College of Arts and Sciences

CUREJ - College Undergraduate Research Electronic Journal

University of Pennsylvania *Year* 2008

Battle from the Bottom: The Role of Indigenous AIDS NGOs in Botswana

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Battle from the Bottom:

The Role of Indigenous AIDS NGOs in Botswana

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A Thesis in Political Science

April 4, 2008

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I. Introduction

Success in combating the AIDS epidemic has proved to be both elusive and unpredictable. Research within the medical profession as well as the social sciences has sought to explain why some countries fail and others succeed in lowering their HIV-prevalence. This study attempts to tackle that question by examining the AIDS response in Botswana—a country that, despite extensive efforts, has failed to significantly curb the epidemic. Current statistics place the HIV-prevalence at 24.1% of the adult population (AIDS Epidemic 2007, 11) and life expectancy is estimated to drop from 67 years in the early 1990s to as low as 33 years in the near future (Heald 2006, 33). With nearly a quarter of the population infected, the stakes of success are critical.

However, the country's persistently high HIV-prevalence also serves as a paradox. Compared to its African neighbors, Botswana is heralded as a relatively stable, wealthy, and democratic state, giving it notable advantages in addressing the epidemic (Heald 2006, 32). Moreover, it has actively capitalized on these strengths in order to mount one of the most ambitious AIDS responses on the continent, including an effort to provide universal access to anti-retroviral medicine. In spite of the government's initiatives, the decrease in prevalence has been "statistically insignificant," leaving scholars to ponder what is missing from Botswana's response (AIDS Epidemic 2007, 11).

This failure becomes even more puzzling when compared to Uganda, one of the few countries to have dramatically reduced their AIDS statistics. With per-capita health expenditures that amount to roughly 10% of those spent in Botswana, Uganda has managed to reduce its HIV-prevalence from 15% in the early 1990's to as low as 5% in 2001 (HIV/AIDS in Uganda, 2007). This paper attempts to explain this discrepancy

between resources and achieved results in order to identify the barrier to Botswana's success. Ultimately, this study will conclude that the missing component in Botswana's AIDS response is strong and active local non-governmental organizations (NGOs). Whereas Uganda's efforts have been greatly impacted by its sizeable non-state sector, Botswana's strategy has remained top-down in nature, largely ignoring these grassroots actors. Therefore, this paper will explore the effects of a weak NGO community on the success of Botswana's AIDS response.

The thesis is primarily divided into three sections. The first will develop the context necessary for understanding the epidemic in Botswana, including a historical description of the country's efforts to date. This background will demonstrate how the national response has been predominantly state-run and medical in nature, with little emphasis on non-state organizations. The second section will explore the comparative advantages that local NGOs have in combating the AIDS epidemic. Lastly, the paper will seek to explain the absence of a strong, indigenous NGO sector in Botswana by determining the barriers that prevent these organizations from flourishing. In doing so, this study will not only demonstrate the important role of these actors, but also provide recommendations for how local NGOs can be better incorporated into the overall AIDS response.

II. Research Design

This section will illuminate the conceptual context in which the study will tackle this complex subject matter. While this paper is focused on the AIDS epidemic in Botswana, it has implications for broader questions in the social sciences. It looks at the roles different actors play in development and the ways in which they cooperate or impede each other's work. It explores the local NGO community, analyzing the potential it has in the context of AIDS but also the challenges it continues to face. These themes can be extrapolated far beyond the question of AIDS in Botswana. Therefore, this study hopes to use this specific case as a vantage point to examine larger questions.

A. Why HIV/AIDS?

Due to its range and severity, the AIDS epidemic has become the quintessential development challenge. With 33.2 million people living with HIV worldwide and a total of 2.5 million new infections in 2007, the disease shows little sign of abatement (AIDS Epidemic 2007, 2). In the developing world, AIDS merely exacerbates the current problems of poverty and insecurity by decimating the prime workforce and increasing demands on already weak government institutions. It redefines social and family organization, placing great burden on relatives and leaving in its wake millions orphans and vulnerable children. Its sheer pervasiveness makes AIDS an urgent medical, social and political problem.

This study evaluates the AIDS crisis in order to determine what factors contribute to the success or failure of a national response. While the question of HIV/AIDS is predominantly dealt with on a medical, epidemiological and technical level, this paper

will address the problem from a social science perspective. To tackle the epidemic on a large scale, one must evaluate the relationships between actors, as well as the corresponding or competing interests of those groups. In theory, the AIDS crisis represents an arena in which all actors are working toward the same goal: the end or abatement of the disease. Unlike matters such as the environment or human rights, there are fewer obvious conflicts of interest between the state, NGOs and international organizations. This makes AIDS a unique scenario to study the relationship between these actors and to see whether this common goal does or does not help groups to cooperate and succeed in their efforts.

B. Why Botswana?

Botswana currently has the second highest HIV-prevalence in the world after Swaziland. With nearly a quarter of its adult population infected with the disease, Botswana is an obvious critical case. Moreover, it is particularly interesting for the purpose of this study because of the paradox that it represents. Many scholars point to extreme poverty and political instability as catalysts for the AIDS epidemic in Africa. Solving these larger, structural problems are often considered pre-requisites to combating the disease.

Botswana, when compared to its African neighbors, is relatively wealthy and politically stable (See Figure 2). However, perhaps contradicting conventional wisdom, the country has witnessed little progress in lowering its HIV-prevalence. A quick comparison to Uganda illuminates this puzzle. The per capita gross national income of Botswana is $8920 and the government currently spends $218 per capita on health

expenditures (UNAIDS: Botswana 2008). Uganda, on the other hand, has a per capita gross national income of $1520 and a per capita health expenditure of $23 (UNAIDS: Uganda 2008). Despite this discrepancy, Uganda has witnessed significantly greater success in combating the AIDS epidemic. This inconsistency between resources and results presents an interesting puzzle that lies at the center of this paper. If Botswana has the preconditions usually deemed crucial to curbing HIV-prevalence, why has it failed to achieve this goal?

Table 1: Per Capita Health Expenditures across Africa

Country	**Per Capita Gross National Income (US$)**	**Per Capita Health Expenditures (US$)**
Botswana	*8920*	*218*
Swaziland	4970	185
Ghana	2280	31
Senegal	1720	24
Uganda	1520	23

(Source: UNAIDS)

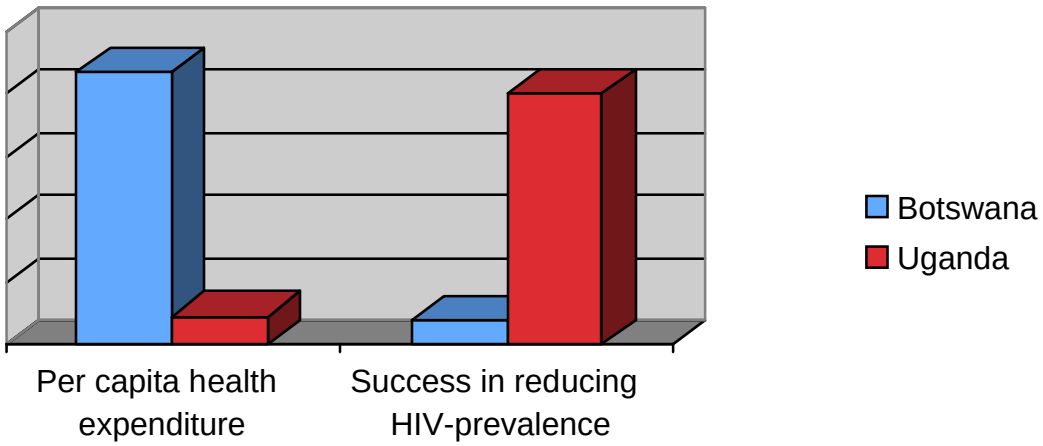
C. Methodology

This study will utilize scholarship, historical accounts and fieldwork to form conclusions about the role of local NGOs in the context of AIDS. First, it will provide the necessary background for understanding the question at hand, including a description of the AIDS epidemic in Botswana and the government's response to date. This section will use sociological and epidemiological scholarship to explain why Botswana has served as a vibrant breeding ground for the disease. Then, it will describe the state's attempts to address the problem, utilizing government documents and evaluations from international

organizations. This will not only account for the national response to date, but will also illuminate the absence of local NGOs in the process.

While this paper is not meant to be wholly comparative in nature, there is an implicit argument that other states with fewer resources and greater NGO involvement have been more successful in combating the AIDS epidemic. To help substantiate that claim, this study will briefly analyze the case of Uganda, one of the few countries to have drastically improved its HIV-prevalence. This will demonstrate that there is legitimate reason to believe local NGOs play some part in addressing the AIDS crisis.

Figure 1: Representation of per-capita health expenditures compared to success in reducing HIV-prevalence.



Once this background is established, the paper will proceed to the central argument: exploring the specifics of why indigenous NGOs are crucial in combating HIV/AIDS. There remains a dearth of literature on the role of NGOs in this particular context and virtually no studies exist on the role they play in Botswana. Therefore, this

section will draw greatly from broader literature, including research on African civil society in general and studies of NGOs outside the field of AIDS. These theoretical and practical descriptions will provide insight into the comparative advantages of NGOs, which will then be grounded in the real life challenges that exist in Botswana.

After characterizing the "ideal NGO" and its advantages in combating AIDS, this paper will explore the forces that prevent NGOs in Botswana from fulfilling those roles. This section will largely utilize research conducted in Botswana from May to August 2007, including interviews with representatives from local NGOs, multilateral institutions such as UNAIDS, foreign donors, government officials and people living with HIV/AIDS (See appendix for interview notes and sample questions). These interviews illuminate the work of the various actors, their roles in the greater battle against AIDS, and the ways in which they interact and view each other. The information gained from these meetings will ground the other scholarship on African NGOs, making it relevant to the specific case of Botswana.

Ultimately, the study will integrate all of this information to determine the effect of a weak, underutilized local NGO sector on the success of the nation's AIDS response.

D. Limitations

The nature of this study brings with it very real limitations. On a basic level, statistics such as HIV-prevalence remain controversial and fluid, forcing researchers to use the best available information. The AIDS epidemic is extraordinarily complex and despite the attention from noteworthy scholars, much about the disease and its ramifications remains unclear. Moreover, there is obviously no single or concrete answer

to “solving” the epidemic. The best that any study such as this can hope to accomplish is to provide careful analysis and to put forward one possible way in which the AIDS response can be more effective.

This particular thesis has its own logistical limitations. Due to time and resource constraints, the research was concentrated on one particular incidence of the disease, albeit an obvious critical case. Ideally this study would have been fully comparative in nature, analyzing the response and results from a variety of countries. This paper includes a limited comparison to Uganda, which provides the most obvious contrast to the NGO sector in Botswana. However, this analysis of Uganda lacks field research or extensive in-country interviews and relies heavily on the findings and predictions of others. While this should not affect the validity of the overall findings, it merely demonstrates the continued need for research on this critical subject.

III. Historical Context

A. Catalysts of HIV/AIDS In Botswana:

While HIV/AIDS is primarily discussed in its medical context, the severity of the epidemic is often attributable to social, political, and economic factors. In order to explain Botswana's consistently high prevalence, scholars must look beyond simply scientific dimensions of transmission. Instead, it is a combination of structural problems that cause this particular incidence of the disease to be so extreme, even when compared to its African neighbors.

One important component of this explanation revolves around traditional mores of relationships and sex. In many regions of Botswana, there is a long legacy of polygyny. Even in areas without an institutionalized system of polygamy, it was generally acceptable for a man to take another woman as a concubine (MacDonald 1996, 1327). This practice has endured and remains widely prevalent in modern-day Botswana. For instance, one household survey shows that approximately 40% of all sexually active men, including those who are married, currently have two or more partners (MacDonald 1996, 1328). This type of sexual behavior dramatically increases the likelihood of transmitting HIV, making this pattern troublesome from an epidemiological standpoint. This practice has undoubtedly worsened the AIDS crisis in Botswana.

These sexual norms are also closely tied to the position of women within Batswana society. Traditional law essentially approaches women as minors—subordinate first to their fathers and then to their husbands. Many remnants of this subordination exist in Botswana today, not only in the country's laws but also in the engrained beliefs of its citizens. For instance, there is no law prohibiting marital rape, leaving women little

agency to prevent sexually transmitted diseases. Focus group data in the 1990's show that the majority of women in Botswana feel as though they have little control over whether condoms are used during intercourse (MacDonald 1996, 1328). This has serious implications for the efficacy of public health efforts that demand women make "smart choices" about their sexual practices—an unrealistic request of women who have little sexual autonomy from the onset.

One of the most damaging characteristics of AIDS in Botswana is the degree to which the disease has spread to every region of the country, well past urban centers. The best explanation for this pattern lies in the migratory nature of Batswana. Historically, young men in Botswana were drawn to South Africa in search of work. Between 1940 and 1971, approximately 25% of the adult male population was absent from the country at any given time (MacDonald 1996, 1329). When diamonds were first discovered in Botswana in the 1970's, migration to South Africa declined but was merely replaced with internal movement to the large cities of Gaborone and Francistown or to newly opened mines in Orapa, Jwaneng, Selebi-Phikwe. Rates of infidelity also increased as men stayed away from their homes for longer. Today, Batswana remain a highly mobile population, with the majority of individuals spending some portion of the year in the capital of Gaborone. The movement and convergence of people is directly connected to the transport of diseases like HIV and has had serious implications for the epidemic in Botswana.

While this is certainly not a comprehensive list, these explanations for the severity of the epidemic in Botswana demonstrate two crucial points for this paper: The first is that the AIDS epidemic clearly transcends the medical realm. As important as matters of

blood transmission and white-cell count are in discussing the disease, one can see that the true catalysts to the epidemic are structural in nature. The crisis is intrinsically connected to engrained beliefs, economic opportunities, and the political rights of women. Therefore, it is appropriate, if not necessary, to conduct a more structural analysis of the AIDS response—one that focuses on political actors, the interactions of groups, and cultural norms.

The second point is that many of these catalysts are inevitably grounded in "the local." That is to say, many of the above problems are rooted in specific cultural or historical traditions. In order to tackle these patterns, actors must penetrate norms and change behavior patterns. These situations are not uniform across the country, but instead vary from community to community, demanding a keen sense of local realities. This delicate task is not one that large state bureaucracies are well positioned to accomplish. Instead, more flexible, local actors must arise to address these concerns.

B. Botswana's National AIDS Response:

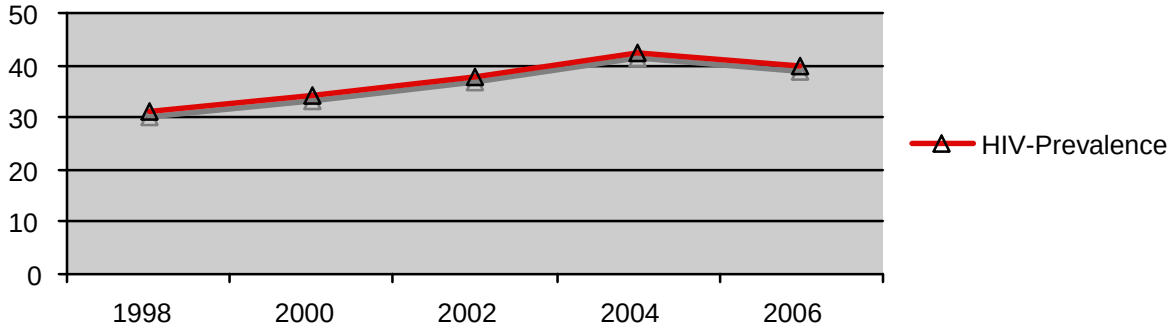
In order to judge Botswana's AIDS response, one must evaluate it from a historical perspective. The country's first case of AIDS was reported in 1985 prompting an official response stating, "It's not a problem in Botswana. AIDS is primarily a disease of homosexuals and there are no homosexuals in Botswana" (MacDonald 1996). However, in 1986, the government began its first steps toward addressing the disease, establishing a program under the Epidemiology Unit of the Ministry of Health. The scope of this effort was merely to protect the blood supply of the country by screening blood products and providing sufficient disposable needles. These early reactions were

representative of the largely scientific and medical responses that the country would espouse in the years to come (Botswana Human Development 2000, 41).

In 1988, the government of Botswana initiated its first information campaign, using radio addresses, t-shirts and bumper stickers to spread understanding of the new threat. However, these programs were not pursued vigorously and, by the mid-1990s, largely dissipated. Susan Heald, a scholar researching AIDS in Botswana at the time, recalled very little public discussion of the disease. She writes, "There was surprisingly little understanding or awareness of what was happening. HIV/AIDS was a topic shrouded in stigma and silence at all levels of society" (Allen and Heald 2004, 1144).

The second phase of Botswana's national response (1989-1997) remained primarily focused on a bio-medical solution. The Ministry of Health formulated a "Medium Term Plan" that attempted to "strengthen epidemiological surveillance activities, prevent sexual transmission of HIV, prevent HIV transmission through blood and blood products, prevent pre-natal transmission, strengthen diagnostic management and infection control, and set up systems for monitoring and evaluation" (Botswana Human Development 2000, 41-42). At this time, the government did not actively seek out partners domestically and NGOs "were not adequately drawn into a coordinated and strategic response" (Botswana Human Development 2000, 42). In part, by failing to acknowledge the broader social causes of the epidemic as well as neglecting critical non-state actors, the government of Botswana failed to successfully curb the rising threat.

Figure 2: Median HIV-prevalence among women (15-49 years) attending antenatal clinics in consistent sites in Botswana



(Source: UNAIDS)[1]

The third phase of the national AIDS strategy, lasting from 1997 until today, can be distinguished by the sheer magnitude of the response. A central facet of this period was the effort to bring affordable anti-retroviral drugs (ARVs) to all Batswana who needed them. In 2000, the government of Botswana joined with Merck and the Bill and Melinda Gates Foundation to form the African Comprehensive HIV/AIDS Partnership (ACHAP). Each donor pledged $50 million toward the goal of providing ARV drugs to the country (HIV & AIDS in Botswana 2007). Since then, access to these life-saving medications has increased exponentially, making it one of the most ambitious treatment-provision programs on the continent. The results of this initiative are impressive, though, in many ways, simply highlight the continued narrow focus on the medical dimension of the disease. Even the name of the new organization, the "Comprehensive HIV/AIDS Partnership," implies a belief that this top-down, medical approach is sufficient in addressing the crisis.

[1] Due to a change in methodology, the 2007 UNAIDS estimate for HIV-prevalence in Botswana dropped to 24.1%. However, UNAIDS warns that this number does not likely reflect an actual decrease the disease's prevalence. While the absolute values represented in this figure may not accurately represent the population at large the trend they show remains correct.

Still, in recent years, there has been at least a rhetorical shift toward acknowledging the broader social, economic and political forces behind the epidemic and the multisectoral approach needed to address them. The government established, the National AIDS Coordinating Agency (NACA) in 1999 in order to help mobilize and coordinate this new multisectoral strategy and organize the effort at all levels of society (HIV & AIDS in Botswana 2007). The National Policy on HIV/AIDS reflected this change, explaining that non-state actors' "flexibility in response and implementation, closeness to the community and independence make them invaluable partners in HIV/AIDS prevention and care" (Botswana National Policy 1998). Government leaders began to understand that any effective strategy would have to capitalize on the potential of these NGOs, but the reality of the situation has yet to reflect this newfound rhetoric.

To date, the state's actions do not demonstrate a respect for the utility of local NGOs. Scholars note that even in those instances when the government would address grassroots organizations, "knowledge could come down—through occasional seminars run by out-reach personnel—but never go up" (Heald 2006, 38). NGOs continue to be plagued by "inefficient interface with the government" and a lack of opportunity to actually affect AIDS policy (Botswana Human Development 2000, 46). The centralization of AIDS work within NACA has created additional problems that prevent local actors from taking action. For example, there are reported cases of local chiefs who were prevented from displaying their own HIV/AIDS posters due to bureaucratic inefficiencies. Because of the structure that the government has established, the chiefs must first receive approval from NACA for any AIDS-related activity. In some extreme cases, this process went on for more than three years without any answer (Allen and

Heald 2004, 1147). Clearly the centralized nature of the AIDS response in Botswana favors a top-down approach, leaving little room for local actors to take initiative to fight the pandemic, even when these methods complement the greater efforts. Therefore, evidence seems to show that the AIDS response has yet to become multisectoral in both name and practice.

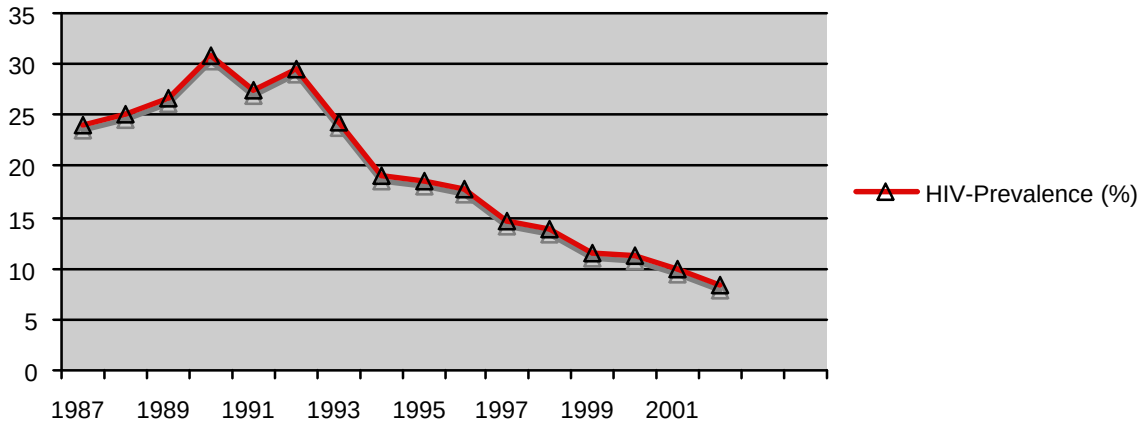
In analyzing Botswana's HIV/AIDS response through a historical lens, one can see that the country has made commendable strides toward extending its services for the HIV-positive population, including nearly unprecedented access to anti-retroviral drugs. The general view of government officials is that they have developed a "comprehensive AIDS response" (Personal communication with Allison Campbell, 5 July 2007). The strategy, however, remains a predominantly medically-focused approach that does not incorporate non-state organizations. In fact, Irene Maina, a representative from UNAIDS in Botswana would, at best, locate local NGOs "at the margins" of the AIDS response (personal communication, 10 July 2007). The purpose of this paper is to explore the tangible effect of this reality on the efficacy of the AIDS response.

C. A Counter-Example: The Case of Uganda

While this paper is not intended to be a fully comparative analysis, it is important to mention, at least briefly, Uganda's success in combating the AIDS epidemic. In the late 1980s, Uganda was widely considered the worst HIV/AIDS-affected country in the world. Moreover, it faced additional challenges including extreme poverty, a large population divided into many language groups, high levels of illiteracy and very little public health infrastructure (Allen and Heald 2004, 1141). On the other hand, Botswana

has witnessed decades of economic growth and stable politics. It also has a small population with higher levels of literacy and public health expenditures. Despite both governments being pro-active in the 1980s, Botswana has had little success in combating the epidemic, whereas Uganda has seen a drop in HIV-prevalence from 15% in the early 1990's to around 5% in 2001 (HIV/AIDS in Uganda, 2007).

Figure 3: Median HIV-prevalence by year among antenatal clinic attendees in major urban areas of Uganda



(Source: Avert.org)

Much of the AIDS response in Uganda followed a similar trajectory to its counterpart in Botswana. The first case of the disease was discovered in 1982, though no formal response was established until the current president, Yoweri Museveni came to power in 1986. Upon gaining power, Museveni acted quickly, developing a program that focused primarily on providing safe blood supplies and education campaigns. Over the years, the initiatives have expanded to include efforts to prevent mother-to-child transmission in 1997 and a voluntary door-to-door testing campaign in 1999 (HIV &

AIDS in Uganda, 2008). While Uganda does not have the resources to support as ambitious of a medical response as Botswana, it has similarly worked to provide ARV medicine to a larger portion of its population. Many of these steps clearly parallel those made in the past twenty years in Botswana.

Where Uganda's response differs is in the active role that non-state actors have played. As early as 1987, the Ugandan government fervently endorsed a multisectoral response to the disease—one that included non-traditional actors like local NGOs (Ugandan AIDS Commission 2008). In addition to the state's willingness to partner with these organizations, Uganda also has one of the strongest NGO communities on the continent. Its "unusually vigorous non-governmental sector" is comprised of over 1,100 NGOs that are currently conducting AIDS-related activities (Green 2003, 200). There is a logical explanation for the vibrancy of these non-state groups. In the years leading to Museveni's rule, Uganda was under the harsh regime of Idi Amin. In response to the weakness of the state and lack of general welfare, non-state actors were forced to unify in order to tackle societal problems including HIV/AIDS. In fact, before Museveni initiated his response in 1986, the AIDS epidemic was almost solely addressed through "spontaneous community initiatives to care for the infected and affected" (Twenty Years 2001, 1).

One such "spontaneous initiative" is The AIDS Support Organization (TASO), the largest indigenous AIDS NGO in Africa (TASO 2008). This organization was founded by Noerine Kaleeba in 1987 in a truly grassroots fashion. After losing her husband to AIDS, Kaleeba formed a support group of other individuals affected by the disease. With time, the group's mandate expanded to address other needs that arose in the

community, including providing medical services and advocating for those infected with HIV. Today, TASO has 11 centers spread throughout the country, reaches over 150,000 individuals, and actively trains representatives from other NGOs across the continent. TASO is merely one example of the many non-state actors that have played a significant role in Uganda's fight against AIDS.

The Ugandan government also adopted a different approach to local customs than its counterpart in Botswana. The state actively "involved a variety of institutions and individuals, both inside and outside of the government" to develop a response that catered to regional beliefs (Allen and Heald 2004, 1149). One of the major slogans used in information campaigns was "zero-grazing," a term derived from the local practice of tethering a goat or cow to a post to prevent them from wandering (HIV/AIDS in Uganda 2007). Condoms were not actively promoted early on—a policy that is controversial in the eyes of many western AIDS workers yet highly compatible with the widely held Christian values of the region. The government likewise reached out to traditional healers and community leadership, both of which retained a great deal of influence with the population. By tapping into local beliefs and creating a culturally-appropriate response, Uganda's education and behavior change campaigns achieved impressive success.

The end result of Uganda's approach was a response closely connected to the local realities on the ground. Again, there remains great debate over the exact causes behind Uganda's drastic decline in HIV prevalence. For the purposes of this paper, I will not explore all of the possible explanations. Still, nearly all of the literature lauds Uganda's ability to tap into local actors to develop a culturally sensitive way to address the disease. This would have been unlikely, if not impossible, without the abundant

NGOs and community-based organizations. Not only were these groups plentiful in numbers, but they were also actively incorporated into the policy-making process, allowing information to move from the grassroots up to the government levels. For these reasons, Uganda serves as a useful counter-example to the case of Botswana and a crucial lesson on the importance of the local NGO community.

IV. Comparative Advantages of Indigenous NGOs

A brief comparison between the AIDS responses in Botswana and Uganda illuminates a notable difference in the role that grassroots NGOs played. There is reason to believe that at least part of Uganda's success in lowering its HIV-prevalence can be attributed to the active participation of its NGO sector. Why then are indigenous non-state organizations such a crucial component to an AIDS response? To answer this question, this section will closely evaluate the comparative advantages of these grassroots organizations over larger state structures. Throughout the last two decades, there has been a growing view of NGOs as the panacea to Africa's troubles (Igoe and Kelsall 2005, 2). With the end of the Cold War and a renewed emphasis on free markets and the downsizing of state power, NGOs have emerged as a logical alternative. While this belief initially grew out of a desire to bypass corrupt and decrepit state institutions, scholars and aid practitioners alike have begun to see NGOs as having inherent advantages that lend themselves particularly well to development. Many of these advantages are useful, if not crucial, to addressing the AIDS epidemic, making local NGOs an important force in the fight against the disease. The goal of this section is to explore these advantages and explain their relation to the AIDS response in Botswana.

A. Access to Local Knowledge:

In order for a development initiative to be successful, it must be tailored to local realities. James Scott, after analyzing a number of failed social-engineering programs, concludes that even the best-intentioned state efforts will fail unless they actively incorporate local actors. He makes an elaborate case against what he deems the

"hegemonic planning mentality that excludes the necessary role of local knowledge and know-how" and instead supports the "indispensable role of practical knowledge, informal processes, and improvisation in the face of unpredictability" (Scott 1998, 6). Indigenous NGOs are directly connected to the grassroots and thus provide what Scott refers to as "metis," taken from the Greek word signifying "knowledge that can come only from practical experience" (Scott 1998, 6).

To illuminate this point, Scott explores the Ujamaa village campaign in Tanzania—an attempt to resettle the population into organized villages (Scott 1998, 223). The state undertook the initiative primarily as a development and welfare activity, hoping that a more concentrated population would allow for better services such as healthcare and education. The intentions were noble and the underlying logic correct. However, the plan was fundamentally flawed because it paid little attention to local knowledge and the practices of cultivators and pastoralists (Scott 1998, 225). The concentrated housing of these new villages made the traditional farming practices difficult and many of the five million relocated citizens resented the change. If the Tanzanian state had incorporated local non-state actors in the policymaking process, they may have been aware of the resistance they would meet.

The AIDS epidemic in Botswana is a highly comparable situation to the one James Scott describes. In many ways, Botswana's AIDS response has been developed from a hegemonic planning perspective—a state-run effort initiated in a top-down manner. Undoubtedly, the government acts with the country's welfare in mind. But as Scott warns, even the best intentions can go awry if they are not grounded in "metis." Local NGOs are capable of providing the practical knowledge necessary to bridge state-

initiated programs to ground-level realities. If the government were to actively incorporate these non-state actors in the policymaking process, the end result would certainly be more appropriate to the specific circumstances that exist in each community.

B. Sensitivity to Culture and Local Beliefs:

One of the greatest strengths of NGOs lies in their connection to the communities that they serve. This close relationship with the grassroots is particularly critical in the fight against AIDS, as conceptions of the disease are inextricably tied to local culture and ideas. For example, in Botswana, much of the population sees HIV/AIDS not as a new threat, but rather as "a manifestation of old 'Tswana' ailments, grown more virulent in response to the disregard for the mores of traditional culture" (Heald 2006, 33). Historically, "parallel discourses existed, one official and one non-official" and the government had a difficulty bridging the two (Allen and Heald 2004, 1145). Grasping local beliefs allows these non-state organizations to "talk about [the disease] in ways that are understood by the community and deemed appropriate and acceptable" (Cornman, Grimm and Rana 2005, 2). Knowing the ways in which the community perceives AIDS is therefore a crucial prerequisite to designing an effective response—a need the local NGO community is well positioned to fulfill.

In the mid 1990s, the government of Botswana utilized billboards that claimed, "Avoiding AIDS is as easy as ABC—Abstain, Be faithful, Condomise" (Allen and Health 2004, 1144). Many citizens had a negative reaction to what was intended to be a straightforward public health alert. At the time, knowledge about the disease was scarce and much of the population remained skeptical about the government's claims—a

reluctance exacerbated by the billboards being written in English. Moreover, many found the slogans offensive. Openly discussing sex went against social norms, a fact that these messages widely ignored. Had the messages been more attuned to local beliefs and slightly more tact, they might have had a more powerful effect on their intended audience.

Citizens had a similarly strong reaction to the government's active condom promotion. Amongst church leaders, parents and elders, condom promotion was often equated to the promotion of immorality and promiscuity. Judging the realities from their perspective, this was not entirely a misconception; government reports released in 1992 showed a correlation between increased condom use and an increased rate of partner change (Allen and Heald 2004, 1144). Therefore, in the eyes of many, condoms became a cause of the epidemic as opposed to a prevention method—a belief that remains dangerously prevalent in communities today. The availability of condoms is undoubtedly an essential component to the AIDS response. However, if the government had been more cognizant of these local reactions, they could have endorsed a campaign that promoted their use in a subtler fashion—one that may not have, in turn, incited a backlash against their use.

In addition to making health campaigns sensitive to local beliefs, NGOs are well-positioned to identify prevalent misconceptions and initiate the necessary information campaigns. In a 2005 study, only 21% of respondents identified limiting sex to one partner as an effective prevention method. Knowledge about transmission was equally hazy. Over 50% believed that AIDS could be transmitted through mosquito bites and over 30% believed that it could be transmitted through supernatural mean. Lastly,

approximately 25% of all respondents believed that a healthy-looking individual could not carry HIV (2005 Botswana Surveillance). These misconceptions are serious barriers to lowering the transmission rate and the government's half-hearted education campaigns have clearly failed to reach the entire population. Local NGOs have an immediate interface with members of the community, providing a perfect forum in which to impart accurate knowledge about the disease. Moreover, their roots in the community give them a credibility that distant state bureaucracies often lack.

C. Flexibility:

The indigenous NGO's relationship with the grassroots also allows it to be particularly conscious of logistical challenges that top-down, state-run initiatives might fail to acknowledge. These issues can range from men refusing to wear condoms for religious reasons to a realization that services are not arriving in the villages that need them most (Green 2003). In addition to identifying these "on-the-ground" problems, their "size, operating structure, and connection to the communities that they serve [place] most local NGOs…in a better position than government bureaucracies to respond quickly to identified needs and opportunities" (Cornman, Grimm and Rana 2005, 3). These "NGOs have a thorough understanding of their local communities; they know the details of local constraints and issues and can effectively prioritize problems within their context" (Cornman, Grimm and Rana 2005, 2). This flexibility and willingness to make mid-course adjustments is a significant advantage over national and international programs, which too often place undue weight on one initiative or prevention method, without adapting it to local beliefs or altering it after apparent failure.

In James Scott's critique of state-run initiatives, he reminds us that the power of local actors is, in fact, their openness to change. He claims that "the idiosyncrasies of metis, its contextualness, and its fragmentation…makes it so permeable, so open to new ideas…If a new technique works, it is likely to find a clientele" (Scott 1998, 317). This has particular relevance in the context of AIDS, a field with few clear-cut solutions. Addressing the epidemic requires experimentation—a range of responses attacking all facets of the disease. In Botswana, we have seen the state focus primarily on one narrow effort to provide ARV therapy drugs to those infected. This is obviously important, but will do little unless it is complemented by a broader effort, including prevention, behavior change campaigns, education, and counseling. NGOs, as small and flexible organizations are better positioned to engage in these activities on a trial-and-error basis, ultimately making the overall AIDS response more comprehensive.

D. Increase Social Capital

Recent research in the social sciences has heralded the importance of local networks in creating an atmosphere conducive to improving living conditions. These ties between citizens, which can come in any number of forms (clubs, parent-teacher associations, unions), are crucial to promoting effective democracy and tackling social problems. Robert Putnam explores this concept of "social capital," which "refers to features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit" (Putnam 1995). He finds that "the quality of public life and the performance of social institutions…are indeed powerfully influenced by norms and networks of civic engagement" (Putnam 1995). In short,

"networks matter" and carry with them tangible value (Putnam 2002, 6). They foster goodwill, fellowship, and sympathy, providing "internal returns" to those who are members of the group. Likewise, social capital acts as a public good, the benefits of which can be felt throughout society.

Due to the stigma associated with HIV/AIDS, the disease is often responsible for the breakdown of social capital. Openly HIV-positive individuals are often ostracized by their families and communities, leaving the infected person in an economically and emotionally fragile state. This scenario breeds silence about the disease, making it even more difficult to address the epidemic. President Festus Mogae cited this stigma as one of the greatest hindrances to fighting the disease, saying that because of it, "people are not willing to talk about sexual matters and the HIV/AIDS pandemic" (Botswana AIDS Stigma 2003). Shunning those affected by the disease and marginalizing them from their family and community only threatens social capital and the open atmosphere needed to curb the disease.

Local AIDS NGOs offer an answer to this eroding social capital by providing forums in which those affected by the epidemic can forge connections. The social risks associated with the disease require a safe arena in which victims can express their needs and concerns. Local HIV/AIDS NGOs, as opposed to expansive and impersonal bureaucracies, "offer such 'safe' spaces. They tend to be small-scale organizations that are stably based in local communities and enjoy the trust and confidence of the members of these communities" (Ramasubban and Rishyasringa 2005, 13). These networks are crucial to counteracting the marginalization that stigma creates, increasing social capital and ultimately improving the efficacy of the AIDS response.

E. Incorporate Wide Variety of Actors

One of the most widely acknowledged advantages of the NGO community is its ability to incorporate a broad group of actors and give voice to those who are often excluded from the official discourse. While "theoretically everybody in society is at risk of contracting HIV infection, the scales are tilted against those who are disadvantageously placed" in terms of their gender, economic status, or education (Ramasubban and Rishyasringa 2005, 9). Unfortunately, these are also the groups that are most politically marginalized. Oratile Moseki, a representative from the Botswana Network on Ethics, Law and HIV/AIDS voiced such concerns, complaining that the government of Botswana refuses to deal with some of the populations greatly affected by the disease, including homosexuals and sex workers (Personal communication, 19 July 2007). As a result, the communities most affected by AIDS are often the least represented in the policy-making process.

Local NGOs help to remedy this disconnect by directly involving people living with HIV/AIDS (PLWHAs). In doing so, they "increase the relevance of such work reduce discrimination, help the needs of people with HIV or AIDS to be recognized, assist in the process of normalization of HIV/AIDS, enable a greater understanding of the impact of HIV/AIDS, and present a human face to AIDS" (UNAIDS and NGOs 1999, 12). The inclusion of these PLWHAs gives voice to the "recipients" of the AIDS response, making it a more democratic process. By narrowing the gap between those who formulate these policies and those affected by them, local NGOs fulfill a crucial intermediary role.

Many of these NGOs also succeed in incorporating religious leaders and traditional healers into their work, which provides a much-needed spiritual response for often devout populations (Green 2003, 287). This was particularly true in Uganda where these religious organizations greatly shaped the country's policies. The government of Botswana has begun to recognize this spiritual dimension of the disease and initiated bi-monthly prayer sessions to take place in every government agency; these meetings are used primarily to discuss issues relating to HIV/AIDS and connect them to a religious discourse. However, the effect of the prayer sessions is limited and NGOs remain better positioned to penetrate these religious groups or provide spiritual guidance to Botswana's primarily Christian population.

By incorporating a broader set of actors, the NGO community creates a more holistic response to the AIDS epidemic. Over the years, mostly Western influences have converged to determine a "consensus on what an HIV/AIDS programme should look like" (Heald 2006, 30). In most cases, this consensus places a large emphasis on the medical dimension of the disease, focusing on the availability of testing and treatment. This perspective pervades the government's response to date and while it is undoubtedly important, the ramifications of the epidemic extend well beyond its physical or medical manifestations. It is a disease that affects one's social status, economic prospects, and political voice. Therefore, a truly comprehensive AIDS strategy must incorporate responses to all of these issues. In many countries, it is the NGO community that has proven most effective in the realms of counseling, economic empowerment, and combating stigma. Even in states such as Botswana, which have initiated impressive

medical programs to curb HIV/AIDS, local NGOs are needed to expand these efforts into a more holistic and comprehensive strategy.

V. Challenges Facing Local AIDS NGOs in Botswana

The comparative advantages explored above describe what can be coined the "ideal NGO"—one that has the opportunity to capitalize on its potential. However, this is not always the case. As explained in the historical background, Botswana's AIDS response has been a predominantly state-run, medically focused approach in which NGOs have played a marginal role. It is the argument of this paper that the underutilized or underperforming NGO sector has had a detrimental effect on the efforts to curb HIV-prevalence. This section will explore a number of factors that might explain why there is not a community of "ideal NGOs" in Botswana. These are the forces that will inevitably need to be addressed in order to allow the non-state sector to move closer to its potential.

A. Legacy of Weak Civil Society

One of the clearest hurdles for Botswana's local NGOs is the country's long history of weak civil society. When this non-state realm lacks organization and cohesion, it is difficult for NGOs to form and become a force that can affect state policy. PACT, an American organization that works to strengthen NGO sectors in developing countries, recognizes Botswana's civil society as the weakest on the continent (Allison Campbell, personal communication, 5 July 2007). The few existing academic overviews tend to agree that the environment in Botswana has been unfavorable, if not openly hostile, toward a thriving NGO sector.

Scholars and NGO practitioners alike cite Botswana's non-confrontational political culture as a barrier to an active civil society. In general, it is considered unacceptable to vocally criticize authority, in particular, the government apparatus.

Batswana pride themselves on the stable, enduring nature of their political structure and this has, in many ways, transformed into an inability to question the state. The result is a serious hurdle for NGOs, which almost inherently posit themselves as a countering force to the government. Oteng Majuta, a representative from the human rights NGO Ditshwanelo, explains that the organization maintains a very cooperative relationship with the government primarily because the cultural context would not permit otherwise. He claimed, "Confrontation is simply out of the question" (Personal Communication, July 2007). This restrictive environment greatly limits the activities in which NGOs engage.

The political structure and process in Botswana also tends to marginalize non-state actors. In many democracies, NGOs focus much of their attention trying to influence political parties, which "play a critical mediation role between the state and civil society" (Disklitch 1998, 1). Botswana, however, has a de facto one-party system, making this technique more difficult and preventing NGOs from interacting with political parties (Molutsi and Holm 1990). Instead, the majority of policy is made within government ministries, which are more isolated from external actors unless specific avenues are created for that exchange. Ultimately, the highly centralized, one-party system formed in Botswana provides a significant challenge to NGOs hoping to penetrate this process.

The legacy of weak civil society also materializes in the internal problems that plague NGOs. Due to their relative youth and dearth of experience, local NGOs often lack the basic administrative capacity and "rigorous accounting procedures…that many donors and potential collaborators consider a minimum standard" (Cornman, Grimm and

Rana 2005, 5). This has been particularly true of the country's AIDS NGOs. The Global Fund, which supports several organizations in Botswana, has already begun to withdraw funds due to substandard accounting practices (Allison Campbell, personal communication, 5 July 2007). If NGOs are unable to improve their administrative capacity, they will find it difficult to maintain a sustainable stream of funding.

Lastly, the AIDS NGO sector has faced significant human resource dilemmas due to the nature of its work. There is an unfortunate reality that "NGOs are some of the most vulnerable groups when it comes to political crises and natural disasters because they suffer alongside the communities they serve" (Cornman, Grimm, and Rana 2005, 6). In the context of the AIDS epidemic, the individuals that staff these organizations are frequently victims of the disease themselves, making it difficult for these groups to function and find qualified employees (Carroll and Carroll 2004). Therefore, in addition to the other barriers that derive from a weak civil society, AIDS NGOS face unique challenges that prevent them from becoming a powerful force in Botswana.

B. Strength of the State

In Africa, there is a strong correlation between weak states and strong NGO sectors. Non-state actors generally emerge to "fill the gaps left by fading states and to curb the abuses of ruling parties" (Carbone 2005, 168). For example, the origins of the vibrant NGO sector in Uganda can be traced to the political turmoil following the brutal rule of Idi Amin. This is true in many developing countries where "riots, strikes, and the disengagement of citizens from the state have led to a significant mobilization of civil society" (Disklitch 1998, 1). However, the inverse has been true in Botswana where

political stability and widespread peace have removed incentive for non-state actors to emerge as a countering force to the government. Without this incentive, we have seen the development of mostly weak NGOs.

The strength of the state in Botswana is particularly visible in the realm of AIDS work. The government has been commendably proactive in addressing the disease early and vigorously. They have instituted several measures to scale up the medical response including, as mentioned before, universal access to ARV drugs. Because many—including leaders in the government and civil society—see this campaign as a comprehensive strategy, there has been less pull for non-state actors to emerge and become involved.

Historically, the strength of the state in Botswana has allowed it to better suppress the activities of local NGOs, particularly during times in which the government was openly hostile to these organizations (Carbone 2005, 174). The legitimacy of a state often depends on its ability to provide services to the population. Therefore, if an NGO is better able to provide these services, they will inevitably become a political threat (Brown and Korten, 1991, 73). Following this reasoning, the government of Botswana has, in the past, seen NGOs more as a nuisance in the development process than as a useful partner.

Since the late 1990s, the rhetoric has shifted noticeably and the government has established a National Policy on NGOs, the purpose of which was to establish an operational framework to work with these groups. The state then mandated that all non-profits register with the government and helped to initiate the Botswana Council on Non-Governmental Organizations (BOCONGO), an umbrella organization for local NGOs. While the stated purpose of these efforts was to help coordinate efforts on all levels, they

also provided an avenue through which the government could monitor and control the activities of these groups (Carbone 2005, 174; Baldwin, 1990, 97).

In a study of NGOs across the continent, Wellard and Copestake found that "governments generally continue to welcome NGOs—even when some of these resources would in the past have been channeled through government—so long as their activities conform to official goals" (1994, 298). This appears to be true of Botswana, especially in regards to its AIDS response. The state has embraced NGOs in so far as they engage in activities that fit within the government's established strategy. Therefore, the strength of the state has not only reduced incentive for NGOs to emerge, but it has also allowed the government to adopt measures to ignore or subtly control the NGOs that do exist.

C. Co-opted NGOs

The relative strength of the state in Botswana has allowed the government to effectively co-opt NGOs, making "the line between the state and the NGO sector…increasingly irrelevant" (Igoe and Kelsall 2005, 5). This is a trend that scholars have noted across the continent. Fowler wrote, "African NGOs [have become] aid-dependent unofficial parastatals rather than development organizations co-existing alongside governments" (1991, 70). In situations where the state initiates, funds and ultimately directs an NGO, the organization becomes a de-facto outgrowth of the government.

This practice is increasingly visible in the activities of Botswana's AIDS NGOs, many of which have been created, in some capacity, by state officials. For example,

Tebelopele is an NGO that provides HIV-testing services across the country. Not long ago, however, it was an entirely government-run organization. Though it has since "spun-off" into an independent organization, this translates to little tangible change in how the organization operates. By breeding NGOs of this nature, the government can ensure that they provide a service that is within its pre-determined strategy.

Even organizations that are not technically founded by the government have begun to act as parastatals. Population Services International (PSI) is an organization that specializes in "social marketing," or marketing products for the public good. Recently, they have focused their efforts on promoting "Lovers-Plus" condoms in an effort to improve safe-sex practices. When asked about the organization's relationship with the government, a PSI representative explained, "We are working for them. They are our customer" (Dick Jabulani, personal communication, 4 July 2007). Shandya Kenabatho, an information officer from BOCONGO, echoed this sentiment, explaining that NGOs are useful largely because the government can "outsource" jobs to them (Personal communication, 13 July 2007).

There is nothing inherently wrong with close cooperation between the government and non-state actors. In fact, a degree of coordination is absolutely necessary in order to prevent duplication and to share knowledge. But there is an important distinction between cooperation and cooptation. That distinction is mostly a matter of incentive. Many of the comparative advantages explored in the previous section rely on NGOs being truly grassroots organizations, arising organically from needs expressed by the populations they serve. This allows them to access local knowledge, increase social capital, and provide a culturally sensitive approach to the AIDS epidemic. When an NGO

is co-opted by the state, it then becomes most responsive to the state. It depends on the government for funding, for direction, and for survival. This dependence draws the organization away from the needs of the population and ultimately harms the NGOs effectiveness.

D. Foreign Funds

The complex relationship that has formed between NGOs and foreign donors is yet another factor harming the NGO community's responsiveness to the grassroots. In the field of AIDS work, there is an abundance of Western money pouring into the developing world, an increasing percent of which is being directed at non-state actors. Local NGOs, in response, scramble for these critical resources. The reality is that most "indigenous NGOs are unable to secure a stable domestic source of funding, consequently having to rely on foreign funding in order to make ends meet. This paucity of finances thus leads, in many cases, to external dependence" (Disklitch, 1998, 28).

The influence of international donors is visible throughout Botswana's NGO sector. Every NGO investigated for this study received a sizeable portion of its budget from foreign donors, most notably the US Government. For instance, the Youth Health Organization, an NGO that tailors public health messages to young adults, receives virtually all of its finances from the US Center for Disease Control (Mike Greenwell, personal communication, 29 June 2007). LIFELINE, an organization that provides counseling to AIDS victims is largely supported by UNICEF (Vicky Musau, personal communication, 28 June 2007). In order to receive funding, NGOs such as these "need to take on institutional forms that western donors recognize and are comfortable with,"

which includes portraying their mission in certain terms and engaging in specific activities (Igoe and Kelsall 2005, 24). For these NGOs, the constant search for finances is pervasive and a strong pull on the organization.

Due to the scarcity of resources in African countries, this relationship between NGOs and international donors is nearly inevitable. What organizations must be wary of, however, are the skewed incentives that such a scenario might produce. With the influx of foreign money and few NGOs available, it has ironically become very profitable to join the non-profit sector (Igoe and Kelsall 2005, 8-9). Allison Campbell, director of US-based PACT, recalls the variety of groups hoping to claim one of the organization's PEPFAR-sponsored (President's Emergency Plan for AIDS Relief) grants. Schools, churches and community groups with virtually no mandate were willing to engage in "AIDS-work" in order to receive a cut of the funding. In addition to demonstrating a dearth of competent NGOs, this explains a legitimate concern that organizations are arising not from organic community needs but for the purpose of receiving money. Irene Maina from UNAIDS worries that many NGOs simply cease working when funding becomes scarce, proving that the motivations behind the organizations are less civic-minded than she would hope (personal communication, 10 July 2007). Even for an organization with purely noble intentions, this situation can force the NGO to "spread itself too thin by attempting to work in too many different areas" (Cornman, Grimm and Rana 2005, 6). In either case, this complex relationship between indigenous NGOs and the organizations that fund them is a potentially hazardous one.

Again, as in state-cooptation, the fear is that the growing dependence on foreign money will affect the relationship these NGOs have with the populations they serve. The

NGOs may stray "from the 'grassroots,' as western donors and their agendas become their new constituents" (Igoe and Kelsall 2005, 24). As discussed earlier, this has very serious implications for the effectiveness of these organizations and their ability to capitalize on their comparative advantages.

E. Summary

Having acknowledged the important functions that local NGOs can fulfill, it is imperative to recognize the forces that prevent them from doing so. This section has outlined four potential factors that could infringe on the intrinsic advantages of these actors. A long history of weak civil society and a strong state makes it more difficult for NGOs to navigate the political and cultural context in Botswana. Moreover, the complex relationships that have developed between NGOs, the state and international donors have affected the incentives that drive non-state actors and potentially disconnected them from the populations they claim to represent.

This is not to say that there are no successful or commendable NGOs in Botswana. Several are working toward important causes such as non-discrimination based on HIV-status and providing a faith-based approach to dealing with AIDS. Still, representatives from these organizations are keenly aware of the challenges they face due to the particular context in which they operate. They recognize that cultural norms prevent them from vocally criticizing the government's HIV-testing policy or that they must engage in abstinence promotion if they wish to continue receiving a certain grant.

This section should, likewise, not be seen as a blatant critique of the state or international donors. The state has clearly made tremendous efforts to combat the AIDS

epidemic and international donors such as the Gates Foundation and UN are currently funding lifesaving projects across the country. Instead, this section is merely meant to illuminate some of the structural barriers that inhibit local NGOs. Considering the great importance these organizations, all actors—including the state, donors and NGOs themselves—must be conscious of these barriers in order to help eliminate them. Only in doing so will the NGOs that exist in Botswana be able to move closer to the "ideal NGO" described in this study.

VI. Conclusion

This study has attempted to explain why a relatively resource-rich country like Botswana has struggled to combat its HIV-prevalence when other countries with far fewer advantages have succeeded. In comparing Botswana to its most stark counterexample, Uganda, one can see that it has more favorable health expenditures, per capita GDP, population size, political stability and international attention. Yet, while the AIDS statistics in Botswana have remained mostly stagnant, Uganda has witnessed a drastic reduction in its prevalence. This paper proposes that one explanation for the discrepancy is Botswana's lack of a vibrant local NGO sector.

A historical overview shows that Botswana's response to the epidemic has remained predominantly top-down in nature and narrowly focused on the medical dimension of the disease. The government and international donors emphasize their efforts to provide universal access to ARV-therapy drugs—an initiative that, while important, is far from a comprehensive strategy. In the meantime, the state has proved reluctant to partner with the small and underdeveloped NGO community. Uganda, on the other hand, has a long history of incorporating local organizations and leadership into the AIDS response and is home to one of the largest NGO communities on the continent. This contrast provides reason to believe that strong, active indigenous NGOs are a crucial component to the AIDS response.

Assuming Uganda's success can be at least partially attributed to its NGO community, this paper sought to identify the comparative advantages of these actors. The majority of these advantages derive from the NGO's unique relationship with the grassroots. By having a close connection to the populations they serve, these

organizations have an immediate understanding of on-the-ground realities. This “metis,” as James Scott refers to it, allows local NGOs to tailor broad development goals to local challenges. In Botswana, the state has developed ambitious plans to combat AIDS, but its top-down approach does not tap into the local knowledge that NGOs can provide. Moreover, because of their size and structure, NGOs are provided the flexibility to make mid-course adjustments when confronted with unexpected challenges. This ability to understand and address specific hurdles found in different communities allows local NGOs to address a development issue as complex and fluid as the AIDS epidemic.

As a sexually transmitted disease, AIDS is particularly shrouded in stigma and confusion. In the past, the government of Botswana has struggled to provide culturally sensitive public health messages and has consequently sparked unintentional backlashes against condom use and discussions of sexuality. Local NGOs are better positioned to undertake these education and behavior change campaigns. Their immediate connection to the communities allows them to discuss the disease in terms that fit within the existing belief structure. Likewise, they have a credibility with the local populations that is not easily achieved by large, bureaucratic entities. This sensitivity to local culture ultimately makes local NGOs more effective in tackling the controversial subject of AIDS.

This study also found that local NGOs play a critical role in forging networks and unifying marginalized groups. The AIDS epidemic tends to target already disadvantaged populations including the poor, sex workers and homosexuals. These groups are often ignored by the political process and therefore cannot influence the policies that directly affect their lives. Non-state organizations incorporate and advocate for these people living with HIV/AIDS, providing them a crucial political voice and making the resulting

policies more responsive to those battling the disease. In addition, the networks and communities formed by these NGOs provide safe environments for ostracized individuals, which in turn, promotes social capital. In this way, indigenous NGOs are able to remedy many of the social and political consequences of the AIDS crisis.

The functions outlined in this study describe what has been deemed the "ideal NGO"—one that can fully capitalize on its comparative advantages. However, the majority of organizations found in Botswana are far from "ideal." This study explores a number of barriers that might prevent these non-state actors from flourishing. On a basic level, Botswana has an especially weak legacy of civil society. The political process and cultural norms that have evolved in the country are not conducive to the work of non-state actors. Moreover, the presence of a strong, proactive state has removed some incentive for these organizations to emerge in the first place. This environment has spawned a small and generally weak NGO community that lacks the power to assert itself as a central player in the AIDS response.

This study also explored a number of forces that endanger the local NGOs' relationship with the grassroots. For instance, the government of Botswana has "co-opted" many of these organizations, treating them as mere outgrowths of the state. In turn, NGOs have begun to conceptualize the government as their "customer" instead of the populations that they claim to represent. The funds provided by donors have a similar effect, causing NGOs to be increasingly responsive to the demands of international agencies. This gulf between indigenous NGOs and the communities they serve threatens the comparative advantages discussed above. Without being directly tied to the needs and

realities on the ground, these organizations are unable to fulfill the functions that make them so important.

Figure 4: Summary of key findings

Local NGOs have the following comparative advantages in the context of HIV/AIDS:

- Access to local knowledge
- Sensitivity to local culture and beliefs
- Flexibility and ability to make mid-course adjustments
- Ability to forge networks and increase social capital
- Incorporation of diverse actors

The following barriers in Botswana prevent local NGOs from capitalizing on their comparative advantages:

- Legacy of weak civil society
- Strong, centralized state overpowering NGO sector
- Government co-opting non-state actors
- Foreign donors affecting responsiveness to local populations

A. Limitations

It is important, once again, to acknowledge the limitations of this paper. Due to time and resource constraints, this study focuses on an in-depth exploration of one case study, albeit a critical case of the AIDS epidemic. Obviously, the question at hand lends itself well to a comparative analysis, contrasting the AIDS responses and NGO communities of various countries. However, without conducting fieldwork beyond

Botswana, it was deemed unfair to make the study fully comparative in nature. With this limitation in mind, the paper includes a brief but important discussion of Uganda's AIDS response, which is widely recognized for its success and active involvement of non-state actors. Further fieldwork in Uganda would undoubtedly help to understand the on-the-ground context of this situation, but would unlikely alter the overall conclusions of this paper.

The study of HIV/AIDS is inherently complex, particularly when discussing the components of a success. This paper has focused on one aspect of the AIDS response—the work of indigenous NGOs. There is clear evidence that a robust NGO sector is crucial in curbing HIV-prevalence. However, it is difficult to know the exact degree to which a more vibrant NGO community would affect the current rates in Botswana. Similarly, there are a multitude of factors that affect the results of the country's AIDS epidemic, including the availability of doctors, economic inequality, and health infrastructure. This paper is only intended to highlight one possible way in which Botswana's AIDS response can be strengthened.

B. Policy Implications

After identifying the forces that impede the effectiveness of local NGOs, it logically follows that policies should be adopted to help overcome these hurdles. While the process of empowering grassroots organizations is undoubtedly complicated, there are a number of actions that can be taken within Botswana to promote a more active and utilized NGO sector.

First of all, the government could support definitive efforts to make communication between the state and NGOs bi-directional. The NGO representatives interviewed for this study often commented that government officials do not view their recommendations as credible. Instead, the state sends directives to NGOs and contracts them to engage in narrowly specified activities. The government of Botswana has begun to endorse NGO activity but this rhetorical shift has yet to translate into tangible action. The state should open up clear avenues through which indigenous NGOs can inform officials of local realities and help to mold culturally sensitive policies. In doing so, government officials will also gain the benefit of an effective monitoring system since NGOs will provide feedback on which of the state's efforts are proving effective. This will ultimately provide the government access to "metis" or the local knowledge needed to translate a state-sponsored initiative into a successful development effort.

Donors, both domestic and international, should continue to fund non-governmental organizations, but place a premium on supporting grassroots ideas. The benefits of NGOs discussed in this paper are closely tied to the organizations' understanding of local problems and local solutions. To override this understanding and demand that NGOs engage in activities formulated in Washington or Geneva is counterproductive. Instead of attempting to affect or decide an organization's mission, donors could focus more on capacity building—helping the NGO to develop sound accounting practices, to recruit quality employees, and to scale up the efforts that prove worthy. Aiding NGOs in this manner will ultimately be more productive than creating incentives that draw these organizations further away from the populations they serve.

Indigenous NGOs must also focus more on capacity building. The survival of these groups greatly relies on dependable donors. Therefore, NGOs must strive to adopt practices to better account for the money they receive and to plan for the future in order to promote sustainability. These are basic standards that any organization must embrace in order to thrive. NGOs should be introspective to understand their potential weaknesses and constantly attempt to become stronger, more active entities.

Lastly, NGOs could also be more assertive of their place within the greater AIDS response. This study generally found that NGO representatives were conscious of their potential and eager to play a more dynamic part both in the community and on a policy level. However, they simultaneously assumed a passive role, awaiting the government's directives. Activism is often mistaken as a purely subversive activity. In reality, it can include mobilizing the community and striving for a more holistic AIDS response—activities that would be appropriate within Botswana's political culture. In these ways, NGOs should be cognizant of what they offer and demand that they are active sculptors, not just recipients, of the country's AIDS program.

Figure 5: Summary of Policy Implications

The government of Botswana should:

- Actively seek out policy advice from NGO leaders
- Create channels for information to move up from non-state actors
- Respect NGO independence and limit the degree to which non-state actors become outgrowths of the state

Foreign donors should:

- Place a premium on supporting grassroots ideas as opposed to imposing missions and goals on NGOs
- Focus on capacity building for NGOs

Local non-governmental organizations should:

- Demand a voice in the policymaking process
- Work to institute sound accounting procedures

C. Further Research

As discussed earlier, this paper is merely an entry point into an array of important questions, all of which merit future research. This study frequently alluded to the AIDS response in Uganda in order to provide a contrast to Botswana's situation. However, a full comparative analysis of AIDS responses and NGO sectors across the globe would help explain the degree to which these non-state actors determine success.

This is also a subject for which further ethnographic research is required. Through a number of interviews and an extensive scholarship review, this study was able to identify trends and make generalizations about the NGO sector in Botswana. However, spending prolonged periods of time observing a single NGO in Botswana would further

illuminate how these organizations navigate the political context or the extent to which they mold their efforts to donors' demands.

Again, there is significant work to be done on this subject and the pure complexity of the AIDS epidemic demands as much attention as possible. By no means does this study attempt to simplify the epidemic by proposing one explanation for Botswana's failure to curb HIV-prevalence. All of the catalysts of the epidemic described earlier—including the inferior status of women and the mobile nature of the population—continue to be significant challenges. The simple lack of health workers likely explains much of the persistently high prevalence rates. However, even in spite of these hurdles, there is clear evidence that an active and utilized local NGO sector remains a precondition to making progress against the disease. Those who are involved in this crisis—the state, international donors, NGOs, and victims of the disease—cannot risk ignoring this reality.

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Appendix

A. Sample Interview Questions:

The specific interview questions depended on the interviewee and direction of the conversation. However, these are general questions that were asked, in some form, during most interviews.

- What is the primary mission of your organization?
    - Do you engage primarily in activism, service provision, etc?
- How well is the population aware of the services you provide?
- How/when was your organization established?
- How large is the organization in terms of staff, the number of people that it reaches?
- Describe your relationship with the government.
    - Do they involve you in policymaking?
    - Do you receive money/contracts from the government?
- Where do you receive your funding? Private institutions? Foreign governments?
- What other NGOs do you partner with? How well do NGOs coordinate?
- What are the largest challenges that you face as an organization?
- How would you judge the state of the NGO sector in Botswana?

B. Interview Notes:

These are selected notes from the primary interviews I conducted while in Botswana from May to July 2008.

i. Botswana Christian AIDS Intervention Program (BOCAIP)

Interview with Irene Kwape, BOCAIP Director
7/13/07

- BOCAIP has a HQ office in Gaborone and 11 centers: Maun, Molepolole, Ramotswa, Lobatse, Kanye, Gaborone, Francistown, Masunga and Selebi Phikwe. Serowe, Tsabong
    - Each testing center has about 6 employees and then additional volunteers.
    - The center managers are all social workers
- Funded by different organizations (Primarily ACHAP, PEPFAR and UNICEF…but also SIDA, UNDP, Local Govt. US Ambassadors self-help fund, CIDA, BOTUSA, and Canada Fund)
- Created in 1996 (Registered in 1999 under Societies Act of Botswana)—the President of Botswana at the time had said that the churches needed to get more involved in the process
- Started primarily with counseling—especially spiritual counseling, which wasn't really being offered by anyone else—then it started working more on outreach—public places, constructions sites, home visits

- Currently does: psycho-social support, home visits, pre and post test counseling, trauma and bereavement counseling, on-going supportive counseling, pre-marital and marital counseling, ARV adherence counseling, spiritual counseling,
- Claims to provide services to over 10,000 clients
- Also does testing now, starting in 2005—mobile testing, going to places where people are hesitant to get tested (particularly men) like construction sites, prisons.
    - This is funded by ACHAP and the government provides the testing kits and trains the volunteers on how to do the test.
    - The statistics are reported to NACA
- Youth Blood Safety—sponsored by ACHAP
    - Has kids donate blood—if they are negative, they make a commitment to give blood 25 times in their life—incentive to find out and also to keep HIV-negative. Those who are positive can be incorporated in other ways, advocating for other kids to be tested, etc.
    - Claims that Botswana has highest percentage of blood donors
- PEPFAR, through PACT, funds abstinence/fidelity programs at 4 of the centers
    - Also marriage counseling from the pastors—make sure they know what they're getting into, have been tested, etc.
- PEPFAR-funded Peer Mothers program—volunteers from community talk to women who are pregnant—get them tested, teach them about ways to keep the baby from getting HIV
- PEPFAR launched in 2 districts a new program for prevention in 10-17 year olds.
    - Is a joint program through many groups: BONASO is the grant holder—also involved FHI, BONEPWA, BMYC
    - Going to create listening groups to have kids listen to the drama presentations about preventions—There are not many youth programs
- UNICEF sponsors OVC care in 4 centers—provide daycare for young kids not in school yet and after school programs for those in school (do dancing, play etc)
    - Sometimes kids are abused or neglected, so this guarantees that they are fed, etc (but they are still sent home at night)
- Each center has a support group for PLWHA.
- Teaches about condoms to those who are already sexually active—if they're having sex, its best that they be protected.
- Has very close working relationship with the government—Is where they get their training manuals, standards, indicators, guidance
- Is currently applying for $ from the Global Fund—wants to use it to have an organizational assessment or strengths and weaknesses, build capacity and strengthen its model
    - HQ is connected to the 11 centers and wants the centers to be connected to smaller churches and Christian groups—wants smaller groups to be able to sustain themselves
- Challenges
    - Funding—Not always easy to get the needed money
    - The government sponsors them when they are stuck—e.g: paid them from July-December of 2006 when it was waiting for funding

ii. Botswana Council of Non-Governmental Organizations (BOCONGO)
Interview with Shandya Kenabatho, Communications and Information Officer
July, 13 2007

- BOCONGO was established in 1995—Government had sponsored a meeting of different up-and-coming organizations. Decided that an umbrella organization was needed to look over budding organizations
- BOCONGO staff is about 10 people located in Gaborone
- Looks over about 120 NGOs (and growing) that are located throughout country.
- To become an NGO, organization must register with the Register of Society, which isn't necessarily a hard process but some complain that it takes awhile
- HIV/AIDS are large part of NGOs, though largest sector in BOCONGO is Science, Technology, Training
    - Possible reason—smaller AIDS organizations would likely just register with BOCOBONET or BONASO (BONASO provides grants to its member, BOCONGO does not
- Capacity Building is primary focus—Training on finances, accountability, NGO leadership, etc.
- Lobbying—sometimes outside organizations come wanting civil society in Botswana to get involved—BOCONGO will refer them to appropriate organizations and can help to spearhead the movement.
    - Ie. Freedom of Information Act to be implemented in Botswana
- NGOs are split into sectors—each sector has various sector forums quarterly
    - Each must give a presentation on their sector at the Annual General Meeting held every October
- Organizations pay about 250 pula for membership
- Funding comes from various places including Oxfam and also the Government of Botswana (Ministry of Labor and Home Affairs)
- Works with the government closely—wants to "coexist with government"
    - Message is: "we're not enemies...government can't govern alone."
    - Instead of picketing, they try to get state involved in the projects—invite to forums, etc.
    - Government can "outsource" some of the projects to civil society
    - Civil society is closer to the people, so to implement 2016 plan, government needs to involve them to understand what's happening.
- Government wasn't initially receptive to NGOs—thought that NGOs were always going to be critics—NGOS have made their niche clearer and government has started to understand their mandate and utilize them.
- The fact that NGOs are increasingly invited to forums can be seen as sign that their becoming more respected/stronger. However NGOs often complain that they're asked to speak after decisions have been made
- Amount of awareness of NGOs varies—BOCONGO tries to help with community mobilization. NGOs in regions should talk to local chief to let him know what they're doing, go to a kgotla meeting.

iii. Botswana Network on Ethics, Law and HIV/AIDS (BONELA)
Interview with Oratile C. Moseki
7/19/07

- Created to deal with the AIDS epidemic from a human rights perspective and to make sure the other stakeholders are also doing so.
    - HIV/AIDS obviously has human rights implications but not everyone recognized that the *response* would also have human rights implications.
    - Claims to be advocacy oriented—trying to change policy in the long term
- Started in 2001 after meeting called "Shared Rights and Responsibilities"
- Started with one staff member—currently has about 20 staff
- 7 program areas: Education and Training, Legal Assistance, Media Coverage, Advocacy, Research, NAC Sector, Legagibo, Treatment Literacy and Advocacy
- Is the secretariat for the Human Rights Council—had to hire a coordinator for that purpose.
- Issues at Stake:
    - Non-discriminatory employment—longest running issue. Has succeeded in getting bill pushed through. Is a draft bill now. Hopefully something will happen in next two years.
    - Routine HIV Testing—Was ruled out but was but no study was done to see the implications. Consent, Counseling, and Confidentiality.
    - Sexual Reproduction Rights—starting in 2006 with community dialogues,
        - Government officials were blaming women for passing AIDS on to their children and continuing to have children
        - After interviewing women, discovered that many didn't have agency to make decisions about having kids (men wont wear condoms, want them to have children to prove their health)
        - No contraceptives beyond condoms—stigma with the pill, no morning after pill without police report of rape (marital rape does not exist).
        - Shared confidentiality—Currently doctors can tell other people who "need to know." Was supposed to lessen the burden of doctors to take care of community but just creates new problems
- Legal Assistance:
    - Mostly works on employment issues—builds case law
    - Most success in mandatory employee testing—using constitutional autonomy rights
- Research—Issues start as research question, then move on to advocacy and education divisions to help publicize and fix the problem.
    - Try to work from ground up—not to advocate for themselves but to listen to what the people say the problem is.
    - Government employees are not able to talk very freely
- DONORS: longer running donors cover more administrative costs whereas short term donors tend to fund specific projects
    - HIVOS—Scandinavian organization→fund administration
    - SIDA—gives money through FORUMSYD, which gives it to BONELA.

    - NACA—sometimes will give some money but rarely
    - Global Fund—gave a substantial amount in the last round—BONELA did not have issue reporting for money but when Global Fund was going to pull out, it protested that
- Relationship with Government
    - Do request input in developing goals and framework
    - Have the ethical mandate in the framework, so help fulfill that goal
    - CCM—policy branch of the Global Fund—this year, BONASO is the new chairperson.
        - Minister of finance used to be the chairperson—was also the recipient of the money. Decided to hand it over to civil society
        - Govt didn't really follow the guidelines of global fund for reporting—mostly took money and passed it on—didn't have capacity or didn't understand the reporting obligations
            - Global fund also did not follow up at all
- BONELA sits on BOCONGO, not BONASO
- Different type of advocacy than in other countries:
    - Treatment Action Campaign in South Africa (does very different type of adversarial advocacy) asked them to do treatment literacy campaign. BONELA thought it was a good idea so decided to do it but had to adopt it to Botswana culture/methods
    - Can't isolate themselves—are not independent ways to find out about whats going on, so cant alienate themselves.
    - Works through negotiations within the current system.
    - At AIDS conference in Toronto, had some serious disagreements with govt officials—over percent of coverage of ARVs (govt says 80% but Oratile says closer probably to 30%)
        - Quality of treatment is sometimes not good enough either—not dealing with all of the side effects
- Challenges—
    - Recognition by state—silenced here and there but getting better
    - Government wont deal with some questions—ie homosexuals, sex workers, etc.
    - Need more sophisticated strategies—have already figured out they need to focus on 5 or so topics so as to not spread themselves too far.

iv. Ditshwanelo

Interview with Oteng M. Majuta, Information and Activism Programme Assistant
July 23, 2007

- Created in 1993 to promote and protect human rights
- Activism Program—adjunct basis depending on what issues need to be discussed
    - CKGR—the san people being relocated
    - Zimbabwe Coalition—group of different NGOs (BOCONGO, Council of Churches, WIMSA, etc) that tries to mobilize Zimbabweans in Botswana and politicians to try to affect change in Zimbabwe
- Information Program—

    - Public Education campaign—educate media, conferences for civil servants, law enforcement, etc.
    - Focus on key actors and hope that the "spinoff" reaches others
- Staff of about 20 people and interns in Gaborone, 5 in outreach office in Kasane.
- Paralegal Programme—only take test cases that might change law—would be overwhelmed if offered free legal assistance
- Funding—comes from different private donors
- Relationship with government—has a "good working relationship"
    - Never very confrontational—culture goes against it
- Challenges
    - Funding
    - Nature of human rights work—takes a long time to unlearn what they have learned
    - Behavior of government—not here nor there on some issues,
        - Not in line with some liberal democracies
        - Control other institutions that they need to reach
    - Compete for space with state—see things differently and want to do things differently
        - CKGR example-have a different conception of development—want it to be rights based
- Botswana is a small population with weak civil society, weak opposition party
    - Confrontation is out of question—too small of a society
    - Weak system of checks and balances
- Positions you take depend on where the money comes from
- State—figuring out of civil society can play role in development.
- Being in a developmental state, primary problems are AIDS, gender issues—demand influence of civil society
- Constitution—gives more power to the executive to begin with, power is skewed
    - Closes space for alternate voices
    - Ombudsman reports to president—shows center of power
    - People don't see government as trustee but as guardian—a problem

v. LIFELINE Botswana
Interview with Vicky Musau
June 28, 2007

- Established in 1999
- Lifeline Botswana is more focused on HIV/AIDS than others
- Staff: 5 in the office—1 national director, 1 to work on finances, 3 support staff
    - Works primarily off of its 150 volunteers that they have trained
- Lifeline Botswana has 4 centers
- Johannesburg office received about 2 million calls last year—Botswana receives far fewer, does more face-to-face
- Botswana office has an average of about 150 counseling sessions a month

- Government Relationship is good—NGOs in Botswana seem to pick up where the government leaves off—they can provide medical services well, but definitely don't do enough in terms of counseling. Government has already overstretched personnel
- Funding—doesn't really receive much funding besides for specific projects→ ie Dept of Social services is paying for them to train 150 NGOs that work with orphans (financed by Govt and UNICEF)
- Provide counseling training to individuals, employers of corporations, short workshops, and provides direct counseling to individuals
- Works to develop relationships with other NGOs
    - Part of BOCONGO and BONASO—they both provide training and management, leadership workshops etc

vi. PACT
Interview with Allison Campbell
July 5, 2007

- PACT serves as the civil society outreach for PEPFAR
- PACT Botswana is fully funded by PEPFAR (which incorporates money coming from all kinds of services, Dept of Defense, Dept. of Ed, CDC, etc). PACT's money comes from USAID
- Technically started AIDS work in region in April of 2005 but it took several months to get the money and get set up.
- Staff: 11 employees in total—two positions are not filled because they aren't sure how long they'll be there (there are a few individuals who have a problems with PACT, but even if a new organization comes, they'll run into same problems)
- Supports 30 different programs—26 local, 4 international (must be registered NGO in Botswana)
    - Is not in the business of setting up NGOs—only funds already established groups. Wants them to be organic and have the desire to do what they're doing. Starting organizations to receive money is dangerous
    - Palliative Care—mostly run by nurses—major problem is that they don't have prescriptive powers—all the drugs run through government or doctors.
    - Orphan Relief—the weakest sector of civil society here—they play with the kids and feed them but don't do good psychosocial work
    - Prevention—the most developed of the NGOs but still lacking
        - Doesn't necessarily facilitate behavior change.
        - Includes faith based approaches
    - PLWA (People living with AIDS) groups are weak—set up as welfare groups, not groups that can implement programs, which makes them hard to give grants.
    - No medical work done by NGOs—all of this is organized by the government

- Government of Botswana thinks that it has a comprehensive HIV/AIDS Program, but it doesn't really—is clinical but doesn't necessarily help with counseling, jobs, etc
    - Civil Society is important because it fills in the cracks—is more flexible
    - Essential for monitoring the response—has closer ties with the local communities, which means they know who is not receiving the necessary care.
    - Provide the psycho-social approach
- Problems with NGOS
    - Didn't necessarily tailor their message to their audiences—had one big message, which didn't work with everyone.
    - Not good at reporting on time or being accountable for the money that they get
- 3 main things PACT thinks needs to be emphasized: increase technical skills, monitoring and evaluation, institutional strengthening
- PACT has generally acknowledged that Botswana has the weakest civil society of any country that it works with.
    - Advocacy NGOs don't really exist—goes against the culture, which discourages conflict (no real opposition party in govt., PACT employees even would score NGOs too high on evaluations)
    - Government is so strong so perhaps less organic pull to have NGOs develop
- Supports BONASO—BONASO has 330 NGOs
    - Has a lot of issues:
        - Wants to be a grant giving organization but does not want to change and adopt the measures to best account for money and require accountability. Also, it is a membership organization (orgs pay to be part of BONASO) and those are usually advocates for their members. Grant givers need to be objective, and sometimes the "bad guy"
- Many NGOs were established by the government—essentially created to receive money (not organic)
- Global Fund and ACHAP used to fund them but both have pulled out a bit
    - Global Fund was frustrated by lack of accountability, didn't know where money was going, poor reporting.
    - ACHAP decided to start spending money on the clinical side, doing ARVs, etc.
- PACTs relationship with government is not extensive—does not answer to them
    - Some of the NGOs need to get approval from the government for various activities
    - Relationship with BOTUSA is somewhat strained—wants the approach with NGOs to be very clinical/medical but PACT doesn't take that approach—really focuses on institution building. USAID better understands that approach, and others will come around and slowly are.
- Success rate: About half of the organizations are showing real promise

- What normally would take 1 year in most countries, takes 2 years in Botswana.

vii. Population Services International (PSI)
Interview with Dick Jabulani
July 4, 2007

- Staff Size- 30 people full time, somewhere around 12 part time
- Pillar of work is HIV/AIDS specific—for obvious reasons in Botswana
- Lovers Plus Condoms—their number one effort
    - Government buys the condoms, PSI did the market research on it—old package was black, white and red but it was associated with death. New one is beige and has pictures of happy young people
    - GOB buys 6 million condoms per year, which PSI is responsible for distributing to traditional locales (pharmacies, etc) and non-traditional (clubs, bars, etc)
    - #1 donor for this program is the Dutch Government
- "edutainment"—mixing music, fun, celebrities with educational programs.
- ACHAP used to fund condoms program but in 2005, switched to focusing on ARVs
- BOTUSA—funds the effort to do AIDS work with Botswana Defense Force—testing the military, who have a disproportionate incidence of the disease
    - Also hired PSI to launch Tebelopele programs for testing—has since spun off to be independent NGO
- PEPFAR:
    - Funds the Alcohol and HIV AIDS program—messages about the bad combination of those two—22 DJs work for them, go to bars, play jingles, have competitions on how to correctly use a condoms, etc.
    - Partner Reduction Programs
- Does do work with mosquito nets in the north but malaria is not as big of a problem here as other places
- Baby Active—new initiative—nutrition for kids/babies
- Very close relationship with government--"we are working for them", see them as customers in many ways

viii. UNAIDS
Interview with Irene Maina, Civil Society coordinator
July 10, 2007

- Right now, NGOs are at the margins, trying to mature.
- Most NGOs focus on service delivery—ie counseling.
- She would like to see them focus more on advocacy since it is lacking
    - BONELA succeeds in doing advocacy, even though it was partially created by the government (the extent of how independent these

organizations become really depends on the leadership—just because it was created by the govt doesn't necessarily mean that it is compromised.)
    - Many people don't understand what advocacy can mean—doesn't always mean fighting the govt—can also be mobilizing the community and swaying community leaders, etc. (doesn't have to go against culture)
- There is a hiccup between national and subnational NGOs—big gap between networks and smaller regional CBOs
- Large amount of money is spent on overhead for networks
- Networks are in charge of granting and implementing which is a problem—these networks give out money to lots of organizations but rarely provide the necessary technical capacity to really strengthen the organizations and follow up on investment.
- BONEPWA needs to change/reorient its focus—money goes through these networks but they don't help NGOs to really grow
- BONASO—made up of 120 organizations
    - Really needs to nurture just a few until they grow—having lots of them isn't necessarily helpful
- BONASO and BONEPWA good because they make it easier for government to coordinate the NGOs. UNAIDS also works through those networks as opposed to directly going to the organizations.
- If organizations feel like they're compromising their mission bc of the funders directions, can always seek new funding (though she acknowledges lack of funding options)
    - Focus on abstinence—maybe because of where money is coming from but not always bad to encourage people to try different strategies. Before it was all just condoms but now you see abstinence, partner reduction—need a variable approach. The different strategies were always in national plan, just not always implemented.
- The fact that work ends as soon as money stops coming in makes her question the motivations behind all this work. (NGO-industry really becoming a business)
    - Spirit of volunteerism eroding
    - Change toward nuclear family partly to blame—before you could always count on someone being able to take care of you financially—now you need to bring home money to your immediate family.
    - The amount that people know about NGOs depends on district
- DMSACs in charge of coordination—often listen to the NGOs and report back
- Relationship goes both ways—govt directs NGOs but NGOs also try to provide advice in creating policy.
    - Problem is sometimes that NGOs don't have the staff or capabilities to feel comfortable giving policy direction, but they sometimes have the opportunities to speak out at least.
- Here in Botswana, NGOs might be more cautious about making enemies with the government—realize that funding from external donors is fickle and don't want to alienate the government

ix. Youth Health Organization (YOHO)
Interview with Mike Greenwell, Intern at YOHO
June 29, 2007

- YOHO was established in 1999 by a group of young adults
- A radio station "donated" a half hour of airtime every Thursday, 7-7:30 for YOHO to talk about different issues: media, parent-child relationships, etc
- YOHO is run by young people—leader is about 30 years old and most are in 20's
    - Because of that, they tend to be much more progressive
    - Doesn't necessarily have the disconnect between generations that other organizations battle with.
- 30 paid staff in the Headquarters Office in Gabs, 10 in each of the 7 branch offices
- Funding—most of the funding is from US Government—administered by BOTUSA. Also some from the Global Fund.
- Tries to tackle some of the traditionally taboo subjects
    - Gender violence might be more controversial of a topic to discuss, but cant be separated from AIDS, sexual health, etc.
    - Conflict really only comes from the US side, who doesn't want to support condoms
    - On last tour, they did not distribute condoms, but he isn't sure if it was purposeful or because of the condom warehouse burned down (1 million condoms)
    - In principle, they support the ABC Program
- NGO reports to government (not clarified in what capacity)
- Theater Program—creates shows that deal with different themes—such as TB, HIV/AIDS, Gender violence.
    - Have a giant truck that folds out into a stage. Local Artists will sometimes travel with them, such as Vee
    - Frequent the same villages so that people know where to go—Well attended, probably because there is a dearth of entertainment —largest event was about 1,800
    - Recently did 11 shows in about 2 weeks, go on tour 3 times a year
- Other outreach:
    - Education programs at schools
    - Education for workplaces—though primarily focused on youth
    - Consistent message when young—story about stork bringing kids exists here too, and also tell kids they were bought at the hospital
- Partners with Ghetto Artists, another NGO, for their annual art show
- Is also part of BONASO, which provides their general regulations about being an NGO