwaZulu-Natal. He observed that unemployment had hindered a key expression of masculinity in Zulu culture: becoming an *umnumzana* (a household head). Multiple sexual partners thereby increasingly became a substitute expression for masculinity. The common notions that males should have multiple sexual partners, hide their vulnerabilities, and subjugate women increases HIV vulnerability for women and men (Ampofo and Boateng 2007, 60; Lindeggar and Maxwell 2007, 102, 105). This underscores the notion that gender vulnerability is social and that there are certain social conventions that place men at risk as well. For example, hegemonic masculinity that downplays emotions and masks ill health shapes the development of boys in an unhealthy way (Hearn 2007, 23). These aspects have to be analysed to understand how to create healthy and positive social reconstructions of multiple and complex gender identities.

In that connection, the social stigmatisation and legal discrimination of same-sex relations are gendered constructs that make it difficult for some key populations to be able to access information and services to protect themselves. The previous discussion on HIV programme theory spoke of the need to reach populations vulnerable to HIV. That

definition is really one that speaks to the *behaviours* that lead to risk, such as MSM, and not necessarily *identity*.

We should understand that men are not a single monolithic group; their experiences are varied, and they can be both the oppressor and the oppressed. The question then is how does the position of these individuals inform their relations with others, especially their partners, and to what degree does it creates the conditions for discrimination and violence? Attempts to dismantle patriarchy led to a male backlash, so there is a need to work *with* men to challenge the norms that are harmful to all (Ampofo and Boateng 2007, 71). Schwartzman (2006) calls for an alternative theory to liberalism that focuses on social groups, rather than individuals; analyses and critiques social structures with the intent of changing them; and focuses on male dominance (p. 166). The International Center for Research on Women and *Instituto Promundo* proposed a comprehensive policy framework that would engage men for gender equality, with policies touching on education, public security, health (including HIV and GBV), human rights, and poverty alleviation (Barker et al. 2011, 4). This underscores the importance of a multi-sectoral approach in promoting gender equality and makes clear the need for many different actors to participate, including government, the private sector, and civil society.

Both gender equality and HIV were listed as central aims of the development community in 2000 at the launch of the Millennium Development Goals. The next section describes the current consensus in development with an eye towards the post-2015 sustainable development agenda in order to investigate the extent to which this agenda can be addressed.

Political Consensus and Practical Questions

The 1970s and 1980s brought a focus on human development, capabilities, and opportunity, moving away from infrastructure development (Chambers 1997, 9). Amartya Sen's 1999 work, *Development as Freedom*, posits that economic protection and political freedom must be coupled with opportunity and empowerment to effect change in one's circumstances. Underdevelopment occurs when at least one of these is

missing. The capabilities approach therefore underscores the need to address interconnected contextual issues and not focus on a singular aspect that is lacking, such as income. Without the other freedoms, there can be no development. Nussbaum (2000) took this work further and developed a list of 10 capabilities, including both bodily health and integrity and control over one's environment. This approach marks a contrast to the neo-liberal structural adjustment policies that equate development with economic gain. Sen and Nussbaum, among others, describe an alternate theory that brings life to what individuals can achieve within their context.

These ideas at the dawn of the millennium partially inspired a consensus in development represented through the UN's eight Millennium Development Goals (MDGs), which have undergirded the field of development throughout 2000–2015: Eradicate extreme poverty and hunger; Achieve universal primary education; Promote gender equality and empower women; Reduce child mortality rates; Improve maternal health; Combat HIV/AIDS, malaria, and other diseases; Ensure environmental sustainability; Develop a global partnership for development. The MDGs are designed to bring a holistic view to development by addressing the diverse aspects of life, such as health, education, and empowerment, as part of one agenda. At the same time the goals are designed to be focussed and strategic so that development partners can make the most of their expenditures. It is especially important in a historical context to review the MDGs, as they represent the first time the UN, its member states, and a critical core of international organisations agreed on a single framework for development. The data collection and analysis for this research occurred in the context of these goals.

While 'combat HIV' is one of the MDGs, the success of this goal depends on the success of several others, including poverty reduction, education, and gender equality. While there has been success in some quarters, many challenges remain; the global community has fallen short of its goal to achieve the MDGs by 2015.

The MDGs can be criticised for the lack of robust and tested indicators to measure progress and their ability to sustain efforts after 2015. The MDGs talk about reproductive

rights, the right to an education for all, and environmental sustainability alongside poverty reduction. According to Schuurman (2009), the form in which the MDGs were expressed and presented was narrow and technical and thus an extension of neo-liberalism (p. 834). Higgins (2013) asserts a more positive position, that 'while the direct development impact of the MDGs is difficult to determine, they have been credited with shaping international development discourse and debates, generating popular awareness for ending poverty, and supporting increases in aid. Much attention has been devoted to identifying the strengths and limitations of the MDGs and, based on this analysis, lessons for the post-2015 framework' (p. iv), which include issues around planning and mobilising resources. International development thus is an evolving field with multiple entry points to effect change. The MDGs have laudable aims that are substantiated by their intent and nation state support, though the process to achieve them is not described. These goals are individual in focus and may have reinforced the power structures that create underdevelopment to begin with.

Going forward it is important that the post-2015 development agenda reflects the lessons learnt and the current global context, which is different from 2000 when the MDGs were designed. In the *Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda*, developed at the request of the UN Secretary-General, Presidents Susilo Bambang Yudhoyono (Indonesia) and Ellen Johnson Sirleaf (Liberia) and Prime Minister David Cameron (United Kingdom) reported that they 'considered the massive changes in the world since the year 2000 and the changes that are likely to unfold by 2030', which include population growth of a billion more in 2013 and another billion by 2030; urbanisation; increasing private investment; mobile phone proliferation; and Internet usage. They note that inequality still persists and conclude that 'above all, there is one trend – climate change – which will determine whether or not we can deliver on our ambitions' (United Nations 2013, 5).

The MDGs were important in terms of galvanizing a vision for development that included multiple sectors of society, such as education, health, and economy. The post-2015 development agenda appears to be taking this vision even further. The question is,

to what extent does the practise of development match the grand political aspirations? The post-2015 discussion reflects lessons learnt from global efforts in international development and potentially a better way forward. Early discussion indicates that health and gender inequality will remain central concerns in the next round of development goals, though the degree to which the basic calculus of development work – the projects and programmes driven by donors – will be improved remains to be seen. The post-2015 discussion so far speaks to planning and targeting in an updated form. There still seems an inherent tension, though; while there is recognition of interconnected development issues, the targets are disaggregated. Together the goals aim for a holistic view of development, but in practise they are constellations of discreet projects. Thus, it reinforces many of the critiques levelled by theorists of universalism and reductionism. Development in practice is quite removed from development theory. There is little auto-critique by the agencies that implement programmes or the donors, nor is a systematic acknowledgement and response to the field promoting alternative forms of development. The entire project of development is dominated by isolated technocratic interventions looking for effective value for the money. (This financial parallel is intentional and is elaborated on below under the discussion of the UNAIDS Investment Framework.)

The degree to which the new development agenda translates to a different form of development needs further elaboration. Indeed, a key problem is that development programming occurs in silos, so coordination and a holistic process are hard to envisage. Individual projects tend to be narrowly focussed, with rigid accountability structures that are dislocated from the beneficiaries. The development agenda gave the field the architecture for analysis on policies and programmes and for decisions to be made about funding and programming at the international and state levels. The extent to which development happens in a holistic way, rather than as the sum of individual and unconnected projects, is an issue that will become clearer as the 2015 agenda is finalised and implemented. There is space for a change to development practice, a grounded humanist way forward for development (Kiely 1999, 49). The post-2015 agenda holds promise. While there are critiques on its implementation, political support has been

universal and unprecedented. The aim of this research then is to inform implementation of the post-2015 development agenda.

Concerning implementation, from my own work in international development agencies I've observed that development goals are translated into projects that are largely aimed at addressing issues through technical solutions. Development projects are often awarded through a competitive bid process. The submitting agency has to extol its successes while downplaying its failures in order to win a bid through competition. This process militates against humility, honest reflection, and critical insight, and sets up a system that favours trained experts (usually Western-trained) to deliver technical assistance in Africa and other settings. Western expertise does have something to offer but it cannot offer a singular solution.

A solution is actually more of a process that has to be developed and arrived at collaboratively. The system of development assistance, however, requires quick results in short time frames: development experts have to show up in a country, deliver effective interventions, and then get on a plane and go on to their next project. They are beholden to their donors, not necessarily to the project beneficiaries, to show results in a cost-effective, time-bound way. The system does not give them room to reflect and ask questions about the effect that their bias has on local populations (each of us comes with a personal bias informed by relevant, albeit isolated, experiences; these experts also represent the institutional bias of the donor agency) or the meaning of their work beyond the project cycle. Development in this way is somewhat dehumanising because programmes are designed, implemented, and evaluated with comparatively less interaction from the beneficiaries than from the donor agency.

As Chambers (1997) has asserted, the emphasis on professionalism in development establishes a hierarchy and a power relationship, which promotes distance between practitioners and beneficiaries and hinders learning (p. 32). The emphasis on 'what works' demands that the professionals have the answers – otherwise, why are they there? Development professionals often work within pre-determined constraints of time and

budget and so may rely on statistics to simplify and rationalise issues to a single core problem (p. 32). This project approach thus militates against complex and systemic insights, which in the end may be more useful. Development viewed in this way treats the local population as a constant, independent variable, where the experts can apply a project that had positive results in one community to another, independent of social context. For example, an HIV education programme is treated the same way as an ARV medication one. While the latter works the same on all populations because it is about human biology, the former is a product of social interaction and thus highly contextual. In other words, the paradigm of a large portion of development work is project-based development. These projects are done within a limited time frame, they must demonstrate measurable results, and they are conceived through a logical framework planning process.

The logical framework serves to reduce complex development challenges into manageable pieces, which makes development projects easy to administer but at the cost of oversimplifying the situation. This is a unilateral application of development where accountability is ultimately with the donor and not with the local population. This system makes the process of reflection, critique, and change less likely to be meaningfully accomplished. The development professionals have a contract with the donor to deliver a good or service; if they don't, they risk not being compliant, which jeopardises current and future contracts. These observations raise questions about the effectiveness and validity of current practises in development.

The post-2015 agenda is an opportunity for different theories to inform practise. The current system is based on technical interventions rooted in economic models. The discussion on sustainable development goals at least initially seems to recognise the complexity and interconnectedness of the larger development project. This suggests that some of the social theories of development are informing the discussion in new ways. Whether the practise of development will change remains to be seen.

Analytical Frameworks for Gender and HIV in Development Practise

The previous sections spoke about the larger global development architecture. I now turn to gender and HIV in the practise of development. *Gender* is defined here as a social distinction, not simply a biological one (Mohanty 1984, 344). This research is primarily concerned with analysing the social dimensions that contribute to one's vulnerability to HIV infection, and gender has emerged as a key issue in the HIV response.

The HIV response entailed multi-faceted programmes coming from several sectors of society, affecting all aspects of life. There have been advances in health, social welfare, education, employment, and the legal system (UNAIDS 2010). As pointed out earlier in this chapter, much of the initial HIV programme theory was premised on the notion of an autonomous, rational individual – that if an individual has accurate information, access to products, and access to services, the individual will make the right choices to reduce his or her HIV infection. In this way, HIV was viewed purely as a technical problem and by that logic, technical solutions were needed, such as providing condoms and increasing testing. These efforts are all vital to the response, but it cannot stop there, because the choice to access these products and services is not based on the single criterion of preventing HIV infection, which because of its long latency period is a distal concern, hidden from view, and sometimes overshadowed by proximal needs. Decisions about sexual acts are made in a complex context of family ties, cultural norms, and other motivations; sometimes immediate needs, such as food and protection, are also part of the context. The 'rational individual' approach assumes a level of autonomy that does not always exist for women, and it promotes a singular logic that contains biases. Forced sex, for example, causes tears and lacerations in the vagina that make for an easy entry point for the virus. This issue is about GBV and is rooted in the social belief of male dominance over women. HIV vulnerability is affected by inequalities in many sectors of life, including social, economic, legal, and political. Therefore, women make choices in a very different context than men do, and these inequalities militate against autonomy – which reveals a gender bias in many HIV programme theories. Kabeer (1994) points out that much of development is based on an assumption of the self-interested autonomous individual who makes "rational" choices for his or her best interest. Men have had the

agency to create the international development architecture (p. 229). Judd (1999) raises a concern that in development, Northern theorists and practitioners will bring their vision with them (p. 224). The HIV pandemic makes clear the need for 'holistic and transformative approaches for women's development' (Albertyn and Hassim 2003, 153).

The gendered critique of development is that many approaches advocated by donors are those that promote an individualistic economic interest, which may improve income but not necessarily development, which is an improvement in the human condition; such approaches are separated from the broader social context. The development architecture thus has deep gender biases. The critical aspect of the HIV response, then, is about women's agency (Albertyn 2003, 600). The lack of agency in the political, economic, and social realms of life contributes to women's vulnerability to HIV in the Southern Africa region (Albertyn and Hassim 2003, 152). Mohanty (1984) points out that gender can be problematic as an analytical concept for the study of the status of women because it risks creating a single category that ignores such differences as race and class (p. 344), which are important considerations in the study of vulnerability. The work by the International Center for Research on Women and *Instituto Promundo* (Barker et al. 2011) shows us that 'in practice, gender is taken nearly universally to refer to the social factors shaping the realities of women and girls alone. Accordingly, researchers reviewed existing gender equality policies in each of the participating countries for ways that men and masculinities are considered, or not' (p. 4).

The HIV epidemic has contributed to critical men's studies analysing constructions of masculinity and the intersection of these in GBV (Shefer et al. 2007, 1). The vulnerability of MSM and transgendered persons is a major concern in the global HIV response. In Botswana, however, the focus is on the gendered vulnerability of women stemming from gendered and sex-based inequalities. The research for this study touched on Lesbian, gay, bisexual, transgender and intersex (LBGTI) issues but suggests that further research is needed. The key point is that HIV vulnerability is about lack of agency and that this lack of agency stems from social roles and identities that are unequal. There is little empirical work in Botswana on LGBTI issues, as the stigma and discrimination attached to these

identities has prevented a focus on problems faced by this population. As is shown in Chapter 6, the data revealed little on their issues, testifying perhaps to the silence around LBGTI issues. The context of this research focuses on the women and development literature, but the rights-based frameworks for action that frame the discourse can be applied to the protection of all persons in Botswana.

The two theoretical perspectives that have most influenced the gender analysis adopted in this study are those of Geeta Rao Gupta (2000) and Maxine Molyneux (1998). The framework explained in Gupta's plenary speech at the 13th International AIDS Conference provides a taxonomy and spectrum for policies and programmes in social transformation. She suggests an approach based on a taxonomic continuum, with projects that are harmful and reinforce gender stereotypes and inequality on one side, projects that do no harm in the middle, and projects that are transformational on the other side of the continuum. The ultimate goal is transformation that is reached through approaches that empower individuals and groups by improving access to information, skills, services, technologies, and decision-making opportunities (p. 6).

The theoretical perspective proposed by Molyneux (1998) describes practical interests in relation to strategic ones. Molyneux contrasts short-term needs, referencing the practical issues germane to women's lives, and long-term interests, which refer to more strategic approaches. She recognises that this distinction could suggest a hierarchy that might be problematic in terms of power relations; however, she explains that these categories are important for understanding complexity. They are not rigid dichotomies but rather dynamic conceptual and theoretical tools that should enhance debate and analysis (p. 77). Connelly et al. (2000) built on Molyneux's theory and propose a series of steps that focus on the gender division of labour, access and control of resources and benefits, levels of participation, the potential for transformation, practical needs, and strategic interests. This framing of practical needs and strategic interests makes possible both an analysis and a deconstruction of projects and programmes. Practical needs may improve lives but may not alter traditional roles and relationships. In comparison, programmes that address strategic interests have the ability to transform gender relations and attitudes (pp. 141–

44). This framing is a useful device for the analysis of development projects and HIV interventions. Gender relations are complicated, and context-specific and binary categories do not capture all this complexity. By placing practical needs and strategic objectives on a spectrum rather than in separate categories, we have a theoretical and conceptual tool that offers a useful starting point for understanding this complexity.

The issue of complexity is central to understanding development. Turning to HIV, we see a similar attempt to make sense of the range of activities within the HIV response. The UNAIDS Investment Framework (Schwartländer et al. 2011) aimed to develop a holistic response to HIV, and its ideas were picked up by Stillwaggon (2014). The Framework's intent is to articulate a way forward in resource-constrained times. It separates 'basic programme activities' – essentially, the bio-medical and commodity aspects of the response, which have a direct and measurable effect on HIV – from 'critical enablers', such as protective laws and public education, which contribute to the basic programme activities and thus mitigate the impact of HIV but not direct attribution. The concepts are solid; the basic programme activities operate in a larger development context. However, the framing of the concept in monetary terms, such as 'return on investment', sends the message that there are singular programmes that demonstrate a value for money. Under this criterion, a hierarchy of projects for both support and implementation can be established so that projects with a high return on investment can be prioritised over other interventions. The problem is that every important aspect of the HIV response cannot be quantified in these same terms – in other words, not everything that counts can be counted.

Sen's idea that the aim of development is to help each individual realise his or her full potential informed this study (Sen 1999). Development is more than the sum of isolated projects, such as securing a micro-credit loan to get out of poverty, attending an empowerment workshop to build self-esteem, or gaining access to condoms to prevent HIV infection. Each of those is needed but within the context of social development that promotes equity, equality, protection, and access to participate in the processes that shapes one's future and that of one's family. With the focus on projects and

disaggregated targets, the development project is failing. One target may be reached in Indonesia, another in Ghana, and another in Ecuador – while this is progress, they still need to all need to come together in the same place at the same time to have real development. While this larger view appears in the lofty aspirational writing that frames development targets and strategies, it is largely absent from implementation.

This section defined gender as a social construction that in turn creates vulnerability to HIV through inequality, dominance, discrimination, stigma, and dependence. The reduction of gender-based discrimination is a central objective for many of the leading agencies in the HIV response. Bio-medical interventions, such as counselling, testing, and the prevention of mother-to-child transmission, exist alongside other synergistic and critically enabling development aims, such as legal and political reform, economic empowerment, and social change. This section established the key aspects of HIV programming and connected them to development aims, and it introduced the two key analysis tools from Gupta and Molyneux, refined by Connelly et al., that I use to analyse the findings.

Synthesis

This chapter explained the main theoretical traditions that inform this research on gendered vulnerability to HIV and the response and brought out the social dimensions of different theoretical traditions. HIV programme theory describes how programmes aim to reduce HIV infections. It explains how individual choices that can reduce vulnerability are predicated on personal agency, which not each person enjoys. HIV programme theory considers the social vulnerabilities to HIV, concluding that reducing gendered vulnerability to infection requires empowerment and social change. This review concludes that effective programmes must investigate issues of power and inequality within their complex cultural and social contexts. Critical theory provides a useful theoretical lens for developing appropriate tools for programme design and implementation. A critical application of development theory informs how research can investigate the structures that compromise agency and to use a multi-sectoral approach to

create it. The aspects of gender theory applied in this research explain that some of the social determinants of health are gendered.

Taken together, these theories are about improving lives, not promoting or reproducing Westernisation or other dominant structures. They are not restricted to the commodities and linear matrices of the business of development; they are about social context and advancing the human condition. The following chapter on civil society both reinforces and advances these ideas.

I propose to take the critical elements of post-development, the aim of Brookfield's and Tyson's application of critical theory for challenging hegemony and gender analysis, respectively, and to draw on the participatory approaches of human capacity development to arrive at a reflexive development theory. Methodologically, I am guided by Chambers (1997), who, through his own work in development, reminds practitioners not simply to accept top-down universal solutions but to emphasise bottom-up and diverse solutions (p. 187), to continually analyse their own assumptions, and to recognise their roles as facilitators collaboratively working for development (p. 108). As the sustainable development goals – both the MDGs and the emerging post-2015 set – reveal, development is still fragmented at the top. Where people live, however, is where holistic development can happen, and therefore the aim of this study is to inform implementation. This approach of development is further advanced in the following chapter on civil society theories. This reflexive approach is present to some extent among practitioners, but not theoretically explained in this way and is expanded on throughout this work. This is the methodological and theoretical contribution of this research.

In this chapter, I developed an analytical tool that is informed by theories of gender, development, and HIV programmes as well as critical theory. This tool enables an analysis of the breadth, depth, and quality of CSOs in the HIV response. I now turn to the agent of change central to this study: CSOs.

Chapter 5 – Civil Society Theory: Common Good, Private Means

Opening the Space

This chapter explores the role of civil society in contemporary democratic and development theory. Civil society is a space for public interaction with other members of society and the government. The organisations that are part of civil society have become key to the broad project of development, serving several specific functions in the HIV response.

As explained in Chapter 1, CSOs play an important role in the gender and development programmes and policies of governments and UN organisations. This role leverages civil society's unique position between the government and the economic sphere of life. We have also seen that the number of CSOs has grown over the past few decades, as development donors have found them to be efficient at delivering projects and accessing the grassroots of society and thus have put more resources into the sector. HIV intensified this trend by increasing the public need for prevention, treatment, care, and support – and donor money followed. Civil society figures prominently in the strategic HIV plans of the Botswana government, UNAIDS, and other donor agencies, who all describe CSOs as important actors. But what are the precise roles of civil society in development? And what does this increased role mean to the CSOs themselves? This section explores these issues, supplies a definition, and develops an analytical framework for the study of civil society in development to be applied specifically to HIV and gender. It also investigates the series of tensions and contradictions that occur within the contemporary context of civil society when compared to its normative aims.

Civil society has been an important concept in the study of politics and sociology for a few centuries. Veltmeyer (2005) points out that it was central to discussions during the Enlightenment (p. 89). Scottish philosopher Adam Ferguson (1723–1815) commented on a society built on the values of citizenship, virtue, and engagement. For Ferguson, associations contribute to the development of a virtuous society, one that is orderly and peaceful. In *An Essay on the History of Civil Society* (1767) he described the state of humankind and the stages of social progress towards a civil society.

Alexis De Tocqueville (1805–1859) was impressed by the importance of the civility of associational life in America. For him, associational life was one of the foundations of democracy, and he offered this observation to his native France to make better sense of the process of transition from aristocracy to its first republic (De Tocqueville 1835). In the 20th century Gramsci (1971) saw the potential of civil society to offer radical alternatives to the state and to complement political society. He said that the 'state includes elements which need to be referred back to the notion of civil society (in the sense that one might say that State = political society + civil society, in other words hegemony protected by the armour of coercion) . . . It is possible to imagine the coercive element of the State withering away by degrees, as ever-more conspicuous elements of regulated society (or ethical State or civil society) make their appearance' (p. 263).

More recently, the idea of civil society has been promoted by liberal theorists because of its role as a morally grounded counterbalance to the state (Holmen 2010:17). The literature on civil society is vast, much of it written to explain what makes democratic states accountable and democratic. One popular theory is that democracies and civil society are built on the idea that trust and reciprocity between persons leads to interdependence among community members that manifests in voluntarism and other forms of free association for communal benefit (De Tocqueville 1835; Putnam 2000). However, this interdependence and association can also manifest in anti-social ways, such as gang activity (Perkins and Long 2002). The idea of space for free association – meeting the needs of the community through a non-profit structure without coercion by the state – fosters the notion of a third sector that can be contrasted with business and bureaucracy (Little 2002, 103). However, this sector is dynamic and its ability to contribute to democracy and development is dependent on several factors that warrant analysis.

Other contemporary applications of the concept of civil society have been used in political thought to differentiate a sphere of non-governmental activity, which became important to development practitioners because of the participation opportunities it

offered (Veltmeyer 2005, 89). As Little (2002) observed, the fall of the Soviet Union and the creation of the newly independent states of Eastern Europe and Central Asia spurred growth in the number of CSOs. Civil society was hailed for its ability to rise against authoritarianism and for the promise of participation associated with new democratic opportunities and related activity. Since the 1980s civil society has seen an increase in coverage in political theory as well (Little 2002, 103). Larry Diamond (1997) succinctly states that 'perhaps no single factor more readily evokes the romance, excitement, and heady possibilities of democracy's third wave than the image of resurgent civil society mobilising peacefully to resist, discredit, and ultimately overturn authoritarian rule' (p. xxx).

Its ascendency as a political actor was consolidated after the end of the Cold War and the rise of the global free market, where prior to these events civil society had a lesser role and was confined to democracy projects (Kamat 2004, 157). Commins (1997) offers that with these political developments came a policy agenda that entrenched a 'market-oriented approach to social organisation and economic development' that CSOs were well-situated to take advantage of (p. 140). Under such adjustments from the World Bank and others, the role of civil society in filling the gaps in public services increased. Privatisation and market-based reforms became central to the policy of donors. Veltmeyer (2005) states that the focus of these development agencies was on creating economic opportunities and participation for individuals, for which civil society had become an instrument (p. 86). The structural adjustment policies of the World Bank favoured private organisations, and civil society was central in the move towards the so-called 'structural adjustment with a human face' – that is, a grassroots and communal aspect to the implementation of national policy reform (Manji and O'Coill 2002, 568). Holmen (2010) raised the question of the extent to which these organisations are accountable to the local population (p. 19), a theme that I address below.

The representative nature of civil society also deserves a caveat. While it can serve development and be a locus for the disenfranchised to articulate their interests, it can also impose its will on minority populations. On 24 February 2014, Ugandan president

Yoweri Museveni signed the law that broadened criminalisation of same-sex relations, an event that triggered alarm throughout the world. 'Disapproval of homosexuality by some can never justify violating the fundamental human rights of others', said UN High Commissioner for Human Rights Navi Pillay (Pillay 2014). The bill was driven by CSOs working in Uganda who were affiliated with evangelical churches in the United States. This is one example to show that civil society does not have an essentialist characteristic and can be used to achieve different aims by different actors. As Naidoo and Tandon (1999) assert, civil society is a concept that is malleable to historical context and thus its potential for harm is just as important as its accomplishments (p. 1). The extent to which a church-affiliated FBO can be classified as a CSO is something this research casts doubt on, and I offer parameters in the concluding chapter to address it.

Further, civil society is not static; it is an arena to generate and articulate new public demands within different relations and situations (Ehrenberg 1999, 126). The diversity of civil society points to the importance of defining what civil society is, what it can do, and under what conditions it can accomplish its objectives of whatever kind. Holmen (2010) has pointed out that when used as an analytical concept, rather than a strictly normative sense, civil society allows us to see diversity and context-specific applications and not just donor or Western import (p. 18).

In the next section I propose a working definition of civil society as an analytic concept, drawing from Holmen and others. I review the debates and provide a rationale for the definition that is best suited for development studies. I then discuss CSOs in the context of the field of international development cooperation, gender and development, and the HIV response to inform analysis in the Botswana context. I analyse the trends, project future directions, and then point to the theoretical needs for future research.

Defining Civil Society

So, what exactly is civil society? As demonstrated in the literature described below, there are several points of view. *Civil society* does not refer to government institutions, nor does it embrace individuals. In general, it refers to associational life and includes non-

profit organisations. For some theorists it includes business, while for others it does not. Some consider churches to be separate from civil society whereas others see them as central. Some consider journalists as part of civil society, and some do not. Some of the early scholarship on this concept was concerned with democracy and voluntarism, but the large number of CSOs now conducting a range of activities in all sectors of society have extended these initial notions. The current landscape of civil society is diverse and dynamic.

While civil society can be a space for market activity, more commonly it is seen as a space for new social movements or for communitarian problem solving, such as the *kgotla* (community council or tribal court) in Botswana (Comaroff and Comaroff 1999, 6). According to Little (2002), the 'major dividing line in civil society theory relates to the relationship between civil society and markets' (p.113). Little suggests that a perspective of civil society should conceptualise paid work; the relation of unpaid activities and civil society to other market activities can be constructed to protect the non-instrumental and non-economic aspects of association that civil society represents (pp. 113–114). Walzer (2007) states that the aim of civil society is to promote a means to liberation, or the good life:

> Democratic citizenship, socialist production, free enterprise, and nationalism were all liberating projects. But none of them has yet produced a general, coherent, or sustainable liberation. . . . The projects have to be relativized and brought together, and the place to do that is in civil society, the setting of settings, where each can find the partial fulfilment that is all it deserves. . . . Civil society is a project of projects; it requires many organizing strategies and new forms of state action. It requires a new sensitivity for what is local, specific, contingent – and, above all, a new recognition (to paraphrase a famous sentence) that the good life is in the details. (pp. 132–33)

Naidoo and Tandon (1999) further add to the definition:

> Civil society is the network of autonomous associations that rights-bearing and responsibility-laden citizens voluntarily create to address common problems, advance shared interests, and promote collective aspirations. As a legitimate

> public actor, civil society participates alongside – not replaces – state and market institutions in the making and implementing of public policies designed to resolve collective problems and advance the public good. (p. 6).

Before settling on a definition, let us consider civil society in the African context, including the reference to the *kgotla* above. Durham (1999) points out that historically there are many forms of association in Botswana (p. 210). Civil society has been a feature of academic discourse in the Sub-Saharan region since the early 1980s (Obadare 2011, 183). Gyimah-Boadi (1997) observes that CSOs have not been particularly prominent despite this strong tradition of associational life in Africa, partly because association is based on patriarchy and kinship rather than voluntary organisation (p. 279). Maundeni (2004a), however, points out that civil society has played a significant role in Botswana's democratic development when viewed as a complement to traditional associational life (p. 89). Some theorists claim that international organisations can help to foster skills and a democratic culture among civil society in Africa in order to develop and consolidate democracy (Diamond 1997, xxxii), a belief that is behind much of the development assistance from donors in Africa, including donors to Botswana.

Funds from external donors and a development approach that is supportive to non-governmental association contributed to the growth in the number of CSOs in Africa, which include political, economic, and environmental organisations and groups responding to the HIV epidemic (Tvedt 2002, 371). Research by the Comaroffs (1999) provides some insights on how to apply the concept of civil society to Africa. They warn that applying a Western concept with Western measures of success runs the risk of marginalising African organisations to the deviant or deficit cases (p. 17). Church councils, trade unions, and other CSOs in Botswana would be considered weak by Western standards, which, as the Comaroffs point out, discounts the importance of local civil society. In Botswana a characteristic of civil society is the degree to which civility is maintained in the community through traditional structures, with their attendant hierarchy and privilege (Durham 1999, 193). Consider the *kgotla*, the communal governance structure in Botswana; this form of democratic association was an example of civil

society in Botswana before there were organisations such as *Emang Basadi*, which are recognised as CSOs today (Durham 1999, 194–96).

Most definitions of civil society consider NGOs to be part of it. It is important to situate NGOs within civil society because they are the aspect that is most involved with growth of the sector through development projects across Africa. According to Michael (2004), NGOs are 'independent development actors existing apart from governments and corporations, operating on a non-profit basis with an emphasis on voluntarism, and pursuing a mandate of developmental services, undertaking communal development work or advocating on developmental issues' (p. 3). Kamat (2004) adds, 'Even a cursory review of the literature on development reveals that NGOs are the new patrons of public interest, posing a serious challenge to the legitimate function of the state. That is, among the range of organized forces and institutions of civil society, NGOs are regarded as representing the interests of the people, to the greatest extent possible' (p. 159). However, this claim cannot be categorically accepted. While many CSOs have accountability structures in place and are a forum for articulating interests in a participatory way, the public does not democratically elect CSOs. Kamat goes on to explain that NGOs have taken on functions that were traditionally conducted by more established organisations, such as trade unions, welfare associations, religious organisations, and trade associations, giving the sense that these organisations are representative. She clarifies that 'NGOs are not representative organizations in the strict sense of the term, that is, the personnel managing an NGO are not elected and are most likely to be self-appointed. Nevertheless, they are seen to be genuine representatives of the people's will because the success of their work depends upon the involvement of their specific constituency' (p. 159).

Banks and Hulme (2012) explain that NGOs are part of civil society, though not synonymous with it; they are project-based, donor-funded, and less focussed on long-term social change, and they frequently do not have a membership constituency (p. 24). This is largely the case in Botswana, although there are shades of grey within the distinctions made by Banks and Hulme – an issue that is addressed in the conclusion. However, their main point holds: NGOs have a recognised role to play in strengthening

civil society more broadly (p. 30). But this too needs to be analysed in context, as some NGOs are helpful while others may be harmful to general interests and in particular to gender interests. The analytical framework offered in this research is an attempt to address this need.

Blair (1997) points out that while all CSOs are NGOs, not all NGOs are CSOs in that some have a singular purpose and behave somewhat like a business, with little concern of influencing the public agenda. However, an NGO such as a health service organisation with a focussed mandate could become part of civil society by adding an advocacy activity (p. 24). This is an interesting point but may be hard to define in practise. Advocacy activities may be subtle or simply opportunistic; even the most service-oriented groups engage in dialogue with their donors and other stakeholders through which they advocate for certain changes. The extent to which this is true of public interest advocacy and special interest lobbying is a question of degree. Michael (2004) makes a distinction between CBOs and NGOs, where the latter has a wider mandate than the former (p. 3). Some theorists would distinguish between CBOs and NGOs based on their relationship with members; the former directly serve their members, while the latter has a less direct relationship with their beneficiaries (Werker and Ahmed 2008, 74). This is a useful distinction and provides a reason that civil society is so important for this research: it is not just NGOs that are involved in the HIV response but also a wide range of third-sector organisations. As Holmen (2010) showed, even within NGOs there is some room for further distinction, as exemplified by hybrid groups such as GONGOs (government organised NGOs) and BINGOs (Business and Industry NGOs) (p. xi). The heterogeneity of NGOs makes a single definition seem elusive because in everyday usage they seem to have ‘no essentialist characteristics or functions’ (Tvedt 2002, 371). Though increased funding led to a rise in opportunistic entities that are only a civil associations in name, which are sometimes referred to as ‘briefcase or laptop organisations’ (Holmen 2010,: 86 – 87).

At this point, a precise definition of civil society might seem difficult to pin down. Still, enough has emerged in the literature and in development practise to create a useful way

forward in terms of defining civil society, clarifying its purpose, and explaining its relation to the state. Lewis and Opoku-Mensah (2006) pick up on Tvedt's point and call for a 'new analytical framework, which eschews organisational essentialism and normative instrumentalism and better reflects the empirical realities of the world of CSOs, including their diversity' (p. 673). This is the theoretical purpose of this study.

Considering these diverse views, this thesis requires a definition of civil society that will be useful for analysis of the topic in modern-day Botswana and that is relevant to the field of development and to the HIV response in both Botswana and the region. For this research, civil society has been defined as the space of associational life between government and the private business sector, which rules out the GONGOs and BINGOs mentioned above. The groups that form civil society have public ends and can have voluntary or paid staff but are always non-profit. This definition captures most of the NGOs in development work, including faith-based groups that conduct social welfare projects or other work in development, but not the churches themselves, which conduct proselytising activities. The inclusion of NGOs is critical to the situation in Botswana because of the emerging and central role they play in development projects, especially concerning HIV and gender.

Young (2000) provides another clear and useful definition:

> 'Civil society' refers to a third sector of private associations relatively autonomous both from both the state and economy. They are voluntary, in the sense that they are neither mandated nor run by state institutions, but spring from the everyday lives and activities of communities of interest. The associations of this third sector, moreover, operate not for profit. Most participate in economic activity only as consumers, fund-raisers, and sometimes employers. Even those activities of the third sector that involve providing goods and services for fees, however, are not organised toward the objectives of making a profit and enlarging market shares. (p. 158)

Applying Young's definition means that civil society does not include corporations but does include private foundations. Trade unions can also be considered civil society if their mandate is to protect not only their members' interests but also the public policies of the employment sector. This is articulated in demands that can extend beyond wages to issues concerning safety, working hours, and other conditions of service that are of benefit to the greater labour force. By this definition interest groups are also considered part of civil society, if they are concerned with public interest and not solely the benefit and profit of their members.

The distinguishing criterion is a focus on public ends; in this definition civil society excludes families and clubs that serve only their members, as those are private associations (Young 2000, 161). I consider the criterion of working towards public ends as critical for this research because it is concerned with international development. With this definition and framing of the issues, my research is positioned to inform work in international development in the Eastern and Southern Africa regions and potentially beyond.

Operationalising the Concept in the Development Context

With their potential for democratic strengthening, CSOs can contribute to development. CSOs offer participation opportunities at the local level for many persons who might otherwise be shut out of traditional structures, thereby promoting organisational diversity (Young 2000, 153). Thus, the notion that civil society represents local and grassroots efforts is enduring. Civil society serves as a counterweight to the state and can promote democratic options and possibilities (Hulme and Edwards 1997, 6). However, this view needs to be tempered by recognising that seldom are CSO members and leaders democratically elected. Their role in promoting democratic accountability both within their own structures and in relation to the state is one that can be asserted. CSOs' role in promoting good governance in different sectors, such as health provision and education, is clear. While there is nothing essentially democratic about modern civil society, with good leadership and governance CSOs can be a democratic space – and this literature review points to the need for policies to encourage that.

After looking at the funding provided to CSOs by major development partners, such as DfID and USAID, I've concluded that CSOs have found a favoured place in the current architecture of development that favours privatisation and decentralisation of government services. Civil society is viewed as a partner that can deliver goods and services in an efficient, localised, and democratic fashion and thus receive billions in dollars of funding annually to do development work. CSOs 'are perceived to be low cost, participatory, flexible', and able to reach beneficiaries, while governments are inefficient and hampered by bureaucracy (Robinson 1997, 61). Some theorists claim that CSOs promote trust and choice, thus making them better situated than the state to provide services (Young 2000, 155). Under such perspectives, civil society has mushroomed since the late 1980s (Holmen 2010, vii).

According to Tvedt (2002),

> The United States asked other OECD (Organization for Economic Cooperation and Development) governments to follow their lead in giving money to NGOs or private voluntary organizations primarily to mobilize them as propagandists. . . . Gradually the role of the NGOs was enlarged, expanding dramatically in the 1980s and early 1990s. We can now talk of a worldwide system, dispersing billions of dollars every year, engaging tens and thousands of NGOs, and assisting hundreds of millions of people. (p. 368)

The increase in the size of civil society in international development has been credited as evidence of a popular will because it represents good governance and civic demands (Edwards 2004, 15). Werker and Ahmed (2008) observed that the share of World Bank projects involving CSOs increased tenfold from the early 1980s to 2006 (p. 75). With all this outside funding the question arises: to whom are CSOs accountable? Are they accountable upwards to donors, horizontally to partners, or downwards to members and beneficiaries (Hulme and Edwards 1997, 8)? This is a valid question, and I attempt to address it through the policy implications discussed in the conclusion of this thesis.

The challenge remains as to whether civil society can offer alternatives to the state in the contemporary policy agenda or if it will be controlled by it (Commins 1997, 140). As Hulme and Edwards (1997) put it, 'from a radical perspective, once such organisations accept donor funds they are co-opted and are unlikely to contribute to social change' (p. 275). In practice the situation is more nuanced, and there is fluidity in the positioning of CSOs in terms of co-option or independence and contribution to social change. The central point here is to be aware of the mechanisms that influence civil society to advocate for and shape the policy environment that maximises its position to promote human development, as that is the normative aim.

In 1999 the UN gave CSOs access to policy fora and recognised their critical role in development (Kamat 2004, 162). The rise of CSOs in Africa can be interpreted either as a new hope for democracy or as a sign of failure in the African state (Gyimah-Boadi 1997, 284). Countries like Botswana, which has regulatory frameworks that are aimed at accountability and effectiveness but also limit the sector's power, suggest that there is a new model where civil society is a partner of the state, but on the state's terms. This has to be reconciled with the fact that in many countries CSOs are delivering human services such as education and health care that the government has failed to deliver at the local level (Mbogori and Chigudu 1999, 110). It is also the case that the state has used civil society to advance its own interests, as civil society can be created and controlled by the state through regulation and funding (Ehrenberg 1999, 238).

Despite these benefits and the growth opportunities that civil society can foster for individuals, the effects of civil society appear to be limited. Many of the structural inequities in the social, legal, and economic systems (e.g. diversity, trust) are not removed by the individual benefits brought by civil society (Young 2000, 156). Little (2002) adds that though civil society has been 'considered a sphere of association and consensus, it is just as likely to be one of contestation and disagreement' (p. 103). According to Kamat (2004), in the development context, an accelerated transition to capitalism with trade liberalisation and privatisation has meant that in many countries

> - this policy change involves a massive shift from a state managed and state protected economy to a 'free enterprise' economy with minimal state subsidies. However, the work of the state still needs to be done, particularly in sectors that are not profitable for private investors. NGOs are encouraged to step in here to manage literacy and health programmes, respond to the AIDS crisis and create employment programmes for the poor. (p. 164)

While civil society's role has emerged and is now entrenched in modern development practise, there is a need for more nuanced and critical analysis of this phenomenon.

So then how do we operationalise the concept of civil society in Botswana among its many aspects: NGOs, CBOs and FBOs? The rise in the number of CSOs working in development has raised a concern that newer organisations can potentially crowd out older CSOs, such as citizen groups with a mission for social change (Fioramanti 2005, 64). This underscores the need to understand the distinctions between the different constitutions, constituencies, and aims of the wide range of organisations that comprise the NGOs and the greater civil society sector in Botswana. For example, many of the advocacy CSOs are different from community-based and grassroots organisations. These advocacy CSOs can be elite, urban, professional, and oriented to the aim of policy and legislative change, and in this way they are more like lobby groups and less like other organisations in the community (Kamat 2004, 161). FBOs, which emerged as an important development partner in recent years, should be also be considered in this analysis.

The US PEPFAR programme is one of the largest supporters of HIV programming in Botswana. PEPFAR made an explicit strategy to include FBOs in the HIV response throughout the Bush administration (2001–2009). The degree to which FBOs are concerned with public goals in relation to individual salvation and religious conversion is an issue for debate. Some researchers contend that the rise in the evangelical churches has brought a conservatism and authoritarianism to social issues that have marginalised the political role of civil society (Gyimah-Boadi 1997, 284). The space between a religious charity and a political and development organisation has implications that have

not been fully understood (Holmen 2010, 87). State-supported religious organisations have the ability to do some great work for their communities, but in a country such as Botswana where several religions are practiced, the public benefits can be uneven. Some programmes offered by FBOs are open to all, but the extent to which religion is part of the programming is difficult to ascertain as it is not always overt. The newly important role of faith-based groups in Botswana's HIV response has been helpful in terms of mitigating the effects of the epidemic, for example, through home-based care. However, doctrine can get in the way of evidence, such as promoting abstinence-only education, which has proven to be harmful. In short, FBOs have mixed results; operational guidelines specific to FBOs are needed to ensure effective and equitable programming, which is addressed in the conclusion.

Concerning INGOs, a report by the UN Research Institute for Social Development (Agg 2006) states,

> INGOs occupy a unique, and arguably problematic, position within civil society. Not necessarily locally based, NGOs often export elements from a different culture, including aims, staff and working practices. INGOs have multiple identities and loyalties: they represent an element of global civil society, but they are also rooted in Western culture; they do not work for the (direct) benefit of their own society, but they are answerable to both public and private donors usually based in a single northern European country; and they work hard to preserve autonomy and adhere to international human rights standards. Each of these – often conflicting – elements, separates INGOs from civil society in their own country and the countries in which they work. (p. 11)

Many INGOs have different constituencies on different levels that complicate their accountability. As mentioned, there is upward accountability to donors, other funders, and boards of trustees; downward accountability to beneficiaries and local partners; horizontal accountability to peer organisations and professionals; and then inward accountability to its own members and staff (Cavil and Sohail 2007, 233). But what are they actually accountable for? They may deliver on projects in the short term, but what about longer-term social change? This question needs a more structured approach by

donors and policies by government if civil society is to fulfil its purported aims. This is why a critical approach is needed to investigate the extent to which CSOs engage with the issues of empowerment and the forces that block it (Chambers 2002, 104).

Holmden (2010) suggests that civil society has limits as a concept because its meaning differs according to its context; the hope of what civil society can achieve is used by donors to uncritically justify their projects (p. x). The Comaroffs (1999) point to a series of contradictions in the notion of civil society: it is populist but at the same time it excludes those who do not share its normative vision; it is exclusive but democratic; it is Western in origin but used in African development (p. 33). Edwards (2004) makes a more pointed critique: he writes that civil society in the European and American tradition may not be suitable elsewhere because it 'makes assumptions about the rights and responsibilities of associations, the characteristics they should cultivate, and the role they should play in society' (p. 30).

Concerning these limits, we should revisit the oft-promoted benefit of civil society by development partners in that it offers local associational opportunities for traditionally unrepresented groups, especially women (see, for example, USAID 2010), though Phillips (2002) points out that civil society can also undermine efforts by these traditionally unrepresented groups when publicly contested issues are pushed into a private realm of society (p. 74). Civil society in the private realm is better understood by looking at the purpose and construction of the different organisations it comprises. Civil society offers many opportunities for improving development as evidenced by its centrality in key development strategies, such as the operational plans of the MDGs globally and Vision 2016 in Botswana. Because of this, development partners have tasked civil society with more project and service responsibilities than it has traditionally done at this scale. Edwards (2004) comments that development partners have driven civil society towards a business model that distances it from its social roots and into the private realm of business (p. 35). Some claim that in its application in international development, *civil society* has become a code word for privatisation and public sector reform (Bebbington and Riddell 1997, 109). For example, Tebelopele – Botswana's

largest non-governmental provider of voluntary HIV counselling and testing services – was once operated by a joint effort between Botswana's ministry of health and the CDC. In other words, this CSO started as a venue of voluntary association but then evolved to include organisations that deliver services and other projects, staffed by a professional paid workforce. The extent to which public services are provided by government or civil society has implications for accountability and for the integrity of civil society itself. This relationship is fluid and is a fairly recent phenomenon in the history of civil society. A sensitive and precise analytical framework is needed to understand this new and evolving dynamic.

Who benefits from this version of civil society as a project and service delivery vehicle? Theoretically, there are benefits to project beneficiaries and members – that is to say, the local population – because the projects themselves are designed to improve their lives. Governments benefit because services are delivered without their having to manage detailed implementation while still giving the appearance of a government that is accountable to public concerns. Gaventa (2011) adds that CSOs can challenge the state, but they can also legitimise it through project-based collaboration (p. 417). Hulme and Edwards (1997) caution that donor policies can dictate the terms and conditions of civil society, which undermines the claim of local representation (p. 8). This raises another question about the ability of civil society to maintain its original independent characteristics. Civil society is an independent sphere of association capable of aggregating interests and representing individuals by making demands on the state – but the literature reveals that these functions can be compromised. While there are clear beneficiaries to the current arrangement, there are also losers, and none more so than civil society itself.

Another concern expressed in the literature is that the rise of CSOs through international development projects is a modern extension of the missionary culture – because the agenda comes from outside the country, CSOs may transmit a foreign ideology to the community they attempt to serve (Tembo 2003, 527). The result, Manji and O'Coill (2002) asserts, is that these CSOs promote a project-based approach to development that

may prevent organic and sustainable local development (p. 568). Manji and O'Coill point out that the discourse of the developmental approach of many of these CSOs is about charity, technical skills, and erasing deficits and not about emancipation and social change, and this reveals an undergirding paternalism cloaked in the language of participation. In other words, CSOs have helped communities deal with the current situation rather than address the fundamental structural issues (p. 568). Says Tembo (2003), the 'top-down promotion of participation and empowerment barely challenges the significance of power in shaping social relations . . . it is the "revised neo-liberal position"' because the relationships between the development CSOs and the local community are based on market conditions, not by the community (p. 527). Is the role of civil society in development another 'privacy by stealth' as Edwards (2004) asks (p. 16)? Habermas (1975) has characterised the commodification of the public sphere as a crisis of legitimacy, which prevents the public from shaping policy. While civil society is gaining more and more prominence in Botswana's public sector, the degree-of-legitimacy crisis has not yet manifested in professional discourse.

As noted, civil society has a history of providing services, especially to those underserved by the government. However, since the 1990s CSOs have also become a favoured mechanism for delivering development services by the donors (Hulme and Edwards 1997, 6), which not only has implications for the sector, it has also spurred some reconceptualising about these organisations. The term *public service contractors* was coined by David Korten in 1990 to describe those agencies who have a public mission but who operate on market principles (Robinson 1997, 59). This idea was updated and built on by Smith (2011) to describe the market-orientated approach to public service provision under a New Public Management perspective, which he predicts will become increasingly important because of demographic trends and state restructuring (p. 38). Robinson warns that these changes come at a price in that these organisations run the risk of losing their catalytic ability to effect change (p. 60). Too narrow of an application of civil society in development can compromise the ability of CSOs to achieve social change (Edwards 2004, 17). Hulme and Edwards suggest that the rolling back of the state

contributes to a larger civil society, but the extent to which these organisations are representative and democratic remains a question (p. 10).

Botswana has all the factors in place for this discussion to be relevant and timely. We have established that while civil society does not have a strong tradition in Botswana, the number of CSOs has grown to address the many social services needed in the HIV response. This raises issues about the space that civil society fills between the state and the economy. Some researchers claim that the role of civil society in the contemporary sense of development represents a reworking of democracy to reflect global capitalist interests (Kamat 2004, 156). This implies that CSOs are losing their connection to the grassroots altogether. In other words, the functions, roles, and classifications of CSOs are not absolute or static; rather, they change overtime. The literature reviewed so far points to the significance of context in understanding the strengths and weaknesses of CSOs in the larger development project and the advantages and trade-offs in these situations.

Still, despite this concern, the potential of civil society to serve development projects is appealing and is an ongoing trend. Donors benefit from working with CSOs because through them they can bypass the structures of slow-moving bureaucracies that will hamper quick implementation and the belief that competition between organisations for funds will lead to innovation and efficiency. However, this raises further questions: In bypassing established structures, will there be sustainability? Are donors merely creating parallel structures? Is there capacity to implement? If not, is this a viable alternative to government? Are only elites in a position to benefit from this competition? If so, is this really representation? If CSOs are doing projects and are reliant on funds, can they serve their role as critic? Is service delivery really apolitical – does it not advance the interest of the state? Development that is led by grassroots may be slow and may not draw on global good practise; if donors try to speed the process up by bringing in experts (Holmen 2010, viii), what then happens to local initiatives? The research undertaken in this study sought answers to each of these questions.

Civil society is a lens through which the donors understand and address poverty (Tembo 2003, 530). Some organisations are set up to serve the poor. Called 'operational organisations' by the World Bank, they are characterised by a private managerial approach to development projects and are apolitical in intention (Veltmeyer 2005, 97). The technical approach to development, under the paradigm of increased accountability, has put pressure on checklists and results frameworks that are top-down and reflect a need for professionalisation, which distances CSOs from beneficiaries and may not lead to development nor empowerment. This compartmentalisation militates against learning and problematising (Srinivas 2009, 620).

This is where an interesting tension emerges. The political and the technical advantage offer a contrast that is central to this research: the reasons that CSOs are credible to conduct projects are that they purportedly are representative and exemplify local knowledge. However, the process by which projects are funded by donors requires CSOS to show technical knowledge in a global development discourse and international metrics. This process favours professionalisation; the more technical it becomes, the less political it gets. Policy makers and planners need to acknowledge that there are trade-offs. There is a spectrum, with being locally representative and activist on one end and being technical and professional on the other. However, while this spectrum idea is useful for local and nascent CSOs and describes an arc of their development, or at least change, over time, international organisations are staffed with trained professionals from the beginning and never went through this phase. They are competent and skilled outsiders, but as outsiders they always run the risk of acting like experts who prescribe a life course for people and then fly home with little accountability to the local population. This has overtones of the neo-colonialism and missionary work that Tembo (2003) described above, and it disempowers and can depoliticise local initiatives. Powell (2007) recognises the critique that professional and international organisations alienate the local processes in favour of a neoliberal capitalist agenda, but also points out that this criticism overlooks the 'humanitarian subjectivity of aid workers' (p. 199). In Botswana and elsewhere, the HIV response is many things at once – political and technical, local and global – and thus requires many competencies to address it. The relationship between the planners in

Gaborone, the international donors and organisations, and the local population is dynamic, offering multiple opportunities for participation or alienation, solutions or problems. Critical analytical tools are needed to understand this relationship in order to inform policies and programmes.

Further, this notion of professionalisation raises questions about the motivation of staff from these international organisations. The purported aim of development projects is to work oneself out of a job – in other words, to adequately address a problem so that it is solved and the position is no longer needed to respond. Is this still the case when the work being done by CSO staff is more an employment opportunity than a mission? Staff who have an interest in preserving their job put themselves in a position where they are unable to forcefully question agendas, challenge structures, or present alternate visions of development (Townsend, Porter, and Mawdsley 2004, 873).

The established international organisations are good at getting funding – they deliver and are accountable to their donors, and as a result they tend to get more funds, which may crowd out new organisations from forming (Hodson 1997, 186). Empirical work by Kabeer, Mahmud, and Guillermo Isaza Castro (2010) in Bangladesh found that donor funding for development CSOs encouraged service delivery and local organisations working in social mobilisation to shut down (p. 17). In my 17 years experience working in development, I have seen the difference between development practise and the business of development. Business decision-makers tend to be risk-averse, bureaucratic, interested in self-preservation, competitive, and not necessarily collaborative; at times they can be secretive and protective of good ideas if they can be leveraged to expand a project base and business portfolio. In Botswana, development is big business and both international and local CSOs compete for funds. While the HIV response has a strong focus on service delivery, there are organisations working in social mobilisation, such as BONELA and *Emang Basadi*. Therefore, the observation that Kabeer et al. made in Bangladesh has the potential to be relevant in Botswana. The social mobilisation organisations may eventually be dwarfed in budget and staff and thus potentially influenced by the service organisations.

The notion that civil society is effective becomes a self-fulfilling prophecy, which comes with a high price. Through policy, more resources are diverted from the public sector and to development CSOs. The CSOs look to hire the best staff to be effective and competitive. They attract public servants, who leave government to join CSOs. In the long run, this cycle actually does harm because CSOs that provide services need a strong public sector for those services to be effective (Bebbington and Riddell 1997, 114). The continued process of hollowing out the civil service by draining talent and resources to CSOs further fuels the belief that civil society is more efficient than the public sector and thus a target for higher-stakes projects and programmes. I witnessed several government employees in Botswana who left their posts to join a more lucrative and dynamic position with a CSO. As discussed before, this raises the issue of democratic accountability; when non-state entities provide services, citizens may lose rights as they have less direct access to the decision-makers. Wood (1997) calls this phenomenon the 'franchise state' (p. 81), and it reveals some paradoxes in neo-liberal thinking: the import of civil society in promoting free market is at odds with the role of civil society in good governance (p. 83). In other words, it is difficult if not impossible for CSOs in the current system to be both efficient service providers on behalf of the state and active participants in democratic deliberations that are critical of the state. Though this is an important issue with both theoretical and practical policy implications, the literature gives this conflict scant attention.

The current state of civil society in development is partially a product of the theory of change that undergirds most development initiatives. The development context encourages individual solutions, often entrepreneurial, to individual and family problems, with much less concern for the structural causes of poverty and inequality (Veltmeyer 2005, 99). Participation has become a technical issue rather than the radical empowering idea that the term was originally used for in development (Wood 1997, 84). Donors perpetuate a myth that the complex and intertwined issues of development can be addressed by targeted discrete projects, which are often driven by ideology and fads (Hulme and Edwards 1997, 276). Veltmeyer offers, the de facto effect of the

development system to depoliticise grassroots organisations will actually undercut local empowerment (p. 97).

Werker and Ahmed (2008) offer a concise observation that captures the essence of this section pointing to three factors that deserve attention here: a trend towards more outsourcing of government services, new ventures by would-be not-for-profit 'entrepreneurs', and the increasing professionalisation of existing NGOs (p. 74). Each of these trends is present in Botswana. For example, BONASO is funded by the Botswana government, among others, to deliver social services; Tebelopele, a nationwide network of Voluntary, Counselling and Testing Centres, spun off from a government partnership to serve its clients as a self-sustaining NGO; and the increase of competitive bidding for large contracts requires CSOs to submit cogent and professional proposals with a logical framework design, a sophisticated monitoring and evaluation system, a competent staff plan, and a corporate capabilities statement. There is a perception in some quarters that CSOs are less likely to divert funds, though the motives of some CSOs have been questioned and a better understanding of these factors is needed (Fafchamps and Owens 2009, 296). The issue of 'briefcase organisations', as mentioned earlier, may explain these phenomena. For example, in a recent Uganda study, only one-quarter of the 1,700 registered CSOs could actually be located (p. 296).

The state is really in the best position to effect change within the institutions and make investments in its people (Young 2000, 186) and in this way increase the chances of sustainability and coverage. At the same time the state cannot do it alone, so the extent to which civil society can contribute, through activities such as advocacy, innovation, representation, and service provision, is a dynamic process and in need of further analysis.

Towards an Analytical Framework

CSOs have accomplished a lot in the past two decades. According to Edwards (2004),

> Development NGOs have . . . changed the terms of the debate on globalization, leading to the emergence of a new orthodoxy about the need to manage the

> downside of this process, level the playing field, and expand 'policy space' for developing countries. [They have] cemented an intellectual commitment to participation and human rights as basic principles of development and development assistance, and kept the spotlight on the need for reforms in international institutions and global governance . . . (p. 7)

However, he goes on to question the influence of donors, amplified by security-related financing that has altered the landscape and post-9/11 has delayed the necessary reforms that CSOs must make to regain their independent voice (p. 11). This notion is echoed by Banks and Hulme (2012), who say that 'greater acknowledgement and concerns emerging from [NGOs'] closer proximity to donors and governments than intended beneficiaries also brought into question the very comparative advantages once lauded. NGOs could no longer be viewed as the autonomous, grassroots-oriented, and innovative organisations that they once were, raising questions about their legitimacy and sustainability' (p. 30). They maintain that NGOs are a crucial part of civil society but that they will have to change, putting more emphasis on grassroots control of programme design and implementation. They put the onus for change on the organisations themselves, which would require them to turn down donor funds and re-staff their organisations, hiring more volunteers and fewer professionals, though they are less clear about the role of the donors. Through my experience I have observed that donors play a critical role in the current development system and that CSOs have developed in response to their funding requirements. Therefore, it is too idealistic to put the entire onus on the CSOs themselves; donors must also change the way they do business. They must see civil society as intrinsically important to development with long-term aims, rather than just instrumentally important in the short term.

There is no essentialist or static notion of what CSOs should, and should not, do. CSOs in development are in a highly dynamic environment, and there are always new concerns that generate needs for CSO activity, including public health threats such as HIV, the need to rebuild after wars, and environmental disasters. Thus, we should not be prescriptive nor limit CSOs to a single function; rather, we need to acknowledge that actions are fluid, that relationships do not always follow expected paths, and that change

is not predictable. CSOs need to be able to react to situational change in that their roles and functions also change. In the words of Srinivas (2009), 'successful social change generally involves a range of organizing methods and organizations, operating at multiple levels of society. Such *associational biodiversity* offers choices for organizing and for rehearsing differing answers to questions of the public good' (p. 623). In other words, social change is messy, multi-dimensional, and dynamic. To understand and explain this fluid, dynamic phenomenon requires a complex and sensitive set of tools.

The conceptual and analytical tools provided by the work of Clark (1997) and Diamond (1999) can help us analyse civil society functions and features. Healthy civil society and state relations have to overcome distrust – and in some cases antagonism – on the one hand, and dependency on the other. Clark suggests six civil society functions in development: encouraging official aid agencies and governments to adopt successful approaches developed in the voluntary sector; educating the public regarding their rights and entitlements under state programmes; attuning official programmes to public need by acting as a conduit for public opinion and local experience; acting as an operational collaborator with official bodies; influencing local development initiatives, especially given decentralisation; and strengthening institutions and official capacity through training (p. 45). Clark's work focuses on NGOs, whereas Diamond's broader description encompasses development, democracy, and civic culture. It speaks to a civil society inclusive of CBOs, NGOs, and other organisations. In the Botswana context, as the Comaroffs (1999) observed, civil society traditionally has connections to local governance. Diamond's theoretical categorisations cover a range of functions that build on the early conceptions of civil society, capture the spirit of the post-Cold War applications and democracy-serving functions, and create space for the discussion of civil society in the development context. The work of Diamond offers a systematic framework for looking at civil society by considering types of organisations (economic, developmental, civic), features of organisations (representation, governance, pluralism), and democracy-building functions (participation opportunities, articulating interests, training political leaders).

The frameworks provided by Clark and Diamond are each useful in the analysis of civil society in Botswana because they encompass a range of possibilities that leave open the discussion of not only what civil society *is* in Botswana, but also what it *can be*. The analysis encompasses what development NGOs can accomplish within the context of a broader civil society. While civil society is recognised as serving democracy by some theorists, such as Diamond, in the African and development context it also plays a critical role in serving survival. In this way, Clark and Diamond's work falls a bit short, as it is too abstract for the day-to-day concerns of the HIV response.

Young (2000) suggests that civil society 'performs a unique function of social solidarity, identity support, and criticism of the state and economic actors. To perform these functions, associations must remain independent enough of state institutions both to provide alternative spaces for public action and to criticise state action' (p. 188). There are two main strategies for donor support of civil society: supporting individual CSOs or supporting an enabling environment (Blair 1997, 26). Understanding its types, functions, and features is important for development. Clark (1993) offers a framework for this assistance when he points to elements germane to civil society: legal protection regarding the right to freedom of association; tax advantages; government support for donations by individuals, companies, or others; government partnerships; and freedom of expression and advocacy (p. 10). It is important that governments and donors recognise that the dynamic they establish with civil society is complicated by a range of factors and that the types, functions, and features of civil society differ with each organisation. It is also important to consider CSOs in relation to one another, to international partners, to the public sector, and to the private sector (Bebbington and Riddell 1997, 125).

Hulme and Edwards (1997) contest that 'the successful civil society NGOs of the 21st century are likely to be those that maintain a clear and independent focus and specialisation, within networks and alliances that work synergistically to achieve broad but common goals' (p. 282). They submit that these organisations should 'return to their roots'; their concern is that service delivery activities ultimately empower organisation staff rather than the members or beneficiaries because of upward accountability to donors

(p. 20). This is an interesting idea, but it puts the entire responsibility of change on CSOs, which we have already seen is an incomplete analysis. Rather than a normative approach to CSOs, I suggest an interpretive one: look at how they are organised and the dynamics they operate in, and then devise ways to improve the situation. The issue, then, is the effect of meeting practical needs and putting strategic issues of social transformation on the back burner. What is the right balance between what CSOs do and what government does? This research answers this question by devising frameworks for systematic analysis.

Civil society research has had limited theoretical attention and has been largely normative. However, as Lewis and Opoku-Mensah (2006) note, 'there is a growing recognition of a challenge among researchers for the study of NGOs to move into a new phase that will both keep abreast of changing policy in relation to NGO practices and do justice to the complexity and diversity of NGO forms and contexts' (pp. 669–70). The emphasis on service delivery is a relatively new development in the field of civil society and is most acute in the development sector. This raises the question of the theoretical hole that comes with the changing dynamic and the contribution to be made by the theoretical aims of this research. I conclude that these thinkers never theorised the extension of the liberal order they proposed. Their categorisation of civil society is to countervail the state, so they fall into the trap of romantic designations of civil society. What they do not take sufficiently into account is that in neo-liberalism civil society becomes an extension of the state. Therefore, an analytical framework that accounts for the dynamic and diverse roles of contemporary civil society is needed to understand the sector and to inform development policy and practise.

Synthesis

This chapter defined civil society for the purpose of analysis in the African developmental context and especially in regard to the issue of HIV. It highlighted the debates, tensions, and relations that characterise contemporary civil society. The main finding is that civil society has a central role in development policy and programmes, yet the features and functions of civil society change as this role increases, as does its

relationship with the state. This dynamic and its related issues have been addressed in the literature, but the theory has yet to keep up with developments to explain the meaning and implications of this phenomena and to predict the future of civil society.

This chapter raised many questions – What role does civil society have in modern development projects and at what cost? How does this change over time? – and revealed gaps that this research addresses. The tools offered by Clark and Diamond do not deal with the factor of time and how civil society changes in its composition and in its relation to donors and governments as a result of the projects that it takes on in the HIV response. Several essential questions remain: How can civil society keep its independence when it is carrying out public service projects with government and donor support? How sustainable are public service projects if they are carried out by CSOs? Where is the accountability? What effect does this have on government? These questions need to be addressed if civil society theory is to advance.

Civil society has contributed to development objectives in Botswana. Its role has increased with the HIV response, spurred by governments and development partners. CSOs are increasing in number and have increasing responsibility to deliver services in development issues. However, the theory for civil society has not kept up with these developments. The increase in CSOs demonstrates the promise that civil society has in development. There are some critiques of this trend, as described above. However, there is no space in civil society theory that constructively explains how civil society can function in current and emerging contexts in a sustainable way and at what cost.

This chapter concludes that civil society theory needs updating and its tools need to be refined if civil society is to be in a solid position to inform policies and programmes and ultimately to reduce gendered vulnerability to HIV.

Chapter 6 – The Intersection of Gender, HIV, and Civil Society in Botswana

This chapter explores the meaning of the data collected through different aspects of this research. It frames my research question and provides a foundation for the conclusions and policy implications provided in the final chapter. Analysing the intersection of gender, HIV, and civil society revealed insights about development. The respondents and participants showed that gender relations were not substantively altered by efforts in the HIV response, despite widespread recognition that inequity leads to vulnerability. The policy analysis shows that gender and development programmes remain piecemeal and that their objectives are narrowly focussed on the bio-medical aspects of prevention, with insufficient resources devoted to social change. Civil society has been active in the response and its role has grown in development. Yet despite this increasing role, CSOs are in a weaker position to effect social change, betraying the historical role of civil society in democracy and development.

Education, an Entry Point for Civil Society

Education is a key part of the HIV response and is the lever to affect praxis in Freire's words (Freire 2005, 66). Effective and comprehensive HIV education instils knowledge, attitudes, and skills for critical thinking, risk assessment, negotiation, and refusal, among others, which can translate to safe behaviours. Education should not stop at prevention, however; it should build understanding and skills for empathy and social relations to challenge stigma and discrimination, and it should contribute to treatment, care, and support. The problem is that in many countries the education sector was not prepared with the content, curriculum space, and the pedagogical approaches to effectively do this (UNESCO 2014). Donors found that CSOs with an educational mission could provide support for this change.

In 2002, the US Centers for Disease Control and Prevention (CDC) formed a partnership with the Botswana government in order to develop appropriate HIV prevention education programmes. The CDC contracted Education Development Center, Inc. (EDC), a CSO,[1] to develop a team of local, government, and international educators to develop an age-

[1] I was Senior Project Director at EDC until 2011 and served as principal investigator for this project.

appropriate HIV prevention curriculum. EDC worked very closely with the BOTUSA, a donor agency, and the Botswana Ministry of Education in a partnership between the health agencies in Botswana and the US government. Although Botswana had one of the highest HIV prevalence rates in the world, most of the education materials came from better-resourced neighbours outside the country, which at that time were Zimbabwe and South Africa. However, BOTUSA commissioned its own evaluation via civil society and learned that a Botswana-specific curriculum and set of materials was needed (Pulizzi et al. 2003). Learners could see that the imported learning materials from neighbouring countries were not relevant to their social relationships and context. This conveyed the message that HIV was a problem in Zimbabwe and South Africa, but perhaps not a problem in Botswana. Materials specific to the Botswana context were needed to send the urgent message that HIV was an issue for learners to be concerned with in Botswana. EDC had a long history of working with CDC on sexuality education and was also designated as a World Health Organisation Collaborating Centre to Promote Health Through Schools. As project leader I brought several years of experience in interactive pedagogy, school health, and facilitation in international development to this initiative.

The first task was to investigate the issue of vulnerability of young people. The team needed to understand why young Batswana were at risk for HIV infection. With all the myths and misconceptions spread in the early part of the epidemic, the reality was obscured. Thus, young people did not understand their risk, nor did they have the skills to adopt protective behaviours. This provided the baseline from which to design lessons that would give participants in the programmes the information they needed and would help them develop more open attitudes and build skills to address this vulnerability.

The team undertook a scan of existing curricula to find out what was being taught and pulled together several resources from UN agencies, the World Bank, commercial publishers, and CSOs, including the Red Cross. All of these materials fell into two categories: moralistic or rationalistic. In the former, learners were encouraged to abstain from sex with the suggestion that if one did have sex, it was a moral failing. By that logic, to prevent infection one had to have a strong moral code to guide one's decision-

making. In the rationalistic category, young people were taught that HIV led to AIDS and would eventually kill them. To avoid HIV infection one can either abstain from sex, be faithful to a single partner, or use a condom (the so-called ABC approach). The undergirding theory was that with this information, young people, who were presumed to be rational beings, would choose among the three methods to stay safe during their life. All the materials relied on a didactic teaching method to transmit information from teacher to learner. This is how the education sector, given its strengths and limits at the time, mobilised to respond to HIV.

There is a lot to critique in these programme theories, as this research has done in earlier chapters. But in the Botswana of 2002, the situation was dire and unprecedented. The country had the highest prevalence rate in the world and there were no signs of a reversal. Predictions of national collapse were common (see De Waal 2003), and the response was one of crisis mode. The materials used in some of the schools therefore made sense in this emergency context; the goal was to deliver hard-hitting messages about the effects of HIV. In the following years, as more analysis and evaluations were conducted and the rollout of ARV medications lessened the panic and averted the collapse, those working in the field had the opportunity to really reflect on the characteristics of good HIV education. In the changing, more reflective environment since that time, a burgeoning number of curricula have been developed that employ rights-based approaches and interactive teaching methods that address gender and the root causes of vulnerability (UNICEF 2012).

In the initial planning stages, EDC and its partners were quick to develop an interview protocol to be used with teachers, administrators, parents, and learners in different parts of the country on the basis of the curriculum scan. The protocol varied slightly for each group but followed the same arc: What is the HIV epidemic in Botswana? Why are Batswana vulnerable to HIV? What role do schools have in the response? What should be taught and how? Many issues were raised and discussed, including some that were specific to the education sector administration and classroom management that are not within the scope of this research. However, a main theme emerged that is the genesis of

this study. The interviews found that teachers and administrators in particular had a highly gendered view of HIV transmission. Many saw moral failing as a cause, and many put the blame on girls, as they were seen to have tempted the boys into sex, for example, by wearing short skirts. By casting girls as temptresses, teachers were thus making girls the duty bearers. The report that EDC and partners submitted to BOTUSA (Pulizzi et al. 2003) began with this quote from a teacher the team interviewed: 'Young people do not take AIDS seriously . . . We need to make them understand the reality that they may die' (p. 2). This quote succinctly captures the urgency and what was at stake at that time in Botswana. Many respondents suggested that there should be a factual or rationalist approach to teaching HIV – that learners need to know the truth in order to scare them into safe behaviours. At one of the schools we visited, we saw that the administration had painted the message 'AIDS Kills!' (morbidly accompanied by skull and crossbones) on school property. Social pressures were recognised, but the power to resist such pressure was seen to reside with the rational individual. Many teachers continually pointed that their learners needed a better moral code and willpower to resist pressure, placing the onus squarely on the individual – again, mostly females.

As described, CSOs were seen to be very important to the HIV response in Botswana. Many informants in the education sector believed that their colleagues lacked expertise on HIV and were grateful to the wide range of civil society partners, including local, faith-based, and national ones, who took on this responsibility. Some respondents commented that civil society represented the grassroots and thus had a valid role. Others thought that CSOs had a technical capacity not resident in the education system and were happy that others took on this responsibility so that they could continue with their work. This suggests that despite the urgency, HIV was not the core business of the education sector.

As the education sector and civil society (including community-based non-formal education programmes) engaged with HIV as a subject of instruction, some aspects of the moral and rationalist approach remained, but the approach also began to shift towards a more interpretive one that encouraged learners to acquire knowledge and to develop new

attitudes and skills that would lead to healthy behaviours in their given context. Teachers in HIV education trainings stressed the need to deal with the reality on the ground. Some teachers recognised that many of their learners were sexually active and that an abstinence-only message was not helpful. Rather, young people needed the knowledge, attitudes, and skills to help them adopt safe behaviours, immediately and throughout their lives. This observation and change in teaching practice may have occurred organically in the education sector, but at that time civil society was driving the debate. Through many extra-curricular programmes, such as Stepping Stones, which sought to develop resiliency skills among vulnerable youth, and through technical support, such as the curriculum development project with EDC, civil society was introducing ideas and facilitating discussion about changing the response to HIV.

Systematically addressing gender in schools required a rethinking about the process and setting of education. The most tangible example of this was the work led by Education International, the global federation of teachers' organisations, which was presented at Education International's Women's Caucus at the Fifth World Congress in Berlin in July 2007. In the course of drawing up a toolkit, educators developed and trained hundreds of teachers in Africa, including Botswana, to use a toolkit to create gender-safe schools. The toolkit explained how prevailing gender roles can negatively influence health and livelihood and then provided a vision for a learning institution that promotes gender safety, equity, and equality. The purpose of the toolkit was to help educators create policy, advocate, and train their colleagues to increase their awareness of gender issues and the role of bystanders in unsafe interpersonal situations so that they could become more involved in creating healthy and safe learning institutions. The tools would enable unions and educators to create change that would lead to equal opportunities for female and male learners so that they could receive an education that allowed them to reach their full potential (Pulizzi and Rosenblum 2007, 6). Through this project we learned that finding a lever of change was difficult. The universalism of rights-based approaches did not always have traction with teachers in the community. This is why the Botswana case was interesting, as we will see.

An important innovation that grew out of the Botswana context was an approach anchored in the concept of *botho*, the Setswana term for a 'person who has a well-rounded character, who is well-mannered, courteous and disciplined, and realises his or her full potential both as an individual and as a part of the community to which he or she belongs' (University of Botswana 2012, 1). EDC developed, tested, and refined more than 200 activities with the input of 100 teachers and a dozen senior administrators. The concept of *botho* figured prominently in these activities. The team believed that it was important to draw on the many positive aspects of Setswana society as a source for change. The country was under tremendous threat from HIV and everything was in question. It was common for trainees and interview respondents to wonder out loud: why Botswana? *Botho* provided an anchor and a reference point for change. The discourse on gender among the wider team of teachers who drafted and piloted the materials had changed. They began to challenge the traditions of gender inequality through the lens of *botho*, which was reflected in the final version of the curriculum. A lot of teacher training was needed, as the subject matter and methods of instruction were new to many. Many teachers were trained and the project made progress, as the numbers above suggest. However, the original situation analysis that pointed to the ongoing moralism, rationalism, and gendered vulnerability to HIV remained a key problem. Despite the progress made with the immediate stakeholders of the project, the wider social context remained conservative. This experience revealed first-hand the limits of civil society's influence.

As demonstrated above, civil society has played an important role in promoting education programmes. However, the principle of sustainable development means that international experts have the responsibility to work themselves out of a job so that the programme can continue with increasingly lower levels of outside support. To win projects, funders routinely look for a programme design with a sound exit strategy. This meant that the partnerships with local public service providers would need to be able to sustain the programmes initiated by EDC once the funding for the initial project ended. My particular project had such an exit strategy in place. However, the government's capacity to take ownership of the programme was lacking. Thus, new technical assistance projects

were granted and the same CSO is supporting the Ministry of Education through 2015. What will happen after that remains to be seen. This is one example of how sustainable development is difficult to achieve within the project time frames of donors. Looking at the wider development and HIV landscape in the region at the time, I had witnessed the proliferation of CSOs and the programmes funded by initiatives such as PEPFAR. However, it was clear that the role of civil society in development needed to be both more novel and more useful if social change was to be sustained. Research was needed to address these issues in concert.

Framing the Answer

A great deal of research in Southern Africa has described female vulnerability to HIV. A high-level UN report cited the causes of vulnerability stemming from the social constructions of difference, which manifest in social interaction, law, economics, and politics (UN Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa 2004). The UN report concluded that the systems of patriarchy keep women subservient to men in all these sectors of society. The dependency in economic and legal terms and the social pressures to serve men meant that women had little power in society to make independent decisions for their health (Albertyn and Hassim 2003), and the lack of political representation meant little access to the power that could potentially change these structures in society (Monro 2005). Biological difference was also cited, which underscored the need to address this inequity, such as through increased medical interventions and services (UNAIDS 2004). A new and burgeoning field of research began to address the issues of masculinity and related gendered vulnerability (Barker et al. 2010). The ideas originated from social pressure to conform to social expectations of gender and notions of hyper-masculinity, where individuals may increase their risk behaviours (e.g. unprotected sex with multiple partners, heavy drinking) in order to fulfil society's definition of masculinity. Mark Hunter (2005) has shown in fascinating detail that the practices associated with *isoka*, a form of masculine behaviour among Zulu men that has become a type of modern initiation, pose particular dangers for young women.

In Botswana, the teachers I interviewed echoed these characteristics of masculinity. The government's second Framework for HIV and AIDS identifies multiple concurrent partnerships (MCP), intergenerational sex, and underlying gender inequalities as drivers of the epidemic (Botswana Government 2009d). Gender non-conforming behaviour, issues of sexual diversity, and research concerning HIV and persons who are LGBTI in Southern Africa is still scantly mentioned in the public discourse.

Cumulatively, however, the HIV situation in Botswana is well-documented through academic journals and publicly available government policy and strategy documents and programme reports from the many CSOs and donors doing work there. Botswana has established a comprehensive national response addressing prevention, treatment, care, support, and anti-stigma and discrimination. The government has followed the advice of donors, developing countries, and UN agencies on three core principles – called 'Three Ones' – to better coordinate national responses: one action framework, one coordinating authority, and one national monitoring and evaluation system. In Botswana, NACA oversees the monitoring and evaluation system and leads the development of the national AIDS strategic plans. Because Botswana has an extraordinarily high HIV prevalence rate, the government communication strategy on the issue has been a priority. Public discourse is strongly supported with high-profile programmes, campaigns, and public addresses. The previous president, Festus Mogae, spoke routinely about HIV in his speeches and personally headed the National HIV Response Council. The Botswana case illustrates what leadership and a well-resourced and coordinated response can achieve.

Most notable is the provision of treatment for all. People spoke of going to funerals every weekend in the early 2000s, but a decade later 95% of people who needed treatment were receiving it and were essentially getting their lives back (Beaubien 2012, 1). The response in Botswana was comprehensive and covered more than just treatment. Prevention became a key focus of campaigns, which included large-scale condom promotion campaigns, programmes to address MCPs, and interventions to prevent mother-to-child transmission of HIV. The issue of gender was explicitly addressed in several policy documents and in the research literature. GBV was frequently cited as a

driver of the epidemic and in need of urgent attention (Botswana Government 2009d). While the government's plans about how to address the medical aspects of the response were quite clear, its response to the social and development issues was less clear. Similarly, while the importance of partnership was continually stated in government plans and frameworks, with explicit mention of CSOs, the exact methods of partnership, the division of labour, and a sustainability strategy were not defined by the government and donors, which means that implementation is largely unsystematic.

Civil society clearly has a role to play according to the respondents from CSOs, donor agencies, and the government. However, civil society did not figure prominently in the responses of the rural teachers who responded to the survey. As all the teachers worked in the community, this finding suggests that civil society has yet to make an identifiable effect at the grassroots level. The technical issues on how to foster and strengthen CSOs' ability to contribute to the response were enumerated by the umbrella groups whose business it was to do so, but the general view was that more dialogue with government was needed. This point was made abundantly clear to me by the director of the Botswana Network of AIDS Service Organisations, Daniel Motsatsing, who pointed out that a more structured and supportive relationship between government and civil society was needed for a more effective HIV response.

While there is a lot of emphasis on educating people about protective behaviours, the decrease in incidence has not dropped as quickly as hoped, and the number of new infections makes it clear that an explanation is needed. One reason seems to be the lack of empowerment among women and girls; females simply do not have access to the social and individual protections that would help decrease their vulnerability. To address gendered vulnerability, interviewees cited the need for legal protection, economic independence, political representation, and social equity. Knowledge of protective factors was necessary but not sufficient for behaviour change. Lenah Baitirile, representing BONELA, said that guidelines and training were needed for each sector of society so that they would know how to translate conventions and laws into action in the community. NACA's strategy captures many of the issues raised by the interviewees: gender

inequality is cited as a crucial issue to address, and civil society is cited as a central partner. According to the interviewees, reducing gendered vulnerability requires explicit and decisive social transformation. As Elizabeth Pule, from the Women's Affairs Division of the Botswana government, said, the 'nation needs to be re-socialised'. The emphasis on the role of civil society in providing a solution to the problems of incidence is widespread in the literature, as the previous chapter demonstrated. Civil society is theoretically well positioned to play a central role in this transformation. The question is: how exactly do they try to do so?

Key informant interviews with 30 people from government, donors, academia, and civil society were undertaken as part of my research process. Some had a great deal to say on the subject, and others had a few choice insights on gender, HIV, and civil society. A consensus point that came out of the workshop that was particularly insightful is the notion of a 'new way forward', one that avoids the zero-sum situation of taking power from one group at the expense of another, which is an unhelpful way to frame social change. Rather, there was a call to consider how masculinity is developed in relation to and in the context of women's empowerment. The point of the action research workshop was to build on the experiences of the group, recognise trends, and propose alternatives. The next section explores the key findings with an eye on the workshop consensus point towards a new way forward.

Voices of the Respondents and Participants

The main themes of this research – gender, HIV, and civil society – also serve as analytical categories to discuss the main findings from the interviews, workshop, and survey. This section describes the findings from a one-page survey that I administered among teachers I was training on HIV education, the results of which were discussion points in the subsequent interviews and workshop.

Survey of Teachers

The teachers surveyed were all in-service teachers in an HIV training who believed that their position, and the position of schooling, was central in the HIV response. I

administered 190 surveys (see the protocol in Appendix 1). Of those who responded to the profile questions, 41 identified themselves as male, and 122 as female; the remainder did not respond to that question. The majority said that females were more at risk for HIV infection than males. The survey asked respondents to prioritise change to reduce the risk of HIV infection. Their responses (in rank order) were society, politics, laws, economy, and health services. The next question asked, apart from the family and the school, what sector of society is most responsible for creating change? Their responses (in rank order) were churches, local government, national government, hospitals, and civil society. The questions in the survey asked the respondents to identify the sectors of society other than education that they considered to be important. A significant number wrote that the need for individual behaviour change was the most important. Legal, economic, health, and education followed, in order of importance. When it came to the question of who should drive the change, churches, local governance structures, and national government were mentioned as the top three. Civil society was number five out of six options. The write-in responses were varied and included many one-off responses such as bars, social workers, and the 'global world' as the drivers of change. The most popular write-in response (albeit with only six entries) mentioned the importance of traditional healers; this was followed by four responses of 'the individual'.

The survey results show a gender narrative that is highly moralised, where the church is the critical player and social change is one of values and leadership. The teachers do not see the economy and civil society as major influences on behaviour. In the 'additional comments' section of the survey, several themes were solidified. Changing the practice of MCPs was deemed a priority – men needed better morals, increased sensitivity to open up on the issues, and more awareness of their own and their partners' health. In addition, women needed assertiveness, empowerment, and skills. It was interesting to see that respondents prioritised changes that come from within, where individuals need to change first, which will change society later. They are not suggesting an activist approach of changing the structures where arguments are rights-based and normative guidelines are followed. The write-in questions, comments, and rank-ordering of informed teachers throughout the country all indicate that women are believed to be more at risk than men

but that men have vulnerabilities as well and that they all need to change individually to address that risk, with the help of churches, government, and other local leaders. Collectively their belief is that these efforts will then change society.

I interviewed a few teachers as a follow-up to the survey to investigate the idea and role of civil society somewhat further. The teachers strongly believed that civil society represented the grassroots and was therefore valid in the community, albeit less so than the church. There was a belief that the government was political in nature and that when the government provided community services, it was for electoral gain rather than welfare. This is an interesting observation that is probed further on in this chapter. The government and the ruling party are largely indistinguishable. The teachers' opinion was that CSOs had the time, resources, and focus to tackle difficult issues. The government, on the other hand, was spread too thin across too many areas. Their solution to this was that government and civil society should find better ways of working together to address this issue. This led to a more focussed analysis of the *breadth* of government reach and the *depth* of civil society's engagement on the issues. It is clear that for these two constituencies to work better together requires concrete policy decisions. This research intends to have some utility in leading to more strategic interactions between the two entities. Building on this point, two ministry officials pointed out that the government should respond after the idea percolates up from the grassroots and that CSOs were best placed to facilitate this process. The ministry officials echoed the point about the government being viewed as a political entity and at the same time derided civil society for being 'too noisy', as in politically active. This comment was, in the main, directed at the striking Botswana Teachers' Union (BTU). Teachers pay had been flat for a number of years though inflation was in the double digits, so the BTU was demonstrating for a pay raise. The key observation here is that politics and political action are viewed with suspicion in connection with social services.

Findings from the Surveys and Workshop

The key findings from the surveys and workshop are the product of interviews with more than 30 key informants and a half-day action research workshop with a dozen stakeholders. The respondents and participants are listed in the Bibliography.

The central observation was that respondents recognised the progress made in the HIV response. At the beginning of the century the predictions of Botswana's imminent collapse were ubiquitous. The respondents identified the central role played by NACA in such areas as voluntary counselling and testing and in its partnerships with CSOs and private partners to provide treatment on a wide scale to the country's citizens. They also commented that stigma and discrimination, while still a problem, had lessened in part because of public education through national campaigns. Still, everyone acknowledged that there is a lot more to do. Some respondents observed that Botswana's middle-income status means that the country is caught between not having enough domestic resources nor enough access to outside funds. A key concern stated by respondents is the entrenched resistance to behaviour change. Stigma was still persistent, which fuelled myths and misconceptions, which in turn hampered the adoption of safe behaviours.

This group also noted that gendered vulnerability has not been adequately addressed. In the workshop a consensus was reached that though HIV and gender issues have similar concerns, there are times when HIV efforts are conspicuously silent on gender. The workshop participants thought that the HIV response was male-dominated. Therefore, an action point emanating from the workshop was that because the link between gender and HIV is does not have strong evidence in the popular discourse on HIV in Botswana, there is a need for more research to make the case, followed by effective advocacy to effect change within the HIV response.

A principal concern was the conflict that customary law creates in advancing a progressive legal agenda. For example, Lenah Baitirile, representing BONELA, said that while it is a crime for an adult man to have sex with a girl of less than 16 years of age, under customary law marriage is permissible between the two. Customary law thus overrides the age-of-consent law, and this dual legal system causes confusion in the

community. A further complication is that traditional structures are led by men (chiefs), who are the gatekeepers of social change.

A prevailing opinion in the workshop was that there is no cross-cutting coalition between organisations working on gender and HIV – the gender movement is older but less organised than the HIV response. It was suggested that men found a way of using the HIV response that is non-threatening to their position and in effect they bureaucratised the response. In contrast, gender equity threatens the established positions of power and authority in society. Participants also commented that people hide behind culture; they use it to maintain behaviours or traditions that suit their interests.

Interview respondents and workshop participants pointed out that the Domestic Violence Act is in place but has yet to be implemented and enforced at the local level. Instances were cited of post-exposure prophylaxis (PEP) not being given to married women because some community workers hold the view that there is no such a thing as sexual assault in marriage and that PEP is only for victims of rape. A consensus action point from the workshop was that it is critical to change the laws on PEP. Participants said that ideally they would change the criminal law but that would take much more time; trying to address PEP is the first step towards recognising that rape does occur in marriage. Coalition building with WAR, *Emang Basadi*, the Kagisano Society Women's Shelter, and others through BOCONGO's gender section was suggested as a strategy. WAR in particular is focussing on PEP; the group is especially concerned about the issue of inter-generational sex and is having some success at changing attitudes and involving men in the process. Another key point is that women need support to follow a case through, as in many cases charges are dropped.

Participants concluded that the revision of the Domestic Violence Act could be a tactical collaboration point. This observation was made in 2010 and has since been put into action; a broad coalition of CSOs, government, and partners worked together to raise awareness on GBV on designated days, including the International Day for the Elimination of Violence Against Women and International Human Rights Day. It comes

down to the fact that while laws are on the books, the public is not sensitised – some respondents commented that even the police don't know the laws – so they are not enforced. Not all the conventions that have been signed are in operation, and the penal codes have not been updated. An action point listed by respondents and participants was to develop guidelines for magistrates, police officers, social workers, and the general public regarding the meaning and applications of the Domestic Violence Act.

Several respondents and participants stated that the concept of gender is not widely understood by the general public and that a broad-based public education was needed; one participant said that the nation needs to be 're-socialised' to the issues around gender inequality. Many respondents cited evidence that many men were changing and it was necessary to bring them along and get away from confrontational approaches; it is not a zero-sum situation where women are empowered at the expense of men, and programmes that are pro-women have not redefined masculinity in a positive way. Therefore, social change is needed, and involving everyone is critical.

Workshop participants suggested that a gender coalition could be helpful in terms of sharing information and combining efforts, such as those developed for the HIV response. They stated that that the overlap and connections between gender and HIV work were episodic and not as deliberate as the situation warrants; there is surprisingly little connection in the legal areas, some in programmes, and some in policy, though it is not always explicit. CSOs working on gender issues have been volunteer-run and not well funded; in contrast, by 2009 the HIV response had developed with a well funded and professionally staffed civil society. There was a real disconnect between the two movements. I conducted a time series exercise in the workshop where participants posted key events in the two movements chronologically on the wall. Participants saw very little overlap between the two practically but very much conceptually as they both dealt with discrimination, rights, and empowerment. It was encouraging to see one young participant from BONELA, an HIV-focussed group, make the connection and acknowledge the contributions of the previous generation to advancing gender equity in the country – which she could do so personally, as there were participants from *Emang*

Basadi's founding days in the room. While this was a positive interlude, the group did not make any distinction between practical and strategic action, so a clear and transformative way forward never emerged.

Government leadership and its development partners spurred the grassroots response to HIV, which eventually led to a mushrooming of CSOs. The same is not true of the gender movement, which is organic but has not had explosive growth. In 2010 the international organisations working in HIV, such as PSI and FHI 360, had large offices, new vehicles, and a large professional staff, whereas 10 years earlier many international organisations had no presence in the country. In contrast, while *Emang Basadi*, the organisation at the forefront of gender issues in Botswana, did experience substantial growth between 1997 and 2005, it was off a very low base. Its revenues, reported via external audit on its website, were in the order of 1.6 million pula (less than $200,000), which was not enough for a large staff, new offices, or vehicles.

It may be unfair to expect so much and to associate the two issues in this way. Despite the rollout of medication, HIV in Botswana was still treated as an issue of practical interests. The more removed view of a researcher may be impractical when it comes to what is needed for life in community with HIV. With this caveat, however, a merging of the movements seemed to be taking shape and may hold promise for the future. GBV is a key issue for the women's movement and was eventually cited as a driver of the HIV epidemic as well. In addition to individual behaviour, programmes and policies to address GBV must address the structural and systemic aspects of power, as explained in the earlier chapters. This suggests that the well-funded HIV movement and the experienced gender movement have an opportunity to work together in new ways to effect change.

Still, in Botswana gender is practically synonymous with women's issues, so it is viewed very dichotomously with little sense of degree or nuance. Policies and programmes to protect members of the LGBTI community are being addressed by BONELA, a CSO, but by few other organisations and not by the government at all. The issue of sexual minorities is taboo, to the detriment of effective programming. Workshop participants

cited the good practice of providing condoms in prison settings to reduce sexually transmitted infection, including HIV; however, policy makers in Botswana have avoided this practice because if condoms were provided in prison, it would be an admission of gay sex, which is not socially acceptable in the view of many policy makers.

Changing conservative attitudes in the community was a high priority for many respondents. An important strategy towards this end is working within the faith community to educate and sensitise members to the issues; this community is an important vehicle for change. Irene Kwape, National Coordinator of BOCAIP, said that the tricky part is working with groups that mix traditional beliefs with Christian ones, in particular, charismatic churches (hybrid Christian churches with European roots, which emphasize communal prayer and the charismatic gifts of speaking in tongues, healing, etc), which have been successful elsewhere in Africa and gained followers in Botswana, particularly among those who are not well educated. She said that BOCAIP trains pastors directly on condom use and other issues and encourages them to address the issue with their congregation. However, there is a degree of competition between groups in the faith community to increase their flock; this leads to different messages about HIV that might not always be accurate because they are subservient to populism, and if a pastor becomes too progressive he may lose members. This shows the limits of churches regarding social change and underscores the importance of civil society in Botswana's HIV response.

Joan LaRosa, Country Director, Botswana, USAID, explained that USAID saw the value of civil society in the HIV response; at the time of the interview (2010) the agency was about to release a competitive request for bids to strengthen the sector. FHI 360 received the award, with activities secured until 2015 to strengthen AIDS service organisations. The respondents and workshop participants consistently expressed the view that civil society is central to the response because the government was slow and sometimes perceived to be a product of patriarchy. Further, grassroots access is the strength of civil society; the top-down dictates of the government are not perceived as grounded in reality. When the government conducts activities in the community, it is seen as a way to curry favour in the community that translates into votes. Thus, government welfare activity is

sometimes viewed suspiciously. Respondents suggested that the relatively peaceful history of the country means that civil society has not developed a docile relationship with government. The challenge to the citizenship laws, highlighted by the case of the Attorney General of Botswana v Unity Dow (1992), spurred advocacy but that was focussed and specific. HIV, however, has introduced need in several sectors of society. The centrality of CSOs in the response means that their mandate has expanded and they now have the potential to transform civil society itself. At the same time, CSOs' dependence on government for funding and their role away from advocacy and towards services could mean that civil society does not change but rather becomes an extension of the state.

The future is unwritten and on issues such as GBV there is a clear role for civil society to effect change systemically. Respondents noted that GBV is another issue that CSOs are better at addressing than government because they have more sensitive data collection – government just collects data on assault in general. At the same time, Hildah Mokgolodi, Principal Education Officer, Guidance and Counselling, Botswana Ministry of Education and Skills Development, said that CSOs would not be productive by offering only contrarian views, which sometimes undercuts their credibility. This suggests that in general CSOs have a public relations issue. Some respondents said that all the actors in civil society confuse the public and that organisations need to clarify their roles and objectives.

As director of an umbrella group, Daniel Motsatsing was in a position to articulate the interests of and negotiate a way forward to strengthen AIDS service organisations, and he provided a lot of insights into the relationship between the Botswana state and civil society, describing it as 'hot and cold'. He explained that senior civil servants acted arrogantly towards civil society at times. While civil society is recognised as important to the HIV response by government, this is often rhetoric. When CSOs are successful, their virtues are extolled by government; at the same time government is quick to point to their lack of capacity and resources. Still, the government does little to address this issue. This sends a mixed message both to the civil society sector and about the sector in the eyes of

the general public. This idea was echoed by Mpho Mahopolo, director of WAR, who said that if the government were serious about partnerships with civil society, it could help with the administration of her organisation and other similar CSOs that rely on small voluntary contributions to be operational, which would allow these organisations to focus on meeting their missions. However, if the government used this function to exercise control over CSOs, their independence would be compromised.

Some of the government employees interviewed had a different view of the issue. All government respondents in my data collection (ministry officials and teachers) recognised the importance of civil society and its credibility in the community but believed that it loses credibility with the government when it gets antagonistic. Civil society has an activist tradition, though as noted in earlier chapters this tradition in Botswana is tempered by traditional governance customs and one-party rule. Mpho Mahopolo observed that when the government provides services in the community, it is seen as a political act, so it is better for the government to operate at the local level, an idea that others supported. Lorato Moalusi-Sakufiwa, from the Botswana Network of People Living with HIV and AIDS, said that civil society is better placed in the community, especially outside the city, to do HIV and gender work. Some believed that civil society is fragmented by discrete projects or by location, but others said that civil society has the time and resources to focus on issues while the government is spread too thin – and therefore, partnership is helpful. Hildah Mokgolodi said that after issues rose up from the tested and validated community efforts of civil society, the government should then take it to the country.

In the workshop a participant expressed the view, supported by others, that civil society sometimes contradicts what parents are saying, which can create tension in the home and undercut the organisations' credibility. While this is an anecdotal observation, it points to an interesting theme that developed: what the central role of civil society is. The government respondents clearly did not think it was useful for CSOs to be activists, while the workshop participants, who were mostly civil society members themselves, questioned the extent to which CSOs should lead the community. This will remain a

tension point for civil society. As advocates, CSOs will need to lead on issues but not at the expense of credibility. To reach and represent the vulnerable in society CSOs will need to engage and provide services, but again – not at the expense of credibility. The ability to which civil society can be responsive to the needs of its constituents while working with government and maintaining its independence is a central concern of this research.

The respondents and participants made it evident that there is no clear-cut policy to define the relationship between government and civil society. The expansion of the sector in the HIV response, with all of its needs and the subsequent resources mobilised to meet them, has shown that without this guidance there were tensions. International CSOs can help, but they can also hurt if they bypass local structures, as discussed by workshop participants. Yet, this observation never developed into a more pointed critique by any respondent or participant. There was no mention of global trends, such as the privatisation of public services. In fact, operational issues, apart from funding, were almost non-existent in the discussions. This suggests that civil society in the HIV response is focussed on its immediate programme activities and responding to the many day-to-day needs that HIV creates in Botswana, which leaves little room for strategic social change action.

During the research process, respondents offered reflections that pointed towards the areas of education, policy, and social change, all of which entailed a key role for civil society. For instance, each respondent observed that more needed to be done to reduce gendered vulnerability to HIV and that civil society could improve its position in the response and become less a 'partner of convenience' with government, a phrase coined by Lorato Moalusi-Sakufiwa from the Botswana Network of People Living with HIV and AIDS, and more a strong independent voice. A consensus point emanating from the workshop was the need to address deep social issues, such as GBV. Some spoke of the related need to address structural inequality, such as common law that discriminates against women; according to Mpho Mahopolo, director of WAR, this dual legal system is a fundamental problem. However, Lenah Baitirile, from the Botswana Network on

Ethics, Law and HIV/AIDS, pointed out that civil society needed to represent gender equality internally before it could be credible to the public. Daniel Motsatsing, Executive Secretary, Botswana Network of AIDS Service Organisations, called for a more sustainable and effective working relationship between civil society, government, and donors that would include recognising the importance of budgetary allocation for organisations to invest in themselves to develop sustainable support structures.

The constellation of these issues came together in three distinct pillars of observation, each existing on its own continuum. The first pillar concerned issues that needed to be addressed by civil society, the second was the degree to which change could be sustained by civil society, and the third was civil society's specific role within and relationship to government and development partners. The research identified a wide range of issues to be addressed – what I have called the *breadth* of what was needed. A second aspect of the research referred to the extent to which change can be sustained – the *quality* of the intervention. And third, the *depth*, refers to the role that civil society plays in reaching the grassroots sustainably. These three pillars – breadth, quality, and depth – are the key organising principles for the analysis; combined with the conceptual tools highlighted in the literature review and below, they form the basis of the analysis.

Table 1: Categories of Analysis

Breadth	Quality	Depth
The issues that civil society addresses in the HIV response to reduce gendered vulnerability	The extent to which change to reduce gendered vulnerability can be sustained over time	The roles that civil society serves within the HIV response

Policy Analysis

Building on the insights of the respondents and participants, this section considers the programme documents, frameworks, and strategies that manifest Botswana government policy and practise, particularly in the HIV response. This section is organised by the three analysis categories developed above, which set up the conclusions and the policy

implications that follow.

The Breadth of the HIV Response in Botswana: The Issues that Civil Society Addresses

The 2004 report of the UN Task Force on Women, Girls and HIV/AIDS in Southern Africa (UNAIDS 20-04), submitted to then Secretary-General Kofi Annan, gave recognition to the fact that the burden of the HIV pandemic fell disproportionally on women. The Task Force argued that a call to action was needed – that action could not treat symptoms alone but should address the causes of gendered vulnerability, systemic inequality, and the violation of human rights. The report proposed 'new strategies' for intervention in six areas that had a 'realistic prospect of success' but also dealt with what the Task Force asserted was the key driver of HIV/AIDS: gender inequality (p. 7). The six strategies are to (1) protect women and girls from unequal power relations with older men. (2) emphasise the importance of education and the need to keep girls in school. (3) address economic independence through property ownership was seen as a factor. (4) address the disproportionate burden of care, (5) ease women's difficulty in accessing medical treatment, and (6) address the risks of HIV, GBV, and the non-formal care burden borne by women and girls because of AIDS-related illnesses (p. 7).

This last point was developed further by UN Secretary-General Ban Ki-moon in 2008. He 'launched his campaign *UNiTE to End Violence against Women*, covering the period 2008–2015, with the overall objective to raise public awareness and increase political will and resources for preventing and responding to all forms of violence against women and girls in all parts of the world' (UN 2008, 4). The specific actions suggested in the campaign proposed a much more concerted national focus on laws, multi-sector implementation plans, systems of data collection and analysis, and campaigns that draw in civil society (pp. 5–6).

While the global proposals in the UN campaign document were certainly important and pressed states to national action, they did not really get to the nub of the cultural aspects of gender power relations that lay at the heart of women and girls' vulnerability to HIV infection. Indeed, it was the earlier 48th Session in 2004 of the UN Commission on the

Status of Women (CSW) that really pinpointed the key neglected relation: engaging men (UN CSW 2004). The CSW document emerging from this session emphasised gender-equitable education for boys and girls; engaging men as fathers in gender-equitable socialisation of children and in care giving; institutionalising the inclusion of men and boys in gender equality and gender mainstreaming policies; public information campaigns and engaging the media, including the Internet, in questioning inequitable and sexist views; encouraging men and boys to be more involved in HIV and AIDS prevention and treatment, and in sexual and reproductive health; and engaging men and boys in reducing GBV. The SADC Protocol and Gender and Development is an instrument for monitoring and advancing gender equality in many sectors of society. It concerns issues such as economy, education, health and law. However, President Khama has stated that the Republic of Botswana would not sign the protocol because he feels the government cannot meet the targets and timeframes proposed. Still, civil society organisations, such as the Southern Africa Gender Protocol Alliance have stated that even without signing the protocol Botswana has made progress on its targets.

The work of the Men and Gender Equality Policy Project recognises that 'the CSW conclusions included a fairly detailed blueprint of policies agreed upon by CEDAW signatory countries for engaging men and boys in gender equality. Additionally, there are three areas of policies that should be included to address men's gender-related needs and that often receive less attention' (Barker et al. 2010, 44): (1) policies regarding livelihoods and poverty alleviation, which confront what Barker et al. call 'economic justice'; this includes issues of equity between women and men around care-giving but also in 'promoting greater work-life balance' (p. 44); (2) policies that focus on the specificity of men's health needs and disparities 'reflected in men's specific patterns of morbidity and mortality rates around the world' (p. 44); and (3) policies 'to end homophobia and ensure respect for sexual diversity, issues that are integrally linked to gender inequalities' (p. 44). The project saw these policy areas as critical in that they focussed on the real problems faced in communities.

While all of these points are important, they do not go into enough detail. Livelihood is a

broad issue; it is also important to deal with specific dimensions of access to income earning, which means that there should be legally enforceable equity laws that do not discriminate on the basis of gender. In many African jurisdictions, access to credit for women can only be through a man, and this needs to be changed for women to be able to gain economic independence. Also, the issue of political representation is not mentioned. It has been shown in many countries that the substantive representation of women in politics leads to substantive change in the focus on women's needs and interests (see Fick, Meintjes, and Simons 2002). While educational attainment is listed as important, the quality of the learning experience is not. Education can reinforce gender roles, and therefore education must be relevant and must provide young people with the skills to prevent HIV infection, challenge gender inequalities, and thus reduce their vulnerability.

Policies and programmes to ensure a high-quality education for all are needed. *High-quality education* means imparting knowledge, attitudes, and skills that can be applied to real-life situations. Skills should include those that address the cognitive domains, such as decision-making and risk assessment; social skills, such as negotiation and refusal skills; emotional coping skills, such as stress management; and skills for civic engagement, such as the ability to protect the rights of others. Further, the newly acquired knowledge, attitudes, and skills of learners need to be applied in a supportive environment, so there should also be programmes that sensitise parents and other community members. This is a tall order because the wider social change that is needed is beyond the mandate of the education sector. While there are innovative civil society programmes in the community designed for this end, their reach is small in scale. What is needed is systemic social change initiated by leadership and reflected in policy and programme implementation by all organs of government at all levels.

The Botswana response addresses many of the issues stated as important in the combined framework proposed above. The first and second Frameworks, UNGASS reports, and development assistance policies of partners (primarily UN agencies and the US government) name addressing gender vulnerability as a priority. The 2003 UNGASS report considered gender vulnerability a bio-medical issue, whereas subsequent reports

brought in a more social dimension. Rather than just addressing prevention with access to services and condoms, the current NSF addresses gender inequality, power, and manifestations of this such as GBV. Embedded is the need to address 'the cultural, structural, and institutional determinants of vulnerability', or in other words, 'the larger reality' (Botswana Government 2009d, 11). The determinants listed in the current NSF are behaviour and skills, education, power and inequality, social and legal protection, discrimination, representation, and poverty and economic independence. LGBTI persons are mentioned in the 2010 UNGASS report, but this is not a major feature of either Frameworks. As I discovered through the interviews and workshop, there are political disincentives for leaders to address the issues of the LGBTI community.

The major development partners, the UN and the US government, also have an HIV and gender focus in their development assistance agreements. In the UN-Botswana Government development assistance framework, the following are listed as priorities: gender equality, women's empowerment, and poverty reduction. Several UN agencies provided policy and programme support to these goals. The US government, through its PEPFAR-implementing agencies CDC and BOTUSA, and USAID have priorities concerning gender equity and male norms and behaviours, including GBV and increasing women and girl's access to economic and productive sources, education, and legal protection.

African Comprehensive HIV/AIDS Partnerships (ACHAP), a collaborative effort between the Bill and Melinda Gates Foundation, Merck Pharmaceuticals, and the Botswana government, is a significant partner in the HIV response. ACHAP's primary focus is on training medical staff for counselling and treatment. These collaborative efforts provide the Botswana government with technical support as well as the donation of medicines that makes Botswana's full coverage of ARV medications possible. In terms of gender, however, the group has no specific strategy. Interviews with ACHAP staff indicated that the support ACHAP provides to the government fits within the NSF. Gender issues are considered in local implementation but there is no organisational strategy specifically dealing with gender. The US government, on the other hand, has a

strong civil society partnership component to address gender in its relationship with Botswana. Examples of this are the Go Girls! initiative implemented by a Johns Hopkins University-affiliated CSO and the sector-strengthening project for AIDS service organisations implemented by FHI 360, an American-based CSO.

The larger human development aims, which will contribute to reducing HIV vulnerability, have an intrinsic value as well, such as helping people earn an education, participate in a democracy and earn a livelihood. These aims are described in the national development document Vision 2016, and all ministries and their partners reflect them in their operational plans. Primarily in the current NSF, but supported by other development policies and plans of the government and its partners, the issue of gender vulnerability to HIV is clearly identified as a priority, and many of the specific elements are addressed as described in the UN documents above. The Botswana response reflects much of the current thinking on gender-based vulnerability to HIV. While it does address the need for male involvement, it does not say much more than that. Thus, there is much more to elaborate on in terms of men's education, health, and parenting, and crucially to address homophobia. It is likewise evident that economic equality is not clearly addressed in the response. There are no policies to ensure equality in hiring practices and in access to credit. This may be implied or appear in other non-HIV documents, but given the role that economic dependence plays as a driver of the pandemic, the need for the HIV response to be more comprehensive and explicit on this point is called for.

Education as a means to deal with the HIV pandemic is raised several times in the policy documents. Education should not be taken as a given. Certain distinctions and qualifications are needed so that the appropriate sectors can plan and allocate resources accordingly. There is also a need for mass public awareness raising on issues, such as the programme to reduce MCPs that was featured in radio spots and on billboards around Gaborone and Francistown, and condom social marketing campaigns. While awareness-raising falls under the category of education in the HIV discussion, these are activities that are developed and implemented outside of the education sector because they employ mass communication strategies and are designed for the general public.

However, given the central place of schooling in the lives of the youth, special attention should be given to the education sector. Not only is it an arena of civil society activity, it is also located at the intersection of community, youth, and parental responsibility, with unparalleled infrastructure. In Botswana, primary education is free and enrolment is high; therefore, with this captive audience it is important to systematically educate learners and their parents on HIV and health education as a necessary aspect of a sustained response. Each year a new cohort of young people become sexually active and need the information and skills to give them a better chance to protect themselves and others. Education on HIV should not be restricted to prevention; it should be comprehensive. In a high-prevalence country such as Botswana, education should also include treatment and address stigma and discrimination. According the UNAIDS Investment Framework, education itself is a social protective factor in that higher levels of schooling are associated with lower levels of incidence (UNAIDS 2011c). It also plays a second role in that the knowledge, attitudes, and skills developed around health efficacy enable HIV interventions, such as testing. Young people need skills in health efficacy to understand and act on HIV programmes and adopt health-seeking behaviours, both when they are young and throughout their lives (UNDP 2012). The UNAIDS Investment Framework makes it clear that the education sector plays several key roles in the response. The Botswana response does include comprehensive HIV education through its Life Skills Programme. While this is in the Ministry of Education plans, it is not explicitly mentioned in the NSF or other policy documents, which it should be to ensure a holistic and sustainable response.

While the HIV response in Botswana addresses a wide range of issues, it fails to be precise about the issues that civil society should address. It appears that in the policy and strategy documents, the issues are listed in one section and implementation in another. So while civil society is identified as playing a critical role in the response, the exact issues it should take on, and the extent to which it should do so, are not explicitly stated. From the interviews and workshop it is clear that some aspect of civil society is working on just about all the issues. Thus, implementation remains critical. The interviews and workshop

revealed that on the ground there were several gaps in the implementation of the policies and frameworks. For example, as mentioned, while the Domestic Violence Act has been on the books since 2008, many police officers are not aware of how to enforce it, as stated in the interviews with BONELA staff. The fact that marital rape is not codified serves to confuse matters of GBV. Different CSOs are well suited to advocate for laws at the national level and to educate law enforcement and mobilise the public at the grassroots. Therefore, articulating the issues and how civil society should engage with them is an opportunity to strengthen implementation.

The Quality of the HIV Response: The Extent to Which Change can be Sustained

This section is inspired by the insights of Connelly et al. (2000) regarding the use of Molyneux's theories on gender and development, combined with the specific application to HIV policies and programmes by Gupta (2000), most notably at the International AIDS Conference in Durban, South Africa, 2000. These insights speak to the quality of the response and the extent to which change can be sustained. The initial idea came about when I compared the emergency public health programmes for HIV, which were crucial at the beginning of the response, to the development agenda, which is concerned with long-term human development issues. Thus, the idea of a spectrum between short-term practical interests and long-term strategic or transformational interests came into clear focus.

Molyneux (1998) points to different forms of activism and the ways in which organisations in the women's movement can effect change. She shows that women's interests can have inherently different characteristics – some are general interests, which are not necessarily gendered and can apply to both men and women, while others are gendered and political (p. 75). Molyneux recognises the critique that this distinction is binary and hierarchical, commenting that 'we surely need distinctions as heuristic devices if only in order to reveal how much more complex reality is' (p. 77). This is a valid point, and in this connection the work of Connelly et al. (2000) refines the distinctions and suggests seeing relationships along a conceptual continuum or spectrum to enable a more complex analysis. These authors define practical interests as tending to be immediate,

such as food and health care, which are linked to survival. These are a prerequisite for dealing with the more strategic interests that tend to be longer-term and are concerned with the social position of women. This work established a framework that Gupta introduced at the 2000 International AIDS Conference and further developed with WHO colleagues. In that report the authors state,

> Gender norms that pressure women and men to adhere to dominant ideals of femininity and masculinity and restrict women's access to economic resources fuel the spread of HIV/AIDS and negatively affect individuals' experience when infected or affected by the disease. By curtailing women's sexual rights and autonomy, encouraging irresponsible and risky sexual behaviour among men, restricting women's access to and use of economic resources and fostering homophobia, gender norms have contributed to creating a culture of silence and shame that surrounds sexuality and an unequal balance of power between women and men. Together these pose a significant challenge for policies and programmes that seek to contain the spread of the HIV/AIDS epidemic. (Gupta et al. 2003, p. 26)

The framework developed by Gupta and since used by Tallis (2002) is particularly useful in that it has a specific HIV focus. Molyneux and Connelly et al. provide a more complex set of interests to deconstruct along a continuum or spectrum that can be addressed in a range of ways. In this analysis needs and interests are not to be seen as a dichotomy, but rather as at opposite ends of a spectrum or continuum. Gupta presents a framework for gender analysis of HIV policies and programmes. Tallis adds,

> Initially a 'gendered' approach meant working with only women, for example on educating them in condom use. However, with a stronger recognition of the factors constraining women's ability to negotiate safer sex, sometimes a focus on gender has allowed a shift in focus from women to working with women and men, or with a focus solely on men. This is certainly true in HIV/AIDS where the focus of many programmes and campaigns is now on involving men. This is not a problem in itself, but when programmes targeting men are at the expense of

> programmes for women, or target men but do not challenge gender inequality, such approaches should be challenged. (p. 28)

Tallis uses Gupta's framework to address this need. Gupta (2000) identified five levels in establishing a gender critique of HIV responses in diverse countries: (1) stereotypes or approaches that reinforce negative perceptions based on what are perceived as normative gender characteristics and roles, (2) gender-neutral messages on what is needed to promote equality, where no specific gender is mentioned; rather education is offered as plain facts without social context; (3) gender sensitivity – understanding and responding to the different needs of individuals but not necessarily aiming to change the paradigm; (4) a transformational approach that aims to change the roles and dynamics and thus provide the context to create empowerment; and (5) addressing empowerment and strategic interests with approaches that change the systems, cultures, and practices of HIV programmes in a broader context of social and economic development.

In 2002 Gupta, Whelan, and Allendorf led a technical consultation convened by WHO, titled 'Integrating Gender into HIV/AIDS Programmes', in which they reaffirmed Gupta's 2000 perspective and supplied explanatory text for its usage. She and her colleagues called for approaches that address vulnerability in both the immediate and longer term. As a first step, gender-sensitive programming is needed. However, since this will not fundamentally change the dynamics that create vulnerability to begin with, transformative and empowering programmes are also needed for the longer term – but in order to move in this direction, 'there is a great need for building the capacity of programmes and policy experts in integrating gender and for providing them with specific programmatic guidelines that specify "how" gender considerations can be integrated into different types of HIV/AIDS policies and programmes' (p. 45). These are the necessary conditions for addressing the gender inequalities that fuelled the epidemic. More than a decade later, this framework remains pertinent to analyse whether staff in the HIV response in Botswana have developed capacity and moved the country beyond gender-sensitive approaches and towards transformational and empowering policies and programmes.

In Botswana's 1998 HIV plan, the government had a long-term view of gender as social and economic empowerment. In the 2006 National Strategy for Behaviour Change Interventions and Communications for HIV and AIDS, the issues of gender inequality and equity promotion were addressed. The government recognised that structural inequalities and social norms militated against adopting healthy behaviours and that these needed to be changed in order to reduce gendered vulnerability to HIV. In its 2010 report on progress towards the 2015 MDGs, the government reported that it had eliminated the gender disparity in education and that it would potentially meet the target of halving the incidence of rape (though we should recognise that rape is often under-reported and one of the first steps in addressing it is to encourage reporting; therefore an increase in incidence could actually be a result in increased reporting). It also reported that the country would likely meet the 2015 target of increasing by 60% the number of women in leadership, governance, and decision-making positions (Botswana Government 2010b, 32). The government recognises in the report that more needs to be done to reach and surpass these targets to achieve a just and equitable society, including removing statutory subordination, advocacy to change social norms on gender, support to meet the needs of care-giving that disproportionally falls on women, and changing the practice of asset management and inheritance that favours men (particularly assets traditionally referenced in Tswana culture, such as land, boreholes, and livestock). Finally, the report recognises the need for social transformation in domestic settings, acknowledging that the 2008 Domestic Violence Act did not address marital rape and therefore much more is needed in terms of understanding and advocacy to break unequal and violent domestic relationships.

In 2010, BOCONGO published a report in response to the government's CEDAW statements. According to BOCONGO, the government was not addressing the needs of ethnic and sexual minorities as 'there are no targeted intervention for their needs . . . and [existing services] are limited by distance, the effect of poverty and the non-conducive legal environment that makes it difficult to access programmes' (BOCONGO 2010, 2). The report pointed out that the entrenched patriarchy in society was the main issue

creating a discriminatory environment and keeping women from top decision-making positions. In 2010 just 4 of the 57 parliamentarians were women, which constituted a major obstacle to changing the status quo. The report pointed to the issue of marital rape and stated that the Abolition of Marital Power did not apply to customary marriages, which is applicable to a sizable portion of the population. In BOCONGO's view, Botswana was not well positioned to meet the MDGs for 2015 or the national development targets set out in Vision 2016.

A key finding from the workshop was that the gender movement and the HIV response in Botswana did not share the same space in public policies and programmes to the extent that they could and that this might be a missed opportunity. There is a lot of overlap in their work, so combining efforts could be a promising route to greater effects. The workshop participants thought that the HIV response has many gendered dimensions, but it also has been and could continue to be institutionalised and organised in such a way that men could control it without feeling threatened. Gender equality programmes, in contrast, threaten the status quo and this was harder for men to accept. A strong recommendation coming out of that event was the idea that GBV programming could be a transformational topic. As described above, the workshop participants recognised the connection between the gender movement and the HIV response on this topic and saw the potential to effect change by combing the experiences of the gender movement with the resources of the HIV response.

In the 2012 GBV study conducted by the Women's Affairs Division of the Botswana government, the high prevalence of domestic violence was noted: 67% of women reported experiencing GBV, including partner and non-partner violence, in their lifetime, and 29% reported intimate partner violence during the 12 months of the study, though only 1.2% reported it to law enforcement (Machisa and van Dorp 2012, 11). The study states, 'While women and men affirm gender equality in the public domain this has not translated to their private lives, particularly in intimate partner relationships' (p. 11). The study was also sceptical that the many awareness-raising efforts conducted by the government to end GBV actually challenged the conservative and patriarchal attitudes

and structures at the root of the problem. The study concluded with a detailed list of actions to be taken in the areas of education, enforcement, support, and data collection.

The Women's Affairs Division acknowledged the important role of CSOs in both the prevention of GBV and the HIV response, and noted the need for cross-collaboration between the two. The AIDS Service Organisation Capacity Building Strategic Framework (2010–2016) and the USAID grant solicitation for the five-year Botswana Civil Society Strengthening Program (2011) represented the most detailed thinking on the extent to which civil society would engage with the issue of gender to sustain transformation. That the Botswana and US governments both recognised that gender equality needs to be addressed by civil society was clearly stated in each document. Despite this recognition, however, there remains a concern about how effective civil society would be at effecting change. The USAID request for proposals mentioned 'gender concerns' as being an essential part of the programme. However, since this programme is really designed to deliver services, the extent to which the grantee organisations might challenge the status quo is limited. As most grantees are mandated to report on numbers served, the activities that CSOs might conduct in order to change social structures lies beyond their mandate. Thus, the USAID programme would potentially increase some participation of and services to women, but in effect has little chance to change the systemic nature of gender inequality. Similarly, the capacity-building strategic framework calls for gender mainstreaming, which is an important step, but the CSOs in the Botswana HIV response are funded by government and major donors to deliver services and to work at being more inclusive, not to change the fundamental inequalities that fuel the epidemic. Further, the lack of recognition of non-traditional gender identities, such as LGBTI persons, means that gender equality cannot be truly achieved.

It is clear that the HIV response in Botswana recognises gender vulnerability as a main concern. While it seemed obvious that most of the response would deal with practical interests with little attention to the strategic, in fact policies spoke to both the strategic and the practical. The real issue lay in the variation in quality and the overall lack of

specifics to effect a sustained change that would lead to gender equity. This could be because patriarchy is entrenched in the development structures and HIV response, so that despite the policy documents, implementation remains weak. It could also be that the pressure donors put on CSOs to deliver quantifiable results meant that the programmatic focus was on services with an immediate payoff, that is, those that serve practical interests. In other words, the most critical but also the messiest and hardest-to-measure strategic interests are difficult for donors to address through civil society given the short project time frames. With regard to government, the entrenched nature of patriarchal power and authority prevents follow-through on commitments to gender equality that would lead to fundamental and structural change. So, while the policy frameworks promoting the gender-transformational programmes that would address strategic interests are in place, there is a lack of political will to implement them.

The Depth of the HIV Response: The Roles that Civil Society Serves

The civil society literature offers a number of distinctive perspectives. One perspective is concerned with the democracy-building functions of civil society; it had a resurgence among political scientists after the breakup of the Soviet Union (see Cohen and Arato 1994; Diamond 1999; and Putnam 2000). A second perspective comes from post-development theory; it focuses specifically on development NGOs and does not necessarily refer to civil society as a whole. Authors in this group are critical of the neo-colonial aspects of international development and see INGOs as instruments of neo-colonialism (see Holmen 2010 and Pearce 2000). A third perspective emanates from the government and its development partners, for whom civil society represents a means of efficiently reaching specific populations. In strategies, policy documents, and grant programmes, the benefits of civil society are described, and CSOs – including international, national, and community groups – are positioned centrally in the response. Yet, none of these perspectives are able to meet the needs of the current situation. Their approaches are embedded in somewhat static and stereotyped understandings of the context and do not address the dynamic of a changing cultural and social world. The current situation is characterised by an ever-increasing number of organisations and the size of their project portfolios in addressing developmental challenges on the ground. The

analytical response is thus one that can meet the changing dynamic, and new ways of engaging the terrain are required.

The main criticism that can be levelled at the current interpretations of the democracy-building functions of civil society is that they tend to hold an idealistic view of civil society as a popular forum for expression to countervail the state. A weakness of these authors is that they have done little theorising on organisations in the development context – and this growing sector needs attention. The post-development theorists, who have been critical of the international development organisations – primarily the ones from the global north – are categorically dismissive of central development partners. Yet, as the influence of donors and thus CSOs grows, a more sensitive analysis is needed to meet the normative aims of development. Clearly, the governments and donors who state the importance of civil society in their strategy must recognise the diversity within it. This is not the case in the Botswana documents, however, as civil society is stated as a categorical partner. Though as we have seen, not all CSOs are the same; they have different forms and functions that change, sometimes critically, over time. Involvement with donors and projects of different size and scope may require a revision in organisational mission and staffing. It is to critically engage with this problem that this study seeks a more nuanced analysis of civil society in the current development context.

Stanford political scientist Larry Diamond dedicated a chapter of his 1999 book on democracy to the role of civil society. In it he recognised the diversity of the functions of civil society and identified a range that included economic, cultural, and civil organisations. He observed that all CSOs share common features, such as goal orientation and pluralism. He deduced that civil society contributes to democratic consolidation by creating a space for civic debate, skill building, and culture. It is involved in aggregating interests, and its role in leadership development and civil culture is critical. So too is civil society's pluralism, which encourages a plurality of voices in any given society. While this provides an important aspect in the development of democracy, a caveat must be acknowledged: civil society might also play a divisive and populist role that can undermine such development.

In his 2004 book on Botswana politics, Maundeni (2004a) confirms that civil society in the Botswana context has contributed to democratic development and in particular has helped women and young people who were outside traditional political parties to participate in the democratic process. He also suggests that CSOs have mobilised to contribute to development. However, he observes that many organisations are beholden to the state because it funds them. This may compromise civil society's neutrality and thus these organisations become less effective in contributing to democracy and development. Pearce (2000) corroborates this point when she criticises the issue of CSOs' accountability to donors rather than to their own, possibly more strategic, agendas. The result is a shift among CSOs towards serving a technical agenda rather than a political one (p. 23). This idea was developed further by Holmen (2010), who argued that the somewhat romantic enlightenment notion of civil society did not capture the practise of development in modern times (p. 17). The development literature suggests that the business of development in which these organisations participate brings in a specific dynamic with donors and government that needs to be analysed.

Specifically, in the HIV response civil society has served a wide range of roles at different times. A 2011 UNAIDS document on working with CSOs recognised the activist role that CSOs can play (UNAIDS 2011a). Early in the pandemic, the organisation advocated for social justice and demanded political accountability. While the important role of advocacy continues, it has grown to include service delivery, education, and strategic planning with development partners. The UNAIDS document recognises the challenges to effective participation that civil society faces, which include legal hurdles that bar CSOs from effectively organising and fundraising; inauthentic representation, where only CSOs that support the government and donors' position are selected as partners, and organisations with a confrontational position are marginalised; and the lack of operational and programmatic capacity. UNAIDS partnership with civil society, including key populations and people living with HIV, is based on the principles of human rights. UNAIDS also prides itself on having evidenced-informed and ethical responses. In this sense, too, it sees people living with HIV as leaders and believes that

country ownership is important to an appropriate response, which requires mutual respect, cooperation, transparency, and accountability. It also sees the importance of recognising the autonomy and diversity of civil society. Finally, at a more material level, it lauds complementary and cost-effective partnerships (pp. 14–15). These principles not only describe what to do, but in some senses they also describe the character of how UNAIDS conceives of its relationships – and, crucially, they raise the importance of greater and meaningful involvement of persons living with HIV. While these principles are important and are incorporated into the way that I have addressed the issues in Botswana, they are not without criticism.

One such criticism concerns lack of capacity. There is recognition in Botswana that as the role of CSOs in the response increases, there needs to be a commensurate level of capacity building. Under the leadership of BONASO, NACA, development partners, and international CSOs, the 'National Capacity Building Strategic Framework for Botswana HIV and AIDS Service Organizations, Operational Plan 2010–2016' was developed. The Plan states,

> To address the unacceptably high prevalence rate . . . the Government of Botswana, in partnership with development partners, seeks to intensify and increase the role and participation of CSOs in the national response and to ensure CSOs complement government's efforts. While these efforts are intended to provide continuity and long-term commitment for sustainable development, many CSOs do not have the organizational and technical capacities to effectively deliver comprehensive and integrated HIV and AIDS services. (BONASO, Project Concern International, and NACA 2011, 7)

The Plan is designed to improve the capacity of AIDS service organisations and thus dedicates a large portion of the document to activities for treatment, care, and support, including coordination of services within the specific Botswana response. Yet, there are elements of capacity addressed in the Plan – including resource mobilisation, leadership, monitoring and evaluation, participation, and coordination – that are applicable to all CSOs, not just in Botswana but also globally.

To complete the analysis for this section, I developed an analytical framework that draws primarily on the work of Diamond (1999), Maundeni (2004), and the BONASO/NACA Frameworks. The tool helped me analyse the functions that modern CSOs serve in development in the HIV response – democratic development, representation, public accountability, social mobilisation, and service provision – as well as address the operational capacities that CSOs need in order to function efficiently and effectively – governance and leadership, human resource management, coordination, and other capacities for effective and efficient day-to-day operations. These are described in detail below.

Functional

This part of the analysis divides the key functions of civil society into five analytical categories – democratic development, public accountability, representation, mobilisation, and services – along with associated objectives (see Table 2 below):

- Democratic development refers to functions that foster civic engagement and democratic development, for example, human rights, which includes gender; political and judicial reform; and political representation, which includes voter education and election monitoring.
- Public accountability refers to civil society leveraging its independent position to hold governments, the private sector, and in some cases other CSOs accountable to the public at large. This includes serving as a watchdog for the effective and efficient use of public resources and anti-corruption efforts.
- Representation is when civil society works to make sure that public programmes include the voices of the traditionally under-represented. The functions of representation include advocacy and participation.
- Mobilisation is when civil society works to make public policies and programmes more inclusive. Activities in this category include social mobilisation – a process used by grassroots social movements to raise awareness and motivate groups to demand change or a particular development.
- The category of 'services' has come to comprise a large portion of civil society activity in the current development landscape and the HIV response. A key question

in this category is whether the CSO acts as a lab of innovation – does it respond to an emerging problem in a helpful way, a role that the government then takes on, or does it permanently provide this service in lieu of the government? The activities here cover the breadth of social services, from medical to legal, social protection, economic, and so on.

These categories are presented in the table below. The asterisks denote functions that overlap between categories.

Table 2: Functional Categories of Civil Society

Democratic development	**Representation**
Voter education (advocacy*)	Advocacy (voter education*)
Leadership development of future politicians and public servants	Participation for under-served populations
	Challenge conservatism at the local level
Representation in policy debates (and programmes **)	Representation in programmes (and policy**)
Democratic culture promotion (civility and social capital)	Representation in programmes (community research***)
Promoting minority candidates to stand for office	**Mobilisation**
Election monitoring	Community research (representation***)
Services	Promotion of social movements
Running public awareness campaigns (education****)	Education (running campaigns****)
Providing health services	**Public Accountability**
Providing legal services	Watchdog for *efficient* use of public resources
Training, capacity building, and empowerment	Watchdog for *effective* use of public resources
Outreach to key populations	Watchdog against corrupt use of public resources

Economic services (micro-credit, etc) Provide care and support Lab for innovation of services and programme approaches	

Core Operational Activities of CSOs

This part of the analysis recognises that CSOs are independent organisations that need to have their own governance and accountability structures, strategic plans, and resource management systems (human, financial, and material) in order to stay autonomous and effective. In the late 1990s a team for UNDP developed a civil society capacity development framework called POET (Participatory Organisational Assessment Tool), using seven core capacities for CSOs in development from partners across the UNDP portfolio of projects. The aim was to distil a list of operational functions that could be applied to all CSOs in the diverse UNDP partnership list, who were addressing a wide range of development issues and in a wide range of contexts. Those core capacities appear, in an expanded and improved form, in the NACA/BONASO 2010–2016 Capacity Building Strategic Framework. The point is to show that while the capacity-building framework for AIDS service organisations in Botswana has a specific population and context for its application, the core areas are widely applicable; while they might seem obvious, even prosaic, they are critical to the success of any CSO. The core areas are outlined in Table 3 and described in more detail below.

Table 3: Core Operational Activities of CSOs

- Governance and leadership
- Strategic planning
- Human resource management
- Financial management
- Information and communications technology
- Organisational learning
- Research and evaluation
- Project management
- Coordination
- External relations

- Governance and leadership is needed to establish the sound day-to-day functioning of the organisation and overall accountability towards fulfilling the organisational mission.
- Strategic planning serves to guide decision-making and resource allocation.
- Human resource management refers to the ability to attract qualified staff and to make working relationships highly productive and rewarding beyond the short term.
- Financial management is central to the sustainability of the organisation
- Management of information and communications technology contributes to efficiency and innovation.
- Organisational learning is needed to promote a culture of refection and improvement.
- Research and evaluation, a related dimension, informs change and innovation. The constellation of these skills translates to a high-functioning and stable organisation.
- Concerning CSOs in development, specific skills are needed for project management and reporting to donors and other stakeholders.
- Coordination among other development partners and stakeholders is necessary to avoid duplication and to create connections to projects in other sectors.
- External relations refers to the ability to communicate the organisation's vision and the means for achieving it to key constituencies.

As early as the 1998 Botswana AIDS Plan, CSOs had a recognised central role in the response. In that plan, NGOs and CBOs are mentioned separately, but their distinction is not defined. In the 1998 National Policy on HIV/AIDS, CSOs are specifically called on to develop and implement prevention and care projects, mobilise communities, and advocate to government and donors for inclusive and relevant programming (Botswana Government 1998, 9).

In 2009 a UNDP assessment showed that civil society in Botswana had a tradition of community consensus building but it did not actively participate in the policy debate and it was weakly organised. The assessment questioned the extent to which outside support could help or undermine the autonomy of civil society within the country (UNDP 2009, 47). Botswana is in a chasm of sorts; it has capacity in its government ranks, but the

resources are not always there to respond to the needs of its citizens. Ironically, because it is a middle-income country it cannot access donor support as readily as when the economy was not performing well. However, UNDP committed itself to supporting civil society and to building its capacity to address this gap.

The Botswana government's first Framework (Botswana Government 2002) took steps to address the weaknesses of the HIV response to that point by bringing in focus and coordination. That Framework was explicit and expansive on civil society's role in the response. It recognised that the capacity needed to address the demands created by HIV were beyond that of the government; thus, partnership was essential. The Framework then named the high-profile HIV networks and organisations, including BONELA, BOCAIP, and BONEPWA, and described their functions, such as service delivery at the community level, national advocacy, articulating the interests of faith-based groups, and representation, especially for HIV-positive persons. It also stated that CSOs must be autonomous and establish their own organisational structures and procedures and that the government of Botswana has a supporting role. The definition of CSOs that the government used in the Framework is operationalised as NGOs, CBOs, and faith-based groups.

Within Botswana's HIV response NGOs are asked to form a core of implementing expertise at all levels and to undertake action-oriented HIV research. They are asked to work closely with other implementing partners and coordinating bodies based on mandate and areas of comparative advantage – such as providing counselling, care, and support to those infected or affected; assisting with scaling up HIV interventions; conceptualising new and innovative strategies; and assisting in the evaluation of existing programmes and policies. The interesting thing to note is that in 2002 the government specifically recognised the political role of civil society and positioned it as an independent partner of the state. It stated that NGOs should 'perform a "watchdog" role, ensuring appropriate design and implementation of HIV/AIDS programmes and to undertake advocacy and lobbying activities in support of prevention, care, support, and mitigation initiatives' (Botswana Government 2002, 69). This study contends that CSOs

are unable to fill that function in the current development system.

The Framework went on to describe the roles of CBOs and FBOs, with a focus on mobilising the community and collaborating with the local government on implementation. Faith-based groups were called on to provide advocacy, the nature of which was not described (Botswana Government 2002, 69). As they are also called on to promote abstinence and delay of sexual debut amongst the youth, their leadership and advocacy is geared towards the moral development of the community rather than towards governmental change.

In the second Framework, civil society's role is still stated as crucial and central. The Framework states that civil society has grown and has played an increasingly important role in reaching marginalised key populations, such as sex workers, people with disabilities, sexual minorities, and displaced persons (Botswana Government 2009d, 33) – a feature of civil society that was also highlighted in the Behaviour Change Information Communication Strategy of 2006. The definition of civil society is unchanged from the first Framework. In the second Framework the role of civil society is not broken out by different sub-groups. The responsibilities are listed as mobilising financial and human resources; participating in developing operational plans and coordinating implementation; advocating and lobbying activities; supporting research, monitoring, and evaluation; promoting the development of local networks and support groups; and providing HIV-related services (Botswana Government 2009d). These general responsibilities are not sufficiently changed from the previous version. The lack of specificity, however, suggests that civil society is increasingly taken as a given, where further description is not warranted. This is a concerning development for the civil society sector because it closes off conversation and sets the stage for the de-politicisation of civil society, as is the case in the National Capacity Building Strategic Framework for Botswana HIV and AIDS Service Organizations: Operational Plan (2010–2016), described below.

In the 2010 Progress Report to UNGASS, the Botswana government claims to provide civil society with capacity building, coordination, and technical and financial support.

The report also states that CSOs provide a lot of services, as much as 75% of the total in such areas as voluntary counselling and testing, home-based care, and support for orphans and other vulnerable children. Still, the government rated efforts to increase civil society's participation as '5' on 10-point scale, stating that civil society has participated in the planning and operational structures but that there are still gaps in initiation and implementation (Botswana Government 2010b).

Specifically, the Botswana Ministry of Health website lists the advantages that CSOs offer by providing participation opportunities, programme ownership, and community empowerment. These translate into a range of services that civil society conducts in partnership with the ministry, including community mobilisation, distribution of health commodities, monitoring, advocacy for health services, delivery of health messages, and provision of care and support. The Ministry webpage also describes CSOs' lack of capacity and resources and states the need for government and development partners to provide resources and to capacitate the sector (Botswana Ministry of Health 2012). Key populations at risk for HIV, such as injecting drug users and MSM, and sexual minorities, such as transgendered persons, remain outside the mainstream response, though their vulnerability could be very high. To strengthen the overall HIV response in Botswana, the role of civil society in bridging to these populations to understand their vulnerability and meet their needs should be articulated. The National Capacity Building Strategic Framework for Botswana HIV and AIDS Service Organizations: Operational Plan (2010–2016) describes a vision of a 'sustainable and well-capacitated CSO sector that contributes effectively to national efforts geared towards the achievement of an HIV free and healthy population' and a 'coordinated civil society response in the provision of comprehensive and quality prevention, treatment, care and support services, by 2016' (Botswana Government 2011b, 14). Clearly, the government sees civil society as an extension of its own HIV response. However, key functions of civil society that are political in nature – such as advocacy for human rights and government accountability – are completely absent from the government's position. While these functions were mentioned in the 2002 strategy, they are non-existent in the current plan. This is evidence of a depoliticised civil society and the emergence of a purely technical one.

In that connection, in 2011 USAID released a competitive bid tender for a civil society-strengthening initiative. The aim of the programme was to address shortfalls in the operational and programmatic areas of CSOs, including leadership, project management, systems management, service delivery, resource management, and networking (USAID 2011, 8). The project was awarded to FHI 360, a large international non-profit organisation. According to FHI 360,

> *Maatla*, meaning 'strength' in Setswana, is a five-year program designed to . . . help Botswana achieve the goals outlined in the national HIV/AIDS strategy by strengthening the capacity of civil society to support the delivery of services for HIV and other health challenges. FHI 360 builds the technical and organizational capacity of national and district organizations, which help improve the ability of local organizations to respond effectively to HIV and AIDS. (FHI 360 2014,1)

The stated programme theory is that by building the capacity of CSOs in this way, they can improve their contribution to the national HIV response and sustain themselves as organisations with the needed programmatic and operational capacity. The fact that the FHI 360 programme is funded by an outside donor and implemented by an international CSO raises question about its sustainability. The extent to which the programme will continue is a question that the local population only has a small say in, as much will depend on the politics and administration of the US government. It is therefore important to recognise that this initiative is within the National Capacity Building Strategic Framework for Botswana HIV and AIDS Service Organizations: Operational Plan (2010–2016) and that plans for sustainability of the sector should be articulated along those lines.

The approach by the Botswana government to working with civil society is complex; at times it is progressive, while at others it is contradictory. The policy documents and strategies are in place to support a vibrant civil society, but from the interviews it is clear that, in the words of Daniel Motsatsing, Executive Secretary of BONASO, there is a hot and cold relationship between CSOs and government. And as referenced previously,

Hildah Mokgolodi stated that CSOs are useful when they represent and reach the grassroots, but are a nuisance when they are too 'noisy'. That bears out in the government's approach to civil society. The policy documents make it clear that in the government's view, CSOs are primarily grassroots service delivery mechanisms – which is why there are programmes in place to support CSOs to be better service providers. However, capacity building for service delivery does not necessarily mean better CSOs. The government's approach to civil society is instrumental in the HIV response. There are no plans or initiatives that recognise the intrinsic worth of civil society and support its development.

The policies, with the exception of the first Framework, do not clearly differentiate the different types of organisations within civil society and essentially regard them all as the same – and yet a national advocacy organisation has different characteristics, strengths, and needs than a CBO. This is captured by an idea attributed to Daniel Motsatsing in the previous section of this chapter, who claimed that civil society is seen as a 'partner of convenience' with the government. That is, CSOs are useful to the government when they are delivering public services but not when they are challenging the government. Advocacy is encouraged only within the context of programmes. CSOs could turn around and demand that the government provide these public services, as the civil service is there to serve the public. Advocating for the public good is a traditional function of CSOs and not accounted for in the Botswana government's approach. Instead, the government takes for granted that CSOs are good at providing grassroots services and that they should continue to do so. This criticism was also made in the workshop; as we worked on the timeline activity we saw that the government had embraced a technical response to HIV and not a political one. The participants concluded that this meant that those in power were not threatened by HIV, but rather could use the issue to solidify their positions of power through the HIV-related funds and programmes. This situation, however, makes social change harder to achieve.

To encourage an effective and autonomous civil society that is capable of addressing gender-related vulnerability to HIV, the approach must understand the range of functions

and characteristics that civil society has, even when this is not convenient for government. That means that the government must recognise that by contracting a CSO to deliver services, it takes on a role that requires a different infrastructure and institutional capacity than an advocacy organisation. It is also important to acknowledge the simple fact that government funding of a CSO changes its relationship with the government. With that funding, for example, staff may be hired and therefore jobs are now dependent on this government funding. The extent to which a CSO can truly serve its mandate as a watchdog and advocate in this context remains an open question, but the trend does not seem to support it. The possibility of the Botswana government co-opting civil society through the process of contracting them for HIV services is not officially recognised. Nor is it recognised that this is a process of privatising public services – these implications are simply not discussed. Furthermore, the policies do not state what the government will do to foster civil society as a sector in all of its functions. There is explicit mention of how individual CSOs can be capacitated for service delivery, as detailed above, but not the sector as a whole. The approach should state how the government will foster a supporting working environment with all CSOs, such as clear and transparent registration processes, tax codes that encourage donations, and protection of rights to assembly and coalition building.

Services are central functions of CSOs; CSOs provide the links to the community and are more flexible and responsive to local needs than a national government. However, CSOs have other functions as well: they mobilise populations, they represent communities, they demand accountability of public of public resources, and they participate in democratic culture. But with a primary focus on HIV service delivery in Botswana, are these other functions compromised? It certainly seems so.

Synthesis

Gender activism and the HIV response, despite a great deal of overlap, have had different trajectories. In the Botswana context, gender has remained a polarising political topic, whereas HIV has been constructed in more technical terms. However, the increasing recognition of GBV as a driver of the epidemic is changing this dynamic and forcing

social and related structural change onto the agenda of the HIV response in Botswana. CSOs, including FBOs and CBOs, are critical to the HIV response.

This chapter covered the main themes that emerged from the data collection process with respondents and participants from civil society, teachers, and other government staff. The chapter analysed the breadth, quality, and depth of the HIV response and drew on a systematic analysis of HIV policy documents and related strategies. Through an analysis of breadth it became clear that the Botswana government has addressed a broad range of issues that are conceived as good practice in international frameworks. However, the responsibilities of civil society and government are not adequately prescribed. Through the interviews and focus groups, participants made clear their strong view that while legislation and policy may be appropriate, implementation remains a challenge. The analysis of quality showed that the Botswana response was concerned with long-term strategic interests, but that implementation by civil society tended towards short-term practical interests, raising questions about the degree of social change that can be effected. Concerning the issue of depth, CSOs in Botswana are key service providers, and the government, along with development partners, has invested in capacitating these organisations. The degree to which this focus on service provision hinders the other functions of civil society is a key concern and needs to be addressed.

In government documents as well as those of development agencies such as USAID, DfID, and UNDP, CSOs are mentioned as a critical partner in their strategies. However, as in the Botswana HIV plans and frameworks, the concept of a CSO is rarely defined and the functions it performs are never clearly stated. The putative benefits of working with civil society include community access and grassroots mobilisation and innovation. The concept of civil society in the development context is changing along with development itself. Privatisation and neo-liberal policies have encouraged privatisation of state-led functions. Increasingly professionals, not volunteers, staff many international organisations working in development. The professionalization of staff makes the distinction between civil society and business a little less clear. CSOs are non-profit, a point that is implied in most of the literature but rarely made explicit. Non-profit simply

means that the organisation has no owners or shareholders to collect profits; however, paid staff are still interested in revenue because their employment relies on it. With so much money from development agencies channelled through CSOs, this issue has become a major drive in the size of civil society. However, the business side of civil society is little understood or analysed.

While there have been many analyses and critiques of development broadly and in specific sectors, civil society has largely been taken as a given in much of the development literature. There has been little analysis on what these changes to the development architecture are having on CSOs. The influx of donor money is changing the nature of civil society in Botswana. It has become more international and less grassroots, more professional and less voluntary, and more business-oriented towards service delivery and less towards social activism. Reducing gendered vulnerability to HIV requires action in several quarters. The HIV response needs service providers and it needs professionalism. The main argument here, therefore, is not to limit civil society to its pre-HIV position, but rather for development planners and policy makers to treat civil society as dynamic and diverse and not categorical and static to attain development goals in the future.

It is necessary to recognise the diversity within civil society and the changes that occur to it over time in relation to community needs, government policies, and international funding opportunities. Thus, there are differences between organisations and within a single organisation over time. A balanced civil society serves to promote grassroots representation, political activism, and democratic accountability, in addition to meeting the needs of the underserved. There is a need for a way forward that addresses the issues that create vulnerability to HIV in a long-term and fundamental way. Civil society has a role to play and there is need for a policy that recognises the changing role of civil society over time. Thus, policy needs to foster the sector so that it is able to realise all of its functions and draw on its strengths to respond to the HIV pandemic effectively, address gender inequality, and contribute to the national human development agenda. By recognising the need for this balance in civil society and by making accommodations, the

government can foster a healthy civil society sector, which will be in the best position to contribute to Botswana's Vision 2016 and beyond.

Chapter 7 – Implications for Theory, Policy, and Practise

Civil Society in a New Light

This research has focussed on HIV, gender, and civil society in Botswana. The HIV response in Botswana operates in an area where theory has yet to be made explicit or elaborated. HIV in Botswana, as in most of the region, is deeply gendered, and addressing the vulnerability of women and girls is central to the government's strategic framework. Botswana provides a crucial case study because this combination of factors means that other countries in the region can learn from the Botswana experience.

The response to the pandemic by the international community has been unprecedented. A Joint UN Programme – UNAIDS – was established, complemented by a global HIV-specific funding mechanism for governments supported by bi-lateral and private funders. International donors and non-governmental agencies have come to Botswana to set up programmes and to inform policy and public administration. All of these operate in Botswana, thus comprising one of the most comprehensive HIV responses in the region. It is the aim of both government and donors to address the gender dimensions of HIV, and one of the key partners in this effort is civil society. The number of CSOs in Botswana, both domestic and international, has grown significantly, fuelled by the resources in the HIV response. Despite being a middle-income country, Botswana still has social development objectives for public health, education, and its economy. But with all these resources dedicated to a single virus, a question arises: will resources for the HIV response bring us back to pre-HIV levels of development, or will these resources lead the way in other sectors and provide an opportunity for sustained transformational development and what is the role of civil society to address a central vulnerability to HIV?

To answer these question, this study drew on several theories to analyse power in social relationships, explored the mechanisms adopted to change social behaviour within a normative social development framework, and sought to understand the roles that actors serve in working towards improving the human condition. Civil society theory explored the relationship of CSOs with the state and described their strengths, functions, and

limits. Gender theory explored the social definitions of gender roles and showed how this contributes to the vulnerability of women and girls, in particular to HIV. Critical theory provided a basis to understand how social, political, economic, and gender power operate and thus to challenge those forms of power. It also provides useful analytical concepts for HIV programme theory. Development theory provided the basis for analysing a normative and humanistic goal through social projects. Both action research and grounded theory inform the methodology. As explained in Chapter 2, these methods are suited to answering the research questions because they are designed to explore complexity and are thus applicable to public health and development work in HIV, gender, and civil society. The data were collected from key informants within the Botswana government, civil society (local and international), and donors. The reality and urgency of the epidemic was felt widely and deeply, as the evidence showed. There is a high level of action in the response and therefore a lot to learn from the successes, failures, and gaps in that response.

Within this context, this research focussed on two aspects of the HIV response: reducing gendered vulnerability to HIV and defining the role of civil society. The former involved addressing the inequalities in society and investigating how development strategies and policies have sought to solve them. The latter involved considering the roles and the numbers of CSOs, both of which increased due to the HIV response, yet their strategic and theoretical approaches have not kept up with this pace of growth. The specific aim of this research was to study the role that civil society plays in reducing gendered vulnerability to HIV. In the policy documents, funding offers, and government strategies, civil society is explicitly mentioned and treated as central to the response and partnerships are called for. Central to CSOs' importance are their autonomy, adaptability, and representation. However, by partnering with the government and donors, the nature of civil society changes. Money and large-scale projects delivered by CSOs are recent phenomena in the field of development. The way that a CSOs raises funds and who it is accountable to shifts from members and local stakeholders to donors and government. Civil society therefore needs to be understood in this context, especially as the HIV response accelerates this change in Botswana. What is not clear is the specific role that

each partner should play in the response and, critically, how those roles should change over time to respond to the epidemic and the dynamics of the partnership and to build on each partner's strengths to achieve a sustained and transformative change.

In attempting to develop a practical framework for analysing the key questions, the study developed a three-part conceptual or analytical framework. This involved *breadth*, the issues addressed by civil society in the HIV response; *quality*, in assessing the extent to which change could be sustained; and *depth*, the roles that civil society serves in the response. With regard to breadth, a range of issues need to be addressed in a comprehensive HIV response, including prevention education, counselling and testing, treatment, care, and support. As discussed in this study, gendered vulnerability is a product of more than health service outcomes; it has deep and complex social dimensions. While these issues are harder to address because of their complexity, they are no less important. The drive by the global HIV community towards 'returns on investment' seems to signal a more focussed approach on commodities and services – the so-called 'basic programme activities' in the UNAIDS Investment Framework – because they can be counted and measured and they demonstrate proximal programme efficacy. Thus, they satisfy the criteria of investing in 'what works', a call heard especially loudly in financially constrained times following the global economic crisis in 2008 and that shows no real signs of changing. Thus, donors and countries, including Botswana, are putting most of their efforts into basic programme activities; while they acknowledge the important role of social and human development programmes – the so-called 'critical enablers' in the Framework – these are not prioritised, to the detriment of sustainable and transformational development goals.

In the case of Botswana, the issues that affect gender are structural in nature. While there are programmes to prevent mother-to-child transmission and female-friendly health services, gendered vulnerability goes much deeper; it is social, legal, economic, and cultural. In short, it is messy and difficult to address with targeted interventions. A plethora of issues need to be addressed in the HIV response, and Botswana is directing attention to many of them, but the majority of programmes focus on treating the symptom

rather than the cause, so long-term structural change is a lesser objective. Civil society addresses issues primarily in the area of service delivery.

The problem is that the response is becoming increasingly medicalised and individualised, while gender vulnerability is social and therefore not a priority in the HIV response. Even though gender vulnerability is articulated in development policy documents such as Vision 2016, it is not given the specificity, funding, or bureaucratic emphasis that entities such as NACA bring to the 'commodities and services' aspects of the HIV response. Gender threatens the HIV male establishment, so it has been repurposed and domesticated in a non-threatening institutional response focussed on the medical. (This issue of practical versus strategic interest is revisited below.) Understanding and meeting the needs of key populations at risk for HIV infection, particularly LGBTI persons, is largely missing from the response in Botswana as well.

With regard to the second concept within the analytical framework – quality – the policy and strategy frameworks point the country towards social change, for example, to address gender inequalities and vulnerabilities such as GBV. While there are many projects designed to address this aim, their implementation is weak and coverage is incomplete. There are questions on how to take pilot programmes to national scale, how to go beyond the practical and towards the strategic in a social and sustainable way, and how to engage the national government so that the programmes are not just isolated civil society projects. What provisions are in place for the state to take such projects into the public sector? Gender is recognised as a vital aspect of the HIV response, yet there is little structural engagement by the HIV response structures to engage with gender activities. (GBV offers a possible way to merge the two fields, which is discussed later.) CSOs have the passion and access to the grassroots but they do work that is geographically and programmatically focussed; they do not have the ability to take anything to scale nor to effect broad-based social change. The policy documents of the Botswana government and its development partners, and the civil society and development literature more broadly, are silent on these concerns.

Thus, practical gender issues are addressed in the HIV policies and programmes, while strategic issues are developmental in nature. There is no theory that explains how CSO pilot projects and innovative work are taken to scale at the national level and into the public sector to mainstream structural change for gender and development. Theory is missing and so too is a practical plan or mechanism in terms of policies or programmes to build government capacity to take these pilot projects to a national scale. In other words, what is lacking is a systematic plan for a handover from pilot project by a CSO to a full-scale programme by government. As the global HIV funding could potentially decline in the coming years, initial evidence suggests that the response will narrow its focus to HIV-specific issues and take less account of the wider development agenda. Previously, the well-resourced HIV response was connected to the wider development agenda, which provided an opportunity to discuss gender inequality in a new light and brought new partners who could join the discussions within the women's movement. HIV to some degree has provided a development opportunity. However, if the diminishing resources are used to address proximal vulnerability and practical interests generated by HIV, rather than serving the wider distal purpose of gender and development, there will be a development deficit.

With regard to the third concept in the analytical framework, depth, civil society serves a central role in the response as recognised by funders and standard-setters. The confluence of approaches and priorities by donors and policy makers favouring the short term and technical 'what works', medicalisation, and privatisation has lead to an emphasis on commodities and services that, in the neo-liberal paradigm, CSOs are well suited to deliver. Civil society is a critical responder, but its trajectory is little understood. As a service provider, beholden to donor or government funds, can a CSO serve all its other roles? As was explained in the previous chapter, because of its emerging role in service delivery it is not clear how civil society can also maintain an activist agenda, for example, to effect substantive change in gender relations. One reason this is not clear is that there are no analytical tools, nor is there a theory for civil society in its current and evolving role.

As discussed in this study, CSOs can do a lot in promoting the link between gender and development but increasingly they are taking on a new role as service providers, making them less focussed on activism and social change because they are now accountable to the Botswana government and its donor partners, and less to their traditional stakeholders. Civil society is treated as static; the stakeholders essentially have no grasp of how this new dynamic of funding and the emerging role of service provider will affect CSOs. Civil society does not traditionally have the operational and technical capacity for service delivery at the scale that is needed presently, so scarce resources are increasingly allocated to this objective. What then occurs is the creation of structures that are parallel to government, yet it might be more sustainable if these capacity-building efforts were directed towards government so that the public sector could deliver public services. International organisations, on the other hand, have no organic local constituency at all, except to project beneficiaries, which means that accountability is based in their home country and to the funder, usually their own government. Organisations that provide services on behalf of a government may be more effective in some quarters, but they do not have the traditional attributes of a CSO as they are not independent of government. While this appears to be a necessary aspect of modern development, it means that the traditional meaning of civil society can no longer be applied. Indeed, this organisational development has created a different, quasi-governmental organisational matrix.

One concern is that the unique role that civil society serves in public health for reaching key populations has been sidelined. When certain defined groups, such as MSM or injecting drug users, are criminalised, their needs are not simply sidelined; they are completely denied. Yet, reducing the vulnerability of these groups to HIV is just as much a public health necessity as any other group or person in society; thus, the import of CSOs. Simply put, the findings in this research suggest that civil society is being compromised; service delivery is taking the sector down a path that is amplifying just one of its traditional roles at the expense of the others. Gender equality is not being fundamentally addressed; the virus is hitting women hardest, but the response is entrenching the inequalities. On the positive side, people are living longer because treatment and care are successful, yet the core development issues are not addressed.

Though it is clear what needs to be done on this concern – BOCONGO, for example, included a recommendation to change gendered vulnerability in its report to CEDAW – all of the suggestions for reducing gendered vulnerability to HIV are under threat of being marginalised in the bio-medical response.

The suggestions made by BOCONGO in 2009, which include a call to implement conventions and treaties and to establish affirmative action procedures to involve more women in politics and decision-making positions, remain to be implemented. BOCONGO also calls on civil society to disseminate information and to monitor the impact of amended and newly enacted laws. Further, the group calls for the Domestic Violence Act to criminalise marital rape, the creation of a legal aid system for women who are victims of domestic violence, increasing the profile of the Women's Affairs Division within government, and a systematic review of customary law to remove discriminatory practices that tolerate and perpetuate gender-based violence (BOCONGO 2009). It is clear from these recommendations that Botswana's civil society has a clear sense of what is needed to achieve gender equity in the nation. The extent to which their voices have enough weight to effect change is a central question.

Governments and donors value working with CSOs because they are considered local, nimble, and representative – however, in the process CSOs may segue into a national/international, professional, and formalised elite. The government has thus fundamentally altered the role of CSOs by hiring them to do public sector work. The explosion of CSOs in Botswana raises a question: what effect is all this money and responsibility having on civil society? If CSOs focus on short-term, segmented projects, concerned with medicalisation (which are inherently focussed on individual change rather than social change), this will not create lasting structural change; their efforts will not reduce gendered vulnerability to HIV, nor prevent new infections, nor promote gender equity as articulated in their development objectives. If CSOs continue to provide services for and receive funding from the government, they will lose their ability to critique the government and hold it accountable. In short, they will become hostages to the state.

As this study has shown, a new aspect of civil society has been introduced that has not been appropriately theorised or described, which I am calling the 'civil agent' aspect of civil society. In doing this work these organisations serve a public good, but they do so at the direction of and with funding from the government and private sector, the entities that they traditionally have been independent from. This is not to say that civil agents do not serve the public interest, but rather that this aspect of their work is different in structure from the traditional benefits of CSOs; civil agents thus require a different approach to understand their strengths and weaknesses and their role in development and the HIV response in particular.

The key finding here is that civil society is neither static nor essentialist; it is simply a public space inhabited by diverse organisations. The character of civil society changes as a result of the influences on it, which can include public health crises, political struggles, and donor priorities. The policies and frameworks of the Botswana government and its many development partners, such as USAID, DfID, and the UN, consider CSOs to have essential qualities that transcend their influence, regardless of the increased project responsibilities that they take on. What I see is a series of trade-offs between characteristics and capacities that make CSOs initially attractive but that also change over time with donor-driven programme implementation. These exist on a continuum; they are not dichotomies and rigid categories, but rather a series of issues and actions that are in tension with one another, and many CSOs may experience these in some form at some point in their history. Table 4 summarises the continuum presented in this study.

Table 4: Continuum of Characteristics and Capacities of CSOs

Nascent and community-based	< --- >	Established, professional, and nationally/internationally based
Voluntary, membership-driven, and independent from the government	< --- >	Effective service provider; a close working relationship with the government
Strategic and long term	< --- >	Practical and immediate
Innovative pilot interventions on a small scale	< --- >	Universal and basic interventions
Faith-based, drawing on local culture, but resource-constrained	< --- >	Faith-based, drawing on imported culture, but resource-rich
Competition leads to innovation locally and replication in some areas	< --- >	Collaboration/consensus for change, but innovations are slow to develop
Accountability to members and other local stakeholders	< --- >	Accountability to funders and beneficiaries
Local empowerment, but isolated from global movements	< --- >	Global movement, but disconnected from the grassroots
Social context and influences	< --- >	Individual behaviours
Distal change	< --- >	Proximal change
Organic and local, but low capacity	< --- >	High capacity, but top-down
Credible technically, but silent politically	< --- >	Effective politically, but technically suspect because of its politics
Passionate and volunteer-driven	< --- >	Professionally staffed
Serving democratic development	< --- >	Serving survival

As this table shows, the civil society sector is diverse and each organisation is not static. Depending on factors such as organisational mission, experience, and funding source, the nature of each organisation can change. There is no single model or ideal for CSOs in development. Each one has attributes that it can contribute. FBOs are treated as CSOs in this framework with the proviso that they contribute to the common good; any efforts towards evangelising or ideological programming at the expense of evidence-informed programming would remove them from this category. This study shows that effective policies and programmes that engage with civil society on development issues should consider the diversity and the effect that outside influences, such as funding, have on the health and efficacy of these organisations. The table above is a device to explain these different sides of the spectrum and thus the diversity of civil society.

The implications of the findings are not to suggest that CSOs should stop providing services; rather, the findings recognise the critically innovative role CSOs have played in the Botswana HIV response by providing services to those in need. The aim of this continuum, then, is to offer an analytical concept to understand how to work with CSOs and to get the best of what civil society offers without compromising its independence and integrity and to recognise that the character of a CSO changes with outside influence. HIV brings money and opportunity for development, but the HIV establishment is focussing on the issues that have proximal payoff. This is essential, as HIV is a public health emergency; this research does not suggest the removal of funding for such activities as testing and treatment programmes. The main point here is that these programmes address only the symptoms of the consequences of deeper social inequality that contributes to vulnerability to HIV. A more structured approach is needed for social change, one in which CSOs play a central role. Civil society in general could use a more coherent and cohesive voice in order to give a more consistent and clear message to the public. But civil society is fluid and diverse, which is why the emergence of umbrella groups such as BOCONGO and BONASO is so important. However, the main onus of change is on the government. Government could use a strategy for taking the innovations in civil society to a national scale and putting these into the public sphere, where they can be debated, voted on, funded, reported, and evaluated.

This research has established that civil society is working across a wide range of issues in the response, but the focus is on the emergency response, particularly the provision services, and fails to address the social change issues associated with gender. It appears that on some level the issue of gender has become domesticated in the HIV response; it has been co-opted by the entrenched male-centred bureaucracy as a topic in a tick-box and thus rendered non-threatening. The role of CSOs as service providers has the potential to compromise their other functions. The ability to move beyond the practical to the strategic is difficult, and there is little thought to take things to scale and go beyond projects to the public. The focus on HIV services at the expense of wider development issues leads us to the development deficit of HIV: the response will only address HIV and with all its success will bring us back to pre-HIV levels of development. HIV could have been an opportunity, but it seems the response has become mechanistic.

Thus, civil society's ability to reduce gendered vulnerability to HIV in Botswana has implications for civil society theory, specifically in the development context, and policy, specifically in the HIV response and the national development agenda resulting from this research. This is described more fully in the next two sections.

Theoretical Contributions

This research has used Brookfield's (2005) application of critical theory to investigate ideology, power, and the functions of democracy. Grounded theory, as described by Corbin and Strauss (2008), was the methodology used for theory development by systematically reviewing data, delineating concepts, making connections between them, and expressing these relationships in a theoretical whole. I drew on Tyson's (2006) use of critical theory to inform my analysis of development in practise. Many development and public health practitioners, such as Chambers (2002) and Kippax (2012), have guided me and led me to develop a useful and practical approach to development. I was also reminded by Srinivas (2009) that social change requires multi-level and multi-sectoral efforts. Molyneux's (1998) distinction between practical and strategic approaches has informed my perspective, while Barker et al. (2010) emphasised the importance of

involving men in gender programming. Edwards and Hulme (1997) brought civil society theory into the modern development context, and I have used this as a departure point for the development of theory. This section describes implications for theories related to development, HIV, and civil society. These implications flowed out of the grounded theory methods and critical theory approaches used in this research. The major aim of this section is to address the shortcomings of civil society theory, which has not kept pace with the practice in modern development work, especially the HIV response in Botswana. This section enumerates concerns that need to be considered in the development of civil society theory.

First, I will speak to development theory. This research has shown that there is a significant literature on post-development, which is critical of the efforts by the rich Western nations and the development institutions they control. While this critique is useful, it is not without criticism itself. The limitations of the post-development critique are that it does not offer any alternatives. This research has shown that donor-driven projects can at times be short-sighted and symptomatic; however, without donor support the HIV response in Botswana would not have advanced at its current pace, with so many lives saved by treatment, care, support, and prevention efforts. Development approaches by donors are reductionist and seemingly a-theoretical, but actually there is an implied logic that is very rarely made explicit. It is undergirded by a neoliberal approach, with a focus on individual autonomy moving away from collectivism, and on the private sector moving away from the public sector. Critical theory has helped to show that this lack of explicit recognition of theory in development reveals hegemonic perspective, which is dangerous because this perspective implies a universal truth and that the theory that flows from this universal truth is an obvious logic, beyond questioning and debate. Without questioning and debate, the status quo is reproduced along with its inequities. This hegemonic approach is best reflected in the medical responses to HIV, yet the social aspects of development, such as the analysis of gendered vulnerability to HIV, challenge this hegemony. This study has argued that vulnerability to HIV is relational and contextual, so there is no universal truth on which to base approaches; each situation is context-specific. The fact that these implied approaches never articulate a theory that can

be discussed and debated before a project is taken on is inherently problematic. It is loaded with buzzwords and terms such as 'grassroots participation', 'beneficiaries', and 'reality on the ground', and these are well-meaning notions, but without a theory they are just empty phrases. Therefore, I critique the donor's approach to development as well.

Development theory is caught between a theory without action and action without theory. Development has clear normative aims – in this case, reducing HIV incidence, decreasing poverty, and increasing political participation. In short, it is aimed at improving the human condition. Development theory, then, does not have the luxury of rejecting something outright, as many post-development theorists do. Rather, we need a constructive way forward that acknowledges the critiques but remains focussed on locally grounded solutions to development issues. The approach needs to be reflexive so that practitioners can work with stakeholders to make modifications and adjust to needs as they arise. Therefore, we need to leave behind the 'quick fixes' and universalistic approaches to development and look not at disaggregated issues: HIV, poverty, and environment. Rather, the theory needs to see the broad life context and look at development with the objective of improving the life context itself. This theory is principles-based: human rights and equality. Development is a process, not just a product, because its aim is to help people reach their full potential. Therefore, a critical, reflective, and ecological approach to development is needed.

In that connection, it is important that governments engage with HIV as a development issue. Consider how the aforementioned UNAIDS Investment Framework recognises that social vulnerability needs to be addressed in a broad life context. Therefore, each aspect of the Framework, including education, economy, and law, should be explicitly addressed at a programme and policy level in a connected and holistic way. There is a caveat, however, as this approach means that the metrics of success will be hard to untangle and that project-level attribution will be hard to attach to distal objectives of reduced gender vulnerability. But if development projects are discursive and accountable to the local population through stakeholder efforts, monitoring these short-term project evaluations will be less important. We have seen that there can be a development deficit when

resources for projects and programmes are focussed on singular outcomes because they ultimately come at the expense of other efforts. HIV projects in Botswana are increasingly designed to prevent disease, but not necessarily to promote health. While disease prevention is important in and of itself, it is not development. Diseases can be prevented with health services and commodities, but these do not necessarily require social change.

Health promotion encompasses disease prevention but also goes further to include access, equity, quality, and rights; it speaks not only to the issues of treating the disease but also to the conditions of vulnerability that led to disease in the first place, and seeks to change them. This is sustainable development. The issue of GBV in Botswana highlights the intersection of several development challenges that cannot be reduced to a single intervention. To prevent it requires education, legal protection, economic security, and social support, among others. In contrast to the development deficit, it is a development opportunity; development projects can work synergistically to serve immediate project objectives and the constellation serves larger overall human development goals. In this way, for example, HIV resources can be leveraged to address aspects of GBV alongside other projects, such as education and economic empowerment, to collectively effect change. This theory or approach to development is about recognising the current development project architecture but also understanding and planning for synergies between these projects so that the constellation promotes sustainable human development.

To move this approach forward, it is necessary to form a strategic plan for development that articulates these distal objectives, such as a modified and updated Vision 2016, that HIV strategy can fit within. It is encouraging to note that some of the discussions around the post-2015 development agenda were moving in this direction. Too often health and development projects make a leap between project outcomes and project goals, such as access to HIV testing or access to credit (project outcomes) and reduced HIV incidence or reduced poverty (project goals), respectively. Still, the literature has demonstrated that

HIV incidence and poverty are complex issues with many influences that no single project can address by itself.

In support of this theoretical approach I propose an integrated strategy where existing projects are measured by outcomes as per modern practise, but with an additional level that measures goals by the constellation of projects and policies at the national level. As noted, Vision 2016, for example, is aspirational at its highest level, while at times it is also diagnostic and prescriptive. All of this is necessary, but what is needed is a clear implementation plan that allows for projects to connect with the larger goals, indicators, and milestones. Vision 2016 does not say who will do what or how. An implementation plan should articulate roles and expectations based on strengths and weaknesses as described in the theory for the development sectors: government, private sector, and civil society. The development theory should question assumptions about what constitutes an improvement in the human condition and the best way to achieve it – but at the same time, it must serve on its urgent normative aims by offering alternatives to failed responses. In short, development theory needs a more holistic approach that is critical and reflexive.

Concerning civil society theory, the roles of CSOs need to be understood traditionally and in the context of modern and changing international development in order to maximise its contribution to development and democracy without being co-opted or compromised. Civil society is a public space of activity and not a single coordinated entity. The CSOs working in development have much in common with one another, sharing aims, donors, and metrics among others. However, while civil society is not a coordinated collective project, the topic of development is. Therefore, the CSOs working in development need a more fine-grained distinction to better match their capacity with the conceptualisation of development strategy as discussed above.

CSOs comprise both CBOs and INGOs, with several types in between. The theoretical undertaking of this thesis proposes a new dimension of civil society theory, which as I said earlier, I call ‘civil agents’. I recognise that Korten (1990) coined the term ‘public

service contractors' to describe this phenomena and that Michael (2004) defined NGOs in this function to set them apart from other parts of civil society, but I see these terms as limiting because they essentialise the organisation. The term *civil agents* can be used to describe the function rather than the organisation. In this way, the organisation is understood to have the opportunity to serve the functions of civil society in different times and contexts as needed by its constituents, which can range from a domestic governing board to project beneficiaries, the national government, or an international donor, all at the same time or at different stages of the organisation's life. In other words, CSOs in development are dynamic. Further, the issue regarding the lack of local accountability by international organisations is a concern but not an intractable one and can be addressed with project-level governance. This is articulated in practical terms in the next section of this chapter.

The analytical model developed in the previous chapter suggests the functions, abilities, and comparative advantages of CSOs, which can help development planners organise an effective way forward and locate civil society within it. The challenge comes with reconciling civil society's inherently antagonistic role as a watchdog of government when it becomes a service provider – the civil agent that partners with government. It is no surprise, then, if a CSO gets co-opted because of its dependence on government and donor funds for its payroll, which describes the current situation. To avoid this in the future, or to reverse it, a theory of civil society needs to be articulated through both strategic and implementation plans so that development partners can hold the government accountable on this point. I am not saying that CSOs should not serve as civil agents by providing services. I am saying that the situation has developed without specific recognition of the costs to CSOs in terms of their ability to critique power and to be sustainable, independent, member-driven entities. I suggest that more effective development can be achieved if development partners operate from a theory of civil society that recognises the current paradigm and its effect on civil society so that programmes and policies are better informed and that the attributes that civil society is lauded for, by the Botswana government and its development partners, remain viable. This is preferable to the paradox where the attributes that make civil society an attractive

development partner to donors, such as its independence and grassroots access, are altered through development partnership, where organisations become dependent on donors for sustainability and professional staff and are thus removed from the grassroots.

Conversely, the role of civil society vis-à-vis the state needs explicit recognition. When CSOs perform public services, development planners must acknowledge the future role of the state to either regain or build capacity in this area or provide public accountability and capacity building to the private organisations that are serving a need of the population in their stead. Either permutation should acknowledge the state's responsibility if the government is to be accountable within the terms of contemporary democratic governance.

When it comes to the issue of quality, we look at the practical and strategic interests continuum for an analytical lens. We can see that many of the responses in Botswana tend towards the practical. As noted, the main reason for this is that technical solutions and pilot projects are endemic to the current development system, which discourages structural change and broad access projects. To address these issues, a strategy and implementation plan needs to recognise the strategic factors that alter the social calculus and to put forth plans to take innovation to the full public domain. Civil society can function as a laboratory of innovation, but it does not have the public mandate or infrastructure to effect large-scale change. Further, the idea of having CSOs provide public services as a permanent function is criticised by those who see the neo-liberal agenda and the rollback of the state as a concern. I do not argue this point. I recognise that civil society has a role in the HIV response and in development more broadly and one of its roles is to provide services. Moreover, I recognise that civil society can be innovative and can reach marginalised populations through its service provision in ways that the government cannot, so it makes sense for civil society to contribute in this way. In some cases, in fact, it might be more efficient for a CSO to be paid by government to deliver services – this is the civil agent role as described above. However, when innovations are not taken to scale by government and when marginalised populations

remain underserved, the government is merely using civil society to provide the appearance of being more inclusive and democratic.

Therefore, when a CSO is paid by the government to provide services, its functions and roles vis-à-vis government should be stated, the benefits and trade-offs should be articulated, and the government's accountability to the public should not be obscured by the CSO's activities. Development theory needs to account for the dynamic between small innovative projects and large-scale social development; there is a continuum of change, and this needs to be planned if the pilot projects, often run by CSOs, are to be taken to a national scale. The government alone has the capacity to take these projects to the national level. Provisions should be made by the government and its development partners to achieve this. If the converse happens, where a CSO is contracted by the state to deliver public services, there needs to be some mechanism for accountability to the beneficiaries so that those services remain truly public. As discussed in the previous chapter, Diamond (1999) and Clark (1993) each note that civil society can play a technical role in protecting interests, but it can also play a role in strengthening democracy.

In theory, CSOs represent marginalised groups by speaking up for their interests. In public health, the import of reaching key populations at risk of HIV, such as MSM and injecting drug users, is well documented. However, these behaviours are illegal in many countries and as a result government programmes often cannot reach these populations effectively. In this instance CSOs are central in meeting this public health need, for they are the 'bridge' between the state and these key populations. Civil society theory has not recognised the problems entailed in dealing with critical populations whose behaviours and choices have been criminalised. As this will remain an important part of the HIV response, there are policy implications that would make it safe for CSOs to deliver information and services to reduce the spread of the virus, as well as advocate for the rights and decriminalisation of key populations. This 'bridge' function of civil society is a dynamic area of study and should be explored in the civil society literature and development programming, as it will alter the roles of both civil society and government

over time. Therefore I propose that the 'bridge' function of civil society be added to the theoretical discussion.

The new theory has to recognize all the roles that CSOs can serve in a development context, which includes traditional democracy-building functions, such as association and interest articulation, but also projects and service delivery. There is need for a theory and method that does not treat civil society as solely a service provider operating in a static field. If civil society does service delivery now, will it be able to do advocacy later? It must understand that there needs to be a hands-off of sorts, where programmes initiated by civil society are then taken into the public sphere by government. The theory should build on the grassroots access and innovation offered by civil society and the coverage and sustainable capability offered by government, in a context that includes church and business. We need to have provisions to go beyond the pilot phase to embrace the national scale in a sustainable way. However, there are caveats: it is important not to over-romanticise the local, and it is important to recognise that while the community is a place of action, it can also be a conservative space. The theory needs to recognize local action in the context of broader and progressive national objectives of social transformation. The theory also needs to bring in the fourth dimension of time. Organisations change over time with different levels of funding, donor notoriety, public opinion, and competition with other organisations, among other issues. Staff size and composition can change as a result, making the organisation less connected to the community and more of an urban institution connected to power in the capital. This can also have implications on its independence from government and donors as it strives to maintain its size. The theory should inform the policies and programmes for how governments can support innovation in both programmatic and operational issues while maintaining a healthy civil society.

Government could foster more technical and strategic issue-based networks. BOCONGO and BONASO are more operational; they will not survive in the abstract, and thus a galvanising topic such as GBV can be helpful. In HIV work, scaling up the quality of the response to sustain change demonstrates an advancement of development because it

moves from solving a problem to promoting a rights-based norm. HIV and gendered vulnerability need to be addressed in a development discourse and treated as development issues at the policy and programme level. Rights move development issues from donor-funded pilot projects to public concerns as part of the public debate and decision-making.

HIV becomes a development opportunity rather than a development deficit if we address it holistically and take it out of isolation. HIV money has highlighted a lot of crosscutting issues and encouraged analysis of gender relations, GBV, inequality, and vulnerability. In this way HIV has paradoxically provided opportunities for investigating social inequalities and inequities but has also illustrated how development issues can be bureaucratised by a new language and approaches that sanitise and reduce them to technical issues that can be solved with technical responses. Thus, critical and contested social problems have been subjected to a 'technical fix', which has blocked aspects of social change. Discussion of bio-medical issues, moralised behaviours, and purported efficiency provide cover to avoid the difficult choices that would address structural inequality – that is, development. The post-2015 discussions and global decrease in HIV funding would put the pandemic into a new development context. This provides an opportunity to plan development efforts in a more integrated and holistic way and to locate civil society within these efforts to effect progressive change.

With this approach we need to start development with a strong and independent civil society that can negotiate a wide range of development challenges. This should be complemented by a progressive policy that goes beyond addressing symptoms and practical needs to also address the long-term strategic interests that affect gender equality. This would create a policy and programme space so that CSOs, development partners, and other stakeholders can articulate the issues that need to be addressed.

Gender theory and HIV programme theory are developed in this regard, but civil society theory needs updating. By offering a model such as the aforementioned continuum, concepts such as civil agents, and the bridge function, this research offers a contribution to the development of that theory. With these new theoretical implications, the

expectations and needs of civil society, vis-à-vis government, to succeed are stated and the actions are described so that government can play a facilitative role in achieving its own normative development objective: to reduce gender-based vulnerability to HIV. In this approach, the depth of civil society (i.e. its ability to reach the grassroots and effect change) and the breadth of government are coordinated. Mechanisms to put this theory into action are described in the policy implications offered in the next section.

Bridging Theory to Policy and Practice

This section builds on the theory by describing policy implications for civil society contributions to HIV and gender and development programmes, which came out of the action research methods used in this research. The interviews, workshop, and survey yielded a lot of suggestions for action that the government should take to reduce gendered vulnerability to HIV. As the theoretical implications took shape, I revisited the findings with the aim of developing the policy implications, and I combined and refined them. The policy implications are about working for gender equality and to reduce gendered vulnerability to HIV, and do not suggest a radical rethinking about development approaches. Rather, they look at the current situation in Botswana regarding its HIV response and development agenda and apply the theoretical implications above to get the best out of the country's current resources. HIV remains a top concern for the Botswana government, and it is through these policy implications that civil society can effect sustained and long-term social change that will not only reduce gendered vulnerability to HIV but also contribute to the broader development agenda.

To connect the conclusions with the findings in the previous chapter, I will revisit the three analytical categories: breadth, quality, and depth. Concerning *breadth* – the issues that civil society addresses – it is evident from the research findings that the Botswana policies and frameworks address in some way many of the important issues. Ensuring an inclusive and high-quality education can address gendered vulnerability to HIV for all in the country, as does securing property and inheritance rights for girls and women. Giving recognition to care-giving responsibilities, especially the increased burdens from AIDS-related illnesses, would mean increasing support for carers. Additional aspects relate to

ensuring access to high-quality health services by widening their reach, and finally coming to grips with the widespread nature of GBV. However, this research has shown that that although these issues may appear in the policy and framework documents, implementation on the ground is not taking place.

The case of GBV is a clear example of this; laws have been promulgated, but law enforcement officials are not appropriately trained or simply ignore the terms of the law. The public is likewise not aware, and there are gaps in the law itself – for instance, it does not recognise marital rape. Therefore, the first issue concerning breadth is that there needs to be a clear implementation plan so that all of these issues in the policy documents can be addressed in the communities (this has been addressed to some extent by the BOCONGO recommendations), and the specific role of civil society in its implementation should be articulated.

The second issue relating to *breadth* is that for all the talk of gender, there is little mention of men and boys. The implied approach is that the system should be adjusted so that women can become more like men. This bias ignores the fact that gender is relational and that men need to be involved in change. While gender needs to be mainstreamed, this is a policy cliché that often lacks substance. One way to bring mainstreaming closer to practice is through explicit policies and programmes that call for men's involvement. This can start with high-quality inclusive education that explores gender stereotypes and develops healthy attitudes. These objectives should also extend to the community to reach fathers and out-of-school youth to engage them in stopping GBV. Programmes that increase male involvement in care-giving and health services should also be considered. Gender should be mainstreamed into the programmes of civil society, and civil society should be mainstreamed into the gender agenda of the government, with a clearly specified role.

Concerning the category of *quality*, the degree to which change can be sustained, the critical work of Molyneux (1998) and Gupta (2000) speaks to the issues of strategic and practical interests and gender-transformative approaches, with the latter specifically

addressing HIV. It is through this lens that HIV as a development issue, not just an isolated health issue, becomes clear. The analysis in this section of the study reveals a dominant model in the HIV response that is mainly focussed on the bio-medical and that coincides with the larger development architecture, which is reductionist and concerned with isolated and targeted programmes. These factors do not bode well for meeting strategic interests and gender transformation.

It has long been articulated by CSOs in Botswana, such as *Emang Basadi* and WAR, that gender inequality comprises several aspects that need to be addressed in multiple fora and in different ways. The government needs to take its cue from civil society and to prioritise development first, of which the HIV response is part. To transform relations and address gendered vulnerability, the national development agenda should not be a secondary outcome of the HIV response. Development should be rights-based, holistic, and taken to scale nationally. The role of civil society in articulating interests and innovative approaches should be recognised and built on by the government for the benefit of the nation.

The category of *depth* – the roles that civil society serves – is the richest in terms of policy implications. The theme running through the research is that CSOs have been mobilised to serve their communities in the HIV response by providing services. As the research reiterates, one reason for the increasing role, and thus the increasing number of CSOs in existence, is that CSOs offer donors an independent implementation partner with access to the community. But with these service delivery projects comes a lot of money and new forms of accountability. The virtuous circle of accountability to grassroots needs and interests, which attracts donors in the first place, is undercut as CSOs find themselves increasingly accountable to donors.

As stated in Chapter 1, the literature raises several questions about the roles of civil society in modern development; its relationship with the state, beneficiaries, and donors; and issues such as accountability and sustainability. The most pertinent questions relating to the Botswana case were discussed in this study. The first is, would CSOs move from

grassroots organisations, driven by volunteers and accountability to their members, towards a professionalised staff and a de-politicised agenda, with accountability to their donors (Kamat 2004, 168)? There is some evidence of this concerning staff. At the beginning of the century many of the large international NGOs did not have a large presence in Botswana. By 2010 there were several, employing hundreds of Batswana, many of whom had experience in CBOs. This presents a conundrum for CSOs: in their new role as service providers, which makes them reliant on funds from donors and government, how effective and independent can CSOs be to perform their traditional functions, such as advocacy (Stegling 2004, 240)? The research showed that the danger is real and that many CSOs were indeed morphing into agents of the state.

As implementers, will civil society have the agency to affect the social determinants of health (Seckinelgin 2005, 364)? Or has the HIV response bureaucracy co-opted civil society (Maundeni 2004b, 72) and compromised grassroots responses with top-down management (Renwick 2007, 144)? As this thesis has stressed, there are many types of organisations serving many roles within the sector of civil society. That the HIV response was highly bureaucratic and top-down was a consensus point reached in the workshop. With such a large portfolio of projects, there are many points by which civil society engages with government and donors, affording them opportunities to effect change on the social determinants of health, and there is room in the policies and strategic framework to do so. But the fact that gender-focussed CSOs are not central to the response, even though the issue of gendered vulnerability is, suggests that the government and donors have taken a technical approach to HIV, and thus a civil society movement has never developed.

Does the competition for funds drive innovation or does it lead to secrecy of lessons learnt and duplication (Eboko 2005, 71)? This I can comment on first hand. In an effort to win bids my CSO and others developed proprietary intellectual property that was only conditionally shared and actively recruited personnel with strong resumes from other organisaitons so that our bid would be more competitive. Competition may, on some levels, lead to creative insights and innovative work. But it also serves to pit CSOs

against one another, which keeps the sector divided – and thus is less threatening to the government as a whole.

While CSOs are good at leading change and innovating, their reach is small – how can everyone be reached (Pisani 2008, 174)? The evidence here is mixed. There are some great examples of CSO efforts going national – such as counselling, testing, and treatment – but there are many CSO-led efforts that never develop into national programmes because the government does not have the resources to do so. Does civil society have the absorptive capacity and accountability structures in place to represent key populations (Rau 2006, 290)? BONELA has shown that key populations can be reached and represented by civil society in Botswana, despite the criminalisation of behaviours, such as same-sex sex and drug use. This is a positive sign for Botswana's civil society.

Do well-funded international CSOs crowd out new local ones from forming (Hodson 1997, 186)? It will be very hard to prove the case for something that does not happen. None of the respondents mentioned that civil society was getting smaller, nor did they lament the loss of a particular organisation, nor did anyone comment that it was difficult to start an organisation. This suggests that even with the large groups coming to Botswana, the sector is active with many opportunities to contribute to development.

How sustainable is civil society if it is dependent on donor funding (Lekorwe and Mpabanga 2007, 12)? This is an important question. Currently, the money is there to support a multitude of CSOs in the HIV response. However, it is impossible to predict what civil society will look like in Botswana after the donors have shifted priorities to other countries. Perhaps the experienced Batswana staff will be in demand in other countries and they will follow the money. Perhaps there will be new issues to tackle and new pools of resources to draw on. Groups such as *Emang Basadi*, WAR, and BONELA are structured to endure, with diverse funding resources and a mix of professional and volunteer support. Large INGOs, such as FHI 360 and PSI, that employ hundreds and support many grassroots groups will eventually shut down when their principal funder,

the US government, changes priorities. It is an open question what will happen to CSO staff and to the sector at large with this predicted change.

Does the rise of civil society signal a strengthening democracy or a failure of the state (Diamond 1997, 284)? In the Botswana case it is actually neither. As part of the HIV response, CSOs have grown in size and in their range of activities since the late 1990s. The relationship between government, CSOs, and donors has been structured to serve the immediate technical issues and a largely apolitical agenda. At no point during the entire HIV crisis was the ruling party under threat of losing power. Rather, it won successive elections throughout the past 20 years by landslides, most recently in October 2014. How can CSOs transition from serving the immediate need, relief, to a long-term need, development (Seckinelgin 2004, 301)? This is the core issue. For Botswana to reach its development goals and realise Vision 2016 and beyond, it will need a strong and independent civil society to represent and protect vulnerable populations and drive innovation in the HIV response.

The research argued that civil society was central to the HIV response and that the big questions, if not dealt with in practice and through a strategic approach, would compromise its ability to contribute to the HIV response in the long term. I have concluded that public policies are needed to foster the comparative advantage of civil society vis-à-vis government while protecting its independence and mission integrity. While the purpose of this study was to show the importance of addressing the conceptual and theoretical lacuna in the HIV response to gender-based issues, these need to be addressed through policy. Thus it is important, finally, to offer practical answers to the policy implications for governments and donors to take on board in their planning. Some of these already exist in Botswana and in other countries. Indeed, as early as 1993, Clarke addressed some of these issues, in particular pointing to governance, regulatory frameworks, and programme implementation. This was also reflected in the work others and I did for UNDP called POET. The contribution in this research is to have addressed the issues and focussed on gender and HIV in the context of a single case study, that of Botswana. However, these conclusions have pertinence and application across many

aspects of development programming. Below, I have tabulated the applications in two main categories: operational and programmatic. The first considers the capacities for the day-to-day functioning of an organisation and the second concerns its capacity to deliver to its beneficiaries – providing services, advocating for rights, educating the public on critical issues, etc. The policy implications for the Botswana government are thus made clear.

Table 5: Operational and Programmatic Implications for Civil Society Policy

Operational
1. Provide a facilitative working environment (transparent process for legal registration and accounting requirements, for example).
2. Make it easy for CSOs to diversify their funding (favourable tax codes that spur donations from private individuals and corporations, access to international money sources, and domestic government opportunities).
3. Make explicit recognition as a valuable development partner in strategies and plans with a clear delineation of roles so that CSOs can respond accordingly.
4. Permit organisations working with the government to charge an overhead rate that allows them to cover costs and reinvest in organisational and staff development.
5. Support capacity building so that civil society can flourish in such areas as: **a.** Programme design and sustainability **b.** Monitoring and evaluation **c.** Financial resource management **d.** Human resource management **e.** External relations **f.** Governance
6. Support umbrella groups so that the sector can share good practices and lessons learnt and aggregate interests for advocacy.
7. Establish safeguards against donor coercion from funders through a channel such as a civil society ombudsmen. A state official could be appointed to provide a check on government activity in the interests of the citizens, vis-à-vis civil

Operational
society, that liaises with a civil society umbrella group such as BOCONGO to investigate complaints and articulate codes of conduct between government and CSOs.
8. Establish safeguards against well-funded international organisations from crowding-out local ones from forming, or draining talented staff from established ones, by establishing measures in grant requests for proposals that encourage international organisations to partner with local ones and not supplant them.
9. Mainstream gender issues, including women, men, and sexual minorities, in both programming and staff.

Programmatic
1. Ensure that the civil society sector as a whole has opportunity to participate in government fora, not just the organisations that are easy to work with.
2. Ensure that civil society is engaged in planning, policy development, and implementation in a meaningful way (consultation, cooperation, collaboration – information is shared, responsibility is shared, and resources are shared).
3. Make a distinction between CSOs and the groups they may represent. While organisations are crucial at articulating interests, the government cannot shortcut inclusive engagement with key populations, such as commercial sex workers or persons living with HIV, by including just one CSO in the planning process. Populations are diverse, and no single group can represent every view.
4. Encourage local governance councils for accountability of projects conducted by international organisations. This can be accomplished by partnership with a local CSO that has Batswana members, or by establishing an independent project board that is accountable to the project beneficiaries.
5. Understand that the competitive bid process is one way to encourage creative and strategic thinking but that it also encourages secrecy, proprietary branding, and limited collaboration among CSOs competing for the same projects. Understand

Programmatic
that project cycles encourage accountability and demonstrated effectiveness, but they also encourage a regression to the immediate and practical, not the strategic. Consider tendering grant requests for proposals that encourage partnership, are not confined to small-scale projects, are of medium-term duration or beyond, and are flexible so that stakeholders can make changes as needed.
6. Provide leadership to pave the way for social change, which civil society contributes to. Vision 2016 is a good start, but as this research has shown there are still some gaps between policy and implementation. Therefore, the Vision should be accompanied by an operational plan so that the constellation of projects can feed into the national development objectives and goals and the gaps are noted and addressed.
7. Create synergies between projects around complex issues such as GBV by establishing dedicated councils that meet regularly, share lessons learnt, and plan to combine their efforts for greater effect. This will help overcome issues such as competition and duplication that hinder the ability to address complex social problems with single development projects. Thus, the whole is greater than the sum of its projects.
8. Clearly define roles so that civil society does what it does (innovate and represent), while government does what it should (take issues in to the public domain, which offers the chance of public accountability and sustainability).
9. Recognise that there is a continuum for social change that CSOs and government must work along regarding depth and breadth. Consider that the initial stages of change, such as representation (giving voice) and innovation (e.g. designing and piloting projects), are on one side. and increasing coverage and sustaining change are on the other. Plans should be explicit about where one partner begins and another picks up to be strategic and effective.

Thus to conclude, the research for this thesis addressed the critical issues of HIV, gender, and development and offered an analysis that has implications for theory and policy. It

was evident from the analysis that a new theory of civil society is needed – one that articulates its roles and considers its dynamism and changing relations with government and donors and its characteristics over time, so that each organisation finds its right balance of independence, accountability, sustainability, and effectiveness. The research showed that a synergistic constellation of programmes was likewise needed, and the theoretical and policy outcome was an improved approach for addressing complicated development issues, such as GBV. It was clear from the research that short-term projects, which characterise most of modern development, are by design able to address only practical interests and not strategic ones. This meant that the social change needed for gender equality would remain elusive unless a new model of action and outcome was developed. HIV programming alone can never reduce social vulnerability if it is in isolation and not part of the broader development agenda. For civil society to be effective at reducing gendered vulnerability to HIV and supporting development in the long term, considerations need to be made about its changing role in the current HIV response and development architecture. This study has developed a theoretical conceptual model for CSOs as a civil agent to deliver services for government. The model is developed so that CSOs need not lose their identity as members of civil society. It allows for the continuum of change to enable civil society innovations to move from project to national scale in the public domain, and to focus on project governance structures so that international CSOs can increase their accountability to local stakeholders. And further, to bridge the government's HIV response to key populations whose behaviours are criminalised.

The practical and policy implications that flow from this theory for consideration of government and development partners address the operational and programmatic aspects of civil society. These implications are intended to protect the autonomy of civil society, increase accountability, increase capacity, and ensure sustainability. In this way, Botswana can reduce gendered vulnerability to HIV and work towards a broad human development agenda, as described in Vision 2016, with civil society as an effective partner.

The Way Forward for HIV, Gender, and Civil Society in Botswana

Botswana is an important case because it is on the frontier, where theory is yet to be made explicit or elaborated for modern circumstances. This is a strength of this work but also a weakness. While Botswana is a small country, it has a very large percentage of HIV-positive people among its population, and its response to this pandemic holds significant lessons for other regions on the African continent and elsewhere. It is useful in that it is illustrative; the theoretical and policy implications of its response to the pandemic in the context of other countries in the region may have traction. The aim and objective of this research was to develop a theory and methodology that would lead to more efficacious civil society intervention and more effective development approaches in the face of a pandemic that remains the major health threat to Botswana and other countries in the African sub-continent. The post-2015 development agenda discussions have called for a systematic analysis of lessons learned from the MDGs. While progress has been made, many of the targets have not been met. The time is right for new thinking on implementation in conjunction with the new goals, and this study proposes ways forward in theory and practise.

The theoretical implications for development call for a critical and reflexive approach that requires coordinated and holistic planning. The implications for civil society theory concern a new category of analysis, the 'civil agent' role, and a new bridging function to reach key populations at risk of HIV infection. These all need further programmatic and policy development and should be included in upcoming strategic frameworks for the HIV response, gender and development policies, and related action plans in Botswana. Related, I have proposed specific and detailed operational and programmatic implications, such as creating a civil society ombudsman. These all need further investigation through implementation.

Principally, the largest contribution to theory and practice is related to civil society in the context of international development, as reflected in Table 4: Continuum of Characteristics and Capacities of CSOs and Table 5: Operational and Programmatic Implications for Civil Society Theory. Together the tables provide concepts to advance

theory and practice. They address the key point that state-civil society relations change over time as governments fund civil society to provide public services. They also recognise that civil society serves multiple functions in society depending on its relation to the state, and that CSO projects need some degree of hand-off to be taken to the national scale by government to effect broader social change. Further research and testing is needed to see if these are valid and reliable additions to the field of civil society and development research.

I have also given attention to the idea of a development opportunity versus a development deficit. HIV created an urgent need to respond to the public health crisis, which Botswana was well positioned to do along with its active international partners. The opportunity comes when the resources allow for creating a broad social development agenda that will fundamentally address HIV vulnerability long after new HIV infections are eradicated. HIV is a development deficit when all the resources are marshalled to prevent new infections in the short term, but do not alter the underlying structural inequalities that lie at the heart of the reason for the explosion of the pandemic. This thesis concluded with a proposal for a cumulative and synergistic development strategy so that the isolated programmes contribute to a broader, deliberate, and progressive transformational social agenda. This requires more coordination and collaboration between all the development partners, especially civil society. Related, this research also calls for the need to address the dislocation of accountability to the donors and other stakeholders by establishing local governance structures. Each development project funded by an international organisation could better serve its beneficiaries if there were mechanisms, such as project coordinating committees staffed by community members, to systematically bring in the beneficiary voice to planning, evaluation, and implementation. These ideas also need to be implemented and tested. The post 2015 sustainable development agenda provides an opportune time for this.

The role of the private sector, which I have merely touched on, needs further consideration. Companies, parastatals, and professional groups that operate in the private sector, such as media organisations, play an important and complementary role in the

HIV response in Botswana, and this needs further study. Another limitation is that this research is located in a specific period of time. The HIV response is constantly developing in response to new advances in science, epidemiology, and the social pressures that result, so the dynamics of the HIV response and development more broadly may change and render this research outdated. However, while this research focussed on HIV, its implications could apply to other development issues. Finally, the needs and vulnerabilities of key populations and sexual minorities are little understood in Botswana. This research touched on the issues, but further work is needed.

This work focussed on a consideration of public health priorities and the theoretical and policy implications that affect HIV, development, and civil society theory. Through a mixture of grounded theory and action research, it attempted to advance theory and policy with the normative aim of improving the human condition. Currently, there is no cure for HIV, so it remains a major public health concern and a development issue in the Southern African region. Civil society has been, and promises to continue to be, a key development partner in providing essential services, advocacy, and representation. Thus, civil society needs to be understood in its range of functions in the current context so that it can best contribute to reducing gendered vulnerability to HIV, in Botswana and beyond. The research undertaken for this study has attempted to do that.

The thesis at the same time showed that while HIV is perhaps the single most pressing social concern for public health, a key dimension is that the vulnerability to infection is gendered. It argued that a comprehensive response to HIV must go beyond purely bio-medical and health interventions and address the human development issues, especially concerning gender in its economic, political, legal, and social intersections. It demonstrated that in human and social development, CSOs have increased both their role and their numbers in the last two decades. The role of civil society, its functions, and its contributions are not made fully explicit or understood in development policy and theory. This study proposed theoretical and policy implications for civil society in the response to HIV and gender and development more broadly. In this way, Botswana and other

countries can reach their development goals and improve the human condition of their citizens.

Appendix 1: Data Collection

Teacher Survey

The information you give will be kept in strict confidence. All questionnaires are anonymous. You have the right to refuse to answer any of the questions.

1. I am a: (please circle one)

   Male Female

2. Do you think vulnerability to HIV is different for males and females? (please circle one)

   Yes No

   If so, who do you think is more at risk for HIV infection? (please circle one)

   Males Females

3. To reduce the risk of HIV infection we must change: (please rank in the order you think is most important, 1, 2, 3, etc., using each number only once)

   ___Economy ___Politics

   ___Laws ___Health services

   ___Society ___Other (please describe)_____

4. Apart from the family and the school, what sector of society is most responsible for creating change? (please rank in the order you think is most important, 1, 2, 3, etc, using each number only once)

   ___Private business ___National government

   ___Local government ___Hospitals

   ___Non-governmental and community-based organisations (NGOs and CBOs)

   ___Churches ___Other (please describe)_____

5. Do you have additional comments on gender and HIV in Botswana? Please add:

   _____
   _____
   _____

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE

Workshop Invitation

Dear . . . ,

Thanks for meeting with me last month to discuss AIDS, gender, and civil society and agreeing to participate in the action-planning workshop. I have scheduled the 5th of May for the event. You have given me good advice and I will do my best to make it a good event. Here is my thinking:

1. Develop a timeline of major HIV and gender related events
2. Locate civil society within the response
3. Discuss ways to strengthen civil society's response to gendered vulnerability to HIV

The last point is critical and is the real focus of the event. I am hoping that by coming together we can build on each other's experiences to think of innovative programme designs, develop a policy advocacy platform, and explore coalition building on the intersection of gender and HIV.

The workshop will last a half day, 8 00–14 00, including lunch, coffee, tea, and snacks. The location is the Board Room above the News Cafe, adjacent to the Mondior Hotel.

Participants include representatives from BONASO, Botswana Teachers Union, Women's Affairs Division, BONELA, BONEPWA, University of Botswana, and Education Development Center, Inc. (the NGO I work for).

I would also like to invite someone from Emang Basadi and BOCAIP. If you have any contacts there please pass along this information to them and connect us.

Your thoughts are welcomed on the three objectives of the workshop. Also, if you think other groups should be at the table please tell me.

Thank you again for agreeing to participate and I look forward to seeing you.

I will write or call in two weeks to confirm.

Best regards,
Scott

Scott Pulizzi
PhD Candidate, University of the Witwatersrand
Political Studies Department
Johannesburg, South Africa
Botswana Mobile: 7512 3809

Workshop Agenda and Facilitator's Notes

Objectives:

- Define gender-related vulnerability to HIV in the Botswana context
- Identify major developments in AIDS and gender policies and programmes in Botswana
- Locate civil society within these efforts
- Develop a way forward for civil society and government collaboration to reduce gender-related vulnerability to HIV

8:00 Welcome and participant introductions

8:30 Opening discussion

Method: Plenary discussion

Purpose: To discuss the status quo and develop working definitions of key concepts

Key questions: How do we define gender? / Why are persons vulnerable to HIVinfection in Botswana today? / What are the gender dimensions of vulnerability?

Facilitator note: Draw on Phaladze and Tlou's framework – gender identity, roles, and power interact with biological, genetic, and immunological sex differences to create health conditions different for men than women (Phaladze and Tlou 2006, 34)

9:30 Historical perspective, a timeline activity

Methods: Group activity to develop a timeline Working in two small groups (gender and HIV), participants will list major events (policies, programmes, movements, court cases, etc.) on index cards that relate to their topic and place them on a timeline. We will then discuss the work of each group and consolidate the cards so that we have consensus on one timeline.

Purpose: To put into historical context significant events that will ground the discussion

Facilitator note: Draw on UN Task Force on Women and Girls to prompt participants to cover all areas that need analysis in order to understand the breadth

and depth of the response and the actual content/strategy of interventions (UNAIDS 2004, 5). These are, as organised by me (four legs of the table):

- Education for the purpose of empowerment, protection of the individual, and creating social change
    - address inter-generational sexual relations
    - promote girls education
    - change norms around MCPs
- Legal protection
    - end violence against women and girls
    - protect the rights of women and girls as caregivers
- Economic empowerment
    - protect the rights of women and girls to own and inherit property
    - increase access to credit
    - increase job opportunities
- Health access
    - provide universal access to care and treatment
    - promote health education for prevention (life skills integrated with health services)

10:30 Tea break

10:45 Timeline activity (continued)

Methods: Group activity to continue work on the timeline

Purpose: To define the roles of stakeholders and change agents and locate civil society in the discussion

Key questions: Who is civil society in Botswana and where do the different sectors fit in on the timeline we created? / What success did they have in helping to reduce gender-related vulnerability? / Where does government fit in on this timeline? / What about other stakeholders: the private sector, international donors, etc?

Facilitator note: Draw on Diamond's classification of the roles of civil society (Diamond 1999, 239–49):

- Putting limits on state power
- Providing political participation opportunities
- Representing marginalised populations
- Educating participants about democracy
- Providing channels to the state for expressing interests
- Training and recruiting new political leaders
- Sensitising the public on important issues
- Mediating conflict

- Building social capital
- Increasing the responsiveness of governments

11:30 Situation Analysis

Method: Pair-work brainstorming

Purpose: For participants to analyse the breadth and depth of current and past efforts in the AIDS response in Botswana

Key questions: What is the quality of the interventions we have identified? / Are they designed for meeting immediate needs, long-term needs, or a combination? / Are interventions reinforcing gender stereotypes, transforming gender relations, or something in between?

Facilitator note: Draw on a combination of Maxine Molyneux's 'gender and development tool' as used by Connelly et al. concerning practical needs and strategic interests to investigate the extent to which CSOs are transforming gender relations and attitudes, and Gupta's model for transformative approaches. The tool Connelly et al. defines practical needs as priorities for survival and strategic with long-term position in society. Satisfying the practical needs is a prerequisite for addressing strategic interests (note of caution: these are not binary distinctions; rather they are more fluid).

- Practical needs are:
  - immediate / short term
  - unique to particular women according the their defined social roles
  - relate to daily needs – housing, food, children, safety
  - can be addressed by providing specific inputs: food, clinics, water pumps

- Addressing practical needs:
  - tends to involve women as beneficiaries and/or participants
  - can improve the condition of women's lives
  - are immediately recognised as an issue by women
  - generally does not alter traditional roles and relationships

- Strategic interests:
  - tend to be long term
  - may be relevant to *all* women
  - relate to disadvantaged positions – subordination, lack of resources and education, vulnerability to poverty or violence
  - are not easily recognised by women as an issue
  - can be addressed by consciousness raising, organising, mobilising, empowering

- Addressing strategic interests:

- involves women as agents or enables women to become agents
- can improve the position of women in society
- can empower women and transform gender relations and attitudes

- Related, and specific to HIV and AIDS programming, is Gupta's model for transformative approaches. She places interventions on a continuum from those that reinforce negative stereo types, to gender-neutral programmes 'that do no harm', to gender-sensitive programmes that recognise and address differences, to transformative approaches.

  Transformative approaches are defined as those that seek to change gender roles to create more equitable relationships. These are followed by programmes that empower – that is, programmes that improve access to information, skills, services, and technologies, and encourage participation in the decision-making process.

12:30 Developing the Action Agenda

Method: Group discussion

Purpose: For participants to build on the work and develop a clear action agenda for policy advocacy and programme design

Key questions: What are the factors that make different sectors of civil society effective? / What are the areas that civil society needs to improve using its own resources? / What are the areas that civil society needs to improve through the help of government? / What do the different sectors of civil society need to do, and what does government need to do to reduce gender-related vulnerability to HIV infection? / What will the organisations around the table today do?

Facilitator note: Draw on my own experience in civil society capacity building to prompt participants to think about the following areas:

1. Facilitative working environment (e.g. ease of registration, tax exemptions)
2. Ease of acquiring funds (e.g. via government contracts; multi and bi-lateral contracts such as UNAIDS, USAID, EU, and DfID; favourable tax codes to prompt individual and business donations)
3. Partnership on planning and implementation of programmes and policies (note that this is an issue of degree, from consultation to cooperation to collaboration)
4. Capacity building on programmatic issues (e.g. intervention design, monitoring and evaluation) and on operational issues (e.g. financial management, human resource management)
5. Public leadership to pave the way for social change and give legitimacy to civil society initiatives

6. Clearly defined roles so that civil society focuses on innovation and representation and the government focuses on sustaining good practices, taking them to scale, and mainstreaming issues

13:00 Lunch and discussion

14:00 Programme closing

Follow-up Letter

Dear Workshop Participants,

I wanted to express my sincere gratitude for your participation. It has been a little more than a month since we met at the News Cafe and I apologise for not writing sooner, but I have been travelling a lot for work and have just now found some time.

I was very pleased with the frank discussion and the productive nature of the exchanges at the workshop. The diversity of skills and experiences and the thoughtfulness of the contributions confirmed that we had the right people in the room. I hope a network was launched at the workshop and that we will maintain it.

I am beginning to write up my dissertation and I thought I could share some of the major points arising from the discussion. I hope that I captured our ideas correctly.

1. One theme raised early was the notion of a 'new way forward', one that avoids the zero sum game of taking power from one group at the expense of another. There was a call to consider how masculinity is developed in relation to women's empowerment.
2. Some participants mentioned that more research is needed on the intersections of GBV violence and HIV: trends, determinants, indicators, etc.
3. Another thesis that had a lot of traction was that gender is more threatening than HIV to the male establishment. As a result, it was postulated, while the gender movement is older than the HIV movement, it is more fragmented and focussed on isolated issues. It was suggested that a gender coalition could help to move beyond these issues towards transformation.
4. It was observed that current laws and their historical perspectives with regard to gender are not prominent in daily HIV discourse.
5. There was surprisingly little intersection between gender and HIV in the legal, social movement, or court case realms. There was a small overlap in policies and greater overlap, though not always explicit, in programmes.
6. It appears that community change is high on the agenda: all politics, and all change for that matter, is local.
7. It is felt that international instruments, such as CEDAW, did not tangibly lead to results on the ground.
8. Some participants call for people to be sensitised about the laws that are already on the books because implementation is low.
9. The paucity of men working in the field of gender is to be noted and changed.

Admittedly, I had some grand ideas when I was designing the workshop; I was attempting to move towards a synthesis whereby action steps flowed. That never happened. There was too much to discuss and explore. While I was a bit discouraged at first, I realised this in itself was an important finding, because the process was so important to all of us. We needed the space to engage the issues. It seems that we learned

from each other and by that measure the workshop succeeded.

I hope that this is the beginning of a long-term engagement that will help effect positive change. I also hope that some of the observations above will lead us there. One thing is very clear: there is a lot more work to be done to reduce gender-related vulnerability to HIV.

Thanks for your help and let us all keep in touch.

Best regards,

Scott

Scott Pulizzi
PhD Candidate, University of the Witwatersrand
Political Studies Department
Johannesburg, South Africa
Botswana Mobile: 7512 3809

Appendix 2: Correspondence with the Government of Botswana

Methodological Suggestions



Telephone: (267) 3632000
FAX (267) 353100
TELEGRAMS: RABONGAKA
TELEX: 2818 CARE BD

MINISTRY OF HEALTH
PRIVATE BAG 0038
GABORONE

REPUBLIC OF BOTSWANA

REFERENCE NO: PPME 13/18/1 Vol IV (59) 24 October 2008

Scott Pulizzi
University of the Witwatersrand
Johannesburg
South Africa

Dear Sir/Madam

AIDS, GENDER, AND CIVIL SOCIETY: A BOTSWANA CASE STUDY

Thanks for your comments regarding your responses to HRDC.

However we suggest that you contact the Women Affairs Unit of the Ministry of Labour and Home Affairs to get an insight on topical issues on gender, empowerment and AIDS.

You are also advice to approach the Botswana Council of Non-Government Organizations (BOCONGO) to get a sampling frame because all NGO are registered with it.

You are further advised to approach National AIDS Coordinating Agency (NACA) to know which Civil Society Organizations it is funding.

Also approach Botswana network of AIDS Service Organizations (BONASO) to check which Civil Society Organizations are dealing with Aids related issues. This will help in critical identification of areas of interest to your study covered by the Civil Society Organization.

Finally get the funding agencies that deal with AIDS from NACA to ascertain the mandate of the organisation and their influence in empowering Civil Society Organization in Botswana.

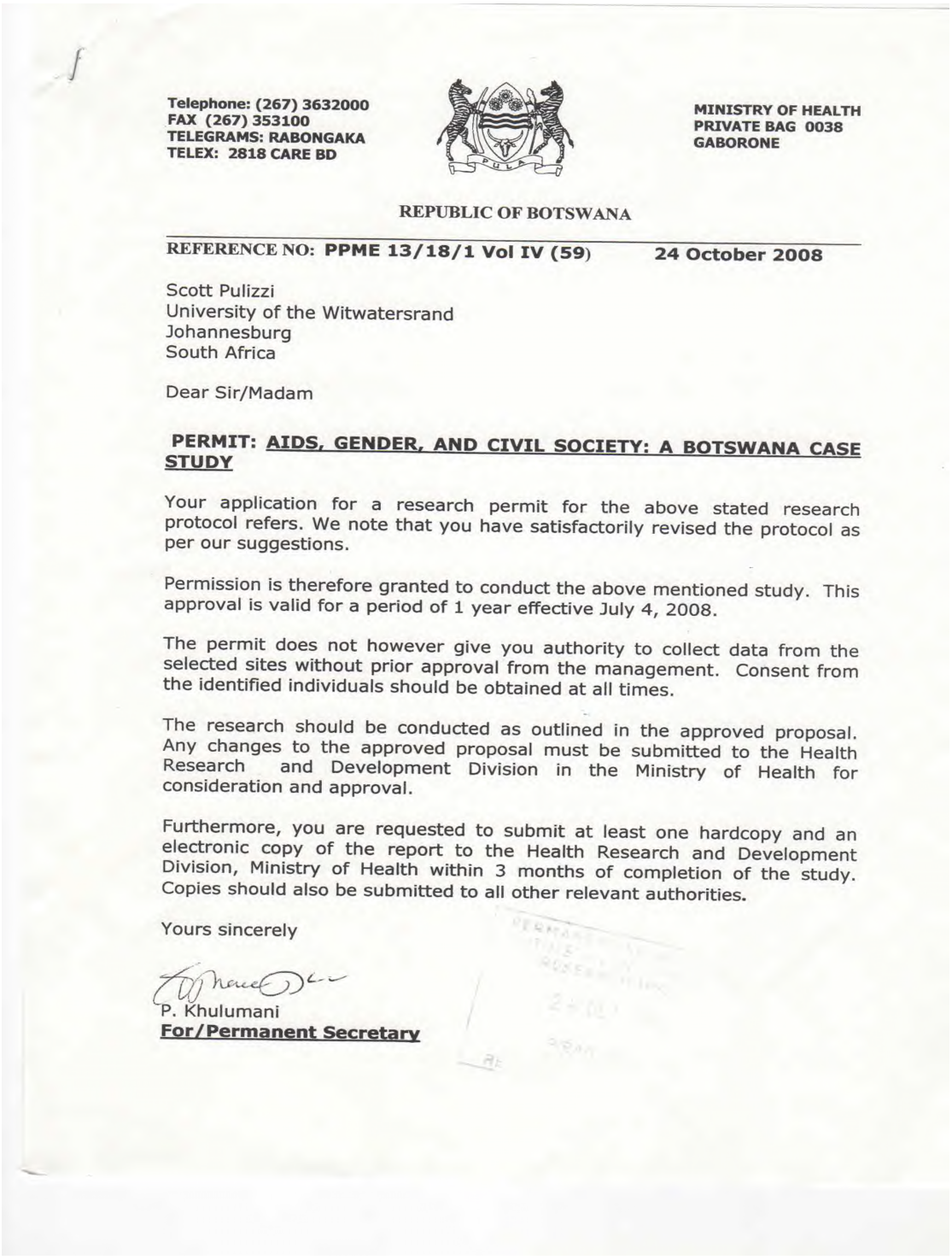
In your final proposal, you are advised to reorganise and beef up or give details on each stage of Methodology.

Responses to the above suggestions do not need to be submitted to HRU but they will help with sampling and data collection process.

Yours sincerely

P. Khulumani
For/Permanent Secretary

Research Permit



Telephone: (267) 3632000
FAX (267) 353100
TELEGRAMS: RABONGAKA
TELEX: 2818 CARE BD

MINISTRY OF HEALTH
PRIVATE BAG 0038
GABORONE

REPUBLIC OF BOTSWANA

REFERENCE NO: PPME 13/18/1 Vol IV (59) 24 October 2008

Scott Pulizzi
University of the Witwatersrand
Johannesburg
South Africa

Dear Sir/Madam

PERMIT: AIDS, GENDER, AND CIVIL SOCIETY: A BOTSWANA CASE STUDY

Your application for a research permit for the above stated research protocol refers. We note that you have satisfactorily revised the protocol as per our suggestions.

Permission is therefore granted to conduct the above mentioned study. This approval is valid for a period of 1 year effective July 4, 2008.

The permit does not however give you authority to collect data from the selected sites without prior approval from the management. Consent from the identified individuals should be obtained at all times.

The research should be conducted as outlined in the approved proposal. Any changes to the approved proposal must be submitted to the Health Research and Development Division in the Ministry of Health for consideration and approval.

Furthermore, you are requested to submit at least one hardcopy and an electronic copy of the report to the Health Research and Development Division, Ministry of Health within 3 months of completion of the study. Copies should also be submitted to all other relevant authorities.

Yours sincerely

P. Khulumani
For/Permanent Secretary

Bibliography

This bibliography is divided into eight parts. The first covers the original source data of interviews, the action research workshop, and the survey. The next two sections combine primary and secondary sources, including government documents, literature, academic books and peer-reviewed articles, about Botswana. Books, chapters, and articles on theory are presented by theme following the parameters established in Chapters 4 and 5: theories on civil society, critical theory, development, HIV and AIDS, and gender. The final section groups all the resources on methods. The bibliography is organised in the same the way that I conducted my literature review and thus best represents how I conceptualised the content and pulled it together to reach the conclusions presented in Chapter 7.

Original Source Data

The primary data collection consisted of interviews, survey, and an action research workshop.

List of Interviewees
February and April 2009; July and October 2010
Donors and Development Partners
1. Pankaja Panda, PhD, Behavioural Scientist, BOTUSA
2. Margaret K. Davis, MD, Director of BOTUSA
3. Joan LaRosa, Country Director, Botswana, USAID
4. Marx Garekwe, Public Affairs Specialist, UNDP Botswana
5. Lydia Seeletso, Behaviour Change Communication Specialist, ACHAP
6. Bekure Hawaz, Senior Programme Officer Behaviour Change Communication, ACHAP
Academia
7. Esther Seloilwe, PhD, HIV/AIDS Coordinator, Division of Student Affairs, University of Botswana
8. Nnunu Tsheko, PhD, Research Methodology Specialist, Faculty of Education, University of Botswana

Botswana Government
9. Elisabeth Pule, Women's Affairs Department, Botswana Ministry of Labour and Home Affairs
10. Mary Kasule, Principal Research Officer, Health Research Unit, Botswana Ministry of Health
11. Pilate Khulumani, Chief Research Officer, Health Research Unit, Botswana Ministry of Health
12. Bontle Molefe, Principal Education Officer (Curriculum), Department of Curriculum Development and Evaluation, Botswana Ministry of Education and Skills Development
13. Hildah Mokgolodi, Principal Education Officer – Guidance and Counselling, Botswana Ministry of Education and Skills Development
14. David Ratsatsi, Director of Department of Curriculum Development and Evaluation, Botswana Ministry of Education and Skills Development
Civil Society
15. Blessed Monyatsi, Project Director, Tebelopele
16. Keabonye Ntsabane, Co-ordinator Botswana Office, Gender Links
17. Dorcas Taukobong, Programme Officer, BONEPWA
18. David C. Ngele, Executive Director, BONEPWA
19. Lorato Moalusi-Sakufiwa, BONEPWA
20. Styn M. Jamu, Country Director Botswana, John Snow International
21. Maitio Setlhake, Adminstrator, BOCONGO
22. Nobantu Kalake, Officer, BOCONGO
23. Daniel Motsatsing, Executive Secretary, BONASO
24. Mpho Mahopolo, Director, WAR
25. Boingotlo Mogokgwane, Gender Coordinator, Botswana Teachers Union
26. Ronald Ketshabe, HIV and AIDS Coordinator, Botswana Teachers Union
27. Lenah Baitirile, BONELA
28. Irene Kwape, National Coordinator, BOCAIP
29. Naomi Mnthali, Country Coordinator, Education Development Center, Inc.

30. Lisa Jamu, Managing Director, Stepping Stones International
Workshop Participants
5 May 2009
1. Kgomotso More, Director, Kagisano Society Women's Shelter
2. Robert Lettsatsi, Programme Officer, Women in Action (WIA)
3. Daphne Kentse-Makwepa, Program Manager, BOCAIP
4. Goitseone Mathibe, Political Education Officer, *Emang Basadi*
5. Mai Machibela, Gender Initiative on Girls' Vulnerability to HIV (Go Girls! Initiative) of Johns Hopkins University, Center for Communication Programs, Botswana
6. Lebohang Letsie, *Emang Basadi* / University of Botswana
7. Botho Ntswaneng, Director, Botshabelo Rehabilitation Crisis Centre
8. Bogaisi Mabilo, Program Officer, FHI 360, Botswana
9. Nnunu Tsheko, PhD, Research Methodology Specialist, Faculty of Education, University of Botswana (also part of the interview sample)
10. Naomi Mnthali, Country Coordinator Botswana, Education Development Center, Inc. (also part of the interview sample)
11. Lenah Baitirile, BONELA (also part of the interview sample)

Survey

Approximately 200 surveys were administered, yielding 162 valid returns. Respondents were all public school teachers, ranging from lower primary to upper secondary schools, who were part of a series of HIV and Life Skills Training that I conducted for the Botswana Ministry of Education and the CDC. The trainings were held in Francistown, Maun, Kanye, and Gaborone and drew in teachers from throughout the country to attend one of the four sessions.

Botswana

Beaubien, Jason. 2012. "Botswana's 'Stunning Achievement' Against AIDS." In *AIDS: A turning point*, edited by National Public Radio. Washington, DC:

Beyrer, Chris, Gift Trapence, Felistus Motimedi, Eric Umar, Scholastika Iipinge, Friedel Dausab, and Stefan Baral. 2010. "Bisexual concurrency, bisexual partnerships, and HIV among Southern African men who have sex with men." *Sexually Transmitted Infections* 86(4): 18.

BOCONGO. 2008. *BOCONGO Code of Conduct.* Gaborone: BOCONGO

BOCONGO. 2009. *Botswana NGO's Shadow Report to CEDAW: The Implementation of the Convention.* Gaborone: BOCONGO.

BOCONGO. 2010. *Oral Statement to the CEDAW Committee – Botswana.* Geneva:

BONASO, Project Concern International. and NACA. 2011. National Capacity Building Strategic Framework for Botswana HIV and AIDS Service Organizations: Operational Plan [2010 – 2016]. Gaborone.

Botswana Government. 1998. *Botswana National Policy on HIV/AIDS*, edited by National AIDS Control Programme. Gaborone.

Botswana Government. 2002. *Botswana National Strategic Framework for HIV/AIDS 2003–2009*, edited by National AIDS Coordinating Agency. Gaborone.

Botswana Government. 2003. "Progress on Implementation of the Beijing Platform for Action." In *Progress on Implementation of the Beijing Platform for Action*, edited by The Commonwealth Secretary-General's 2003 Report to Heads of Government. London: Commonwealth Secretariat.

Botswana Government. 2006. *National Strategy for Behaviour Change Interventions and Communications for HIV and AIDS.* Edited by National AIDS Coordinating Agency. Gaborone.

Botswana Government. 2008a. *2008 Progress Report of the National Response to the UNGASS Declaration of Commitment on HIV/AIDS.* Edited by National AIDS Coordinating Agency. Gaborone.

Botswana Government. 2008b. *Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women: Combined initial, second and third periodic reports of States parties (Botswana).*" Edited by Ministry of Labour and Home Affairs Women's Affairs Department. Gaborone.

Botswana Government. 2008c. *Domestic Violence Act, Chapter 28:05.* Edited by Botswana Government. Gaborone: Botswana Government.

Botswana Government. 2008d. *National Directory of HIV and AIDS Stakeholders in Botswana.* Edited by National AIDS Coordinating Agency. Gaborone: National AIDS Coordinating Agency

Botswana Government. 2009a. *Botswana Partnership Framework for HIV/AIDS 2010 – 2014: A Collaborative Effort Between the Government of Botswana and the Government of the United States of America.* Edited by NACA. Gaborone: Botswana Government.

Botswana Government. 2009b. *O iCheke: Break the Chain.* Edited by National AIDS Coordinating Agency. Gaborone: Government of Botswana.

Botswana Government. 2009c. *Role of Civil Society in the HIV and AIDS Response.* Gaborone.

Botswana Government. 2009d. "The Second National Strategic Framework for HIV and AIDS 2010-2016." edited by National AIDS Coordinating Agency. Gaborone

Botswana Government. 2009e. *Stats Brief, Preliminary Results, Botswana AIDS Impact Survey III (BAIS III).* Edited by Central Statistics Office. Gaborone.

Botswana Government. 2010a. *Combined initial, second and third periodic reports of Botswana.* Edited by Committee on the Elimination of Discrimination against Women. Geneva.

Botswana Government. 2010b. *Progress Report on the National Response to the 2001 (UNGASS) Declaration of Commitment on HIV and AIDS: Botswana Country Report 2010.* Edited by National AIDS Coordinating Agency. Gaborone: Government of Botswana.

Botswana Government. 2011a. *Gender Equality Policy.* Gaborone.

Botswana Government. 2011b. *National Capacity Building Strategic Framework for Botswana HIV and AIDS Service Organizations: Operational Plan [2010–2016].* Gaborone.

Botswana Government and European Community. 2007. *Country Strategy Paper and National Indicative Programme.* Gaborone.

Botswana Government, Women's Affairs Department. 2003. *Progress on Implementation of the Beijing Platform for Action, 1995; and the Commonwealth Plan of action on Gender and Development (1995) and its Update (2000–2005).*

Edited by WAD. Gaborone: Commonwealth Secretariat.

Botswana Ministry of Health. 2012. "Role of Civil Society in HIV and AIDS Response." In *Botswana HIV/AIDS Programmes.* Gaborone: Botswana Ministry of Health.

Botswana Government. 2013. *Preliminary Results, Botswana AIDS Impact Survey IV (BAIS IV).* Edited by Central Statistics Office. Gaborone.

Carroll, Terrance, and Barbara Wake Carroll. 2004. "The Rapid Emergence of Civil Society in Botswana." *Commonwealth & Comparative Politics* 42(3): 333–55.

Central Intelligence Agency. 2013. *The World Fact Book 2013 – 2014.* Washington, DC: Potomac Books.

Chilisa, Bagele. 2005. "Educational research within postcolonial Africa: a critique of HIV/AIDS research in Botswana." *International Journal of Qualitative Studies in Education* 18(6): 659–84.

Clark, Peter A. 2006. "Mother-to-Child Transmission of HIV in Botswana: An Ethical Perspective on Mandatory Testing." *Developing World Bioethics* 6(1): 1–12.

Commeyras, Michelle, and Mercy Montsi. 2000. "What if I Woke up as the Other Sex? Batswana Youth Perspectives on Gender." *Gender and Education* 12(3): 327–46.

Dahl, Bianca. 2009. "The 'Failures of Culture': Christianity, Kinship, and Moral Discourses about Orphans during Botswana's AIDS Crisis." *Africa Today* 56(1): 2343.

Datta, Kavita. 2004. "A coming of age; Re-conceptualising gender and development in urban Botswana." *Journal of Southern African Studies* 30(2): 251–68.

Dingake, Oagile Bethuel Key. 2008. *Legal Aspects of HIV/AIDS at the Workplace in Botswana and South Africa.* Gaborone: Pula Press.

Dintwa, Kakanyo Fani. 2009. "Factors Associated With Nonuse of Condom for Sexually Active Botswana Women." *Health Care for Women International* 31(1): 37–52.

Dintwa, Kakanyo Fani. 2010. "Changing Family Structure in Botswana." *Journal of Comparative Family Studies.* 281-297.

Ditshwanelo – The Botswana Centre for Human Rights. Accessed July 2014. http://www.ditshwanelo.org.bw.

Dow, Unity. 2000. *Far and Beyon'.* San Francisco: Aunt Lute Books.

Dow, Unity. 2002. *The Screaming of the Innocent.* Cape Town: Double Story Books.

Driver, Dorothy, M. J. Daymond, Sheila Meintjes, Leloba Molema, Chiedza Musengezi, Margie Orford, and Nobantu Rasebotsa, eds. 2003. "Setswana Wedding Songs." In *Women Writing Africa: The Southern Region* (pp. 513–15). New York: The Feminist Press at the City University of New York.

Ehlers, V. J., A. Zuyderduin, and M. J. Oosthuizen. 2001. "The well-being of gays, lesbians and bisexuals in Botswana." *Journal of Advanced Nursing* 35(6): 848–56.

Fako, Thabo. 2006. "Social and psychological factors associated with willingness to test for HIV infection among young people in Botswana." *AIDS Care* 18(3): 201–07.

Geisler, Gisela. 2006. "'A Second Liberation': Lobbying for Women's Political Representation in Zambia, Botswana and Namibia." *Journal of Southern African Studie*s 32(1): 69–84.

Good, Kenneth. 2009. *Diamonds, Dispossession and Democracy in Botswana.* Johannesburg: Jacan Media.

Good, Kenneth, and Ian Taylor. 2007. "Mounting Repression in Botswana." *The Round Table: The Commonwealth Journal of International Affairs* 96(390): 275–278.

Gossett, Charles W. 2010. "The Impact of AIDS on the Botswana Civil Service: A Case Study of the Police and Prison Services." *International Journal of Public Administration* 33(5): 240–50.

The Government of Botswana and The United Nations in Botswana. 2010. B*otswana Millennium Development Goals: Status Report 2010.* Edited by The Government of Botswana Ministry of Finance and Development Planning, and The United Nations in Botswana. Gaborone.

Griffiths, Anne M. O. 1997. *In the Shadow of Marriage: Gender and Justice in an African Community.* Chicago: The University of Chicago Press.

Gwebu, Thando. 2007. "The gendered reconfiguration of low-income urban household space in response to AIDS: Perspectives from Botswana." *Norsk Geografisk Tidsskrift – Norwegian Journal of Geography* 61(1): 13–24.

Haron, Muhammed, and Kipton Jensen. 2008. "Religion, identity and public health in Botswana." *African Identities* 6(2): 183–98.

Head, Bessie. 1977. *The Collector of Treasures.* Nairobi: Heinemann.

Head, Bessie. 1986. *When Rain Clouds Gather.* Nairobi: Heinemann.

Ho-Foster, Ari, Ditiro Laetsang, Mokgweetsi Masisi, Marina Anderson, Derrick Tlhoiwe, Anne Cockcroft, and Neil Andersson. 2010. "Gender-specific patterns of multiple concurrent sexual partnerships: a national cross sectional survey in Botswana." *AIDS Care* 22(8): 1006–11.

Iversen, Anders Bjørndahl. 2005. "Transactional aspects of sexual relations in Francistown, Botswana." *Norsk Geografisk Tidsskrift – Norwegian Journal of Geography* 59(1): 48–54.

Kaboyakgosi, Gape, and Keneilwe P. Mpule. 2008. "Beyond public administration? HIV/AIDS policy networks and the transformation of public administration in Botswana." *Public Administration and Development* 28(4): 301–10.

Kangethe, Simon. 2010. "The perfidious experiences of men as palliative caregivers of people living with HIV/AIDS and other terminal illnesses in Botswana. Eclectic data sources." *Indian Journal of Palliative Care* 16(3): 159.

Khama, Baboni, Mmakgama Khama, Milly Khama, and Oratile Sekgoma. 2003. "Letter to the High Commissioner." In *Women Writing Africa: The Southern Region*, edited by Dorothy Driver M. J. Daymond, Sheila Meintjes, Leloba Molema, Chiedza Musengezi, Margie Orford, and Nobantu Rasebotsa (pp. 180–82). New York: The Feminist Press at the City University of New York.

Kiley, Erin E., and Alice J. Hovorka. 2006. "Civil society organisations and the national HIV/AIDS response in Botswana." *African Journal of AIDS Research* 5(2): 167–78.

Klaits, Frederick. 2005. "The Widow in Blue: Blood and the Morality of Remembering in Botswana's Time of AIDS." *Africa* 75(1): 46–62.

Klaits, Frederick. 2009. "Faith and the Intersubjectivity of Care in Botswana." *Africa Today* 56(1): 3–20

Langeni, Tabitha. 2007. "Contextual factors associated with treatment-seeking and higher-risk sexual behaviour in Botswana among men with symptoms of sexually transmitted infections." *African Journal of AIDS Research* 6(3): 261–69.

Lekorwe, M., and D. Mpabanga. 2007. "Managing Non-Governmental Organizations in Botswana." *The Innovation Journal: The Public Sector Innovation Journal* 12(3): 1–18.

Lindsey, Elizabeth, Miriam Hirschfeld, and Sheila Tlou. 2003. "Home-Based Care in Botswana: Experiences of Older Women and Young Girls." *Health Care for Women International* 24(6): 486–501.

Livingston, Julie. 2009. "Suicide, Risk, and Investment in the Heart of the African

Miracle." *Cultural Anthropology* 24(4): 652–80.

Lunga, Violet. 2002. "Empowerment through Inclusion: The Case of Women in the Discourses of Advertising in Botswana." *Perspectives on Global Development and Technology 1*(1): 35–49.

Machisa, Mercy, and Roos van Dorp. 2012. *Gender Based Violence Indicators Study.* Edited by Women's Affairs Department Ministry of Labour and Home Affairs. Gaborone: Botswana Government.

Makgolo, Jeffrey. 2009. *Botswana trade unions put HIV high on the agenda.* Edited by ILO. Gaborone: International Labour Organisation.

Maruatona, Tonic. 1999. "Adult Education and the Empowerment of Civil Society: The Case of Trade Unions in Botswana." *International Journal of Lifelong Education* 18(6): 476–91.

Maundeni, Zibani. 2004a. *Civil Society, Politics and the State in Botswana*. Gaborone: EDI Publishing.

Maundeni, Zibani. 2004b. "Mutual criticism and state/society interaction in Botswana." *The Journal of Modern African Studies* 42(4): 619–36.

Maundeni, Zibani. 2005. "Civil Society and Democracy in Botswana." In *40 Years of Democracy in Botswana 1965 – 2005*, edited by Zibani Maundeni (pp. 177–89). Gaborone: Mmegi Publishing House.

Mberengwa, Lois. 2007. "Family Strengths Perspectives from Botswana." *Marriage & Family Review* 41(1): 27–46.

McIlwaine, Cathy, and Kavita Datta. 2004. "Endangered Youth? Youth, gender and sexualities in urban Botswana." *Gender, Place and Culture* 11(4): 483–512.

Mfundisi, Adam. 2005. "Civil Society and Voter Education in Botswana: 1965 – 2004." In *40 Years of Democracy in Botswana 1965 – 2005*, edited by Zibani Maundeni (pp. 164–76). Gaborone: Mmegi Publishing House.

Mhlanga, Pamela, Susan Tolmay, and Colleen Lowe Morna. 2009. *At the Coalface: Gender and Local Government in Botswana.* Johannesburg: Gender Links.

Mokomane, Zitha. 2008. "Civil Society." In *Transparency, Accountability, and Corruption in Botswana*, edited by Zibani Maundeni (pp. 157–62). Gaborone: The Democracy Research Project and the Institute for Development in Southern Africa.

Molefe, Segametsi, Banabotlhe Kwena, and Matshediso. 2003. "Three Court

Statements." In *Women Writing Africa: The Southern Region*, edited by Dorothy Driver, M. J. Daymond, Sheila Meintjes, Leloba Molema, Chiedza Musengezi, Margie Orford, and Nobantu Rasebotsa (pp. 283–85). New York: The Feminist Press at the City University of New York.

Molokomme, Athaliah, Leloba Molema, Opha Dube, Motsei Madisa, Ruth Motsete, and Onalenna Selowane. 2003. "Citizenship: An Open Letter to the Attorney General." In *Women Writing Africa: The Southern Region*, edited by Dorothy Driver, M. J. Daymond, Sheila Meintjes, Leloba Molema, Chiedza Musengezi, Margie Orford, and Nobantu Rasebotsa (pp. 386–90). New York: The Feminist Press at the City University of New York.

Molomo, Mpho. 2005. "Electoral Systems and Democracy in Botswana." In *40 Years of Democracy in Botswana 1965 – 2005*, edited by Zibani Maundeni (pp. 29–49). Gaborone: Mmegi Publishing House.

Molomo, Mpho, and Wilford Molefe. 2005. "Voters and Electoral Performance of Political Parties in Botswana." In *40 Years of Democracy in Botswana 1965 – 2005*, edited by Zibani Maundeni (pp. 80 – 93). Gaborone: Mmegi Publishing House.

Molomo, Mpho, and David Sebudubudu. 2005. "Funding Political Parties: Levelling the Political Playing Field." In *40 Years of Democracy in Botswana 1965 – 2005*, edited by Zibani Maundeni. Gaborone: Mmegi Publishing House.

Molutsi, Patrick. 2005. "Botswana's Democracy in a Southern African Regional Perspective: Progress or Decline." In *40 Years of Democracy in Botswana 1965 – 2005*, edited by Zibani Maundeni (pp. 10–28). Gaborone: Mmegi Publishing House.

Morna, Colleen Lowe, and Deborah Walter. 2009. *SADC Gender Protocol Baseline Barometer*. Johannesburg: Gender Links.

Mupedziswa, Rodreck. 2011. "Sustainable Social Development in Africa: Learning from Botswana's Experience." *Journal of Social Development in Africa* 26(1): iii–iv.

Nitza, Amy, Bagele Chilisa, and Veronica Makwinja-Morara. 2010. "Mbizi: Empowerment and HIV/AIDS Prevention for Adolescent Girls in Botswana." *The Journal for Specialists in Group Work* 35(2): 105–14.

Norr, Kathleen, Sheila Tlou, and Matshidiso Moeti. 2004. "Impact of Peer Group Education on HIV Prevention among Women in Botswana." *Health Care for Women International* 25(3): 210–26.

Nthomang, Keitseope, Nthabiseng Phaladze, Noma Oagile, Barbara Ngwenya, Naomi Seboni, Kesitegile Gobotswang, and Rebecca Kubanji. 2009. "People Living

With HIV and AIDS on the Brink: Stigma—A Complex Socio-cultural Impediment in the Fight Against HIV and AIDS in Botswana." *Health Care for Women International* 30(3): 233–34.

Ntseane, Dolly. 2005. "Women in Party Politics." In *40 Years of Democracy in Botswana 1965 – 2005*, edited by Zibani Maundeni (pp. 222–36). Gaborone: Mmegi Publishing House.

Ntseane, Dolly, and Joel Sentsho. 2005. "Women's Representation in Parliament and Council: A Comparative Analysis." In *40 Years of Democracy in Botswana 1965 – 2005*, edited by Zibani Maundeni (pp. 190–205). Gaborone: Mmegi Publishing House.

Ntseane, Dolly, and Kholisani Solo. 2007. *Social Security and Social Protection in Botswana*. Gaborone: Bay Publishing.

Ntseane, Peggy Gabo, and Julia Preece. 2005. "Why HIV/AIDS prevention strategies fail in Botswana: considering discourses of sexuality." *Development Southern Africa* 22(3): 347–63.

Ntseane, Peggy Gabo, and Frank Youngman. 2002. "Leadership in Civil Society Organisations in Botswana." *Development Policy Management Forum DPMF Policy Brief Series* (7): 1–11.

Ontebetse, Khonani. 2009. "Global Fund refuses to fund Botswana." *Botswana Gazette.* Gaborone.

Panos Southern Africa. 2008. *An Assessment of HIV and AIDS Radio Campaign Messages in Botswana.* Lusaka: Panos Institute

Parliamentarians for Women's Health. *Botswana and International Human Rights Instruments.* Washington, DC.

Parsons, Neil. 1999. The Botswana History Pages. Accessed 14 July 2014. http://www.thuto.org/ubh/bw/bhp1.htm.

Phaladze, Nthabiseng, and Sheila Tlou. 2006. "Gender and HIV/AIDS in Botswana: a focus on inequalities and discrimination." *Gender and Development* 14(1): 23–35.

Pharaoh, Robyn. 2005. *Not Business as Usual: Public Sector Responses to HIV/AIDS in Southern Africa.* Pretoria: Institute for Security Studies.

Phorano, O. D., K. Nthomang, and D. Ntseane. 2005. "Alcohol abuse, gender-based violence and HIV/AIDS in Botswana: establishing the link based on empirical evidence." *Journal of Social Aspects of HIV/AIDS* 2(1).

Physicians for Human Rights. 2007. Epidemic of Inequality, Women's Rights and HIV/AIDS in Botswana & Swaziland: An Evidence-Based Report on the Effects of Gender Inequity, Stigma and Discrimination. Cambridge, MA: Physicians for Human Rights.

Plank, Rebeca M., Joseph Makhema, Poloko Kebaabetswe, Fatima Hussein, Chiapo Lesetedi, Daniel Halperin, Barbara Bassil, Roger Shapiro, and Shahin Lockman. 2009. "Acceptability of Infant Male Circumcision as Part of HIV Prevention and Male Reproductive Health Efforts in Gaborone, Botswana, and Surrounding Areas." *AIDS and Behaviour* 14(5): 1198–202.

Preece, Julia, and Gabo Ntseane. 2004. "Using Adult Education Principles for HIV/AIDS Awareness Intervention Strategies in Botswana." *International Journal of Lifelong Education* 23(1): 5–22.

Presidential Task Group on a Long Term Vision for Botswana. 1997. *Long Term Vision for Botswana.* Gaborone: Botswana Government

Pulizzi, Scott, Naomi Mnthali, Nontobeko Tau, Lydia Seeletso, and Gibson Sinkamba. 2003. *HIV Prevention Education: A Needs Assessment of Botswana Schools.* A report developed by the Botswana Ministry of Education; BOTUSA Project, a collaboration between the Botswana Ministry of Health and the US Centers for Disease Control and Prevention; and Education Development Center, Inc., USA, with support from the World Health Organization.

Quansah, E. K. 2006. *Introduction to Family Law in Botswana.* Gaborone: Pula Press.

Rajaraman, Divya, Alison Earle, and S. Jody Heymann. 2008. "Working HIV care-givers in Botswana: Spill-over effects on work and family well-being." *Community, Work & Family* 11(1): 1–17.

Rajaraman, D., S. Russell, and J. Heymann. 2006. "HIV/AIDS, income loss and economic survival in Botswana." *AIDS Care* 18(7): 656–62.

Renwick, Neil. 2007. "Global Society's Response to HIV/AIDS: Botswana's Experience." *Global Society* 21(2): 133–53.

Sabone, M., E. Ntsayagae, M. S. Brown, N. M. Seboni, K. D. Mogobe, and M. Sebego. 2007. "Perceptions of undergraduate students not participating in HIV/AIDS prevention activities in Botswana." *International Nursing Review* 54: 332–38.

Samatar, Abdi Ismail. 1999. *An African Miracle: State and Class Leadership and Colonial Legacy in Botswana Development.* Portsmouth: Heinemann.

Schapera, Isaac. 1955. *A Handbook of Tswana Law and Custom.* Oxford: International African Institute

Sebudubudu, David, and Bertha Z. Osei-Hwedie. 2006. "Pitfalls of Parliamentary Democracy in Botswana." *Africa Spectrum* 41(1): 35–53.

Segaise, Gasethata, Mmatsheko Pilane, and Motshabi Molefhe. 2003. "Lend Me a Dress: Testimonies on Education." In *Women Writing Africa: The Southern Region*, edited by Dorothy Driver, M. J. Daymond, Sheila Meintjes, Leloba Molema, Chiedza Musengezi, Margie Orford, and Nobantu Rasebotsa (pp. 446–48). New York: The Feminist Press at the City University of New York.

Sekgoma, Oratile. 2003. "Inheritance: Two Letters." In *Women Writing Africa: The Southern Region*, edited by Dorothy Driver, M. J. Daymond, Sheila Meintjes, Leloba Molema, Chiedza Musengezi, Margie Orford, and Nobantu Rasebotsa (pp. 187–89). New York: The Feminist Press at the City University of New York.

Seloilwe, Esther Salang, and Gloria Thupayagale-Tshweneagae. 2009. "Sexual Abuse and Violence Among Adolescent Girls in Botswana: A Mental Health Perspective." *Issues in Mental Health Nursing* 30(7): 456–59.

Selolwane, Onalena. 2000. "Civil Society, Citizenship and Women's Right in Botswana." In *International Perspectives on Gender and Democratisation*, edited by Shirin M. Rai (pp. 83–100). London: Macmillan Press Ltd.

Stegling, Christine. 2004. "Botswana's HIV/AIDS Programme: A Model for SADC?" *Development Update* 5(3): 225–44.

Strain, Robert M. 2008. "Battle from the Bottom: The Role of Indigenous AIDS NGOs in Botswana." *CUREJ – College Undergraduate Research Electronic Journal*, University of Pennsylvania: 1–68.

Su, Yvonne. 2010. "The failure of the American ABC HIV prevention model in Botswana." *Studies by Undergraduate Researchers at Guelph* 4(1): 8.

Taylor, Ian. 2004. "The HIV/AIDS Pandemic in Botswana: Implications for the African Miracle." In *The Political Economy of AIDS in Africa*, edited by Nana K Poku and Alan Whiteside (pp. 151–64). Burlington: Ashgate

Taylor, Ian. 2005. "The Developmental State in Africa: The Case of Botswana." In *The Potentiality of "Developmental States" in Africa: Botswana and Uganda Compared*, edited by Pamela Mbabazi and Ian Taylor (pp. 44–56). Dakar: Codesria.

Thupayagale-Tshweneagae, Gloria. 2010. "Behaviours used by HIV-positive adolescents to prevent stigmatization in Botswana." *International Nursing Review* 57: 260–64.

Thupayagale-Tshweneagae, Gloria, Naomi Mmapelo Seboni, and Esther Salang Seloilwe. 2009. "Risks and Protective Behaviours of Adolescents Living With HIV/AIDS in Botswana." *Health Care for Women International* 30(3): 232–32.

Transparency International. 2011. *Corruption Perceptions Index 2011.* Berlin.

United Nations. 2008. *UN Development Assistance Framework 2010 – 2016: Botswana.* Gaborone.

United Nations Development Programme. 2009. "Assessment of Development Results, Evaluation of UNDP Contribution: Botswana." In *Assessment of Development Results, edited by Evaluation Office UNDP* (p. 91). New York: UNDP.

United Nations Development Programme. 2013. *International Human Development Indicators.* New York: UNDP.

United States Government. 2010. *Botswana Partnership Framework for HIV/AIDS 2010 – 2014: A Collaborative Effort between The Government of Botswana and The Government of the United States of America (December 2010).* Edited by US Global AIDS Coordinator. Washington, DC.

University of Botswana. *Botho and Vision 2016.* Accessed 11 April 2012. http://www.ubotho.net/Botho-Vision2016.

Upton, Rebecca L. 2001. "'Infertility Makes You Invisible': Gender, Health and the Negotiation of Fertility in Northern Botswana." *Journal of Southern African Studies* 27(2): 349–62.

USAID. 2011. *Request for Applications (RFA) No. 674-11-0003 Botswana Civil Society Strengthening Program.* Edited by Regional Acquisition and Assistance Office. Pretoria.

Weiser, Sheri D., Michele Heisler, Karen Leiter, Fiona Percy-de Korte, Sheila Tlou, Sonya DeMonner, Nthabiseng Phaladze, David R. Bangsberg, and Vincent Iacopino. 2006. "Routine HIV Testing in Botswana: A Population-Based Study on Attitudes, Practices, and Human Rights Concerns." *PLoS Medicine* 3(7): e261.

The World Bank. 2010. *BOTSWANA & HIV/AIDS: Innovative Financing Underpins IBRD Support to Botswana's Fight Against HIV/AIDS.* Washington, DC: World Bank.

Civil Society

Afshar, Haleh. 2001. "Gendering the Millennium." In *Debating Development*, edited by Deborah Eade and Ernst Ligteringen. London: Oxfam GB.

Agg, Catherine. 2006. *Trends in Government Support for Non-Governmental Organizations: Is the "Golden Age" of the NGO Behind Us?* Civil Society and Social Movements Programme Paper, United Nations Research Institute for Social Development (UNRISD), Number 23: 1–40.

Banks, Nicola, and David Hulme. 2012. *The role of NGOs and civil society in development and poverty reduction.* Brooks World Poverty Institute BWPI Working Paper 171: 1–39.

Bebbington, Anthony, and Roger Riddell. 1997. "Heavy Hands, Hidden Hands, Holding Hands? Donors, Intermediary NGOs and Civil Society." In *NGOs, States and Donors: Too Close for Comfort?*, edited by David Hulme and Michael Edwards (pp. 107–27). New York: Save the Children Fund.

Blair, Harry. 1997. "Donors, Democratisation and Civil Society: Relating Theory to Practise." In *NGOs, States and Donors: Too Close for Comfort?*, edited by David Hulme and Michael Edwards (pp. 23–42). New York: Save the Children Fund.

Cannon, Christy. 2000. "NGOs and the State: A Case-Study from Uganda." In *Development, NGOs, and Civil Society: The Debate and Its Future*, edited by Deborah Eade. London: Oxfam GB.

Cavill, Sue, and M. Sohail. 2007. "Increasing strategic accountability: a framework for international NGOs." *Development in Practice* 17(2): 231–48.

Chambers, Simone. 2002. "A Critical Theory of Civil Society." In Alternative Conceptions of Civil Society, edited by Simone Chambers and Will Kymlicka (pp. 90–112). Princeton, NJ: Princeton University Press.

Clark, John. 1993. "The State and the Voluntary Sector." Human Resources Development and Operations Policy, The World Bank 12: 22.

Clark, John. 1997. "The State, Popular Participation and the Voluntary Sector." In *NGOs, States and Donors: Too Close for Comfort?*, edited by David Hulme and Michael Edwards (pp. 43–58). New York: Save the Children Fund.

Cohen, Jean L., and Andrew Arato. 1994. *Civil Society and Political Theory.* Cambridge, MA: The MIT Press.

Collier, Christopher. 2000. "NGOs, the Poor and Local Government." In *Development, NGOs and Civil Society*, edited by Deborah Eade. London: Oxfam GB.

Comaroff, John L., and Jean Comaroff 1999. "Introduction." In *Civil Society and the Political Imagination in Africa: Critical Perspectives*, edited by John L. Comaroff and Jean Comaroff (pp. 1–42). Chicago: University of Chicago Press.

Commins, Stephen. 1997. “World Vision International and Donors; Too Close for Comfort?” In *NGOs, States and Donors: Too Close for Comfort?*, edited by David Hulme and Michael Edwards (pp. 140–55). New York: Save the Children Fund.

De Tocqueville, Alexis. 1835. *Democracy in America* (Volume I).

Diamond, Larry. 1997. “In Search of Consolidation.” In *Consolidating the Third Wave Democracies: Themes and Perspectives*, edited by Larry Diamond, Marc F. Plattner, Yun-han Chu, and Hung-mao Tien. Baltimore: The Johns Hopkins University Press.

Diamond, Larry. 1999. *Developing Democracy: Toward Consolidation.* Baltimore: The Johns Hopkins University Press.

Diani, Mario. 2000. “The Concept of Social Movement.” In *Readings in Contemporary Political Sociology*, edited by Kate Nash (pp. 155–75). Malden: Blackwell.

Durham, Deborah. 1999. “Civil Lives: Leadership and Accomplishment in Botswana.” In *Civil Society and the Political Imagination in Africa: Critical Perspectives*, edited by John L. Comaroff and Jean Comaroff (pp. 192–217). Chicago: University of Chicago Press.

Edwards, Michael. 2004. *Civil Society.* Cambridge, UK: Polity.

Edwards, Michael. 2011a. “Conclusion: Civil Society as a Necessary and Necessarily Contested Idea.” In *The Oxford Handbook of Civil Society*, edited by Michael Edwards (pp. 468–79). Oxford: Oxford University Press.

Edwards, Michael. 2011b. “Introduction: Civil Society and the Geometry of Human Relations.” In *The Oxford Handbook of Civil Society*, edited by Michael Edwards (pp. 3–14). Oxford: Oxford University Press.

Edwards, Michael, and David Hulme. 2000. “Scaling up NGO Impact on Development: Learning from Experience.” In *Development, NGOs and Civil Society*, edited by Deborah Eade. London: Oxfam GB.

Ehrenberg, John. 1999. Civil Society: The Critical History of an Idea. New York: New York University Press.

Ehrenberg, John. 2011. “The History of Civil Society Ideas.” In *The Oxford Handbook of Civil Society*, edited by Michael Edwards (pp. 15 – 28). Oxford: Oxford University Press.

Eschle, Catherine. 2001. *Global Democracy, Social Movements, and Feminism.* Boulder, CO: Westview Press.

Fafchamps, M., and T. Owens. 2009. “The Determinants of Funding to Ugandan Nongovernmental Organizations.” *The World Bank Economic Review* 23(2): 295–321.

Faulks, Keith. 2000. *Political Sociology: A Critical Introduction.* New York: New York University Press.

Ferguson, Adam. 1767. *An Essay on the History of Civil Society.* London: T. Cadell.

FHI 360. *Maatla — Botswana Civil Society Strengthening Program.* Durham, NC: Author. Accessed 27 March 2014. http://www.fhi360.org/projects/maatla-%E2%80%94-botswana-civil-society-strengthening-program

Fioramonti, Lorenzo. 2005 August. “Civil Societies and Democratization Assumptions, Dilemmas and the South African Experience.” *Theoria*: 65–88.

Fowler, Alan. 2011. “Development NGOs.” In *The Oxford Handbook of Civil Society*, edited by Michael Edwards (pp. 42–54). Oxford: Oxford University Press.

Gaventa, John. 2011. “Civil Society and Power.” In *The Oxford Handbook of Civil Society*, edited by Michael Edwards (pp. 416–27). Oxford: Oxford University Press.

Giddens, Anthony. 2000. “The Social Revolutions of Our Time.” In *Readings in Contemporary Political Sociology*, edited by Kate Nash (pp. 83–98). Malden: Blackwell.

Grzybowski, Candido. 2001. “We NGOs: A Controversial Way of Being and Acting.” In *Debating Development*, edited by Deborah Eade and Ernst Ligteringen. London: Oxfam GB.

Gyimah-Boadi, E. 1997. “Civil Society in Africa.” In *Consolidating the Third Wave Democracies: Themes and Perspectives*, edited by L. Diamond, Marc F. Plattner, Yun-han Chu, and Hung-mao Tien. Baltimore: The Johns Hopkins University Press.

Hodgkinson, Virginia A., and Micheal W. Foley (Ed.). 2003. *The Civil Society Reader.* Hanover: Tufts University Press.

Hodson, Ronald. 1997. “Elephant Loose in the Jungle: the World Bank and NGOs in Sri Lanka.” In *NGOs, States and Donors: Too Close for Comfort?*, edited by David Hulme and Michael Edwards (pp. 168–89). New York: Save the Children Fund.

Holmen, Hans. 2010. *Snakes in Paradise: NGOs and the Aid Industry in Africa.* Sterling: Kumarian Press.

Hulme, David, and Michael Edwards (Eds.). 1997. *NGOs, States and Donors: Too Close for Comfort?* New York: Save the Children Fund.

Ibrahim, Solava, and David Hulme. 2011. "Civil Society and Poverty." In *The Oxford Handbook of Civil Society*, edited by Michael Edwards (pp. 391–403). Oxford: Oxford University Press.

Janoski, Thomas, Robert Alford, Alexander Hicks, and Mildred A. Schwartz (Ed.). 2005. *The Handbook of Political Sociology: States, Civil Societies, and Globalization.* Cambridge: Cambridge University Press.

Jordan, Lisa. 2011. "Global Civil Society." In *The Oxford Handbook of Civil Society*, edited by Michael Edwards (pp. 93–107). Oxford: Oxford University Press.

Joseph, Jaime A. 2001. "NGOs: Fragmented Dreams." In *Debating Development*, edited by Deborah Eade and Ernst Ligteringen. London: Oxfam GB.

Kabeer, Naila, Simeen Mahmud, and Jairo Guillermo Isaza Castro. 2010. "NGOs' Strategies and the Challenge of Development and Democracy in Bangladesh." In Institute of Development Studies Working Paper, edited by Institute of Development Studies (p. 73). Brighton: IDS.

Kamat, Sangeeta. 2004. "The privatization of public interest: theorizing NGO discourse in a neoliberal era." *Review of International Political Economy* 11(1): 155–76.

Kandil, A. 1999. "Women and Civil Society." In *Civil Society at the Millennium*, edited by CIVICUS. West Hartford: Kumarian Press.

Korten, David C. 1990. G*etting to the 21st Century: Voluntary Action and the Global Agenda.* West Hartford: Kumarian Press.

Lentz, Roberta G. 2011. "Civil Society in the Digital Age." In *The Oxford Handbook of Civil Society*, edited by Michael Edwards (pp. 337–48). Oxford: Oxford University Press.

Lewis, David, and Paul Opoku–Mensah. 2006. "Moving forward research agendas on international NGOs: theory, agency, and context." *Journal of International Development* 18: 665–675.

Little, Adrian. 2002. "Rethinking civil society: radical politics and the legitimization of unpaid activities." *Contemporary Politics* 8(2): 103–15.

Manji, Firoze, and Carl O'Coill. 2002. "The Missionary Position: NGOs and Development in Africa." *International Affairs* 78(3): 567–83.

Mbogori, Ezra, and Hope Chigudu. 1999. “Civil Society and Government: A Continuum of Possibilities.” In *Civil Society at the Millennium*, edited by CIVICUS. West Hartford: Kumarian Press.

Michael, Sarah. 2004. *Undermining Development: the Absence of Power Among Local NGOs in Africa.* Bloomington: Indiana University Press.

Mitlin, Diana, Sam Hickey, and Anthony Bebbington. 2006. “Reclaiming development? NGOs and the challenge of alternatives.” Global Poverty Research Group Working Papers 043:49.

Moore, Mick, and Sheelagh Stewart. 2000. “Corporate Governance for NGOs?” In *Development, NGOs and Civil Society*, edited by Deborah Eade. London: Oxfam GB.

Naidoo, Kumi, and Rajesh Tandon. 1999. “The Promise of Civil Society.” In *Civil Society at the Millennium*, edited by CIVICUS. West Hartford: Kumarian Press.

Obadare, Ebenezer. 2011. “Civil Society in Sub-Saharan Africa.” In *The Oxford Handbook of Civil Society*, edited by Michael Edwards (pp. 183–96). Oxford: Oxford University Press.

Orum, Anthony M. 2001. *Introduction to Political Sociology.* Upper Saddle River: Prentice Hall.

Pearce, Jenny. 2000. “Development, NGOs, and Civil Society: The Debate and Its Future.” In *Development, NGOs and Civil Society*, edited by Deborah Eade. London: Oxfam GB.

Perkins, Douglas D., and Long, D. A. 2002. “Neighborhood sense of community and social capital: A multi-level analysis.” In *Psychological sense of community: Research, applications, and implications*, edited by A. Fisher, C. Sonn, and B. Bishop (pp. 291–318). New York: Plenum.

Phillips, Anne. 2002. “Does Feminism Need a Conception of Civil Society?” In *Alternative Conceptions of Civil Society*, edited by Simone Chambers and Will Kymlicka (pp. 90–112). Princeton, NJ: Princeton University Press.

Powell, Frederick. 2007. *The Politics of Civil Society: Neoliberalism or Social Left?* Bristol: The Policy Press, University of Bristol.

Rau, Bill. 2006. “The politics of civil society in confronting HIV/AIDS.” *International Affairs* 82(2): 285–95.

Robinson, Mark. 1997. “Privatising the Voluntary Sector: NGOs as Public Service Contractors?” In *NGOs, States and Donors: Too Close for Comfort?*, edited by

David Hulme and Michael Edwards (pp. 59–77). New York: Save the Children Fund.

Roche, Chris. 2001. “Impact Assessment: Seeing the Wood and the Trees.” In *Debating Development*, edited by Deborah Eade and Ernst Ligteringen. London: Oxfam GB.

Rodriguez-Carmona, Antonio. 2004. “Development NGOs, local learning, and social capital: the experience of CARE Bolivia in Villa Serrano.” *Development in Practice* 14(3): 354–65.

Rooy, Alison Van. 2001. “Good News! You May Be Out of a Job: Reflections on the Past and Future 50 Years for Northern NGOs.” In *Debating Development*, edited by Deborah Eade and Ernst Ligteringen. London: Oxfam GB.

Rosenblum, Nancy L., and Charles H. T. Lesch. 2011. “Civil Society and Government.” In *The Oxford Handbook of Civil Society*, edited by Michael Edwards (pp. 285–97). Oxford: Oxford University Press.

Seckinelgin, Hakan. 2004. “Who Can Help People With HIV/AIDS in Africa? Governance of HIV/AIDS and Civil Society.” V*oluntas: International Journal of Voluntary and Nonprofit Organizations* 15(3): 287–304.

Seckinelgin, Hakan. 2005. “A Global Disease and Its Governance: HIV/AIDS in Sub-Saharan Africa and the Agency of NGOs.” *Global Governance* 11: 351–68.

Selolwane, Onalenna Doo. 1998. “Gender and Democracy in Botswana: Women’s Struggle for Equality and Political Participation.” In *The State and Democracy in Africa*, edited by Georges Nzongola-Ntalaja and Margaret C. Lee. Asmara: Africa World Press, Inc.

Smith, Steven Rathgeb. 2011. “The Nonprofit Sector.” In *The Oxford Handbook of Civil Society*, edited by Michael Edwards (pp. 29–41). Oxford: Oxford University Press.

Srinivas, Nidhi. 2009. “Against NGOs? A critical perspective on nongovernmental action.” *Nonprofit and Voluntary Sector Quarterly* 38(4): 12.

Stubbs, Josefina. 2001. “Gender in Development: A Long Haul – But We are Getting There.” In *Debating Development*, edited by Deborah Eade and Ernst Ligteringen. London: Oxfam GB.

Tandon, Rajesh. 2001. “Riding High or Nose-diving: Development NGOs in the New Millennium.” In *Debating Development*, edited by Deborah Eade and Ernst Ligteringen. London: Oxfam GB.

Tembo, Fletcher. 2003. “The multi-image development NGO: an agent of the new imperialism?” *Development in Practice* 13(5): 527–33.

Townsend, Janet G., Gina Porter, and Emma Mawdsley. 2004. “Creating Spaces of Resistance: Development NGOs and their Clients in Ghana, India and Mexico.” *Antipode*: 871–89.

Tvedt, Terje. 2002. “Development NGOs: Actors in a Global Civil Society or in a New International Social System?” *Voluntas: International Journal of Voluntary and Nonprofit Organizations* 13(4): 363–75.

UNAIDS. 2011a. *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations.* Geneva.

UNGASS Civil Society Task Force. 2006. 2006 UNGASS Review Meeting Civil Society Task Force. New York: The United Nations General Assembly President’s Office.

United Nations Development Programme. 2010. *UNDP Engagement with Civil Society.* New York.

USAID. 2009. *The Office of Private Voluntary Cooperation.* Washington, DC.

USAID. 2010. *Office of Democracy & Governance: Civil Society.* Washington, DC.

Veltmeyer, Henry. 2005 Summer/Fall. “Democratic Governance and Participatory Development: The Role of Development NGOs.” *The Whitehead Journal of Diplomacy and International Relations*: 89–109.

Wallace, Tina, Lisa Bornstein, and Jennifer Chapman. 2006. *The AID Chain: Coercion and Commitment in Development NGOs.* Kampala: Fountain Publishers.

Walzer, Michael. 2007. *Thinking Politically: Essays in Political Theory.* New Haven: Yale University Press.

Werker, Eric, and Faisal Z. Ahmed. 2008. “What Do Nongovernmental Organizations Do?” *The Journal of Economic Perspectives* 22(2): 73–92.

Whaites, Alan. 2000. “Let’s Get Civil Society Straight: NGOs, the State and Political Theory.” In *Development, NGOs and Civil Society*, edited by Deborah Eade. London: Oxfam GB.

White, Sarah C. 2000. “Depoliticising Development: The Uses and Abuses of Participation.” In *Development, NGOs and Civil Society*, edited by Deborah Eade. London: Oxfam GB.

Wood, Geof. 1997. “States Without Citizens: The Problem of the Franchise State.” In

NGOs, States and Donors: Too Close for Comfort?, edited by David Hulme and Michael Edwards (pp. 79–92). New York: Save the Children Fund.

World Health Organization and Expandnet. 2010. *Nine steps for developing a scaling-up strategy.* Geneva: WHO.

Young, I. M. 2000. *Inclusion and Democracy.* Oxford: Oxford University Press.

Critical Theory

Bohman, James. 2005. "Critical Theory." In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta. Stanford: Stanford University

Brookfield, Stephen D. 2005. *The Power of Critical Thinking: Liberating Adult Learning and Teaching.* San Francisco: Jossey-Bass.

Foucault, Michel. 2000. "The Subject and Power." In *Readings in Contemporary Political Sociology*, edited by Kate Nash (pp. 8–25). Malden: Blackwell.

Freire, Paulo. 1973. *Education for Critical Consciousness.* New York: Continuum.

Freire, Paulo. 2005. *Pedagogy of the Oppressed.* New York: Continuum.

Held, David. 1980. *Introduction to Critical Theory: Horkheimer to Habermas.* Berkeley: University of California Press.

Gramsci, Antonio. 1971. *Selections from the Prison Notebooks.* Translation and editing by Quintin Hoare and Geoffrey Nowell Smith. New York: International Publishers.

Habermas, Jürgen. 1975. *Legitimation Crisis.* New York: Beacon Press.

Ingram, David, and Julia Simon-Ingram. 1991. "Introduction." In *Critical Theory: The Essential Readings*, edited by David Ingram and Julia Simon-Ingram. New York: Paragon House.

Malpas, Simon, and Paul Wake (Ed.). 2006. *The Routledge Companion to Critical Theory.* New York: Routledge.

Pimenta, Cristina. 2006 13–18 August. "Conceptual Frameworks and HIV/AIDS Prevention Paradigms." *XVI International AIDS Conference*, Toronto, Canada.

Schuurman, Frans. 2009. "Critical Development Theory: moving out of the twilight zone." *Third World Quarterly* 30(5): 831–48.

Tyson, Lois. 2006. *Critical Theory Today.* New York: Routledge.

Development Theory

Acemoglu, Daron, and James A. Robinson. 2012. *Why Nations Fail: The Origins of Power, Prosperity, and Poverty.* New York: Crown Business.

Chambers, Robert. 1997. *Whose Reality Counts? Putting the First Last.* Warwickshire: ITDG Publishing.

Eade, Deborah. 2007. "Capacity building: who builds whose capacity?" *Development in Practice* 17(4): 630–39.

Escobar, Arturo. 1997. "The Making and Unmaking of the Third World Through Development." In *The Post-Development Reader*, edited by Majid Rahnema, with Victoria Bawtree. Cape Town: David Philip.

Easterly, William R. 2002. *The Elusive Quest for Growth: Economists' Adventures and Misadventures in the Tropics.* Cambridge, MA: MIT Press.

Frank, Andre Gunder. 1967. *Capitalism and Underdevelopment in Latin America.* New York: Monthly Review Press.

Higgins, Kate. May 2013. *Reflecting on the MDGs and Making Sense of the Post-2015 Agenda: Executive Summary.* Ottawa, Ontario, Canada: NSI The North-South Institute.

Janzen, Melanie D. 2008. "The Women of Agabagaya: Education and Post-Development Theory." *Canadian Journal of Education* 31(1): 8–31.

Kiely, Ray. 1999. "The Last Refuge of the Noble Savage? A Critical Assessment of Post-Development Theory." *The European Journal of Development Research* 11(1): 30–55.

Lie, Jon Harald Sande. 2008. "Post-Development Theory and the Discourse-Agency Conundrum." *Social Analysis* 52(3): 118–37.

Matthews, Sally. 2004. "Post-development theory and the question of alternatives: a view from Africa." *Third World Quarterly* 25(2): 373–84.

Morse, Stephen. 2008. "Post-Sustainable Development." *Sustainable Development* 16: 341–52.

O'Manique, Colleen. 2004 Spring/Summer. "Global Neo-liberalism and AIDS Policy: International Responses to Sub-Saharan Africa's Pandemic." *Studies in Political Economy* 73: 47–68.

Peet, Richard, with Elaine Hartwick. 1999. *Theories of Development.* London: The Guilford Press.

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

Rahnema, Majid. 1997. "Development and the People's Immune System: The Story of Another Variety of AIDS." In *The Post-Development Reader*, edited by Majid Rahnema, with Victoria Bawtree. Cape Town: David Philip.

Rist, Gilbert. 2002. *The History of Development: From Western Origins to Global Faith.* New York: Zed Books.

Rostow, W. W. (1960). "The Five Stages of Growth—A Summary." In T*he Stages of Economic Growth: A Non-Communist Manifesto* (pp. 4–16). Cambridge: Cambridge University Press.

Sachs, Jeffrey. 2005. *The End of Poverty: Economic Possibilities for Our Time.* London: Penguin Books.

Sachs, Wolfgang. 2000. *Planet Dialectics: Explorations in Environment and Development.* Johannesburg: Witwatersrand University Press.

Sen, Amartya 1999. *Development as Freedom.* New York Alfred A. Knopf, Inc.

Shiva, Vendana. 1997. "Western Science and Its Destruction of Local Knowledge." In *The Post-Development Reader*, edited by Majid Rahnema, with Victoria Bawtree. Cape Town: David Philip.

Siemiatycki, Elliot. 2005. "Post-Development at a Crossroads: Towards a 'Real' Development." *Undercurrent* 2(3).

Simmons, Pam. 1997. "Women in Development: A Threat to Liberation." In *The Post-Development Reader*, edited by Majid Rahnema, with Victoria Bawtree. Cape Town: David Philip.

Simon, David. 2007. "Beyond antidevelopment: Discourses, convergences, practices." *Singapore Journal of Tropical Geography* 28(2): 205–18.

United Nations. 2013. *A New Global Partnership: Eradicate Poverty and Transform Economies Through Sustainable Development, The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda.* New York.

Willis, Katie. 2005. *Theories and Practices of Development.* London: Routledge.

Gender

Albertyn, Catherine. 2003. "Contesting Democracy: HIV/AIDS and the Achievement of Gender Equality in South Africa." *Feminist Studies* 29(3): 595–615.

Albertyn, Catherine. 2007. "Equality." In *Gender, Law and Justice*, edited by Elsje Bonthuys and Catherine Albertyn. Cape Town: Juta and Co.

Albertyn, Catherine, Lillian Artz, Helene Combrinck, Shereen Mills, and Lorraine Wolhuter. 2007. "Women's Freedom and Security of the Person." In *Gender, Law and Justice*, edited by Elsje Bonthuys and Catherine Albertyn. Cape Town: Juta and Co.

Albertyn, Catherine, and Shireen Hassim. 2003. "The Boundaries of Democracy: Gender, HIV/AIDS and Culture." In *The Real State of the Nation*, edited by D. Everatt and V. Maphai (pp. 137–64). Johannesburg: Interfund.

Alvarez, Sonia E. 1999 September. "Advocating Feminism: The Latin American Feminist NGO 'Boom'." *International Feminist Journal of Politics* 1(2): 181–209.

Ampofo, Akosua Adomako, and John Boateng. 2007. "Multiple Meanings on Manhood Among Boys in Ghana." In From *Boys to Men: Social Construction of Masculinity in Contemporary Society*, edited by T. Shefer, K. Ratele, A. Strebel, N. Shabalala, and R. Buikema. Cape Town: UCT Press.

Barker, Gary, Manuel Contreras, Brian Heilman, Ajay Singh, Ravi Verma, and Marcos Nascimento. 2011. *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES).* Washington, DC: International Center for Research on Women, and Rio de Janeiro: *Instituto Promundo*.

Barker, Gary, Margaret E. Greene, Eve Goldstein Siegel, Marcos Nascimento, Márcio Segundo, et al. 2010. "What Men Have to Do with It: Public Policies to Promote Gender Equality." In *Men and Gender Equality Policy Project*, edited by Men and Gender Equality Policy Project (pp. 1–68). Washington, DC: International Center for Research on Women.

Bhana, Deevia. 2005. "Violence and the Gendered Negotiations of Masculinity Among Young Black School Boys in South Africa." In *African Masculinities: Men in Africa from the Late Nineteenth Century to the Present*, edited by Lahoucine Ouzgane and Robert Morrell. Scottsville: University of KwaZulu-Natal Press.

Bonthuys, Elsje, and Wesahl Domingo. 2007. "Constitutional and International Law Context." In *Gender, Law and Justice*, edited by Elsje Bonthuys and Catherine Albertyn. Cape Town: Juta and Co.

Boserup, Ester. 1970. *Woman's role in economic development.* London: George Allen & Unwin.

Britton, Hannah, and Jennifer Fish. 2009. "Engendering Civil Society in Democratic South Africa." In *Women's Activism in South Africa: Working Across Divides*, edited by Hannah Britton, Jennifer Fish, and Sheila Meintjes. Scottsville: University of KwaZulu-Natal Press.

Chanter, Tina. 2006. *Gender: Key Concepts in Philosophy.* London: Continuum.

Connell, Raewyn. 2005. *Masculinities.* Berkeley: University of California Press.

Connell, Raewyn. 2009. *Gender.* Malden: Polity Press.

Connelly, M., Tania Murray Li, Martha MacDonald, and Jane L. Parpart. 2000. "Feminism and Development: Theoretical Perspectives." In *Theoretical Perspectives on Gender and Development*, edited by J. L. Parpart, M. Patricia Connelly, and V. Eudine Barriteau. Ottawa: International Development Research Center.

Dover, Paul. 2005. "Gender and Embodiment: Expectations of Manliness in a Zambian Village." In *African Masculinities: Men in Africa from the Late Nineteenth Century to the Present*, edited by Lahoucine Ouzgane and Robert Morrell. Scottsville: University of KwaZulu-Natal Press.

Fick, Glenda, Sheila Meintjes, and Mary Simons. 2002. *One Woman, One Vote: The Gender Politics of South African Elections.* Johannesburg: Electoral Institute for Sustainable Democracy in Africa (EISA).

Fox, Susan. 2003. *Gender-Based Violence and HIV/AIDS in South Africa: Organisational Responses.* Edited by Research and Evaluation Centre for AIDS Development. Johannesburg: Centre for AIDS Development, Research and Evaluation.

Garegae, Kgomotso Gertrude, and Marina Rinas Gobagoba. 2009. "Disempowerment + Blame = Zero Male Involvement in HIV and AIDS Issues." In *Male Involvement on Sexual and Reproductive Health: Prevention of Violence and HIV and AIDS in Botswana*, edited by Tapologo Maundeni, Bertha Osei-Hwedie, Elizabeth Mukamaambo, and Peggy Ntseane. Cape Town. Made Plain Communications.

Gupta, Geeta Rao, Daniel Whelan, and Keera Allendorf. 2003. *Integrating Gender into HIV/AIDS Programmes: Expert Consultation 3–5 June 2002.* Geneva: World Health Organisation.

Hawkins, Kate, Andrea Cornwall, and Tessa Lewin. 2011. "Sexuality and Empowerment: An Intimate Connection." In *Pathways Policy Paper*, edited by Pathways of

Women's Empowerment Research Programme Consortium (pp. 1–20). Brighton: The Pathways of Women's Empowerment Research Programme Consortium.

Hearn, Jeff. 2007. "The Problems Boys and Men Create, The Problems Boys and Men Experience." In *From Boys to Men: Social Construction of Masculinity in Contemporary Society*, edited by T. Shefer, K. Ratele, A. Strebel, N. Shabalala, and R. Buikema. Cape Town: UCT Press.

Hunter, Mark. 2004. "Masculinities and multiple-sexual-partners in KwaZulu-Natal: The Making and Unmaking of Isoka." *Transformation* 54: 123–153

Hunter, Mark. 2005. "Cultural politics and masculinities: Multiple-partners in historical perspective in KwaZulu-Natal." *Culture, Health & Sexuality* 7(4): 389–403.

Jackson, Cecile. 1998. "Rescuing Gender from the Poverty Trap." In *Feminists Visions of Development Gender Analysis and Policy*, edited by Cecile Jackson and Ruth Pearson. New York: Routledge.

Jacquette, Jane S., and Kathleen Staudt. 2006. "Women, Gender, and Development." In *Women and Gender Equity in Development Theory an Practice*, edited by Jane S. Jacquette and Gale Summerfield. Durham: Duke University Press.

Judd, Ellen. 1999. "Afterword: Opening Spaces for Transformative Practice." In *Feminists Doing Development: A Practical Critique.* London: Zed.

Kabeer, Naila. 1994. *Reversed Realities: Gender Hierarchies in Development Thought.* New York: Verso.

Kangethe, Simon M. 2009. "Inadequate Male Involvement in Health Issues: The Cause of Gender-Skewed HIV and AIDS Situations in Botswana." In *Male Involvement on Sexual and Reproductive Health: Prevention of Violence and HIV and AIDS in Botswana*, edited by Tapologo Maundeni, Bertha Osei-Hwedie, Elizabeth Mukamaambo, and Peggy Ntseane. Cape Town: Made Plain Communications.

Kgwatalala, Diana Lethogonolo. 2009. "Male Involvement in the Prevention of Femicide in Botswana: Issues and Challenges." In *Male Involvement on Sexual and Reproductive Health: Prevention of Violence and HIV and AIDS in Botswana*, edited by Tapologo Maundeni, Bertha Osei-Hwedie, Elizabeth Mukamaambo, and Peggy Ntseane. Cape Town: Made Plain Communications.

Kuumba, M. Bahati. 2009. "Transgressive African Feminism: The Possibilities of Global Organisation." In *Women's Activism in South Africa: Working Across Divide*s, edited by Hannah Britton, Jennifer Fish, and Sheila Meintjes. Scottsville: University of KwaZulu-Natal Press.

Landsberg-Lewis, Ilana, and Nazneen Damji. 2001. *Turning the Tide: CEDAW and the*

Gender Dimensions of the HIV/AIDS Pandemic. New York: UNIFEM.

Lekoko, Rebecca Nthogo. 2009. "A Generation in Jeopardy: Sexually Active Women in Pariarchal Cultural Settings and HIV and AIDS." In M*ale Involvement on Sexual and Reproductive Health: Prevention of Violence and HIV and AIDS in Botswana*, edited by Tapologo Maundeni, Bertha Osei-Hwedie, Elizabeth Mukamaambo, and Peggy Ntseane. Cape Town: Made Plain Communications.

Lindeggar, Graham, and Justin Maxwell. 2007. "Teenage Masculinity: The Double Find of Conformity to Hegemonic Standards." In *From Boys to Men: Social Construction of Masculinity in Contemporary Society*, edited by T. Shefer, K. Ratele, A. Strebel, N. Shabalala, and R. Buikema. Cape Town: UCT Press.

Maundeni, Tapologo, and Godsiang Bridget Mookodi. 2009. "Socio-Cultural Factors that Place Males at Risk for HIV Infection in Botswana: Implications for Sexual and Reproductive Health Strategies." In *Male Involvement on Sexual and Reproductive Health: Prevention of Violence and HIV and AIDS in Botswana*, edited by Tapologo Maundeni, Bertha Osei-Hwedie, Elizabeth Mukamaambo, and Peggy Ntseane. Cape Town: Made Plain Communications.

Mohanty, Chandra Talpade. 1984. "Under Western Eyes: Feminist Scholarship and Colonial Discourses." *Boundary 2* Vol. 12/13, Vol. 12, no. 3 – Vol. 13, no. 1, On Humanism and the University I: The Discourse of Humanism (Spring – Autumn, 1984), pp. 333–358.

Molyneux, Maxine. 1985 Summer. "Women's Interests, the State, and. Revolution in Nicaragua." *Feminist Studies* 11(2): 227–54.

Molyneux, Maxine. 1998. "Analysing Women's Movements." In *Feminists Visions of Development Gender Analysis and Policy*, edited by Cecile Jackson and Ruth Pearson. New York: Routledge.

Monro, S. 2005. *Gender Politics: Citizenship, Activism, and Sexual Diversity.* London: Pluto Press.

Monro, Surya. 2010. "Sexuality, Space and Intersectionality: The Case of Lesbian, Gay, and Bisexual Equalities Initiatives in UK Local Government." *Sociology* 44(5): 996–1010.

Morrell, Robert. 2005. "Men, Movements, and Gender Transformation in South Africa." In *African Masculinities: Men in Africa from the Late Nineteenth Centruy to the Present*, edited by Lahoucine Ouzgane and Robert Morrell. Scottsville: University of KwaZulu-Natal Press.

Moser, C. (1989). "Gender planning in the third world: Meeting practical and strategic gender needs." *World Development* 17(11): 1799–1825.

Moser, Caroline O. N. 1993. *Gender planning and development: theory, practice, and training.* New York: Routledge.

Mukasa, Rosemary Semufumu. 2008. *The African Women's Protocol: Harnessing a Potential Force for Positive Change.* Auckland Park: Fanele.

Nair, Sadisivan, and Serai Daniel Rakgoasi. 2009. "Male Involvement in the Antenatal Care and Prevention of Mother to Child Transmission Programmes in Botswana: Results of a Qualitative Study." In *Male Involvement on Sexual and Reproductive Health: Prevention of Violence and HIV and AIDS in Botswana*, edited by Tapologo Maundeni, Bertha Osei-Hwedie, Elizabeth Mukamaambo, and Peggy Ntseane. Cape Town: Made Plain Communications.

Ntseane, Peggy Gabo. 2009. "The Voices of Sex Workers: Implications for Adult Education Strategies." In *Male Involvement on Sexual and Reproductive Health: Prevention of Violence and HIV and AIDS in Botswan*a, edited by Tapologo Maundeni, Bertha Osei-Hwedie, Elizabeth Mukamaambo, and Peggy Ntseane. Cape Town: Made Plain Communications.

Nussbaum, Martha. 2000. *Women and human development: the capabilities approach.* New York: Cambridge University Press.

Okin, Susan Moller. 1998. "Gender, the Public, and the Private." In *Feminism and Politics*, edited by Anne Phillips. New York: Oxford University Press.

Oseen, Colette. 1999. "Women Organizing for Change: Transformational Organizing as a Strategy for Feminist Development." In *Feminists Doing Development: A Practical Critique*, edited by Marilyn Porter and Ellen Judd. London: Zed.

Pantazis, Angelo, and Elsje Bonthuys. 2007. "Gender and Sexual Orientation." In *Gender, Law and Justice*, edited by Elsje Bonthuys and Catherine Albertyn. Cape Town: Juta and Co.

Pateman, Carol. 2000. "The Patriarchal Welfare State." In *Readings in Contemporary Political Sociology*, edited by Kate Nash (pp. 238–62). Malden: Blackwell.

Pattman, Robert. 2005. "'Ugandans', 'Cats', and Others: Constructing Student Masculinities at the University of Botswana." In *African Masculinities: Men in Africa from the Late Nineteenth Century to the Present*, edited by Lahoucine Ouzgane and Robert Morrell. Scottsville: University of KwaZulu-Natal Press.

Pattman, Rob. 2007. "Researching and Working with Boys and Young Men in Southern Africa in the Context of AIDS: A Radical Approach." In *From Boys to Men: Social Construction of Masculinity in Contemporary Society*, edited by T. Shefer, K. Ratele, A. Strebel, N. Shabalala, and R. Buikema. Cape Town: UCT Press.

Peacock, Dean, and Andrew Levack. 2004. "The Men as Partners Program in South Africa: Reaching Men to End Gender-Based Violence and Promote Sexual and Reproductive Health." *International Journal of Men's Health* 3(3):1 73–88.

Pillay, Navi. 2014. "New anti–homosexuality law in Uganda violates basic human rights, stress UN officials." UN News Centre. Accessed November 2014. http://www.un.org/apps/news/story.asp?NewsID=47212#.VHmKV76PqQo.

Pulizzi, Scott, and Laurie Rosenblum. 2007. *Building a Gender Friendly School Environment.* Brussels: Education International.

Sathiparsad, Reshma. 2007. "Masculinities in the Era of HIV/AIDS: The Perspectives of Rural Male Zulu Youth." In *From Boys to Men: Social Construction of Masculinity in Contemporary Society*, edited by T. Shefer, K. Ratele, A. Strebel, N. Shabalala, and R. Buikema. Cape Town: UCT Press.

Scalway, Thomas. 2001. Y*oung men and HIV: Culture, Poverty and Sexual Risk.* Geneva: UNAIDS.

Schwartzman, Lisa H. 2006. *Challenging Liberalism: Feminism as a Political Critique.* University Park: University of Pennsylvania Press.

Shefer, Tamara, Kopano Ratele, Anna Strebel, Nokuthla Shabalala, and Rosemarie Buikema. 2007. "From Boys to Men: An Overview." In *From Boys to Men: Social Construction of Masculinity in Contemporary Society*, edited by T. Shefer, K. Ratele, A. Strebel, N. Shabalala, and R Buikema. Cape Town: UCT Press.

Silberschmidt, Margrethe. 2005. "Poverty, Male Disempowerment, and Male Sexuality: Rethinking Men and Masculinities in Rural and Urban East Africa." In *African Masculinities: Men in Africa from the Late Nineteenth Century to the Present*, edited by Lahoucine Ouzgane and Robert Morrell. Scottsville: University of KwaZulu-Natal Press.

Smith, Mohga Kamal. 2002. "Gender, poverty, and intergenerational vulnerability to HIV/AIDS." *Gender and Development* 10(3).

Smyth, Ines. 1998. "Gender Analysis of Family Planning: Beyond the 'Feminist vs. Population Control' Debate." In *Feminists Visions of Development Gender Analysis and Policy*, edited by Cecile Jackson and Ruth Pearson. New York: Routledge.

Smyth, Ines. 1999. "NGOs in a Post-Feminist Era." In *Feminists Doing Development: A Practical Critique*, edited by Marilyn Porter and Ellen Judd. London: Zed.

Speer, Susan A. 2005. *Gender Talk: Feminism, Discourse, and Conversation Analysis.*

New York: Routledge.

Squires, Judith. 1999. *Gender in Political Theory.* Malden: Polity Press.

Susser, Ida. 2007 Spring–Summer. "Women and AIDS in the Second Millennium." *Women's Studies Quarterly 35: 336–44.*

Tallis, Vicci. 2002. "Gender and HIV/AIDS, Overview Report." In Bridge, Development—Gender, edited by Institute of Development Studies (p. 62). Sussex: Institute of Development Studies.

Teitelman, Anne M., Esther S. Seloilwe, and Jacquelyn C. Campbell. 2009. "Voices from the Frontlines: The Epidemics of HIV/AIDS and Violence among Women and Girls." *Health Care for Women International* 30(3): 184–94.

Tinker, Irene. 2006. "Empowerment Just Happened: The Unexpected Expansion of Women's Organizations." In W*omen and Gender Equity in Development Theory and Practice*, edited by Jane S. Jacquette and Gale Summerfield. Durham: Duke University Press.

UNAIDS. 2000. M*en and AIDS – A Gendered Approach: 2000 World AIDS Campaign*. Geneva: UNAIDS.

UNAIDS. 2004. *Facing the Future Together: Report of the Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa.* Johannesburg: UNAIDS.

UNAIDS, UNFPA, and UNIFEM. 2004. *Women and HIV/AIDS: Confronting the Crisis.* Geneva: UNAIDS / UNFPA / UNIFEM.

UN Committee on the Elimination of Discrimination against Women. 2010. "Committee on the Elimination of Discrimination against Women: Forty-fifth session, Summary record of the 920th meeting." In *Committee on the Elimination of Discrimination against Women. Geneva: United Nations.*

United Nations Commission on the Status of Women. 2004 November. A*greed conclusions of the Commission on the Status of Women on the role of men and boys in achieving gender equality.* New York: UN Women.

United Nations Secretary-General's Campaign to End Violence Against Women. 2008. *Framework for Action: Programme of United Nations Activities and Expected Outcomes, 2008 – 2015.* New York: United Nations.

Van Allen, Judith. 2001. "Women's Rights Movements as a Measure of African Democracy." *Journal of Asian and African Studies* 36(1): 39–63.

Van Marle, Karin, and Elsje Bonthuys. 2007. “Feminist Theories and Concepts.” In *Gender, Law and Justice*, edited by Elsje Bonthuys and Catherine Albertyn. Cape Town: Juta and Co.

Walsh, Denise. 2009. “Citizenship, Gender and Civil Society in South Africa.” In *Women’s Activism in South Africa: Working Across Divide*s, edited by Hannah Britton, Jennifer Fish, and Sheila Meintjes. Scottsville: University of KwaZulu-Natal Press.

Weiser, Sheri D., Karen Leiter, David R. Bangsberg, Lisa M. Butler, Fiona Percy-de Korte, et al. 2007. “Food insufficiency is associated with high risk sexual behaviour among women in Botswana and Swaziland.” *PLoS Med* 4(10): 1589–98.

Young, K. 1997. “Gender and Development.” In *The Women, Gender, and Development Reader*, edited by N. Visvanathan, Lynn Duggan, Laurie Nisonoff, and Nan Wiegersma. London: Zed Books.

Young, K. 1997. “Planning from a Gender Perspective: Making a World of Difference.” In *The Women, Gender, and Development Reader*, edited by N. Visvanathan, Lynn Duggan, Laurie Nisonoff, and Nan Wiegersma. London: Zed Books.

HIV and AIDS

Abdool Karim, Salim S. 2014 21 July. “State of the Art: Epidemiology and Access.” Plenary Session, 20th International AIDS Conference, Melbourne, Australia.

Ajzen, I. 1985. From intentions to actions: A theory of planned behavior. In *Action-control: From cognition to behaviour*, edited by J. Kuhl and J. Beckman (pp. 11–39). Heidelberg: Springer.

Akeroyd, Anne V. 2004. “‘Coercion, Constraints, and “Cultural Entrapments’: A Further Look at Gendered and Occupational Factors Pertinent to the Transmission of HIV in Africa.” In *HIV and AIDS in Africa: Beyond Epidemiology*, edited by Ezekiel Kalipeni, Susan Craddock, Joseph R. Oppong, and Jayati Ghosh (pp. 89–103). Malden: Blackwell

Allen, Tim, and Suzette Heald. 2004. “HIV/AIDS policy in Africa: what has worked in Uganda and what has failed in Botswana?” *Journal of International Development* 16(8): 1141–54.

AVERT. 2012. *What is AIDS?* West Sussex: Accessed October 2013. http://www.avert.org/aids.htm

AVERT. 2013. *Can you get HIV from . . . ?* West Sussex: Accessed October 2013. http://www.avert.org/can-you-get-hiv.htm

Baral, Stefan, Gift Trapence, Felistus Motimedi, Eric Umar, Scholastika Iipinge, Friedel Dausab, and Chris Beyrer. 2009. “HIV Prevalence, Risks for HIV Infection, and Human Rights among Men Who Have Sex with Men (MSM) in Malawi, Namibia, and Botswana.” PLoS ONE 4(3): e4997.

Barnett, Tony, and Alan Whiteside. 2002. *AIDS in the Twenty-First Century.* London: Palgrave Macmillan.

Batsell, Jake. 2005. “AIDS, Politics, and NGOs in Zimbabwe.” In *The African State and the AIDS Crisis*, edited by Amy S. Patterson. Burlington: Ashgate Pub Ltd.

Boler, Tania, and Peter Aggleton. 2005. *Life skills education for HIV prevention: a critical analysis*. London: Save the Children and ActionAid International.

Boler, Tania, and David Archer. 2008. *The Politics of Prevention: A Global Crisis in AIDS Education.* London: Pluto Press.

Bruce, Judith, Nicole Haberland, Amy Joyce, Eva Roca, and Tobey Nelson Sapiano. 2011. *Poverty, Gender, and Youth, First Generation of Gender and HIV Programs: Seeking Clarity and Synergy.* New York: Population Council.

Butcher, Kate, and Alice Welbourn. 2001. “Danger and opportunity: responding to HIV with vision.” *Gender and Development* 9(2): 50–61.

Campbell, Catherine. 2003. *Letting Them Die: How HIV/AIDS Prevention Programmes Often Fail.* Cape Town: Double Storey Books.

Clarke, David J. 2008. *Heroes and Villains: Teachers in the Education Response to HIV*. Paris: UNESCO.

Colvin, Christopher J. 2011. “HIV/AIDS, chronic diseases and globalisation.” *Globalization and Health* 7(1): 31.

Coreil, Jeannine. 2010a. “Behavioural and Social Science Theory.” In *Social and Behavioural Foundations of Public Health*, edited by Jeannine Coreil (pp. 69–90). Thousand Oaks: Sage.

Coreil, Jeannine. 2010b. “The Social Environment and Health.” In *Social and Behavioral Foundations of Public Health*, edited by Jeannine Coreil (pp. 109–25). Thousand Oaks: Sage.

Cornman, Helen, Curt Grimm, and Sujata Rana. 2005. *Engaging Local Non-Governmental Organizations (NGOs) in the Response to HIV/AIDS.* Washington, DC: Pact, Inc.

De Waal, Alex. 2003. “How Will HIV/AIDS Transform African Governance?” *African Affairs* 1(02): 1–23.

De Waal, Alex. 2006. *AIDS and Power: Why There is No Political Crisis—Yet.* Cape Town: David Philip.

Densham, Andrea. 2006. “Introduction: Politics as a Cause and Consequence of the AIDS Pandemic.” *Perspectives on Politics* 4(4): 641–46.

Dworkin, S. L., and A. A. Ehrhardt. 2006. “Going Beyond ‘ABC’ to Include ‘GEM’: Critical Reflections on Progress in the HIV/AIDS Epidemic.” *American Journal of Public Health* 97(1): 13–18.

Eboko, Fred. 2005. “Patterns of Mobilization: Political Culture in the Fight Against AIDS.” In *The African State and the AIDS Crisis*, edited by Amy S. Patterson (pp. 37–58). Burlington: Ashgate.

Epstein, Helen. 2008. *The Invisible Cure: Why We Are Losing the Fight Against AIDS in Africa.* London: Penguin Books.

Epstein, Helen, and Martina Morris. 2011. “Concurrent partnerships and HIV: an inconvenient truth.” *Journal of the International AIDS Society* 14(1): 1.

Fishbein, M. and I. Ajzen. 1975. *Belief, attitude, intention, and behavior: An introduction to theory and research.* Reading, MA: Addison-Wesley.

Fourie, Pieter. 2006. *The Political Management of HIV and AIDS in South Africa: One Burden Too Many?* Durban: Palgrave Macmillan.

Frohlich, Janet. 2005. “The Impact of AIDS on the Community.” In *HIV/AIDS in South Africa*, edited by S. S. Abdool Karim and Q. Abdool Karim (pp. 351–70). Cape Town: Cambridge University Press.

Green, Edward, Cedza Dlamini, Nicole D’Errico, Allison Ruark, and Zoe Duby. 2009. “Mobilising indigenous resources for anthropologically designed HIV-prevention and behaviour-change interventions in southern Africa.” *African Journal of AIDS Research* 8(4): 389–400.

Gupta, Geeta Rao. 2000. “Gender, Sexuality, and HIV/AIDS: The What, the Why, and the How.” In *XIIIth International AIDS Conference* (pp. 1–8). Durban, South Africa.

Hunter, Susan. 2003. Black Death: AIDS in Africa. New York: Palgrave Macmillan.

Iliffe, John. 2006. *A History: The African AIDS Epidemic.* Cape Town: Double Storey Books.

International HIV/AIDS Alliance, The Department for International Development (UK), The Global Fund against AIDS Tuberculosis and Malaria, and UNAIDS. 2007. *Civil Society, HIV/AIDS and Africa: Capacity, Sustainability, Partnerships.* Johannesburg.

Johnson, Krista. 2006. "Framing AIDS Mobilization and Human Rights in Post-apartheid South Africa." *Perspectives on Politics* 4(4): 663–70.

Kelly, Kevin J., and Karen Birdsall. 2010. "The effects of national and international HIV/AIDS funding and governance mechanisms on the development of civil-society responses to HIV/AIDS in East and Southern Africa." *AIDS Care* 22(sup2): 1580–87.

Kesby, Mike. 2004. "Participatory Diagramming and the Ethical and Practical Challenges of Helping Africans Help Themselves to Move HIV Work 'Beyond Epidemiology'." In *HIV and AIDS in Africa: Beyond Epidemiology*, edited by Ezekiel Kalipeni, Susan Craddock, Joseph R. Oppong and Jayati Ghosh (pp. 217–28). Malden: Blackwell

Khan, Alia. 2011. *Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs.* Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

Kippax, S. 2012. "Effective HIV prevention: the indispensable role of social science." *Journal of the International AIDS Society* 15(17357).

Letamo, G. 2011. Does correct knowledge about HIV and AIDS lead to safer sexual behaviour? The case of young people in Botswana. *African Population Studies* 25(1): 44–62.

Lurie, Mark, and Samantha Rosenthal. 2010 February. "The Concurrency Hypothesis in Sub-Saharan Africa: Convincing Empirical Evidence is Still Lacking. Response to Mah and Halperin, Epstein, and Morris." *AIDS Behavior* 14(1): 34.

Makahye, Gethwana. 2005. "Young Men." In *HIV/AIDS in South Africa*, edited by S.S. Abdool Karim and Q. Abdool Karim (pp. 313–20). Cape Town: Cambridge University Press.

Mathews, Catherine. 2005. "Reducing Sexual Risk Behaviours: Theory, Research, Successes and Challenges." In *HIV/AIDS in South Africa*, edited by S.S. Abdool Karim and Q. Abdool Karim (pp. 143–65). Cape Town: Cambridge University Press.

Mattes, Robert, and Ryan Manning. 2004. "The Impact of HIV/AIDS in Southern Africa:

What Do We Know, What Do We Need to Know, and Why?" In *The Political Economy of AIDS in Africa*, edited by Nana K. and Alan Whiteside Poku (pp. 191–213). Burlington: Ashgate.

Mindry, D. 2008. "Neoliberalism, Activism, and HIV/AIDS in Postapartheid South Africa." *Social Text 26*(1 94): 75–93.

Mmonadibe, Poloko Nuggert. 2009. "Couples Counselling: A Tool for Promoting Male Involvement in HIV and AIDS Management." In *Male Involvement on Sexual and Reproductive Health: Prevention of Violence and HIV and AIDS in Botswana*, edited by Tapologo Maundeni, Bertha Osei-Hwedie, Elizabeth Mukamaambo, and Peggy Ntseane. Cape Town: Made Plain Communications.

Mogae, Festus. 2008. "Opening Remarks by his Excellency Mr Festus G Mogae." In *XVIIth International AIDS Conference 3 – 8 August 2008* (pp. 1–3). Mexico City.

Nattrass, Nicoli. 2004. *The Moral Economy of AIDS in South Africa.* Cape Town: Cambridge University Press.

Ndebele, M., M. Kasese-Hara, and M. Greyling. 2012. "Application of the information, motivation and behavioural skills model for targeting HIV risk behaviour amongst adolescent learners in South Africa." *SAHARA-J: Journal of Social Aspects of HIV / AIDS: An Open Access Journal* 9(1): S37–S47.

Patterson, Amy S. 2005. "Introduction: The African State and the AIDS Crisis." In *The African State and the AIDS Crisis*, edited by Amy S. Patterson (pp. 1–16). Burlington: Ashgate.

Patterson, Amy S., and Bernard Haven. 2005. "AIDS, Democracy and International Donors in Ghana." In *The African State and the AIDS Crisis*, edited by Amy S. Patterson (pp. 79–95). Burlington: Ashgate.

Pisani, Elizabeth. 2008. *The Wisdom of Whores.* London: Granta.

Potts, Malcolm, Daniel T. Halperin, Douglas Kirby, Ann Swidler, Elliot Marseille, Jeffrey D. Klausner, Norman Hearst, Richard G. Wamai, James G. Kahn, and Julia Walsh. 2008. "Reassessing HIV Prevention." *Science* 302(1): 749–50.

Sawers, Larry. 2013. "Measuring and modelling concurrency." J*ournal of the International AIDS Society* 16: 17431

Sawers, Larry, and Eileen Stillwaggon. 2010. "Concurrent sexual partnerships do not explain the HIV epidemics in Africa: a systematic review of the evidence." *Journal of the International AIDS Society* 13: 34.

Stillwaggon, Eileen. 2014. "Better economic tools for evaluating health and development

investments." *AIDS 2014* 28*:* 435–37.

Schoepf, Brooke Grundfest. 2004a. "AIDS, History, and Struggles over Meaning." In *HIV and AIDS in Africa: Beyond Epidemiology*, edited by Ezekiel Kalipeni, Susan Craddock, Joseph R. Oppong and Jayati Ghosh (pp. 15–28). Malden: Blackwell.

Schoepf, Brooke Grundfest. 2004b. "AIDS in Africa: Structure, Agency, and Risk." In *HIV and AIDS in Africa: Beyond Epidemiology*, edited by Ezekiel Kalipeni, Susan Craddock, Joseph R. Oppong and Jayati Ghosh (pp. 121–31). Malden: Blackwell.

Schwartländer, Bernhard, John Stover, Timothy Hallett, Rifat Atun, Carlos Avila, Eleanor Gouws, Michael Bartos, Peter D. Ghys, Marjorie Opuni, David Barr, Ramzi Alsallaq, Lori Bollinger, Marcelo de Freitas, Geoffrey Garnett, Charles Holmes, Ken Legins, Yogan Pillay, Anderson Eduardo Stanciole, Craig McClure, Gottfried Hirnschall, Marie Laga, and Nancy Padian. 2011. "Towards an improved investment approach for an effective response to HIV/AIDS." *The Lancet* 377(9782): 2031–41.

Seidenfeld, David S. and Clarisse L. Haxton. 2011. "A critical review of the evidence on the effectiveness of HIV/AIDS education programs for youth in sub-Saharan Africa." *Effective Education* 3(1): 23–33.

Siplon, Patricia. 2005. "AIDS and Patriarchy: Ideological." In T*he African State and the AIDS Crisis*, edited by Amy S. Patterson (pp. 17–36). Burlington: Ashgate.

Strand, Per, Khabele Matlosa, Ann Strode, and Kondwani Chirambo. 2005. *HIV/AIDS and Democratic Governance in South Africa: Illustrating the Impact on Electoral Processes.* Pretoria: Institute for Democracy in South Africa.

Swaminathan, Hema, Kimberly Ashburn, Aslihan Kes, Nata Duvvury, Cherryl Walker, Michael Aliber, Busi Nkosi, Margaret A Rugadya, Kamusiime Herbert. 2007. *Women's Property Rights, HIV and AIDS, and Domestic Violence: Research findings from two districts in South Africa and Uganda.* Cape Town: International Center for Research on Women.

Swidler, Ann. 2002. "Syncretism and subversion in AIDS governance: how locals cope with global demands." *International Affairs* 82(2): 269–84.

Thomas, G. and E. M. Lungu. 2009. "The Influence of Heavy Alcohol Consumption on HIV Infection and Progression." *Journal of Biological Systems* 17(4): 685–712.

Thornton, Robert. 2007. *Towards an Ecology of HIV/AIDS in Southern Africa.* Johannesburg: University of Witwatersrand.

Thornton, Robert J. 2008. *Unimagined Community: Sex, Networks, and AIDS in Uganda and South Africa.* Berkeley: University of California Press.

Thornton, Robert. 2009. "Sexual networks and social capital: multiple and concurrent sexual partnerships as a rational response to unstable social networks." *African Journal of AIDS Research* 8(4): 1–9.

UNAIDS. 2009a. *Estimating National Adult Prevalence of HIV-1 in Generalised Epidemics*. Geneva: Author.

UNAIDS. 2009b. *Operational plan for UNAIDS Action Framework: addressing women, girls, gender equality and HIV*. Geneva: UNAIDS.

UNAIDS. 2010. *UNAIDS 2011–2015 Strategy: Getting to Zero.* Geneva: UNAIDS.

UNAIDS. 2011b. 2011 Political Declaration on HIV/AIDS. Geneva: UNAIDS.

UNAIDS. 2011c. *A New Investment Framework For The Global HIV Response.* Geneva: UNAIDS.

UNAIDS. 2011d. *Scorecard on Gender Equality in National HIV Responses: Documenting Country Achievement and the Engagement of Partners under the UNAIDS Agenda for Women, Girls, Gender Equality and HIV*. Geneva: UNAIDS.

UNAIDS. 2011e. *World AIDS Day Report 2011 – How to Get to Zero: Faster. Smarter. Better.* Geneva: UNAIDS.

UNAIDS. 2012. *UNAIDS Report on the Global AIDS Epidemic, 2012.* Geneva: World Health Organisation

UNAIDS. 2013. *HIV and AIDS estimates (2013) for Botswana.* Accessed October 2014. http://www.unaids.org/en/regionscountries/countries/botswana.

UNESCO. 2014. *Charting the Course of Education and HIV*. Paris: UNESCO.

UNICEF. 2012. *Global Evaluation of Life Skills Education Programmes.* New York: UNICEF.

United Nations Development Programme. 2012. *Understanding and acting on critical enablers and development synergies, Supplementary guidance to the UNAIDS Investment Framework.* New York: UNDP/UNAIDS.

United Nations Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa. 2004. *Facing the Future Together: Report of the United Nations Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa.* New York: United Nations Secretary-General's Task Force on Women,

Girls and HIV/AIDS in Southern Africa.

US Centers for Disease Control and Prevention. 2010. *"HIV Transmission.*" e dited by Centers for Disease Control and Prevention. Atlanta: CDC.

Van Nierkerk, Anton A. 2005. "Moral and Social Complexities of AIDS in Africa." In *Ethics and AIDS in Africa: The Challenge to Our Thinking*, edited by Anton A. Van Nierkerk and Loretta M. Kopelman (pp. 53–70). Claremont, South Africa: David Phillip.

Walker, Liz, Graeme Reid, and Morna Cornell. 2004. *Waiting to Happen: HIV/AIDS in South Africa (the Bigger Picture).* Cape Town: Double Storey Books.

Webb, Douglas. 2004. "Legitimate Actors: The Future Roles of NGOs Against HIV/AIDS in Sub-Saharan Africa." In T*he Political Economy of AIDS in Africa*, edited by Nana K. and Alan Whiteside Poku (pp. 19–32). Burlington: Ashgate.

Whiteside, Alan, Robert Mattes, and Samantha WIllan. 2004. "What People Really Believe about HIV/AIDS in Southern Africa." In T*he Political Economy of AIDS in Africa*, edited by Nana K. and Alan Whiteside Poku (pp. 127–50). Burlington: Ashgate.

Wise, Jacqui. 2006. "Demand for male circumcision rises in a bid to prevent HIV." *Bulletin of the World Health Organization* 84(7): 509–11.

World Health Organization. 2004. *"Three Ones" agreed by Donors and Developing countries.* Geneva.

Yankah, Ekua, and Peter Aggleton. (2008). "Effects and Effectiveness of Life Skills Education for HIV Prevention in Young People." *AIDS Education and Prevention* 20(6): 465–485.

Zungu-Dirwayi, Nompumelelo, Olive Shisana, Eric Udjo, Thabang Mosala, and John Seager. 2004. *An Audit of HIV/AIDS Policies.* Cape Town: Human Sciences Research Council.

Methods

Bachman, Kaisa, and Helvi A. Kyngas. 1999. "Challenges of the Grounded Theory Approach to a Novice Researcher." *Nursing and Health Sciences* 1: 147–53.

Bryant, Antony, and Kathy Charmaz. 2007. "Grounded Theory in Historical Perspective: An Epistemological Account." In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 31–56). Los Angeles: Sage.

Clarke, Adele E., and Carrie Friese. 2007. "Grounded Theorizing Using Situational

Analysis." In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 363–296). Los Angeles: Sage.

Corbin, Juliet, and Anselm Strauss. 2008. *Basics of Qualitative Research.* Los Angeles: Sage.

Covan, Eleanor Krassen. 2007. "The DIscovery of Grounded Theory." In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 58–74). Los Angeles: Sage.

Delmas, Jan. 2008. "Seven key skills of workshop facilitation." Simple Synergy. Accessed October 2013. http://www.skills-universe.com/video/seven-key-skills-of-workshop-facilitation

Denzin, Norman K. 2007. "Grounded Theory and the Politics of Interpretation. In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 454–70). Los Angeles: Sage.

Dey, Ian. 2007. "Grounding Categories." In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 167–89). Los Angeles: Sage.

Dick, Bob. 2007. "What Can Grounded Theorists and Action Researchers Learn from Each Other?" In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 398-415). Los Angeles: Sage.

Duchscher, Judy E. Boychuk, and Debra Morgan. 2004. "Grounded theory: reflections on the emergence vs. forcing debate." *Journal of Advanced Nursing* 46(8): 605–12.

George, Alexander L., and Andrew Bennett. 2004. *Case Studies and Theory Development in the Social Sciences.* Cambridge, MA: MIT Press.

Gibson, Barry. 2007. "Accommodating Critical Theory." In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 436–52). Los Angeles: Sage.

Glaser, Barney G. 1978. *Theoretical Sensitivity: Advances in the Methodology of Grounded Theory.* Mill Valley, CA: Sociology Press.

Grayson, Russ. 2010. "ORID – strategic questioning that gets you to a decision." In *Tactical Urbanism*, edited by Pacific Edge. Sydney.

Greenwood, Davydd J., and Morten Levin. 2007. *Introduction to Action Research: Social Research for Social Change.* Thousand Oaks: Sage.

Herr, Kathryn, and Gary L. Anderson 2005. *The Action Research Dissertation.* Thousand Oaks: Sage.

Holton, Judith A. 2007. “The Coding Process and Its Challenges.” In T*he Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 265–89). Los Angeles: Sage.

Hood, Jane C. 2007. “Orthodoxy vs. Power: The Defining Traits of Grounded Theory.” In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 151–63). Los Angeles: Sage.

Hoover, Kenneth, and Todd Donovan. 1995. *The Elements of Social Science Thinking*. New York: St. Martin’s Press.

Kearney, Margaret H. 2007. “From the Sublime to the Meticulous: The Continuing Evolution of Grounded Formal Theory.” In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz. Los Angeles: Sage.

Kelle, Udo. 2007. “The Development of Categories: Different Approaches in Grounded Theory.” In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 191–212). Los Angeles: Sage.

King, Gary, Robert O. Keohane, and Sidney Verba. 1994. *Designing Social Inquiry: Scientific Inference in Qualitative Research.* Princeton: Princeton University Press.

Lempert, Lora Bex. 2007. “Asking Questions of the Data: Memo Writing in the Grounded Theory Tradition.” In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 245–63). Los Angeles: Sage.

Lindlof, T. R., and B. C. Taylor. 2002. *Qualitative Communication Research Methods.* Thousand Oaks: Sage.

Mason, Jennifer. 1996. *Qualitative Researching.* Thousand Oaks: Sage.

Morse, Janice M. 2007. “Sampling in Grounded Theory.” In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 229–43). Los Angeles: Sage.

Olesen, Virginia L. 2007. “Feminist Qualitative Research and Grounded Theory: Complexities, Criticisms, and Opportunities.” In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 417–34). Los Angeles: Sage.

Patton, Michael Quinn. 1987. *How to Use Qualitative Methods in Evaluation.* Newbury Park: Sage.

Reichertz, Jo. 2007. “Abduction: The Logic of Discovery of Grounded Theory.” In *The*

Sage Handbook of Grounded Theory, edited by Antony Bryant and Kathy Charmaz (pp. 214–27). Los Angeles: Sage.

Senge, Peter. 2006. *The Fifth Discipline: The Art & Practice of The Learning Organization.* New York: Doubleday.

Stern, Phyllis Noerager. 2007. "On Solid Ground: Essential Properties for Growing Grounded Theory." In *The Sage Handbook of Grounded Theory*, edited by Antony Bryant and Kathy Charmaz (pp. 114–25). Los Angeles: Sage.

Stringer, Ernest T. 2007. *Action Research.* Los Angeles: Sage.

Van Evera, Stephen. 1997. *Guide to Methods for Students of Political Science.* Ithaca: Cornell University Press.

Wooler, Ian. 2010. "Ground rules for workshops." Taking a thought for a walk…. Accessed December 2010. http://ianwooler.wordpress.com/2010/12/08/ground-rules-for-workshops/

Wuest, Judith, Marilyn Merritt-Gray, Helene Berman, and Marilyn Ford-Gilboe. 2002. "Illuminating Social Determinants of Women's Health Using Grounded Theory." *Health Care for Women International* 23: 794–808.