



**Chronic Poverty**  
Research Centre

# Working Paper

June 2009

No. 144

## Seeing like a 'PWA': a study of therapeutic citizens and welfare subjects in Cape Town, South Africa

Christopher J. Colvin  
Joan Leavens  
Steven Robins



School of Public Health and Family Medicine  
University of Cape Town  
Cape Town, South Africa

### What is Chronic Poverty?

The distinguishing feature of chronic poverty is extended duration in absolute poverty.

Therefore, chronically poor people always, or usually, live below a poverty line, which is normally defined in terms of a money indicator (e.g. consumption, income, etc.), but could also be defined in terms of wider or subjective aspects of deprivation.

This is different from the transitorily poor, who move in and out of poverty, or only occasionally fall below the poverty line.

This working paper is part of the Government of Chronic Poverty series

## The Government of Chronic Poverty: from the politics of exclusion to the politics of citizenship?

The papers in this series have been undertaken as part of the 'Government of Chronic Poverty' project within the 'Adverse Incorporation and Social Exclusion' theme within the Chronic Poverty Research Centre. Amongst other things, this theme is concerned with the politics of efforts to tackle structural forms of chronic poverty.<sup>1</sup> Although each of the papers in this series engages with a different country context and policy issue, they all frame contemporary efforts to reduce chronic poverty as essentially *political* efforts to (re)govern the relationships between the trustees of development and poor citizens caught within processes of adverse incorporation and social exclusion. From this perspective they ask whether contemporary development interventions and actors, within what critics have termed the era of 'inclusive liberalism', necessarily depoliticise the task of reducing structural forms of poverty, or whether they are capable of empowering chronically poor people as rights-bearing citizens. While each paper makes clear that the answers to this question are highly contextualised, the synthesis paper seeks to draw out the comparative and broader implications of these studies for efforts to understand and challenge chronic poverty.

### Abstract

This paper investigates how the South African state has sought to address the relationship between HIV and poverty through a range of interventions, aimed at both increasing access to HIV-related health services and addressing the underlying socioeconomic dimensions of chronic poverty among those infected and affected by HIV/AIDS. The paper also considers how individuals, communities and community-based organisations (CBOs) have responded to these state interventions and integrated them (or not) with other strategies for survival. It asks how the various policies and programmes frame the relationship between HIV and poverty, and how these state discourses intersect with the perspectives, demands and needs of non-governmental organisations (NGOs), CBOs, activists and people living with AIDS (PWAs). In particular, the paper is concerned with investigating the ways in which liberal forms of government frame PWAs as a particular category of 'deserving' and 'entrepreneurial' citizens, and then tries to reframe them through a package of health and welfare interventions.

**Keywords:** HIV, citizenship, poverty, welfare, the state, masculinity, work and identity

---

<sup>1</sup> See Hickey and du Toit (2007), 'Adverse incorporation, social exclusion and chronic poverty', CPRC working paper 81.

## Acknowledgements

We would like to acknowledge Phumzile Nywagi and the members of Khululeka for their generous participation in this research project. We would also like to thank Sam Hickey and Andries du Toit for their very useful inputs and insights.

**Christopher Colvin** is a medical anthropologist and works as Senior Research Officer in Social Sciences and HIV/AIDS, TB and STIs with the Infectious Disease Epidemiology Unit in the School of Public Health and Family Medicine at the University of Cape Town. His research examines the impact of HIV/AIDS on health systems and communities in South Africa. Particular research interests include community/health system interactions, masculinity and HIV/AIDS, health activism in civil society and the impact of community health workers on notions of health and health citizenship.

**Joan Leavens** grew up in Seattle, Washington. She graduated from the University of Virginia in May 2008 with a Bachelor's degree in history, Spanish, and foreign affairs. She did work with the Treatment Action Campaign related to social welfare grants in 2008, and is currently working as a Program Assistant for an internship company called Volunteer Adventure Corps. Joan plans to study international medicine, with a concentration in HIV/AIDS, TB, and other chronic communicable diseases.

**Steven Robins** is a Professor in the Department of Sociology and Social Anthropology at the University of Stellenbosch. His recent book entitled *From Revolution to Rights in South Africa: Social Movements and Popular Politics* (James Currey and University of KwaZulu-Natal Press, 2008) focuses on globally connected social movements, NGOs and CBOs that are involved democratic struggles over access to AIDS treatment, land and housing. He has edited a book entitled *Limits to Liberation After Apartheid: Citizenship, Governance and Culture* (David Philip, James Currey and Ohio University Press, 2005), and his edited volume (with Nick Shepherd) is entitled *New South African Keywords* (Jacana Publishers and University of Ohio Press, 2008).

**Email:** [CJ.Colvin@uct.ac.za](mailto:CJ.Colvin@uct.ac.za)

## Contents

<b>1 Introduction .....</b>	<b>5</b>
<b>2 Methodological overview .....</b>	<b>8</b>
<b>3 Social, political and economic contexts of chronic poverty in South Africa .....</b>	<b>9</b>
<b>4 State and development agency policy responses to HIV/AIDS .....</b>	<b>10</b>
<b>5 Masculinity, poverty and HIV/AIDS: The view from Khululeka.....</b>	<b>15</b>
<b>6 Ethnographic vignette 1: NPO registration and funding .....</b>	<b>17</b>
<b>7 Ethnographic vignette 2: Gender and responsibility .....</b>	<b>19</b>
<b>8 Discussion .....</b>	<b>21</b>
<b>References.....</b>	<b>26</b>

## 1 Introduction

There have been vigorous debates in South Africa in recent years concerning the relationship between poverty and HIV/AIDS. The intensity of these was heightened by former President Mbeki's apparent endorsement of the views of dissident AIDS scientists who have questioned the causal link between HIV and AIDS and sought to place poverty at the centre of discussions about the pandemic. AIDS activists responded by accusing Mbeki, and those of his supporters who endorsed the 'dissident' argument, of promoting pseudo-science and being 'AIDS denialists'. The politicised character of these arguments polarised positions and the binary rhetorics in turn limited possibilities for 'non-partisan' and in-depth investigation of the complex relationship between HIV/AIDS, poverty and government interventions. However, with the resignation of former President Mbeki and the appointment of a new health minister, these controversies appear to have largely vanished from the political arena. This has made less politically loaded discussions of the relationship between poverty and HIV possible.

This paper investigates how the South African state has sought to address the relationship between HIV and poverty through a range of interventions, aimed at both increasing access to HIV-related health services and addressing the underlying socioeconomic dimensions of chronic poverty among those infected and affected by HIV/AIDS. The paper also considers how individuals, communities and community-based organisations (CBOs) have responded to these state interventions and integrated them (or not) with other strategies for survival. It asks how the various policies and programmes frame the relationship between HIV and poverty, and how these state discourses intersect with the perspectives, demands and needs of non-governmental organisations (NGOs), CBOs, activists and people living with AIDS (PWAs). In particular, the paper is concerned with investigating the ways in which liberal forms of government frame PWAs as a particular category of 'deserving' and 'entrepreneurial' citizens, and then tries to reframe them through a package of health and welfare interventions. These interventions have been understood by a growing number of scholars as liberal modes of 'governance at a distance' (Barry, Osborne and Rose, 1996; Rose, 1999) that include governmental techniques aimed at producing 'responsibilised' citizens.

Li (2007: 5) notes that Michel Foucault's understanding of 'government' includes what he referred to as the 'conduct of conduct', whereby human conduct is shaped at a distance by 'calculated means' (in contrast with more direct, 'disciplinary' forms of power). Government is concerned with 'the well-being of populations at large' but this cannot be achieved through the coercion and regulation of every individual. Consequently, government operates by 'educating desires and configuring habits, aspirations and beliefs'. This form of governance at a distance requires consent and persuasion so that people 'do as they ought to' without necessarily being aware of the conditions that influence their compliance. Governance at a distance also includes techniques of evaluation, budgeting and auditing. It is this assemblage

of techniques that is described as 'neoliberal' and 'advanced liberal' rationalities of government (see Green, 2009; Rose, 1999; 2007; Rose and Novas, 2005). To address these questions of governance, subjectivity and self-regulation, we have investigated the various ways in which each of the relevant stakeholders – government officials, policymakers, NGOs, CBOs, activists and PWAs – understand and respond to state interventions and problems of poverty, disease, citizenship, labour and entitlement.

As Green (2009) has noted, the evaluation and auditing techniques associated with liberal government are not simply about the management of cost and accountability. They are also concerned with producing 'better government' and responsabilised citizens imbued with 'the will to improve' (Li, 2007). Yet it is also clear that NGOs and CBOs that are implicated in these discourses do not seamlessly reproduce these neoliberal strategies and objectives. This paper is particularly interested in the unintended and unexpected outcomes and hidden transcripts of these developmental interventions. Whereas Green (2009: 3) identifies chronic poverty as 'a problematic [that] is constituted through the neoliberal paradigm as a rationality of government', we are interested in investigating how poverty reduction programmes in South Africa are refracted through a hybrid neoliberal-cum-developmental state that produces highly uneven and differentiated responses and outcomes. The case studies we investigate in this paper suggest that the outcomes of state discourses of 'responsibilisation' and entrepreneurial approaches to empowerment and poverty reduction do not necessarily conform to the straightforward logic of neoliberalism. Instead, they draw attention to the complex outcomes and mediations of these developmental discourses.

This study is also concerned with interrogating certain notions of social exclusion and legibility that tend to flatten or obscure the diverse and uneven character of responses of the 'targets' of state programmes. For example, responses to such programmes can vary, from overt attempts by potential beneficiaries to render themselves legible to the state in order to access funding and resources, to a wide range of tactics of 'self-isolation', retreat and resistance, deployed in order to avoid becoming adversely incorporated into these programmes. At times, these forms of 'social exclusion as self-isolation' (Barry, 1998) are not consciously enacted but rather emerge as the unintended outcomes of beneficiaries finding themselves unable to master the required bureaucratic literacies, forms of cultural capital or 'development speak' – e.g. proposal writing, budgeting, auditing techniques, development rhetoric, etc. At other times, it can be the result of the failure of the state to 'see' potential beneficiaries and/or deliver services and resources to them. Often, these diverse and complex scenarios are captured under the homogenising concept of 'social exclusion'

This paper investigates these diverse responses by focusing specifically on the relationships between *HIV/AIDS*, *poverty and masculinity* and builds on ongoing research being conducted with the members of Khululeka, a support group for men living with HIV. Khululeka offers support to HIV-positive men in Gugulethu (a township in Cape Town) and develops outreach

and education/awareness initiatives in other parts of Cape Town for those infected and affected by HIV/AIDS.

Over the course of the past three years, Khululeka has engaged in a wide variety of state, NGO and academic initiatives aimed at addressing some of the factors that have led to the continuing marginalisation of its members. Most of these initiatives have failed to produce lasting results. Despite occasional access to state and NGO resources and to potentially valuable social networks within and beyond their community, the members of Khululeka find themselves at the extreme margins of social and economic exclusion. This experience of exclusion is comprised of a potent combination of poverty, chronic unemployment and severe social stigma around HIV/AIDS. Many of them see their participation in Khululeka as a – and perhaps the only – way to improve their socioeconomic circumstances and rebuild their social lives, in the same way that antiretroviral (ARV) treatment has reconstructed their physical health.

Although Khululeka members express an urgent need to support themselves and their families, dependency on disability grants appears only to increase their perceived sense of marginalisation and undermines their conceptions of manhood and dignity. A study of Khululeka is therefore also significant for its lessons about the intersections of 'community', gender, poverty and government interventions.

This paper also opens up questions about emerging forms of 'health citizenship' among marginalised groups infected and affected by HIV/AIDS. The notion of health citizenship provides an important conceptual link between the state's constructions of the 'HIV-positive citizen' and its broader discourses on the urban poor and the 'entrepreneurial citizen'. It helps us to examine the 'optic' through which the South African state 'sees' its HIV-positive citizens, and how the latter in turn 'see the state' (Corbridge *et al.*, 2005). In what ways does the state 'see' these sero-positive citizens as part of a broader category of the urban and rural poor, and how do citizens make themselves legible to the state? What is the connection between the state's conceptions of 'responsibilised AIDS citizens' and 'the deserving poor'? How do PWAs respond to these state discourses? While 'the state' may appear to many HIV-positive citizens as a distant and unaccountable actor, the daily lives of most PWAs involve a lifelong engagement with the public health and welfare systems. This suggests that they are, in fact, profoundly implicated in the state's projects of governmentality.

This lifelong engagement with the public health and welfare system highlights the relationship between matters of biology, citizenship and subjectivity. While these linkages are certainly not new, what is new are the ways in which biological identities, and the interest groups formed in their name, are emerging in different parts of the world. These developments – variously referred to as forms of health, biological, therapeutic or responsibilised citizenship (Petryna, 2002; Rose and Novas, 2005; Nguyen, 2005; Robins, 2008) – have important implications in terms of extending liberal democratic notions of

citizenship. In South Africa, for example, there has been a recent call for public health experts for a 'new contract' between provider and client (see Coetzee and Schneider, 2004). The advocates of this contract suggest that the passive and paternalistic surveillance model of direct observation therapy (DOT) tuberculosis (TB) treatment is not a viable solution for lifelong ARV treatment. Instead, what is needed, they argue, are highly motivated, 'responsibilised' and knowledgeable HIV-positive clients.

Responsibilisation also appears in the recent work of political theorists writing about contemporary liberal rationalities of government (see Barry, Osborne and Rose, 1996). Here, the term refers to the ways in which, under liberalism and neoliberalism, 'the governed are encouraged, freely and rationally, to conduct themselves' (p29). The authors argue that neoliberal rationalities of government encourage the governed to become responsible for issues previously held to be the responsibility of government authorities (*ibid*). This paper draws attention to ambiguities in the ideas and practices about 'responsibilised citizenship' by showing how men living with HIV in Cape Town both reproduce and reconfigure these discourses.

The next section briefly outlines the methodology employed in this research project. It is followed by a section outlining some of the social, political and economic contexts of chronic poverty that constrain the lives of Khululeka members. Two further sections explore the question of HIV/AIDS, poverty and masculinity, first from the state perspective and then from the perspective of Khululeka and other CBOs at the 'grassroots level'. A concluding section reviews this material and links it up with broader debates around chronic poverty, social exclusion and adverse incorporation in the context of HIV/AIDS in South Africa.

## 2 Methodological overview

This case study combined a range of qualitative methodologies, including document reviews, key informant interviews, observation and ethnographic fieldwork. The project made use of two primary 'windows' into the interaction of communities and state actors, programmes and policies. The first window was the Western Cape Provincial Government's Community-Based Response to HIV/AIDS (CBR) Programme. The CBR Programme coordinates and supports a wide range of community-based programmes aimed at poverty relief and reduction for people living with HIV/AIDS. It is designed specifically to facilitate the intersection of state programmes and resources with very small, often highly marginalised CBOs working in HIV/AIDS. How the programme tried to understand and enable this intersection and what impact its activities had on CBOs and communities is this project's main example of how the state 'sees' poverty and HIV/AIDS.

The second window, this time looking from the 'margins' to the 'centre', is the Khululeka Support Group. Ethnographic fieldwork was conducted with the group over the course of four

months by Joan Leavens and Chris Colvin (this is in addition to the several years of episodic ethnographic fieldwork conducted with Khululeka by Chris Colvin and Steven Robins). Before beginning the fieldwork component of this project, though, an initial round of interviews, focusing on labour histories and social networks, was conducted by another researcher (Emily Hansson) with 13 members of Khululeka. This was a chance to focus in on the specific forms of adverse incorporation and social exclusion that have been operating in the lives of these men. These interviews were complemented during the ethnographic fieldwork by a set of key informant interviews with state and NGO employees involved in the above-mentioned interventions.

### **3 Social, political and economic contexts of chronic poverty in South Africa**

During the course of the African National Congress's (ANC's) dramatic transformation from liberation movement to ruling party, there was a seismic shift from Marxist to (neo)liberal economic policies and programmes. Whereas the liberation movements had envisioned the revolutionary transformation of the economy through seizure of state power, the ANC government was quickly reminded of the limits of political power to address social and economic inequalities (Terreblanche, 2002). The ANC took over the mantle of political power in 1994 in the context of a neoliberal world order deeply hostile to socialism and the developmental state. And it entered this global order in a distinctly asymmetrical relationship of power, vulnerable to the demands of foreign markets and investors.

This sobering recognition of the limits to liberation after apartheid (Robins, 2005) was accompanied by a noticeable shift in the ANC's political ideology and economic programmes towards a new set of liberal democratic keywords and conceptual frameworks. New key concepts like Black Economic Empowerment (BEE) and Broad-based Black Economic Empowerment (BBBEE) swiftly replaced earlier, more radical conceptions of transformation, nationalisation, redistribution and class struggle. Meanwhile, post-apartheid government officials, NGOs and social movement activists increasingly began to articulate liberal individualist conceptions of citizenship and 'rights talk' (Shepherd and Robins, 2008).

The ANC government has opted for what has been described as a standard package of neoliberal macroeconomic policies. Left critics argue that these policies have been responsible for jobless growth, major cutbacks in government social expenditure, cost recovery measures and privatisation of services such as water, electricity and transport, and the cutting off of essential services for those in arrears. From this perspective, the ANC government has capitulated to the neoliberal agenda (Bond, 2000; Marais, 1998; Terreblanche, 2002). By 2008, critics of the state's macroeconomic framework claimed that South African society was more polarised than ever, 'with the Gini coefficient measuring

income inequality at an all-time high of 0.7' (Turok, 2008: 13). South Africa also had a staggering unemployment rate, with 41 percent of those seeking work not finding employment, amounting to 7.8 million people (*ibid*). There is also a consensus among left critics that the ANC's policies and privatisation initiatives have failed to significantly redress the forms of racialised poverty and inequality inherited from apartheid (Terreblanche, 2002).

This, however, is by no means your conventional neoliberal state: the government has also established massive and growing social grant programmes, with over 12 million recipients out of a population of just under 50 million. It has provided over 1.5 million housing subsidies, 1.3 million extra telephone connections, clean water for an extra 9 million people, electricity for 1.5 million more and thousands of new classrooms and clinics to its poorest citizens (Robins, 2005).

By the beginning of the new millennium, it was also becoming apparent that the trade union movement's continued support for the developmental state still carried a great deal of political weight. This residual socialist discourse of the liberation struggle 'infiltrated' and influenced the 'scaling-up' of welfare and poverty reduction programmes in South Africa's post-apartheid state, a 'hybrid state' that shares both 'neoliberal' and developmental features and programmes (see Ferguson (2008) for further discussion of this hybrid model in the context of the Basic Income Grant (BIG)).<sup>2</sup>

Critics, nonetheless, continue to point out that, despite the benefits of a progressive Constitution and some improvements in the delivery of services to the poor, South Africa continues to have massive unemployment and one of the most unequal income distribution curves in the world. As a result of these perceived limitations of the post-apartheid liberal democratic state, especially in the sphere of socioeconomic transformation, NGOs, religious organisations and new social movements have stepped into the breach (Daniels, Habib and Southall, 2003; Marais, 1998; Naidoo and Veriava, 2005; Robins, 2008). Movements like the Treatment Action Campaign (TAC), the South African Homeless Peoples' Federation (SAHPF), the Anti-Eviction Campaign (AEC), the Anti-Privatisation Forum (APF), the Soweto Electricity Crisis Committee (SECC), the Landless People's Movement (LPM) and Abahlali baseMjondolo are vibrant civil society responses to the perceived failures of the post-apartheid state to address issues of AIDS, housing, job creation, landlessness and poverty (Desai, 2002). Some of these new social movements, for instance the SECC and APF, are specifically concerned with challenging attempts by the state to extend the commodification of everyday life in South African by introducing cost recovery technologies (e.g. prepaid

---

<sup>2</sup> Ferguson (2008: 79) notes that the arguments from the left and the trade union movement in favour of a BIG in South Africa are simultaneously pro-poor and neoliberal. He also observes that these pro-welfare state arguments point to a promising politics that is 'obscured by the received opposition between the progressive and the neoliberal' (*ibid*). Ferguson makes a convincing argument that the South African government and its policies can be described as a hybrid neoliberal-cum-developmental state.

meters) for the provision of water, electricity and other basic services (see Desai, 2002; Naidoo, 2007).

## 4 State and development agency policy responses to HIV/AIDS

Whereas significant scholarly attention has been given to these larger social movements that have stepped into this breach, very little has been written about how small community-based support groups and other CBOs seek to engage the state in efforts to address the double burden of poverty and HIV. Before considering the engagement of the South African state at this community level, however, we will review here some of the state policy responses to HIV/AIDS, in particular as they relate to poverty relief and reduction.

Despite the consistent, and controversial, efforts of ex-President Mbeki to link poverty and the HIV/AIDS epidemic in the minds of South Africans throughout the nine years of his term, remarkably little in government policy reflects this understanding. His emphasis on poverty as a root cause of the epidemic – and, in particular, of its severity – in Southern Africa translated primarily into the very public controversy around the provision of ARV treatment in the public sector. Instead of developing comprehensive health, social and economic policies that took the relationships between poverty and HIV seriously, the state spent most of its energy avoiding or delaying the public provision of ARVs and challenging the assumed prejudices of those (usually unnamed people) who blamed 'pathological African sexualities' for the spread of the disease (Natrass, 2007).

A concerted effort was nonetheless made in the public sector to treat HIV and AIDS (without the benefit of ARVs) and numerous publicly and privately funded prevention programmes were rolled out to try to slow the epidemic. After a long battle between the South African government and civil society (led largely by TAC), the state finally began a rollout of ARV treatment programmes in early 2004 (Natrass, 2007). This is still ongoing and full coverage is expected to take several more years.

Despite weak national leadership and policy guidance around HIV/AIDS, a number of smaller initiatives within government and the private, non-profit sector tried to address some of the social and economic determinants of the epidemic. These efforts identified HIV/AIDS as a 'developmental' challenge, both because the epidemic reflected the failure of social and economic development and because the epidemic was likely to have an enduring, negative impact on development as more and more working-age adults were expected to succumb to the virus.

There were also numerous efforts to 'mainstream' HIV into the policies and programmes of government departments. The notion of HIV/AIDS as a problem in critical need of 'inter-

sectoral collaboration' has remained popular as a catchphrase, even as most efforts at real collaboration across line departments have failed. For the most part, though, state efforts to address the epidemic have remained firmly locked in the 'silos' of their respective departments. Even within the health departments at national, provincial and local levels, fragmentation across programmes and directorates has been the rule rather than the exception.

It is against this background that the CBR Programme emerged in the Department of Health in Western Cape Province. The CBR Programme was grounded in recognition both of the need for a multi-sectoral approach to the epidemic and of the important link between HIV/AIDS and underdevelopment. One of its key strategies was the strengthening of local-level planning around HIV/AIDS and TB in both the community and the health system. It was envisaged that Multi-Sectoral Action Teams (or MSATs) would formulate, coordinate and implement these plans in each of the health sub-districts of the city.

MSATs were intended to be flexible structures that brought together NGOs, CBOs, and faith-based organisations engaged in HIV/AIDS prevention, care and support interventions, as well as representatives from City Health and other sector departments, District Health Forums, local councillors, local business and provincial government departments. In addition, the MSATs would serve as a conduit for local NGOs and CBOs to access funding as well as capacity building support from the City.

The City of Cape Town (and later the Western Cape) Department of Health developed MSATs in each of its sub-districts as a way to ensure a more integrated, participatory and locally relevant response to the epidemic. In doing so, it also made a deliberate effort to reach out to those vulnerable communities and small organisations that were previously the most excluded (intentionally or unintentionally) from the state's broader response to the epidemic. MSATs were supposed to be the catalysts for both inter-sectoral (between government departments) and multi-sectoral (between government, civil society, business, etc) HIV programmes and policies that took seriously the impact of poverty and other socioeconomic determinants on the epidemic.

MSATs, and the NGOs and CBOs they have supported, have been included as part of the field research in this project because they have been one of the spaces where the state and the most vulnerable of those infected and affected by HIV have come into the closest contact. It was in this unusual interface between government officials, civil society representatives and the volunteers that run CBOs that some of their respective assumptions about HIV, poverty, gender, community and the state came into clearest focus. As will become clear later in the paper, our specific interest in MSATs comes from our observation that they can be seen as a typical governmental strategy of a hybrid/third way state that seeks to balance neoliberal and developmentalist strategies (Hickey, personal correspondence).

MSATs have monthly or quarterly meetings where their members network among the various organisations and government departments, coordinate capacity building initiatives and opportunities, review proposals from CBOs and NGOs for project funding and, more generally, discuss and problem solve around challenges facing organisations working on HIV/AIDS at the community level. These meetings are typically attended by between 15 and 50 people. An MSAT management committee (Manco) organises the meetings. Member organisations are recruited and MSAT meetings are announced through formal marketing and through word of mouth (see Colvin and Wills, 2009).

In the more formal aspects of their organisational structure and policies as well as in their day-to-day operation at the interface between the state and CBOs and NGOs from very poor communities, MSATs have provided valuable insight into the political imagination of the state vis-à-vis HIV/AIDS and poverty. In general, the discourse of *multi- and inter-sectoral collaboration* was a central feature of the work of MSATs and their partner CBOs, NGOs and government officials. Much like the discourse of social exclusion within poverty analysis, however, this emphasis on working across departments and disciplines was often based on a simplistic idea that simply by 'including' all the relevant stakeholders in a shared process the situation on the ground would improve. Government and civil society would work together efficiently, information would be shared and put to more effective use and the concerns of all those involved would be heard and accounted for. In practice, however, when multi- and inter-sectoral collaboration did happen (which was infrequently), it was often a much more complicated and ambiguous process. The rhetoric about the need for real collaboration was strong, but it rarely translated into action.

The notion of the '*community*' was another important element in the political imagination of the MSATs and the CBR Programme in general. Several aspects of the use of the concept of community are relevant here. First, the notion of 'communities' in some relatively homogenous and stable form was a common feature of the discourse in the programme, as was the assumption that communities were places where people could generally find care and support from each other. This was not a denial of stigma against HIV/AIDS but a parallel belief that communities would step into the breach when one of their members was in need. Closely related to this notion of community was a discourse of *volunteerism*. The idea that community members would – and should – be prepared to sacrifice their time, energy and expertise for the good of 'their community' was common at all levels of the programme, right down to the most vulnerable CBO volunteer. This notion of volunteerism was not accepted blindly and indeed there were serious arguments within the MSATs about the abuse of volunteers and the need for the state to pay them a proper salary (and not simply a 'stipend' to cover their transport and meals). Most individuals we spoke with, however, agreed that a volunteer ethic was crucial to mounting a sustainable response to the epidemic.

Another aspect of the state's political imagination of community can be seen in the way it understood NGOs and CBOs and the relationships between itself and NGOs and CBOs.

NGOs were generally seen to be 'closer' to the state in terms of their ability to interact with the state. Sometimes this interaction was antagonistic, at other times it was cooperative, but there was always a sense that NGOs were by definition more easily accessed and engaged with by the state because of their larger size and better capacities and resources. CBOs, by contrast, were seen to be at a 'great distance' from the state, not necessarily in terms of political agendas (NGOs were, after all, some of the state's most trenchant critics), but in terms of their 'legibility'. CBOs were too small, too poorly capacitated, too changing for the state to be able to engage with them in any meaningful or sustainable fashion. It was precisely this understanding of state/CBO relations – often framed through this spatial metaphor – that drove the creation of the MSATs and efforts to 'link' state programmes and services with CBOs across this 'great divide'.

In its effort to link the discourses and practices of the state with the realities of CBOs, the Department of Health embraced principles of *organisational development* that were supposed to provide a roadmap to growth and effectiveness for any group of individuals willing to follow the necessary steps. These steps included key concepts like strategic planning, developing aims, objectives, indicators and targets, training, capacity building and networking. Much of the work of the MSATs was, in fact, to make sure that CBOs were provided with the necessary tools, guidance and support in walking this path towards organisational development.

In their debates around how best to respond to the epidemic, and in particular which NGO and CBO projects to fund, MSATs and their members tended to balance the notions of *individual rights and individual responsibilities* in much the same way the broader South African state has walked a line between social spending and free market policies. This is a reflection of the 'hybrid state' described above. In practice, this meant that MSATs would, for example, discuss both the fact that people with HIV 'deserved' support from the state (as a human right) and *also* needed to demonstrate that they deserved this assistance by taking responsibility for their own health.

Finally, running throughout all of its discussions and decisions around the community-based response to HIV/AIDS was an implicitly *gendered discourse* around the epidemic. This took a number of forms. Women (along with children) were often the subject of targeted interventions and protected resources, since they were understood to be a vulnerable group. At the same time, women were spoken about as the foundation and real source of strength in their communities, families and organisations. Men, by contrast, were frequently framed as a problem, because of their risky sexual behaviour, or their reluctance to engage with the health system and seek early treatment, or their refusal to do volunteer work ('women's work') in their community.

The CBR Programme is relevant to our discussion here not only for its novelty (in an otherwise very 'verticalised' and technically oriented provincial Department of Health) but

also because Khululeka – the group of HIV-positive men at the centre of this project's ethnographic component – has spent a fair amount of time recently engaging with their local MSAT. They have been struggling to gain access to more resources and increase their network and activities, and the MSATs provided an opportunity for this kind of development. Khululeka's engagement with the MSATs reveals the inner workings of a typical 'third way' strategy for promoting citizen–state interactions and developing practices of citizenship that reach out to and include marginalised populations. It also highlights the operation of certain assumptions about the 'responsibilised' and 'entrepreneurial' citizen underpinning the government's political imagination.

As with many of their previous initiatives, Khululeka has been frustrated in these efforts to engage with the state, although why this has been the case is not exactly clear. In fact, over the years, Khululeka members have had access to a number of potentially useful networks and pools of resources, including the apparently flexible and inclusive MSATs. Though the organisation has been growing and consolidating over time, this has been a much slower process than one might have expected. Although ARVs have transformed the health of Khululeka members and brought them physically from 'near death' to 'new life' (Robins, 2006), socially and economically, most members continue to be stuck in a situation of severe poverty, political disempowerment and social marginalisation.

In order to better understand how their engagement with structures like the MSATs have both helped and hindered their efforts to improve their situation, the next section provides a couple of ethnographic portraits of fieldwork conducted with Khululeka over the past five months. This is a 'bottom-up' look at how this particular group of chronically poor men with HIV have tried to understand their situation and engage with the hybrid state and other actors in order to address the intertwined challenges of HIV and economic marginalisation.

## **5 Masculinity, poverty and HIV/AIDS: The view from Khululeka**

In September 2005, Phumzile Nywagi established the Khululeka Men's HIV Support Group in Gugulethu, a working class Xhosa-speaking township in Cape Town. Gugulethu is a relatively well-established township with a highly differentiated population that includes civil servants, professionals, business people and blue collar workers as well the urban poor and unemployed. Although some of the 20 Khululeka members had permanent jobs until they became ill with HIV, most were chronically unemployed at the time of writing this paper. Some managed to get occasional temporary work. The members generally have secondary school education but some dropped out of schooling early for economic and other reasons. A significant number of the men have received the government disability grant, but most are no

longer receiving the grant because, once on ARV treatment, their CD4 counts (an indication of the health of their immune system) rose above 200, the threshold for receiving the grant.

Although Khululeka can be seen as an offshoot of the South African AIDS activist movement, it departs in significant respects from the organisational forms and objectives of groups like TAC. For instance, Phumzile states quite categorically that Khululeka is not interested in national politics but rather in addressing the specific health and social needs of the men in the group. According to Phumzile, the group differs from TAC in that it is not interested in overtly challenging government over its AIDS policies and programmes. Instead, Khululeka members have openly expressed interest in working with and for government, especially in the capacity of health care workers and HIV counsellors. Another key difference between TAC and Khululeka is that, whereas the vast majority of TAC members are working-class, black African women, Khululeka is a men's group that is specifically concerned with men's issues, especially in relation to addressing the challenges HIV poses to traditional understandings of men as household heads and breadwinners.

Another objective of Khululeka is to facilitate public visibility of the group's HIV work in the media and in communities. According to Phumzile, the fundamental goal of the group is to get other members of his community, and men in particular, to take HIV seriously. Since most of Khululeka's members are unemployed, its members are also particularly interested in creating opportunities for skills training and job creation. However, there is some ambiguity about what type of work members seek. For instance, although some have done training in HIV counselling, there is a sense that they also perceive health care as a feminised employment sector. During conversations they often express a desire to do conventionally male work in factories, automobile workshops and so on.

Soon after its formation, Khululeka members became involved in numerous community-based activities, including AIDS awareness and sex education campaigns in public spaces such as township *shebeens* (taverns), railway stations and taxi ranks, on community radio talk shows and at funerals of people who died of AIDS. Members have also been involved in collecting money for families that were unable to pay funeral costs and visiting HIV-positive people in hospitals and their homes.

While the group has achieved some degree of public visibility through these activities, they remain relatively illegible to the state, larger NGOs and donors. Of particular concern to its members is the fact that Khululeka remains without registered NPO (non-profit) status, despite the fact that the researchers and other NGOs in the area have tried to facilitate this registration. Members consider this lack of registration to be the main obstacle in their pursuit of state and private funding.

While the group as a whole remains relatively illegible to the state, its individual members are in frequent contact with the state through their engagement with the public health system.

Unlike the vast majority of HIV-positive men in South Africa, these men have tested and they know their HIV status. This has, in turn, facilitated their ongoing interactions with various public health and social welfare programmes, e.g. through accessing ARVs and the disability grant. When it comes to other government programmes, like housing, education or social and economic development, however, members appear to be relatively illegible. They have also had difficulty sustaining engagements with NGOs and donors despite the fact that involving men in the fight against HIV/AIDS is currently one of the better-funded areas of health development work.

Below are two ethnographic vignettes that illustrate some of the challenges Khululeka and its members have faced as they have tried to strengthen both the organisation and their own individual situations. In both situations, Khululeka members have either struggled to figure what is necessary to take the next step forward in developing their organisation or resisted some of the ways that outsiders have suggested they adapt in order to better make themselves more legible to state and private sector actors, programmes and resources.

## **6 Ethnographic vignette 1: NPO registration and funding**

Khululeka has only been able to access funding of an informal and short-term nature, primarily through Phumzile's connections with academic researchers. The group believes that it has been unable to access more formal and sustainable sources of funding because it has not yet registered as an NPO (non-profit organisation) with the Department of Social Development (DSD) in Pretoria. An NPO number is often a prerequisite for large-scale private and public donors, and the members feel this is the most significant obstacle between them and the resources they would need to develop their organisation. Phumzile never fails to point out that nearly all of the CBOs and support groups he has visited have succeeded in registering as NPOs even though many of their programmes are not as 'advanced' as Khululeka's.

The NPO application process has been particularly long and frustrating for Khululeka. The group first lodged an application for its NPO status nearly two years ago. Several months later, the group received a request from the DSD for revisions to its proposed Constitution. After mailing back the corrections, they heard nothing back for months. When Chris Colvin, one of the researchers, asked Phumzile about the status of the application, Phumzile revealed that the lease on the group's post office box had not been renewed, and the box had been closed for months. There was no way to know if the DSD had responded. In fact, the DSD never actually received the revisions and later instructed the group to resubmit the revised Constitution. Still later, Khululeka received another notification that the DSD had, in fact, no record of the original application. They had to restart the entire application process.

When Khululeka applied a second time, the application was sent back again with a request for revisions. Phumzile took the revision request to a local NGO that provides CBOs with capacity building and assistance in applying for funding and NPO registration. This NGO had the application for over a month without responding. Because there was no second copy of the second application, there was some fear that the process would have to be restarted again if this original was lost.

A couple of months later, and after a copy of the application had been made, Phumzile, Mthetho (another Khululeka member) and Joan (another researcher) sat down to review the errors in the second application. Phumzile and Mthetho had difficulty understanding why the application had been returned and what needed to be changed. The DSD had highlighted errors in both the Constitution and the application form. On the application form, an ID number was written incorrectly. The Constitution was also missing some key elements. The proposed revisions were more formal than substantive. Many of the errors highlighted by the DSD were grammar and spelling mistakes. Getting the application approved seemed largely dependent on an organisation's ability to reproduce a particular language in a given style and format.

Phumzile and Mthetho approached the NGO again for assistance. At their offices, they gave Khululeka access to a computer and help from a staff member, who revised the Constitution using their own constitution as a model. The staff member told Phumzile (incorrectly) that 'support groups' could not register for an NPO number and that Khululeka would have to become a 'proper' organisation first. The staff person urged the group to change its name from 'Khululeka Men's Support Group' to 'Khululeka Men's Organisation'.

Phumzile came out of the meeting with a new determination to turn Khululeka into a 'real organisation' with long-term goals, permanent and paid staff members and an office with a landline and 'filing cabinets'. According to Phumzile, doing so would not only give the group access to funding but also encourage group members to 'initiate personal responsibility'. However, he did not wish to mould Khululeka in the image of an NGO like TAC. He insisted that Khululeka is 'not political'. He sees organisations like TAC as working against the government and hopes to maintain a friendly rather than antagonistic relationship with the state.

Khululeka has not yet mailed the second revised application to the DSD. But the lack of an NPO number has not stopped Khululeka from seeking other sources of funding. Phumzile and some Khululeka members recently wrote letters to five different businesspeople in Gugulethu asking for donations for an end-of-year event. And the absence of funding is not preventing Khululeka from continuing to plan and carry out new activities, such as treatment literacy campaigns in nearby townships. The members also see these activities as a way to attract media attention and make themselves more visible to potential donors.

Although members feel that lack of NPO registration has hindered Khululeka's capacity to take advantage of funding possibilities, given the small size and informality of the group it is unlikely that registration would have made much difference in terms of accessing funding from larger agencies as the US Agency for International Development (USAID) and the Global Fund. And it would not have prevented them from securing at least some initial funding through bodies like the MSATs, which do fund organisations that are not officially registered.

## 7 Ethnographic vignette 2: Gender and responsibility

Throughout Khululeka's work, there is a tension between cultural discourses of masculinity and a human rights discourse of gender equality. On the one hand, members frequently mobilise a language of gender equity to explain the broader purpose of the support group and refute the scepticism of those who might question the exclusively male space of the support group. The member's support for gender equality and women's rights is, as Phumzile often points out, embodied in the group's logo, an emblem that consists of both a male and a female figure.

This rights-based discourse, though, coexists with a general feeling among the male members that women's empowerment and an emphasis on women's rights have translated into male disempowerment and the 'suppression' of men's rights. According to Phumzile, women in his community have 'more support groups, more jobs and more power' than men. Phumzile and others often seem to feel intimidated by women, particularly in support group or HIV-oriented contexts. Phumzile has repeatedly told us that, when women are around, the men are afraid to speak up and end up letting the females do all the talking.

On the one hand, the men of Khululeka have pushed the boundaries of culturally dominant conceptions of masculinity. The experience of being profoundly ill and subsequently dependent on lifesaving ARV treatment challenged their sense of self, catalysing for many of them a process of critical reflection on their pre-HIV behaviour and identities (Colvin and Robins, 2009a). At a Yabonga support group meeting, a Khululeka member described HIV as a positive influence on his life: 'I used to sleep around before I got sick. But when all my girlfriends rejected me I realised whom I could really count on. Being so sick made me question my behaviour, and I changed. Now I live positively.' This kind of therapeutic discourse in a group setting, an activity usually reserved for females, is an example of how some members are contesting prevailing notions of masculinity.

Yet the men do not consciously seek to overturn other prevailing masculine norms. In fact, they reaffirm and re-appropriate several dominant notions of masculinity through Khululeka's work. Sickness, rejection by friends and family, dependence on welfare grants and unemployment have inhibited the men's ability to live up to the masculine ideals of father and

breadwinner and placed them in a category of 'vulnerable' sufferers of HIV. By coming together in Khululeka, the men engage in a collective endeavour to 'discover their manhood and dignity again', as Phumzile put it (Colvin and Robins, 2009b).

Khululeka is therefore not simply a space where the men act out their identity as vulnerable, marginalised HIV-positive members of the community. In fact, the men often reject overt displays of their HIV status, in contrast with, for example, TAC and its iconic, purple HIV Positive t-shirts. The men see Khululeka as a way to move away from the category of 'vulnerability' by gaining employment, fulfilling their male role as breadwinner and avoiding forms of un-masculine 'dependency' like food parcels. They embrace the rhetoric of personal responsibility and are critical of support groups that hand out food parcels without also developing income-generating projects. Food parcels, Phumzile claims, make men lazy and dependent on others in the long run, because 'what do you do after you get a food parcel? You go home and you still don't have a job.'

For Khululeka members, though, this kind of 'personal responsibility' is not a privatised or atomised version of individual responsibility that leaves people to fend for themselves. Rather, this form of personal responsibility is rooted in a collective notion of the imperative to provide for others. The members feel a deep responsibility to support each other, their families and the broader community and consider it their personal responsibility to live up to these norms, regardless of how unrealistic that may seem to most of them from the current situation.

The members also, to varying degrees, view Khululeka as a means of finding employment. Members have gone through basic HIV awareness, literacy and counselling trainings with NGOs like TAC, Sonke Gender Justice and Catholic Welfare and Development (CWD). They were often under the impression that these training sessions would result directly in employment opportunities, and have become frustrated and disillusioned with training because this has rarely turned out to be the case. Phumzile supports the men's efforts to find work, insisting that he cannot organise activities and forums during the week because this would interfere with the men's 'daily search' for employment. He spoke positively of the four or five members who stopped coming to the support group after they found employment, commending them for 'taking their lives into their own hands'.

Phumzile is often critical of the members who have not found employment, claiming that they rely too much on him for support. During fieldwork, members attempted to generate some of their own income by renting a brick-making machine, but the endeavour fell through. Phumzile said that 'the men don't plan ahead enough. They are too dependent on me.' He frequently complains that none of the members wants to volunteer to do duties for the group, like typing up minutes of meetings. 'It is a shame that the members want to be paid for their efforts', he remarked, 'because otherwise they could volunteer during the week'.

The emphasis on volunteerism, reinforced by state and donor discourses, has become an important but contested part of the group's own discourse. There is an often implicit assumption on the part of the state and donors that people who work in the field of CBOs are – and should be – motivated by a passion or desire to help, and are thus willing to do unpaid work. Many Khululeka members agree that there is much work for their organisation to do in the community that is of a voluntary nature. But CBO work is also a realm dominated by women, and it conflicts with a male breadwinner ideal that members struggle daily with living up to. In this context, volunteer work begins to look 'irresponsible' if it takes men away from the (often fruitless) task of looking for a 'proper job'.

## 8 Discussion

To understand why Khululeka and its members might be continuing to struggle to gain access to the resources and productive networks that often seem so close at hand, it is useful to consider more closely the social and political relationships and discourses they have developed and the forms of social exclusion and adverse incorporation they face as they try to grow their organisation and improve the lives of their members. The forms of social exclusion faced by Khululeka members are numerous. Stigma related to their HIV-positive status is probably the most significant mechanism of their social exclusion within their families and communities. Although the members are often remarkably confident and open about their status when in the context of support group activities, many are not nearly as open about their status back in their home. Those whose status is known in their community face a considerable burden of stigmatisation. This can encourage forms of 'social exclusion as self-isolation', discussed earlier.

This social exclusion within family and community contexts is exacerbated by the fact that, as *unemployed HIV-positive men*, they have consistently failed to live up to a number of gendered cultural expectations around social reproduction, social obligations to family members and the role of head of the household and primary breadwinner. Many are not able to marry or have children or even provide food or money for existing family members. This failure to live up to what young and middle-aged men are expected to contribute to their community is felt keenly by Khululeka members, and they are often their own harshest critics.

Another intersection of gender and social exclusion emerges in their lack of access to health services. Public clinics are generally considered to be female spaces, and members say that men 'are all alike. They wait until they are almost dying before they go to the clinic.' It is not only men's gendered reluctance to seek treatment that is at issue here, however. Many men report that they are treated with serious disrespect, even disdain, by clinic nurses when they present themselves at clinics with sexually transmitted infections (STIs) or with a diagnosis of

HIV infection. Most Khululeka members have managed to establish stable relationships with the ARV clinics that distribute their medication every month, but their broader reluctance to seek early treatment and engage with the health system persists, reinforcing their social exclusion as self-isolation.

In both of these cases – gendered expectations around work and gendered behaviours vis-à-vis the health system – the problem of 'responsibility' frequently emerges within the group's discourse. On one hand, group members often describe a desire to take responsibility (for themselves, their families and their communities) in ways that would re-establish for them a valued social identity as a productive and respected male member of the community. On the other hand, Phumzile, and a number of outside observers of the group's work, often describe the members as 'irresponsible' and unwilling to contribute to their own development or that of the group.

While we agree with the conventional critiques of 'community-based' and 'entrepreneurial' approaches towards development that argue that these approaches place too much of a burden for 'taking responsibility' on the weakest members of society (Ferguson, 2008: 79-80; Naidoo, 2007: 60), our research indicates that the situation is more complicated. The gendered expectations around masculinity that frame the worldviews of Khululeka members mean that responsibility is something they actively seek, sometimes even seem to crave. Their social exclusion, even within the own families and homes, is driven by both their HIV status and their employment status. This exclusion is experienced first and foremost by them as a loss of any expectation on the part of other family or community members that they will contribute anything positive to the group. This produces in many members an urgent need to demonstrate that they can 'take control' of their lives as well as actively contribute to the support of others. They try to do this in a number of ways, from seeking work, to participating in Khululeka activities, to staying on their HIV treatment. It would seem, then, that both the state and Khululeka members share an understanding and desire for the promotion of a specific type of responsible citizen (though with different motivations).

However, their desire to take responsibility – and be seen by others to be taking responsibility – does not always translate into actions that contribute towards this end. Sometimes, this is because of a lack of cultural capital and bureaucratic knowledge, as we describe below. At other times, it is because the expectations they feel around their role as men and providers is so high that they claim that they would rather do nothing for their families than only bring in 'little money' or food. At still other times, especially in their engagement with the state, members will refuse to engage largely out of a sense of disempowerment and cynicism. They do not expect to be heard or treated with respect so they do not put themselves in a position of trying to make themselves heard.

There are thus a range of dynamics behind these patterns of social exclusion, some having to do with active exclusion by state and community/social actors, some having to do with lack

of access to knowledge and resources, some relating to exclusion from the labour market and some having to do with more active forms of self-exclusion by support group members to 'refuse' a responsibility that they otherwise seek as a way of protecting themselves from humiliation or disappointment.

Members struggle to engage with other parts of the state beyond just the health system. Several members reported constant, frustrating encounters with state agencies handling welfare payments, small business loans, housing applications or CBO funding applications. As with their long struggle to get their NPO number, the problem often appears to be a lack of cultural capital/bureaucratic literacy and insufficient knowledge of the 'hidden curriculum' of citizen/state engagement.

The impact of this lack of cultural capital and bureaucratic knowledge extends to their dealings with local NGOs, donors and other potential funders or supporters. Whereas NGOs appear to possess the necessary forms of bureaucratic literacy to access state and donor resources, CBOs such as Khululeka seem to be at a distinct disadvantage in this area. In other words, when it comes to accessing state and donor resources, the middle-class, educated and professionalised members of the larger NGOs tend to have an advantage over the working-class/underclass members of CBOs.

In short, Khululeka members lack a wide range of forms of capital, ranging from economic and social to political and cultural. They are in possession of a potent form of symbolic capital, as young HIV-positive men working at the community level against HIV/AIDS. Other organisations in South Africa, especially larger NGOs dedicated to researching and supporting this particular group, are currently flush with cash from state and foreign donors. Khululeka, however, has not been able to convert this symbolic capital into any other sort of enduring value. They are the frequent subject of academic and media interest and regularly host a series of local and foreign researchers, students and journalists but, again, this has not translated for them into other forms of value.

These forms of social exclusion faced by Khululeka members are closely connected with some of the forms of adverse incorporation that they struggle with as well. Adverse incorporation might be seen in a number of areas of the group's work and the lives of individual members. Perhaps the most persistent concern of Khululeka members is that the emphasis on volunteerism – both by the group and by the state and other donors – is going to short-circuit their search for steady employment and the practical skills development they feel is necessary to achieve this goal. Volunteering is not only 'women's work', it is also an activity that takes them away from the kind of compensated male labour that they are seeking. It should be noted here that volunteerism is by no means an economic dead end and, in fact, one of the major challenges of pseudo-volunteer community health worker programmes is the high turnover that results from volunteers who get training and experience and soon move on to better paying positions. These trajectories, however, are largely for

career paths that are identified by Khululeka members as 'female': nursing, counselling, community organising and so on.

The engagement with NGOs in their area could also be seen as a form of potentially adverse incorporation for the ways it ties weaker CBOs to stronger NGOs in unequal relations of dependence. This is a risk both for the CBO itself (as it becomes the 'little sister' of the NGO) and for members and beneficiaries of the CBO, as their organisation becomes more and more concerned with efficiency, transparency, accountability and long-range (and less flexible and responsive) programme planning. In general, one might see the whole enterprise of 'organisational development' (with or without NGO involvement) as fraught with the potential for adverse incorporation.

Their engagements with academics, journalists and research-oriented NGOs could also be understood as a form of adverse incorporation, where time and energies are spent in the service of frequent, but often quite divergent requests for interviews, stories, field research support, etc. This brings with it the real risk of fragmenting their resources and attention and impeding any momentum they might be developing organisationally.

One unexpected finding of the research with Khululeka and the province's CBR Programme was that engaging with the MSATs did not appear to bring with it the kind of adverse incorporation we have been discussing above. Khululeka, and other CBOs with which they are connected, indicated that participation in the MSATs generally produced very positive forms of social capital among CBOs as well as positive relationships with the state. Key to the success of this programme were a number of factors, including the MSATs' relatively low budget for project funding (large NGOs were not interested and there was not enough for smaller CBOs to compete over too much), a transparent and trusted funding review process, appropriate levels of reporting requirements for funding projects, capacity building support on request (rather than imposed) and in general a semi-formal status with the community and state sectors that allowed MSATs to avoid a lot of political interference and competition over formal power and economic resources. Larger NGOs complained that MSAT meetings were often too 'low level' and a waste of time for them, catering instead to the uninformed questions and concerns of volunteers at small CBOs. However, this is perhaps an indication of its success in holding open a space to engage with the state for those individuals and organisations that normally would be crowded out of this kind of encounter by larger NGOs (Colvin and Wills, 2009).

The CBR Programme, however, remains the exception rather than the rule, and Khululeka members continue to struggle with finding the right balance between overcoming the varied and persistent forms of social exclusion they face and avoiding the many pitfalls of adverse incorporation that come with greater involvement with the NGO, state, academic and media sectors. As we have indicated above, they also struggle with forms of self-exclusion driven by their desire to protect their support group space from 'hijacking' by the state or other

NGOs. Their consistent reluctance to model themselves after TAC (as a 'political' organisation) or to form too close a bond with other local support groups (their 'competition') or to develop programmes oriented around social support and welfare ('handouts' that prevent personal responsibility) is evidence of this hesitation around opening themselves up to social and political relationships that might hold them back.

Whether this hesitation will translate in the long term into more sustainable, productive and flexible forms of engagement with other actors and resources remains to be seen. They are not moving backwards, but neither have they been moving forward as quickly as they – or we – might have expected. The apparent success of spaces like the MSATs, however, in encouraging the development of positive forms of social capital, might begin to point all those involved in the direction of interventions that avoid some of the pitfalls of adverse incorporation for the most vulnerable.

The case studies we have investigated in this paper also suggest that 'responsibilisation' and entrepreneurial approaches to citizenship, participation and empowerment do not always conform to the seamless logic of liberal rationalities of government and governance at a distance. Instead, the cases highlight the unintended and 'messy' outcomes of state-driven HIV and poverty reduction programmes. The cases also reveal the ambiguities and complexity of the actions, motivations, intentions and political subjectivities of those who engage with these programmes. Conventional understandings of social exclusion and legibility regularly fail to adequately contextualise the heterogeneity of responses to such programmes. This paper has questioned arguments that frame these state programmes and their effects as mere manifestations of a hegemonic and totalising liberal rationality of government. Instead, we draw attention to the relatively open-ended character of citizen–state interactions in state programmes that seek to address HIV/AIDS, poverty and citizenship.

## References

- Barry, B. (1998). 'Social exclusion, social isolation and the distribution of income'. Paper 12. London, UK: Centre for Analysis of Social Exclusion (CASE), London School of Economics (LSE).
- Barry, A., Osborne, T. and Rose, N. (eds) (1996). *Foucault and practical reason: Liberalism, neo-liberalism and rationalities of government*. London, UK: University College London (UCL).
- Bond, P. (2000). *Elite transition: From apartheid to neoliberalism in South Africa*. London, UK: Pluto Press.
- Coetzee, D. and Schneider, H. (2004). 'Editorial'. *South African Medical Journal*, 93(10), 1-3.
- Colvin, C. and Wills, C. (2009). 'Evaluation of the Community-Based Response to HIV/AIDS component of the Western Cape Province's Global Fund grant'. Prepared for the Western Cape Provincial AIDS Council.
- Colvin, C. and Robins, S. (2009a). 'Positive men in hard, neoliberal times: Engendering health citizenship in South Africa', in Boesten, J. and Poku, N.K. (eds) *Gender and AIDS: Critical perspectives from the developing world*. Aldershot, UK: Ashgate.
- Colvin, C. and Robins, S. (2009b). 'AIDS activism in South Africa: From social movements to support groups', in Rohleder, P., Swartz, L. and Kalichman, S. (eds) *HIV/AIDS in South Africa 25 years on: A psychological perspective*. Forthcoming.
- Corbridge, S., Willams, G., Srivastava, M. and Veron, R. (2005). *Seeing the state: Governance and governmentality in India*. Cambridge, UK: Cambridge University Press.
- Daniels, J., Habib, A. and Southall, R. (eds) (2003). *State of the nation 2003-2004*. Pretoria, South Africa: Human Science Research Council (HSRC) Press; London, UK and New York: Zed Books.
- Desai, A. (2002). *We are the poors. Community struggles in post-apartheid South Africa*. New York: Monthly Review Press.
- Ferguson, J. (2008). 'Formalities of poverty: Thinking about social assistance in neoliberal South Africa'. *African Studies Review*, 50(2), 71-86.
- Green, M. (2009). 'The local government of chronic poverty'. Paper presented at the University of Manchester, UK, 12 November.
- Li, T.M. (2007). *The will to improve: Governmentality, development and the practice of politics*. Durham, UK: Duke University Press.
- Marais, H. (1998). *South Africa: Limits to change: The political economy of transformation*. London, UK: Zed Books
- Naidoo, P. (2007). 'Struggles around the commodification of daily life in South Africa'. *Review of African Policy Economy*, 34(111), 57-66.
- Naidoo, P. and Veriava, A. (2005). 'Re-membering movements: Trade unions and new social movements in neoliberal South Africa', in Centre for Civil Society (CCS) Research Reports 1. Durban, South Africa: CCS.

- Nattrass, N. (2007). *Mortal combat: AIDS denialism and the struggle for antiretrovirals in South Africa*. Pietermaritzburg, South Africa: University of KwaZulu-Natal Press.
- Nguyen, V.-K. (2005). 'Antiretroviral globalism, biopolitics, and therapeutic citizenship', in Ong, A. and Collier, S.J (eds) *Global assemblages: Technology, politics, and ethics as anthropological problems*. Oxford, UK: Blackwell Publishing.
- Petryna, A. (2002). *Life exposed: Biological citizens after Chernobyl*. Princeton, NJ: Princeton University Press.
- Robins, S. (ed.) (2005). *Limits to liberation after Apartheid: Citizenship, governance and culture*. Oxford, UK: James Currey Publishers; Athens, OH: Ohio University Press; Cape Town: David Philip.
- Robins, S. (2006). 'From Rights to 'Ritual: AIDS activism and treatment testimonies in South Africa'. *American Anthropologist*. 108(2): 312–323
- Robins, S. (2008). *From revolution to rights in South Africa: Social movements, NGOs and popular politics*. Oxford, UK: James Currey Publishers; Pietermaritzburg, South Africa: University of KwaZulu Natal Press.
- Rose, N. (1999). *Powers of freedom: Reframing political thought*. Cambridge, UK: Cambridge University Press.
- Rose, N. (2007). *The politics of life itself*. Oxford, UK: Blackwell Publishers.
- Rose, N. and Novas, C. (2005) 'Biological citizenship', in Ong, A. and Collier, S.J (eds) *Global assemblages: Technology, politics, and ethics as anthropological problems*. Oxford, UK: Blackwell Publishing.
- Shepherd, N. and Robins, S. (2008). *New South African keywords*. Johannesburg, South Africa: Jacana; Athens, OH: Ohio University Press.
- Terreblanche, S. (2002). *A history of inequality in South Africa 1652-2002*. Oxford, UK: Blackwell Publishing.
- Turok, B. (2008). *From the Freedom Charter to Polokwane: The evolution of ANC economic policy*. Cape Town, South Africa: New Agenda.



## **Chronic Poverty Research Centre**

[www.chronicpoverty.org](http://www.chronicpoverty.org)

### **The Chronic Poverty Research Centre**

(CPRC) is an international partnership of universities, research institutes and NGOs, with the central aim of creating knowledge that contributes to both the speed and quality of poverty reduction, and a focus on assisting those who are trapped in poverty, particularly in sub-Saharan Africa and South Asia.

### **Partners:**

Bangladesh Institute of  
Development Studies (BIDS),  
Bangladesh

Development Initiatives, UK

Development Research and  
Training, Uganda

Economic Policy Research  
Center, Uganda

FIDESPRA, Benin

HelpAge International, UK

Indian Institute of Public  
Administration, India

IED Afrique, Senegal

Institute of Development  
Studies, UK

Overseas Development  
Institute, UK

Programme for Land and  
Agrarian Studies, South Africa

University of Legon, Ghana

University of Manchester, UK

University of Sussex, UK

### **Contact:**

[cprc@manchester.ac.uk](mailto:cprc@manchester.ac.uk)