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Bawa Yamba**In This Time of AIDS: Capacity Building in Africa – An Anthropological Perspective**

In dealing with capacity building in this time of AIDS, it is common to rely on statistical figures to show the immense toll that the pandemic is taking in Africa. Current and future projections of AIDS morbidity and mortality are thus shown to be the worst enemy of development. This is quite correct. My contention is, however, that AIDS statistics, far from giving us any precise impact of the epidemic, actually mar our grasp of the overall dimensions. AIDS figures are, thus, no more than approximations of the gravity of the problems we are faced with. Such statistics derive often from Sentinel Survey Sites, in effect samples, from which probable figures are constructed for the likely level of infection in the population. The extrapolation might be wrong. Further, if it were at all possible to screen a whole population, the result would not reflect the entire number of the infected at a given point in time. AIDS statistics – and one might hazard the same for all epidemiological statistics in general – are intrinsically wrong. The fact that each subsequent set of figures supersedes the previous ones affirms this view.

For such reasons my focus is on small-scale micro level impacts, to highlight the idea that we are not only concerned with discrete numerical individuals, but with social persons who have children, partners, and a variety of other dependents. Such persons are involved in sets of social relationships, which is why consequences of the loss of one such individual are far greater than its numerical representation as one death. For the past ten years I have been involved in AIDS research and capacity building at local levels in East and Southern Africa. I draw from such past work as well as from the work of some of my colleagues in the research project "Community Capacity to Prevent, Manage and Survive HIV/AIDS in Africa", funded by SAREC in Sweden.

1. AIDS Mortality and Morbidity

It is sometimes held that migration, particularly of skilled persons from one part of the world to another, entails a significant loss to local capacity. This is a contentious point, which shall be challenged later. But while there is some doubt as to whether job migration entails a significant loss of local capacity there is no such doubt where the impact of HIV/AIDS is concerned on all levels of society. The destruction of AIDS is final and it affects highly skilled persons as well as the ordinary people. I shall address such impact anthropologically, concentrating



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- **Widerstand:** Von Seattle nach Genua
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on the level of face-to-face everyday encounters where AIDS is always visible. My reason for this is the conviction that there are aspects of impact that are not clear from HIV epidemiological statistics.

Education is one sector, which figures prominently in discussion of capacity building. The idea that an unequal appropriation of knowledge underlies the inability of the developing countries to improve life for their inhabitants, has led to a preoccupation with the problems of higher education in much of current research. But in the context of HIV/AIDS, primary education is where we must look (cf. Kelly 1999). The National AIDS/STDs Control programme in Kenya for example puts the HIV prevalence at 13.5%. This rate is lower than most of the countries worst hit (such as Zambia with 20% and Zimbabwe with 25%; see the respective data in UNAIDS 2000a and 2000b). Compared to earlier figures the Kenyan prevalence data show a steady increase from 3% in 1990 to 13% in 1998. From this a steady rise in HIV prevalence can be projected to reach about 15% in 2010. This indicates that the worst impact of the epidemic is yet to come, and that this will affect the demand and supply of educational services. A closer look at the statistics of teacher deaths, as reported by the Teachers Service Commission, shows an annual rise from 450 a year in 1995 to more than 1400 in 1999. Projections show that despite this alarming trend the number of primary school children in Kenya will increase to 7.1 million by 2010.

Educational planning in Kenya is based on a strategic document that incorporates AIDS in its modelling for the coming years (Ministry of Education, Science and Technology 1998). A "Kenya with AIDS" projection shows that the primary school population from

2000 to 2010 will grow by 5%. This constitutes, in effect, no increase at all, while the number of annual teacher retirements is also almost equivalent to the number of AIDS deaths. This combination of a balance in retirements and deaths on the one hand, and declining fertility rates on the other (two conditions already present in Kenya today, which are likely to continue for some time), means that the education sector will not be

overburdened in the coming years. Declining fertility, and a negative rise in primary school population could well be, to use a term that is surprisingly popular in AIDS discourse, "a window of opportunity", during which Kenya could greatly improve the provision and standards in primary education. A precondition for making the best out of the situation would, of course, be specifically targeting resources to the educational sector. An improvement in education has a direct as well as synergic effect on prevention and mitigation of AIDS in general. Another aspect worth highlighting is: if teacher deaths increase at the same rate of those of the general population, then Kenya will be losing about 1.4% of its trained teachers each year. Mortality rates have to be related to long periods of AIDS morbidity in which the infected individual might recurrently be on sick leave, during which dependents and family incur debts for health care. Protracted periods of HIV morbidity, therefore, place a great burden on the individual as well as on the educational system.

Compared to Kenya, the situation in Zambia is even more serious. Recent prevalence levels, using Sentinel Survey Systems, show figures ranging from 8% to 30% for groups between the ages of 15 to 39 years around the country. A more recent projection indicates prevalence levels of between 19% in the general population (Ministry of Health/Zambia 1999). Although the reports also indicate a certain stabilization of the epidemic, the actual picture is more complicated. Such stability usually means there is a balance between AIDS deaths and new infections. It is therefore probable that the main consequences of the epidemic, that is, the appearance of AIDS related illnesses in those previously infected, will continue to be felt for some time. A recent study of the World Bank (2000) shows that teacher deaths in Zambia have increased from 680 in 1966 to 1,331 in 1998. This would mean that teacher deaths are about 34% compared to the general adult mortality rate of about 10%. However, the report declines to draw any clear conclusion from these figures, noting that the differences between teachers and the general adult population are too high to be credible. Even if this caution is granted, the fact remains that teacher deaths from HIV/AIDS are higher than deaths in the adult population on average. This is particularly serious because teachers constitute a category that is not only supposed to know the dangers of becoming infected with HIV, but are expected to train and educate the young in HIV prevention. If teachers are themselves so susceptible to the epidemic, then the education system, which faces a special challenge of educating young people about AIDS and equip them to protect themselves, would have failed. Consequently, it is common to meet parents in rural areas in Zambia, but also in Ghana and Zimbabwe, who see schools as a risk arena for the spread of HIV/AIDS.

The death rates statistics of teachers in Kenya and Zambia are, of course, based on reported cases, which are not always easy to ascertain. However, absenteeism, and long and recurrent periods of sick leave, are some of the indicators that enable us to extrapolate a probable relation to HIV/AIDS. Even though some teachers may be able to work in the early phases of infection, they become progressively lost to the educational system. It is commonly known that, because of the stigma of AIDS, close relatives in Africa always insist on having the doctor put other causes than AIDS on death certificates. Usually, it is the immediate illness from which the person died, such as, pneumonia, TB, malaria, etc., that appears on the death certificate. AIDS related deaths, on which the statistics are based, are consequently only partially correct.

This leads me to my next point. Deaths in the medical sector, of doctors, nurses, etc., who are the source of reporting on medical personnel must even be more defective. So, AIDS mortality rates of doctors and nurses are even less reliable and, if anything, may tend to be higher than those of teachers. Here I would like to draw from my own impression from over a decade of HIV research collaboration in four African countries. Since 1989 I have recorded twenty-four deaths of researcher colleagues with whom I have worked. Eighteen were medical doctors, three were nurses and midwives, and one was a professor of

demography and epidemiology. Some of them had received their training in Canada, Germany, the USA, and Sweden. None of them was over the age of forty-five. The price of such persons in terms of loss of capacity building is obvious. In mid-2001 we invited participants to a conference on Orphans and Vulnerable Children organised at the Nordic Africa Institute. From then until the conference in mid-September, three invited participants died. At least two of these deaths were related to HIV/AIDS.

However, there is another aspect that is particularly worrying. Because of stigma, these friends had not felt able to reveal their HIV status. This notwithstanding the fact that they themselves were involved in constructing HIV prevention strategies to the general population that emphasized the importance being open about one's own infection. Being able to talk openly about HIV/AIDS is a prerequisite for prevention since it creates a climate for negotiating consent and safe sex in any eventual encounter. Stigma kills in many ways, and is certainly one of the enemies of capacity building in the era of AIDS. For such reasons, one must conclude that we are dealing with underreporting of AIDS deaths (cf. Dorrington et al. 2001). The obvious impact and costs to society of such skilled and well-educated persons indicate, but in a little way, what AIDS is doing to capacity building.

2. Refractions of Capacity Building at Grass-root Levels

The impact of AIDS at the level dealt with above has its grave refraction at grass root levels. Here, I shall briefly present some of this impact I have observed. One of the persons who died of AIDS-related infections a year ago, had been guardian to nine nephews and nieces. As the most prominent and educated of his kin group, he felt it incumbent upon himself to collect the children of his deceased brothers and sisters to educate. He lived in a large house provided by the university where he taught. His nephews and nieces attended school and lived with him. His responsibility extended to getting kinsmen who lived abroad to bring anti-retrovirals for relatives who were HIV-positive whenever they came to visit. I had occasion to discuss the sporadic use of retrovirals with him: would they not prove to be dangerous if they were used intermittently, would the virus not become resistant, for example? Although a medical doctor he assured me the sporadic use of drugs to alleviate diseased states, was better than no access to drugs at all. This person was the anchor, as it were, for his immediate as well as extended family. It was gratifying to observe his commitment to and advocacy for his various relations. Then disaster struck; after several recurrent bouts of pneumonia, he died. It was only by chance we found out that he had himself been HIV positive all along. Because the university had provided his accommodation, all his relatives had to move out. They had all become orphans, in an extended meaning of the word. This also entailed dropping out of school for all of the children. His relatives who had relied on him to expedite easier access to

health care and goods in the city were now without such support.¹ I am familiar with many such cases, but have cited this single case to show the ramifications of a single loss of capacity to AIDS on all levels. "Small cases", as the anthropologist Clifford Geertz once observed, "speak to larger issues."

The difficulty of maintaining capacity at macro level is one of the reasons that much HIV/AIDS prevention work takes place at community level. This is where any capacity that is enhanced would hopefully, be sustainable. Here, the idea is to promote a horizontal knowledge base that would continue to function even when some of the members of the local group have succumbed to AIDS. The project with which I was involved worked in this way. One underlying assumption was that African communities throughout time have been able to survive calamities of various kinds, therefore one way of promoting HIV/AIDS prevention is to harness whatever capacity exists locally, and use it as a basis of any prevention strategy. My colleagues and I worked with interactive methods of various kinds: using local interviewers to collect baseline data on HIV related issues, employing focus group discussion on related themes that would highlight the problem of HIV/AIDS in the minds of the local community, and grappling with cultural forms of sexual morality and behaviour that would promote prevention. It is not easy to give any definite assessment as regards the effect and impact of such activities. If anything at all was achieved, it was all small-scale and piecemeal. If successful, however, it would not be as easily erased as with the case of top-level capacity building.

Capacity building in development discourse often also grapples with the way how to promote a sustainable fount of trained persons who can keep the wheels of different sectors of a country going, be it in education, healthcare or in the bureaucracy of a state. Conceptualised in this manner, the antithesis to capacity building would be any situation which depletes what is available locally through, for example, high mortality rates or a large-scale movement of persons for jobs elsewhere. Until the onset of HIV/AIDS labour migration – that of ordinary workers as well as of skilled persons to other parts of the world – was perceived as a foremost problem since it entailed a loss of skill to the localities that produced and trained them. But, in the increasingly globalised world that we live in today it is not quite correct – as already questioned above – to see the movement of skilled persons to other countries as the depletion of local capacity and therefore a loss for development in their countries of origin. It is, perhaps, true that the movement of locally trained manpower to another part of the world robs that locality of its immediate investment. But I know of cases in which excellent, local managerial types have been lured to top positions in international agencies where their work turned out to have a greater impact within their particular fields and therefore, ultimately turned out to be more beneficial to their own countries. They would not have been able to achieve such an impact had they remained in their own countries.

Two examples would suffice to show what I mean. The first is the case of a young medical doctor in one of the southern African countries who was manager

of the country's National AIDS Programme. Thoroughly honest and with an incisive intellect he did not fail to attract the attention of the UN organisations, which recruited him to deal with HIV at global level. He spent two years in Geneva where his particular concern was improving AIDS control programmes in Third World countries. He was by all accounts quite successful and his work could be seen as having benefited not only his country of origin but many other countries as well. This is something he might not have been able to achieve, had he remained the local head of the national AIDS control programme in his own country. The second case is that of a desk officer of African origin at one of the Nordic international development agencies. He had been instructed to be proactive towards requests from the Third World for project funding, as a means of promoting capacity. On one occasion, a request for funding for a promising project came across his desk. Though an interesting project proposal it was incomplete and somewhat lacking in both form and structure; certainly of the kind that would be rejected if it had originated from some researcher in the North. The policy of proactive support to potentially good projects made him expend much effort as to how the whole enterprise might be improved and structured so as to merit support. Two factors may have been behind his particular zeal in having the proposal improved although it is not possible to assert to what extent these influenced the execution of his normal duties. The first factor is that the proposal came from his country of origin; the second is the fact that he had been instructed that capacity building itself meant actively bringing forth the important aspects of projects submitted by Third World researchers so that the can merit funding. Policy directives do certainly affect the execution of day-to-day duties of bureaucrats, but my point here is that in this case the research officer had some degree of what might be termed bureaucratic discretion as to how and in what direction to push a project.

3. Concluding Remarks

I have tried to point to some of the complexities of capacity building in this time of HIV/AIDS. My examples have been micro-sociological in order to highlight those aspects of the impact of HIV/AIDS that are not clear in large-scale statistics. In doing so I consciously avoided repetitive figures, all of which tell us what we already know: that of the millions of Africans who have died and are dying of AIDS, tens of thousands are highly trained individuals. I have tried to add to this the inherent idea that such persons have also dependents, and sets of social relationships, and that their loss has an impact not only to the nation, but to those who are depending on them personally. When faced with AIDS statistics, we need to carry some formula in mind, which would allow us to mentally relate each statistic to the impact at macro as well as micro levels of society. It is only in doing so that we can truly appreciate the extent to which the epidemic is destroying efforts at capacity building in Africa.

Abstracts

Während der Dekolonisierungsprozesse in Afrika wurden grosse Hoffnungen an das Potential höherer Bildungseinrichtungen als Beitrag zur gesellschaftlichen Entwicklung geknüpft. Heutzutage wird allgemein akzeptiert, dass die Situation insbesondere an den Universitäten weit von den ursprünglich optimistischen Erwartungen entfernt ist. Obwohl es viele Gründe für diesen Verfall gibt, konzentriert sich der Beitrag auf die Frage der Finanzierung, die als wesentlicher Grund anzusehen ist, dem nicht die gebührende Aufmerksamkeit zuteil wurde. Es wird vorgebracht dass eine holistische Sicht der Universitätsfinanzierung erforderlich ist. Dieser Tatbestand wurde sowohl von den Regierungen afrikanischer Länder als auch den externen Gebern massiv vernachlässigt. Wenn dieses Erfordernis auch künftig ignoriert wird, werden keine anderen Bemühungen oder Arzneien helfen, die Universitäten in die wichtigen Einrichtungen zu verwandeln, die sie sein sollten.

Great hopes were attached during the process of decolonisation in Africa to potential of higher learning in the newly independent countries as a contribution towards social development. Nowadays it is generally accepted that the situation especially at universities is far from the originally optimistic expectations. Though there are many reasons for the decay, this article concentrates on the issue of financing considered to be a crucial aspect, which had not been attended in a proper manner. It is argued that a holistic view on financing of universities is required. This fact has been severely neglected by African governments and foreign donors alike. If such a need is ignored in the future too, no other efforts or medicine will help to develop the universities into the important institutions they were and are supposed to be.

Note

- 1 Some colleagues and I attempted to collect funds to see if the children could find housing and continue with their schooling in as before. This however, proved to be a temporary solution, and the children dispersed to their original villages. The concept of orphanhood, as once observed by a colleague (Francis Nyamnjoh), could extend to communities who loose one such key provider they depend on.

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Das vorliegende Buch stellt den Versuch dar, die immer wieder auftretenden Krisen in der Geschichte und Gegenwart Brasiliens einsichtig zu machen. Dabei geht es dem Autor nicht um eine oberflächliche Beschreibung der wirtschaftlichen und gesellschaftlichen Krisenphänomene, wie sie in den letzten Jahrzehnten immer wieder aufgetreten sind, sondern um eine tiefergehende Analyse der Machtstrukturen, die ursächlich für die Instabilität der brasilianischen Entwicklung verantwortlich sind. Die chronischen Probleme des heutigen Brasiliens liegen für ihn in einer über Jahrhunderte gewachsenen hierarchischen Zentrum-Peripherie-Beziehung Brasiliens zu der übrigen Welt begründet, die er Un-Ordnung nennt. Diese Un-Ordnung ist strukturell verfestigt und dafür verantwortlich, dass es auch nach Phasen stabil anmutender Entwicklung immer wieder zu Krisenerscheinungen kommt. Der Versuch, die Un-Ordnung in Ordnung zu verwandeln, scheitert stets daran, dass die zugrundeliegenden raumübergreifenden Strukturen durch politisches Handeln vor Ort, zumindest kurzfristig, nicht veränderbar sind. Gleichzeitig geht es Novy aber auch darum, die Handlungsmöglichkeiten aufzuzeigen, die den Einzelnen trotz den übermächtig erscheinenden Strukturen noch offen stehen.

Der Frage, wo die Wurzeln dieser Un-Ordnung liegen, wird auf mehreren Ebenen nachgegangen. Das Buch beginnt mit einem umfangreichen Theorieteil, in dem der Autor die unterschiedlichen Konzeptionen von Raum und Macht beschreibt und miteinander in Zusammenhang setzt, um die Tiefenstruktur der brasilianischen Un-Ordnung durchgehend analysieren zu können. Der Blick des Autors ist sowohl ein historischer als auch ein globaler. Er definiert (mit Hilfe von Foucault) Macht als strukturelle Macht, die nicht von oben (soverän) durch den Staat ausgeübt wird, sondern innerhalb eines Netzwerkes wirkt. Die strukturelle Macht konstruiert und verändert Räume und wirkt handlungsleitend, wodurch Menschen innerhalb der Macht-Räume nur begrenzt die Möglichkeit haben die übergeordneten Machtstrukturen zu beeinflussen. Für die Analyse der brasilianischen Un-Ordnung muss daher zwischen der Nation Brasilien als Territorium mit interner Machtstruktur einerseits und ihrer Einbindung in eine von den Zentren dominierte globale Struktur andererseits differenziert werden. Das widersprüchliche Wirken der jeweiligen Macht grenzt den Raum für freie Handlungsmöglichkeit und die Gestaltbarkeit Brasiliens ein.

Wie die tieferliegende Struktur der historisch gewachsenen Un-Ordnung in Bezug auf Brasilien aussieht und wie sie die brasilianische Gegenwart beeinflusst, wird in den weiteren Kapiteln des Buches deutlich gemacht. Untersucht wird sowohl die Produktion des Machtraumes Brasiliens durch sein internatio-