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**Instrumentalizing AIDS Empowerment Discourses in Malawi and Zambia:
An Actor-Oriented View of Donor Politics**

Emma-Louise Anderson and Amy S. Patterson

ABSTRACT: Based on 16 months of fieldwork conducted in Malawi and Zambia between 2005 and 2014, this article advances debates on North-South relations by providing an actor-oriented view of donor politics. Drawing upon 152 interviews, 104 focus group discussions and a series of observations, it demonstrates how local people instrumentalize the fuzziness of ‘empowerment’ discourses to gain resources, status and opportunities. Our analysis of how local people push back against top-down dictated policies and structures in international affairs is highly pertinent because of Africa’s extreme dependency on external resources for the AIDS response. We argue that the malleability of ‘empowerment’ in the AIDS enterprise has strategic advantages for seemingly dependent people living with HIV. Through ‘performances of compliance’ that mimic dominant ideologies, ‘extraversion’ that plays up recipients’ weakness in global structures, and silence and humour that extend beyond the limits of the spoken word, locals embrace the elasticity of ‘empowerment’ and show agency despite the constraints of poverty, aid dependence, hunger, and unemployment. These actions close the space for actual transformation of local people’s lives because they create power imbalances within communities, privileging some whilst silencing and disadvantaging others.

Key words – Development, donor politics, empowerment discourses, African agency, HIV/AIDS, Malawi, Zambia

This article analyses how people living with HIV instrumentalize AIDS empowerment discourses in Zambia and Malawi. As a discourse, or ‘representational practice through which meanings are

generated’,¹ the field of development uses words, measures, structures, and images that mask over power differences between donors and recipients.² Here we focus on the concept of ‘empowerment’, which is a central element of the development discourse and yet is a ‘buzzword’ that is often casually used and rarely defined.³ It is well established in the literature that there are nebulous, ‘fuzzy’ meanings of empowerment, which create the opportunity for diverse actors to claim success for ill-defined achievements⁴; the term’s ‘strategic ambiguity’ can provide space to manoeuvre.⁵ We argue here that marginalized people—the very individuals that donors seek to empower—strategically use the concepts’ elasticity to gain resources, status, and opportunities. By scrutinizing the use of empowerment discourses in the particular social setting of impoverished African communities, we show how seemingly dependent people living with HIV challenge the well-entrenched discourse around AIDS.⁶ Through highlighting behind-the-scenes forms of resistance, we add new insights to the literatures on development discourses, subaltern resistance, and AIDS activism.

Our in-depth analysis based on 16 months of fieldwork conducted between 2005 and 2014 advances debates on North-South relations by providing an actor-oriented view of donor politics in two cases. Not only does the fuzziness of the development discourse help to consolidate asymmetries of power between donors and local communities, but, as we show, the instrumentatization of malleable concepts by local people contributes to the ‘ambiguity and ambivalence’ of subaltern resistance.⁷ Through ‘performances of compliance’ that mimic dominant ideologies,⁸ ‘extraversion’ that plays up recipients’ weakness in global structures,⁹ and strategically used silence and humour that extend beyond the limits of the spoken word, locals embrace the fuzziness of AIDS ‘empowerment’

¹ Kevin Dunn and Iver Neumann, *Undertaking discourse analysis for social research* (Ann Arbor, MI: University of Michigan Press, 2016), p. 2.

² Arturo Escobar, *Encountering development* (Princeton, NY: Princeton University Press, 1995).

³ Andrea Cornwall and Karen Brock, ‘What do buzzwords do for development policy?’, *Third World Quarterly* 26: 7, 2005, pp. 1043-60.

⁴ Jo Rowlands, ‘Empowerment examined’, *Development in Practice* 5:2, 1995, pp. 101-107.

⁵ Rosalind Eyben and Rebecca Napier-Moore, ‘Choosing words with care? Shifting meanings of women’s empowerment in international development’, *Third World Quarterly*, 3:2, 2009, pp. 285-300.

⁶ Janet Maybin and Karen Tusting, ‘Linguistic ethnography’, in J. Simpson, ed., *Routledge handbook of applied linguistics* (New York: Routledge, 2011), pp. 229-34.

⁷ Sherry Ortner, ‘Resistance and the problem of ethnographic refusal’, *Comparative Studies in Society and History* 37: 2, 1995, pp. 173-93.

⁸ James Scott, *Weapons of the weak* (New Haven: Yale University Press, 1985).

⁹ Jean-François Bayart, ‘Africa and the world: a history of extraversion’, *African Affairs* 99: 395, 2000, pp. 217-67.

discourse and show agency even in the tight corners of poverty, aid dependence, hunger, and unemployment.¹⁰ As ‘dependent agents’, local people living with HIV act, react, decide, speak, remain silent, mock, engage and/or disengage with the discourse whilst simultaneously depending on that discourse.¹¹

We focus on the AIDS response in Africa, because of the continent’s experience with the disease and its extreme dependency on external resources. AIDS has received unprecedented donor funding and attention, and it has been portrayed as an exceptional health emergency.¹² AIDS provides a pertinent case study of how locals push back against top-down dictated policies and structures in international affairs. In 2015, 25.5 million people in sub-Saharan Africa were HIV positive and approximately 800,000 Africans died from AIDS in 2015.¹³ In that year, donors spent over USD 7.5 billion, money that is channelled through the ‘AIDS enterprise’. This hierarchy of AIDS-related organizations promotes a multisectoral response and includes large-scale programmes like the United States Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund for AIDS, Tuberculosis and Malaria (Global Fund); national AIDS commissions; international and local NGOs; faith-based organizations (FBOs); and community-based organizations (CBOs) comprised of caregivers or people living with HIV.¹⁴ The AIDS enterprise has created new structures, displaced funds for other health and development issues, and, most crucially for our analysis, generated an ‘empowerment jargon’ that fosters new forms of exclusion, including along gender lines.¹⁵

¹⁰ Norman Long, ‘From paradigm lost to paradigm regained? The case for an actor-oriented sociology of development’, *European Review of Latin American and Caribbean Studies* 49, Dec. 1990, pp. 3-24.

¹¹ Emma-Louise Anderson and Amy S. Patterson, *Dependent agency in the global health regime: local African responses to donor AIDS efforts* (New York: Palgrave MacMillan, 2017).

¹² Julia Smith and Alan Whiteside, ‘The history of AIDS exceptionalism’, *Journal of the International AIDS Society* 3, 2010, pp. 13-47; Adia Benton, *HIV exceptionalism: development through disease in Sierra Leone* (Minneapolis, MN: University of Minnesota Press, 2015), p. x.

¹³ UNAIDS, ‘Global HIV statistics: fact sheet Nov.2016’, http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf (Unless otherwise noted, all URLs were accessible on 9 April 2017).

¹⁴ UNAIDS, *Kaiser/UNAIDS study finds donor government funding for HIV fell in 2015 for first time in 5 years*, 16 July 2016,

http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/july/20150815_kaiser; Susan Watkins and Anne Swidler, ‘Working misunderstandings: donors, brokers, and villagers in Africa’s AIDS industry’, *Population and Development Review* 38: supplement, 2012, pp. 197-218.

¹⁵ Jeremy Shiffman, ‘Has donor prioritization of HIV/AIDS displaced aid for other health issues?’ *Health Policy and Planning* 23: 2, 2008, pp. 95-100; Jeremy Shiffman, David Berlan, and Tamara Hafner, ‘Has aid for AIDS raised all health funding boats?’ *JAIDS* 52 (Supplement 1), 2009, pp. S45-S48; N. Simon Morfit, ‘“AIDS is money”: how donor preferences reconfigure local realities’, *World Development* 39: 1, 2011, pp. 64-76.

We argue that the malleability of ‘empowerment’ in the AIDS enterprise has strategic advantages for local people in Malawi and Zambia. In order to make this argument, first we situate our study in the literatures on development discourses and subaltern resistance. Second, we detail our methodology. Third we illustrate how people living with HIV use the empowerment discourse to gain benefits. We extend the literature on empowerment discourses by focusing on three dominant ways the concept is used: (1) collective empowerment through support groups; (2) economic empowerment through markets, loans and labour; and (3) empowerment through enhanced capabilities. We assert that the strategic use of AIDS empowerment discourse in our findings diverges from another model of empowerment seen in the literature on AIDS activism: the policy-oriented, public activism of South Africa’s Treatment Action Campaign (TAC).¹⁶ Use of the empowerment discourse is played out in ‘spectacles’, or moments in which the powerful and powerless are brought together to engage in symbolic actions.¹⁷ In the context of our research, such spectacles included donor-funded trainings, donors’ visits to income-generating projects, and, at times, discussions we researchers had with local people living with HIV. We assert that the word’s fuzziness provides opportunities to advance personal interests, privileging some whilst silencing and disadvantaging others, and we draw attention to how this process can privilege women over men.¹⁸ The final section highlights insights from the paper than can inform development projects. Our findings have implications for the scholarship on African agency and local resistance, as well as donors’ AIDS projects.¹⁹

Development discourses and subaltern resistance

¹⁶ Steven Robins, ‘From “rights” to “ritual”’: AIDS activism in South Africa’, *American Anthropologist* 108: 2, June 2006, pp. 312-23; Steven Robins, ‘“Long live Zackie, long live”’: AIDS activism, science and citizenship after apartheid’, *Journal of Southern African Studies* 30, 2004, pp. 651-72; Mandisa Mbali, *South African AIDS activism and global politics* (New York: Palgrave MacMillan, 2013).

¹⁷ Lisa Weeden, *Ambiguities of domination: politics, rhetoric, and symbols in contemporary Syria* (Chicago, IL: University of Chicago Press, 1999), p. 17.

¹⁸ Andrea Cornwall, Elizabeth Harrison, and Ann Whitehead, ‘Gender myths and feminist fables’, *Development and Change* 38: 1, 2007, pp. 1-20.

¹⁹ On agency, see William Brown and Sophie Harman, *African agency in international politics* (London: Routledge, 2013). On resistance, see Uday Chandra, ‘Rethinking subaltern resistance’, *Journal of Contemporary Asia* 45: 4, 2015, pp. 563-73; Scott, *Weapons of the weak*; James Scott, *Domination and the arts of resistance* (New Haven: Yale University Press, 1990).

Rooted in neoliberal economics and faith in individual autonomy, the dominant ‘social imaginary’ of development is criticised for pushing aside alternative views for economic progress and wellbeing. The discourse is embodied in ‘a web of key concepts’ with narrow but hegemonic meanings that often are taken for granted.²⁰ For example, poverty is defined in material terms; population is framed through statistics.²¹ Development participants—from World Bank officials to impoverished villagers—typically engage in a ‘politics as if’ in which they live within the fiction that development entails providing technical solutions not addressing the structural causes of poverty and political injustice.²² In our fieldwork, it was common for donor and NGO officials to say that the AIDS response necessitated promoting HIV testing and distributing condoms. But we rarely heard discussions about the need for good governance or the prioritization of poverty reduction as means to decrease people’s vulnerability to HIV infection.²³ As the ‘anti-politics machine’,²⁴ development frequently becomes a process of homogenization, simplification, systematization, long-term planning, and cost-benefit analysis that emphasizes ‘framing, naming, numbering and coding’.²⁵ The prevailing discourse preferences markets, NGOs, FBOs, and CBOs over the state, with these non-state actors perceived to be accountable, egalitarian, efficient, and participatory.²⁶ The AIDS-focused NGOs and CBOs examined here are part of this ‘hodgepodge of transnational private voluntary organizations [that] carry out the day-to-day work of providing rudimentary governmental and social services’.²⁷

This discourse includes a repertoire of words and an ‘established stock of images’ that become embedded in structures and policies.²⁸ Buzzwords such as ‘participation’, ‘capacity building’,

²⁰ Escobar, *Encountering development*, pp. 2, 17-18.

²¹ Wolfgang Sachs, *The development dictionary: a guide to knowledge as power*, 2nd ed. (London: Zed, 2010), pp. xii-xix.

²² Weeden, *Ambiguities of domination*, pp. 6; 19-21; 69-77; On evidence-based medicine as a technical frame, see Colin McInnes, Adam Kamradt-Scott, Kelley Lee, David Reubi, Anne Roemer-Mahler, Simon Rushton, Owain David Williams, and Marie Woodling, ‘Framing global health: the governance challenge’, *Global Public Health* 7: Supplement 2, 2012, pp. S83-S94.

²³ Interviews, donor official, Lusaka, 31 March 2011; FBO AIDS project coordinator, Lusaka, 19 Feb. 2011; NGO official, Lusaka, 11 March 2011; NGO official, Zomba, 25 July 2007.

²⁴ James Ferguson, *The anti-politics machine* (Minneapolis: University of Minnesota Press, 1994).

²⁵ Raymond Apthorpe, ‘Reading development policy and policy analysis’, in R. Apthorpe and D. Gasper, eds., *Arguing development policy* (London, Frank Cass, 1996), p. 16; Escobar, *Encountering development*, p. 5.

²⁶ Dorothea Hilhorst, *The real world of NGOs* (London: Zed, 2003).

²⁷ James Ferguson, ‘Seeing like an oil company’, *American Anthropologist* 107: 3, 2005, pp. 377-82.

²⁸ Weeden, *Ambiguities of domination*, pp. 11-12; Paul Rabinow, editor, *The Foucault reader* (London: Penguin, 1991); Peter Bourdieu, *Sociology in question* (London Oaks, CA: Sage; 1993); Jeremy Shiffman,

‘results-based’, ‘south-south cooperation’, ‘national ownership’, ‘sustainability’, and ‘partnership’ theoretically create a ‘common language’.²⁹ Yet, the multiple and imprecise meanings of these ‘fuzzwords’ hide their ‘ideological differences and sloppy thinking’ whilst generating various outcomes.³⁰ Positively, the confused meanings can foster collaboration, consensus building, and a collective response to organisational tensions.³¹ For example, echoing the research of Susan Watkins and Anne Swidler, we found that ‘fighting the AIDS stigma’ brought donors and locals together, even though ‘stigma’ was never concretely defined and the means to combat it were not articulated.³² Negatively, jargon facilitates power imbalances. It can command through ‘order words’ like ‘participation’.³³ Terms such as ‘partnership’ and ‘national ownership’ mystify enduring asymmetrical power relations.³⁴ For example, the lack of consensus about ‘country owned capacity building’ has ‘resulted in disempowerment of local [health] organizations rather than local ownership’.³⁵ One’s ability to use the jargon also empowers: locals with such linguistic expertise distinguish themselves from the masses to gain status and resources,³⁶ whilst economically and socially marginalized groups who have not learned the jargon become side-lined in development processes.³⁷

Of interest here is how the development discourse’s ‘elasticity’ enables dominated people to contest, utilize, manipulate, and redefine it.³⁸ Because domination reflects not ‘the functional

‘Knowledge, moral claims and the exercise of power in global health’, *International Journal of Health Policy Management* 3: 6, 2014, pp. 297-99.

²⁹ Pablo Alejandro Leal, ‘Participation: the ascendancy of a buzzword in the neo-liberal era’, *Development in Practice* 17: 4/5, 2007, pp. 539-48; Cornwall and Brock, ‘What do buzzwords do for development policy?’, Jason Palmer, Ian Cooper, and Rita van der Vorst, ‘Mapping out fuzzy buzzwords’, *Sustainable Development* 5, 1997, pp. 87-93; Emma-Louise Anderson, ‘African health diplomacy’, forthcoming; Amy Barnes, Garrett Brown, and Sophie Harman, *Global politics of health reform in Africa* (New York: Palgrave MacMillan, 2015).

³⁰ Andrea Cornwall and Deborah Eade, *Deconstructing development discourse* (Warwickshire, UK: Oxfam, 2010); Rowlands, ‘Empowerment examined’.

³¹ Eyben and Napier-Moore, ‘Choosing words with care?’, Andrea Cornwall, ‘Buzzwords and fuzzwords’, *Development in Practice* 17:4-5, 2007, pp. 471-84’.

³² Watkins and Swidler, ‘Working misunderstandings’; FGDs, people living with HIV [PLHIV] groups, Lusaka, Ndola, Livingstone, Zomba and Karonga, March-Sept. 2011.

³³ Jimmy Roth and Jeremy Franks, ‘Development jargon as order words’, *Development in Practice*, 1997, pp. 280-83.

³⁴ Gordon Crawford, ‘Partnership or power?’ *Third World Quarterly* 24:1, 2003, pp. 139-59.

³⁵ Jessica Goldberg and Malcom Bryant, ‘Country ownership and capacity building’, *BMC Public Health* 12, 2012, pp. 531-40.

³⁶ David Lewis and David Mosse, *Brokers and translators* (Westport, CT: Kumarian Press, 2006); Anderson and Patterson, *Dependent agency in the global health regime*.

³⁷ Islah Jad, ‘NGOs: Between buzzwords and social movements’, *Development in Practice* 17: 4/5, August 2007, pp. 622-29.

³⁸ Ortner, ‘Resistance and the problem of ethnographic refusal’, p. 182.

coherence of power, but its ambiguities',³⁹ hegemony and resistance are closely intertwined in a dynamic and contextualized relationship.⁴⁰ The local people we study act near the 'boundary of authorized channels' within development power structures,⁴¹ and the intentions of their 'everyday forms of resistance' may not always be clear.⁴² Whilst dependent, they also recognize that donors need local people for labour and strategic allies to promote and legitimate their ideologies. Because some dominated people know the language and activities of the powerful, they can incorporate fuzzwords into the 'hidden transcript' of performances of compliance. That is, they use the official rhetoric, symbols, images, and ideologies of donors, and they engage in approved behaviours in order to gain resources or status.⁴³ These performances are strategic, since local agents never know when they may need help from powerful patrons like donors or their brokers.⁴⁴

These strategic performances of people living with HIV – and the potential benefits this resistance may bring-- contrast with the AIDS activism that is embodied in TAC in South Africa or ACT UP in the West. In that model, empowerment comes through policy change, after people living with HIV mobilize based on their identity as people who are HIV positive. These 'therapeutic citizens' engage in public actions—marches, protests, boycotts, media events, and lawsuits—to gain AIDS funding and access to medications. In the process of challenging the status quo, they develop new notions of belonging and biosociality.⁴⁵ Yet, as Lisa Richey argues, therapeutic citizenship may be difficult in contexts where patronage networks, kinship demands, and patriarchy limit the ability of local people to act publicly against power structures.⁴⁶ Instead, local people may not challenge, but

³⁹ Weeden, *Ambiguities of domination*, pp. 27, 74.

⁴⁰ Chandra, 'Rethinking subaltern resistance', p. 564.

⁴¹ Kevin O'Brien and Lianjiang Li, *Rightful resistance in rural China* (New York: Cambridge University Press, 2006), p. 2.

⁴² Ortner, 'Resistance and the problem of ethnographic refusal', p. 175.

⁴³ Scott, *Domination and the arts of resistance*, pp. 67, 139. Other hidden transcripts include gossip, foot dragging, jokes, rumour-mongering, and storytelling.

⁴⁴ James Ferguson, 'Declarations of dependence', *Journal of Royal Anthropological Institute* 19: 2, 2013, pp. 223-42; Goran Hyden, *Beyond ujamaa in Tanzania* (Berkeley: University of California Press, 1980).

⁴⁵ Vinh-Kim Nguyen, *The republic of therapy: triage and sovereignty in West Africa's time of AIDS* (Durham, NC: Duke University Press, 2010); Deborah B. Gould, *Moving politics: emotion and ACT UP's fight against AIDS* (Chicago, IL: University of Chicago Press, 2009); Jennifer Chan, *Politics in the corridor of dying: AIDS activism and global health governance* (Baltimore, MD: Johns Hopkins University Press, 2015).

⁴⁶ Lisa A. Richey, 'Counselling citizens and producing patronage', *Development and Change*, 43: 4, 2012, pp. 823-45.

instead use hegemonic ‘public transcripts’.⁴⁷ They appear to reinforce structures of power, inequality, and dependence, and they seem to be ‘active accomplices in their own subordination’.⁴⁸ Although performed complicity (or ‘living within the lie’) may not force the powerful to be accountable,⁴⁹ locals are not mere sycophants. As goal-oriented actors, they seek benefits: the next project, a paid volunteer opportunity, a training session with per diems and lunch.⁵⁰ In our fieldwork, for example, many people living with HIV repeated donors’ ideas about personal empowerment such as ‘the promotion of gender equality’, the ‘value of hard work’, and the ‘power of the market’.⁵¹ These local people may feel societal pressure to play the game, so that the community does not lose opportunities. The malleability of the development discourse enables both the dominant and dominated to sustain the myth that development is occurring, and it may enable local actors like women to challenge power structures within their own societies.⁵²

In the dynamic donor-local relationship, subalterns also may use fuzzwords in extraversion. As a deliberate, conscious strategy of emphasizing one’s poverty and dependence, extraversion is intended to garner resources from the external environment.⁵³ Extraversion plays to the imaginary that Africa is mired in poverty, technologically backward, a victim of unjust global forces, disease-ridden, and ‘waiting’ on Western help.⁵⁴ The international environment and the development discourse are a ‘major resource in the process of ... economic accumulation’.⁵⁵ Here again, locals may appear to be ‘living the lie’ by reinforcing tropes about the continent. But their actions are more complicated. With its substantial resources, the AIDS enterprise provides many arenas for extraversion. Local people ‘become HIV positive peoples’; poor children are ‘AIDS orphans’; women are ‘innocent victims’; and

⁴⁷ Scott, *Domination and the arts of resistance*.

⁴⁸ Long, ‘From paradigm lost to paradigm regained’, p. 14.

⁴⁹ Weeden, *Ambiguities of domination*, pp. 77-81.

⁵⁰ Watkins and Swidler, ‘Working misunderstandings’; Anderson and Patterson, *Dependent agency in the global health regime*; Daniel Jordan Smith, ‘Patronage, per diems and the “workshop mentality”’, *World Development* 31:4, 2003, pp. 703–15.

⁵¹ FGDs, PLHIV groups, Lusaka, Ndola, Livingstone, Kabwe, Kitwe, Zomba, and Karonga, March-Sept. 2011.

⁵² Ortner, ‘Resistance and the problem of ethnographic refusal’, p. 190. Eyben and Napier-Moore, ‘Choosing words with care?’

⁵³ Bayart, ‘Africa and the world’.

⁵⁴ Brown and Harman, *African agency*; Escobar, *Encountering development*, p. 8; China Scherz, *Having people, having heart* (Chicago, IL: University of Chicago Press, 2014). On the Ebola response see Emma-Louise Anderson and Alexander Beresford, ‘Infectious Injustice: The Political foundations of the Ebola Crisis in Sierra Leone’, *Third World Quarterly*, 37:3, 2016, pp.468-486, pp.476-477.

⁵⁵ Bayart, ‘Africa and the world’, p. 218.

support groups suffer from ‘food insecurity’. While we do not deny that local people may face such conditions, we also acknowledge that such portrayals have the potential to bring resources.⁵⁶

Extraversion and performances of compliance require use of the development jargon, but local agents also may engage in strategic silences and humour. We recognize the ‘culture of silence’ and mockery that emerges because the hegemonic discourse prevents dominated people from expressing their views or challenging the prevailing rhetoric.⁵⁷ The ‘muted’ must adapt, mediate, and subordinate their own ideas and forms of expression to [those] of the dominant discourse.⁵⁸ Yet, as MacLure *et al.* argue, the ‘strategic performance of silence ... opens up spaces for actions’, where solidarity is performed through the ‘pact of mutual silence’ and silence can ‘exceed the limits of the spoken word’.⁵⁹ As is true of all resistance strategies, silence and humour can be used for different reasons—to show agreement, resistance, ambivalence, or ignorance--and interpreted in various ways.⁶⁰ For example, silence may enable women to preserve a private communication strategy free from the interference of patriarchy,⁶¹ and humour allows them to mock men despite power structures. Subordinated peoples may engage in ‘stylized sulking’, playing the role of the ‘non-submissive subordinate’ with a ‘bad attitude’. These silences may embarrass dominant actors or force them to explain their actions.⁶²

Research methodology

We use a similar case study design in that Zambia and Malawi share many historical, cultural, and political experiences. Both countries’ high HIV rates, significant poverty, and deep incorporation into the AIDS enterprise create incentives for and spaces within which local people can manoeuvre. In

⁵⁶ Anderson and Patterson, *Dependent agency in the global health regime*, pp.70-71; Amy S. Patterson, ‘Engaging therapeutic citizenship and clientship: Untangling the reasons for therapeutic pacifism among people living with HIV in urban Zambia’, *Global Public Health* 11: 9, 2016, pp. 1121-34; Emma-Louise Anderson, *Gender, HIV and risk: Navigating structural violence* (Basingstoke: Palgrave MacMillan, 2015), pp.143-144; Benton, *AIDS exceptionalism*, pp. 53-55.

⁵⁷ Paulo Freire, *The pedagogy of the oppressed* (New York: Continuum, 1970).

⁵⁸ Cheryl Glenn, *Unspoken: a rhetoric of silence* (Carbondale, IL: Southern Illinois Press, 2004), p. 28.

⁵⁹ Maggie MacLure, Rachel Holmes, Liz Jones, and Christina MacRae, ‘Silence as resistance to analysis’, *Qualitative Inquiry* 16: 6, 2010, pp. 492-500.

⁶⁰ Chandra, ‘Rethinking subaltern resistance’; MacLure *et al.*, ‘Silence as resistance to analysis’.

⁶¹ Shirley Ardener, ‘Introduction: the nature of women in society’, in Ardener, ed., *Defining females: the nature of women in society* (London: Croom, 1983), pp. 9-48.

⁶² Glenn, *Unspoken*, p. 40.

2015, Zambia's HIV rate was 13 per cent, whilst Malawi's was 11 per cent.⁶³ Even though Zambia has a higher GNI per capita than Malawi (in 2014, it was USD 1,760 compared to USD 240 in Malawi), most people in both countries are impoverished: in 2014, 50 per cent of Malawians and 60 per cent of Zambians lived below the poverty line.⁶⁴ More tellingly, 64 per cent of Zambians and 67 per cent of Malawians faced multiple deprivations in education, health, and standard of living,⁶⁵ and 22 per cent of Malawians and 48 per cent of Zambians were undernourished in 2012.⁶⁶ To address these problems, each country depends on foreign aid, particularly for AIDS programmes. In 2011, 40 per cent of the Malawian government's overall budget came from external resources, whilst 28.5 per cent of Zambia's did.⁶⁷ In 2014, Zambia received 89 per cent of its AIDS funding from bilateral and multilateral donors, and Malawi received 84 per cent.⁶⁸ Between 2004 and 2015, Zambia benefited from over USD 2 billion from PEPFAR and the Global Fund, whilst Malawi received over USD 1 billion.⁶⁹

This article uses an 'actor-oriented' approach to African political and socioeconomic development, or one that seeks to understand 'the self-organising practices of those inhabiting, experiencing and transforming the contours and details of the social landscape'.⁷⁰ We engaged in substantial fieldwork, utilized multiple methods, and incorporated researcher reflexivity. We spent a total of eight months in Zambia (during 2007, 2009, 2011 and 2014) and eight months in Malawi

⁶³ Government of Malawi, 'Malawi AIDS response progress report', 2015, http://www.unaids.org/sites/default/files/country/documents/MWI_narrative_report_2015.pdf; Zambia National AIDS Council, 'Zambia country report', 2014,

http://www.unaids.org/sites/default/files/country/documents/ZMB_narrative_report_2014.pdf.

⁶⁴ World Bank, 'Malawi', <http://data.worldbank.org/country/malawi>; World Bank, 'Zambia', <http://data.worldbank.org/country/zambia>.

⁶⁵ UNDP, 'Human development report: the rise of the south – Malawi', <http://hdr.undp.org/sites/default/files/Country-Profiles/MWI.pdf>, p. 5; UNDP, 'Human development report: the rise of the south – Zambia', <http://hdr.undp.org/sites/default/files/Country-Profiles/ZMB.pdf>, p. 5.

⁶⁶ World Food Programme, 'The state of food insecurity in the world', 2014, <http://www.fao.org/3/a-i4030e.pdf>; World Food Programme, 'Zambia', 2015, <http://www.wfp.org/countries/zambia/overview>.

⁶⁷ *International Business Times*, 19 Nov. 2013; World Bank, 'World Bank indicators: net ODA received', 2011, <http://data.worldbank.org/indicator/DT.ODA.ODAT.XP.ZS?end=2011&start=1972>.

⁶⁸ Zambia National AIDS Council, 'Zambia country report', p. 42; Government of Malawi, 'Malawi AIDS response progress report', p. 52.

⁶⁹ PEPFAR 'Partnering to achieve epidemic control in Malawi', 2014, <http://www.pepfar.gov/documents/organization/199568.pdf>; PEPFAR, 'PEPFAR dashboards: Zambia', 2015 <https://data.pepfar.net/country/funding?country=Global&year=2004&yearTo=2015>; Global Fund, 'Malawi', 2016, <http://www.theglobalfund.org/en/portfolio/country/?loc=MWI&k=b2d78cbb-a8d0-45e2-a78c-9e53b907c4a3>; Global Fund, 'Zambia', <http://www.theglobalfund.org/en/portfolio/country/?loc=ZMB&k=5407d575-ab23-4db6-ac34-b5eb567da7f0>.

⁷⁰ Long, 'From paradigm lost to paradigm regained?' p. 6.

(during 2005, 2006, 2007, 2011 and 2014). We use data from NGO, government, and donor reports, as well as local media sources. We conducted interviews with 152 donor and state officials, national and local NGO and FBO leaders, and AIDS activists in 2007 and 2011- 80 in Zambia and 72 in Malawi. We held 104 focus group discussions (FGDs) with support groups for people living with HIV in 2011 - 57 in Zambia and 47 in Malawi. In Zambia, 33 groups were affiliated with the Network of Zambian People Living with HIV and AIDS (NZP+) and 24, with churches or AIDS clinics. All but four were located in urban areas. In Malawi, 22 groups were affiliated with the National Association of People Living with HIV and AIDS in Malawi (NAPHAM) and located in urban, peri-urban, and rural districts and two were unaffiliated groups.⁷¹ In addition, we observed support group meetings; the interactions that group leaders and people living with HIV had with donors; HIV counselling sessions; and national- and local-level trainings and review sessions with NGOs and support groups. These observations enabled us to verify interview and focus group data and to observe the use of jargon, silence and humour. Whilst we recognize that researcher self-reflexivity may become ‘navel gazing’,⁷² we also acknowledge power dynamics within the researcher-subject relationship. To address this challenge, the discussions had a semi-structured format which gave respondents more control, and we emphasized that we were neither donor officials nor investigators working for funding agencies. We recognized that as representatives of their organizations, NGO officials and local brokers often performed the development discourse. We were less concerned about the genuineness of these performances than about the fact that they were repeatedly given.⁷³

Empowerment: creating opportunities to compete and to advance

We now examine how people living with HIV use the elasticity of the AIDS discourse of empowerment to advance their own interests. This section deepens prior scholarship on the discourses of empowerment by showing three dominant ways the term has been used: First, collective

⁷¹ In Malawi, two FGDs were conducted with each support group – one with the women and one with the men (except in one instance when there were not sufficient men present).

⁷² Weeden, ‘Reflections on ethnographic work in political science’, *Annual Review of Political Science* 13, 2010, pp. 255-72.

⁷³ Interviews and FGDs, people living with HIV, donors, caregivers, and intermediaries, Lusaka, Ndola, Livingstone, Kabwe, Mumbwa, Kitwe, Chingola, Lilongwe, Zomba, and Karonga, Feb.– Sept. 2011.

empowerment through support groups; second, economic empowerment through markets, loans and labour; and third, empowerment through enhanced capabilities. We broaden understandings of these discourses by exploring how local people strategically use the tools of performances of compliance, extraversion, and silence and humour in their portrayals of these processes.

Collective empowerment through support groups

First, the ‘collective empowerment’ of people living with HIV – the process of fostering power through community (‘power with’) – has been fundamental in the global AIDS discourse.⁷⁴ In Malawi and Zambia, NAPHAM and NZP+ were established as national organizations for people living with HIV in 1993 and 1996, respectively; they then urged the formation of local groups in order to foster community action and self-help. Most Zambian groups included in the research were established around 2005, whilst in Malawi, most were formed between 2008 and 2011. All groups provided similar psycho-social, spiritual, practical and material support to members.

Local people knew that ‘donors like support groups’ because of their presumed empowerment benefits. In response, small numbers of people living with HIV labelled themselves as ‘a support group’ and performed ‘being a group’; they adopted donor-preferred jargon in their formal rules, bylaws, and reports.⁷⁵ They emphasized collective benefits--‘solidarity’, ‘unity’, ‘family’-- in the face of common AIDS-related challenges including death, illness, discrimination, and poverty.⁷⁶ They used songs, prayers and drama performances during meetings to demonstrate these collective benefits. For example, one Malawian group sang, ‘Let’s all go for the HIV test so we know if we are having the HIV virus or not’.⁷⁷ Training activities emphasized ‘united you stand and divided you fall’, thus reinforcing messages of group solidarity.⁷⁸ However, the support group label, with its assumed empowerment benefits, could be easily adopted or jettisoned. During a FGD with a ‘new’ support group in Zambia, it became apparent that the members had never worked together. The author’s

⁷⁴ Steven Robins, ‘From “rights” to “ritual”’.

⁷⁵ Watkins and Swidler, ‘Working misunderstandings’, p. 207; Anderson and Patterson, *Dependent agency in the global health regime*, p.59.

⁷⁶ FGDs, PLHIV groups, Lusaka, 5 April 2011 and 19 May 2011; Zomba and Karonga, July-Sept. 2011.

⁷⁷ FGD, PLHIV group, Karonga, 1 Sept. 2011.

⁷⁸ Observation, NAPHAM trainings, Zomba City, 27-29 June 2011.

informant later explained, ‘They thought you were bringing something and they showed up [to be a group]’.⁷⁹ In Malawi, one men’s support group rebranded itself as a ‘CBO’ because it lost funding intended for CBOs from the National AIDS Commission.⁸⁰

Using extraversion, women in support groups emphasized their collective empowerment as mothers, wives and ultimately, innocent victims of AIDS. They used the ‘gender myth’ that women in the Global South have needs and problems but lack opportunities and agency in order to gain attention.⁸¹ In the AIDS discourse, cultural practices, poverty, and patriarchy tie women to philandering partners who bring HIV into relationships. Women are characterized as economically dependent, illiterate, and reliant on survival sex; they are tireless caregivers for husbands, children, and co-parishioners with AIDS.⁸² Even though these portrayals make gender ‘ahistorical, apolitical and decontextualised’,⁸³ support groups used them with donors. One leader said, ‘Even though the women receive information about HIV and AIDS and they will understand it, when they have no resources, they still fall back into the same trap of using their bodies to make money’.⁸⁴ Another woman living with HIV said: ‘We women are the breadwinners at home. We have to keep [care for] the family because the husband is dead or he ran away. So I have to look after myself and the children. I have to find money’.⁸⁵ Here we see that women use the language of gender disempowerment to gain benefits. In a perverse way, patriarchy becomes an asset in donor politics.

The use of silence and humour by people living with HIV showed that power structures in support groups may affect empowerment opportunities. During meetings, it was common for the older women (often widows) to speak whilst the young women (often teenage mothers) sat silently, thereby reinforcing gerontocracy. And even though the prevailing discourse in both countries was that support groups were women’s spaces, sometimes men joined and then captured the group’s agenda. In

⁷⁹ FGD, PLHIV group, Lusaka, 30 March 2011.

⁸⁰ FGD, PLHIV group, Karonga, 27 Aug. 2011.

⁸¹ Chandra Mohanty, *Third World women and the politics of feminism* (Bloomington, IN: Indiana University Press, 1991), p. 56; Jo Doezema, *Sex slaves and discourse masters* (Chicago, IL: University of Chicago Press, 2005), p. 8.

⁸² Interview, director of church services, Lilongwe, 12 July 2007.

⁸³ Maitrayee Mukhopadhyay, ‘Mainstreaming gender or “streaming” gender away’, *IDS Bulletin* 35:4, 2004, pp. 95-103.

⁸⁴ FGD, caregiver group, Ndola, 21 May 2011.

⁸⁵ Interview, AIDS NGO staff, Lusaka, 5 May 2011.

instances where there was only one man he sometimes served as a group leader and, often dominated the FGD. In one case, the woman who had established the group for very gender-specific reasons (she feared that as a woman living with HIV she could not have children) sat demurely whilst the one male member told her story.⁸⁶ In other groups, women sat silently as male participants admitted that the only reason they joined these ‘women’s places’ was to find a marriage partner after a previous wife had died of AIDS.⁸⁷

Yet silences and humour also challenged the prevailing gender structures, and they helped to entrench the view that support groups were women’s spaces. One group explained that even though it was open to men, men are ‘too shy. And stigma-wise, they are too concerned’ to join. The women laughed about the thought of men joining: ‘What are they going to do here?’⁸⁸ As women performed the prevailing narratives around HIV risk that emphasize their victimhood, they silenced the men who did join support groups. A group meeting in Malawi illustrates:

When the seven women arrived there was a strong sense of community: they chatted, hugged and greeted one another and began their meeting with dancing and singing. The three men in the group arrived late and sat separately in the farthest corners of the room. Whilst the women contributed to the meeting the men sat silent[ly]. At the end there was the opportunity for the author to ask questions. The women again dominated the discussion, so the author asked why the men were quiet. One man replied: ‘Usually the men are seen as the ones that are involved in promiscuous behaviours, like risky behaviours, so mostly people don’t support them that much. But that is not true because for the man to get infected it means there was also a woman.’ To which the women all laughed and the woman chairperson called out, ‘There was a woman somewhere, not your wife!’ To which the women all laughed.⁸⁹

In this instance humour helped to silence the man who tried to challenge the dominant narrative.

When men do extravert their own weaknesses, external actors do not know what to do with them because their stories do not align with the official discourse. For example, one man in Zambia pleaded

⁸⁶ Observation, PLHIV group meeting, Lusaka, 30 March 2011.

⁸⁷ FGD, PLHIV group, Lusaka, 26 May 2011.

⁸⁸ FGD, PLHIV group, Lusaka, 22 March 2011.

⁸⁹ Observation, PLHIV group meeting, Zomba, 27 June 2011.

to a donor, ‘I am a single man and I am crying to you. My house has fallen in the heavy rain. I only have the plot of land. I am staying in the open. The government has failed to help, and so now I am crying to any well-wisher. I am unable even to attract a woman’. The donor could only apologise; the man’s pleading did not fit within the gender myth or the notion of collective empowerment through a support group. In his scenario, the women had autonomy—the ability to shun him—whilst he had nothing.⁹⁰ Collective empowerment meant little in a context in which social hierarchies and prevailing gender myths could advantage some over others.

Economic empowerment through markets, loans and labour

Second, the development discourse defines empowerment as access to markets, loans and labour opportunities that will improve local people’s economic situations.⁹¹ With loans and training, as well as their volunteer labour, people living with HIV and their caregivers raise chickens and goats, weave baskets, make beads, plant gardens, and sew jerseys to gain the income needed to support their families. Support groups are often the arena for such market-based activities. This understanding of empowerment reflects the fact that even though ART access has made people healthy enough to engage in ‘economic strengthening and self-help’, many face unemployment.⁹² In addition, donors view economic empowerment as a sustainable solution, since projects will theoretically continue after donors exit.⁹³ One donor official explained:

We need to look at the life situation of the people living with HIV —poverty, hunger, lack of jobs. That’s why the issue of economic strengthening, self-help, the business training, that’s why it becomes very relevant, because it gives people a source of income, but apart from that, the programmes are then sustainable.⁹⁴

⁹⁰ FGD, PLHIV group, Kitwe, 19 May 2011.

⁹¹ Jason Hickel, ‘The “girl effect”: liberalism, empowerment and the contradictions of development’, *Third World Quarterly* 35:8, 2014, pp. 1355-73; Eyben and Napier-Moore, ‘Choosing words with care?’ p. 293.

⁹² Interview, FBO official, Ndola, 20 May 2011.

⁹³ Anne Swidler and Susan Watkins, ‘Teach a man to fish’, *World Development* 37: 7, 2009, pp. 1182–96; Interviews, FBO AIDS project director, Lusaka, 19 Feb. 2011; FBO official, Lusaka, 31 March 2011.

⁹⁴ Interview, FBO field coordinator, Kitwe, 20 May 2011.

In addition to the belief that business would address poverty, a certain moralism coloured this discourse. One donor said, ‘We need to do a lot of mind-set changing in these groups. We need to tell them, “Look, no one will feed you for the rest of your life. You really have to stand up and do for yourself”’.⁹⁵ A broker echoed, ‘People living with HIV should do lots of projects.... You can’t sit idle’.⁹⁶

Some people living with HIV performed these empowerment messages. In a donor meeting, one group leader said: ‘Once the funds are gone, it means the project also stops. Now if it is a community-driven project, sustainability will be there’.⁹⁷ Others talked about how projects help them ‘stand on their own’,⁹⁸ and one group exuberantly described a successful loan project to a donor:

Some of us sell tomatoes at the market. Our goal is to help some have a small store. Those who already have a store, let them improve their store....Those who are doing other things, let them do that. ... Our group is uplifting everyone. We are all improving.⁹⁹

Even though not all group members had benefited, this performance enabled donors to claim credit for the group’s business success. Other support groups used extraversion to highlight their need for economic empowerment. One group pleaded for income-generating opportunities: ‘We are healthy and able to work. We want some way to make an income’. Another support group leader said, ‘If we just had a benefactor who could loan us money’.¹⁰⁰

In this context, silence could facilitate extraversion. A specific example involving a researcher, donor’s broker, and members of a support group illustrates this point. In a FGD, participants sat silently when the researcher asked about their business accomplishments. The donor’s broker had to remind them about their large bank account, their school building project, and their small businesses. When probed about the silence, members merely said, ‘We thought no one was interested’. Later the broker explained that the members thought that if they described their successes,

⁹⁵ Interview, FBO official, Lusaka, 31 March 2011.

⁹⁶ FGD, PLHIV group, Lusaka, 12 May 2011.

⁹⁷ FGD, PLHIV-caregiver group, Kitwe, 19 May 2011.

⁹⁸ FGDs, PLHIV groups, Ndola, 22 May 2011 and Mumbwa, 15 April 2011.

⁹⁹ FGD, PLHIV-caregiver group, Chingola, 20 May 2011.

¹⁰⁰ FGDs, PLHIV groups, Lusaka, 10 May 2011 and 23 April 2011.

donors would cut their funding.¹⁰¹ Additionally, silence could generate benefits. For example, when a donor told one group about a savings and loan project, members said nothing. The silence led the official to specify about loan amounts and the project timeline. When the official asked for questions, silence again prevailed. The donor then named the first beneficiaries and announced the first training session. The silence—and perhaps the donor’s ‘need to talk’—pushed the official to provide timely benefits.¹⁰²

This neoliberal view of empowerment has tended to privilege women, because it aligns with broader discourses on women in development.¹⁰³ The World Bank deems investment in women and girls to be ‘smart economics’ because their labour stimulates economic growth, improves the health of families and slows population growth.¹⁰⁴ The United Kingdom Department for International Development (DfID) identifies women’s ‘efficiency’ as a ‘weapon’ in the fight against poverty.¹⁰⁵ Tropes about women’s ‘intrinsic value’ and the need to unleash the potential of billions of women workers and consumers in order to drive growth underlie these policies.¹⁰⁶ Gender stereotypes that women are by their very nature hard-working and altruistic were widespread in Malawi.¹⁰⁷ Women used these myths to get better deals in trade, to cheaply transport their goods to market, and to boost their business profits.¹⁰⁸ In Zambia some donors viewed men as a poor investment because of their perceived mobility and ‘poor work ethic’.¹⁰⁹ Thus, women had a unique opportunity to extravert their ‘entrepreneurial spirit’ to gain benefits such as start-up funds for small businesses like beer brewing and selling baked goods.¹¹⁰

¹⁰¹ FGD, PLHIV group, Kabwe, 18 April 2011.

¹⁰² Observation, PLHIV-caregiver group, Ndola, 22 May 2011.

¹⁰³ Hickel, ‘The “girl effect”’, p. 1362.

¹⁰⁴ World Bank, ‘Adolescent girls in focus at the World Economic Forum’, 26 Feb. 2009 cited in Hickel, ‘The “girl effect”’, p. 1356.

¹⁰⁵ DfID, ‘Gender Equality at the Heart of Development’ cited in Andrea Cornwall, Jasmine Gideon and Kalpana Wilson, ‘Introduction: reclaiming feminism’, *IDS Bulletin* 39: 6, December 2008, p. 2.

¹⁰⁶ Andrea Cornwall and Jenny Edwards (eds.), *Feminisms, empowerment and development: changing women's lives* (London: Zed Books, 2014), p. 8.

¹⁰⁷ Kalpana Wilson, ‘Towards a radical re-appropriation: gender, development and neoliberal feminism’, *Development and Change* 46: 4, 2015, pp. 803-32; Anderson, *Gender, HIV and risk*, pp.89-91.

¹⁰⁸ Interviews, technical advisor, Lilongwe, 15 June 2011 and PLHIV group chairperson, Zomba, 29 June 2011; FGDs, PLHIV groups, Zomba and Karonga, 27 July 2011 and 1, 6, 22, 24, 26 Aug. 2011.

¹⁰⁹ Interview, NGO official, Lusaka, 11 March 2011.

¹¹⁰ Interview, NGO official, Zomba, 22 July 2011.

Despite the dominant discourse of empowerment, such initiatives did not always improve women's lives. As Hickel asserts, such endeavours 'often end up placing women in new forms of subservience as workers, consumers and debtors'.¹¹¹ Community finance initiatives and revolving fund schemes relied on the unpaid labour of women volunteers; markets did not always materialize for the beads or baskets they made; profits were too meagre to share in groups; and donors provided training but no capital ('they trained us and told us to organize ourselves in savings groups but they never returned').¹¹² In one Malawi group, women became highly indebted because of the 15 per cent interest on loans. Group volunteers were supposed to enforce repayment, though they received only a 3,000 MWK allowance for soap even though they worked more than the three days that the project required. Similarly, when a Zambian women's group took a loan for a tablecloth-making project, they became indebted. Their customers wanted to buy on credit, and because the women were perceived to be generous Christians (it was a church group), they found it difficult to deny credit and then, to collect payment. Disillusioned, some respondents thought that the project had *disempowered* them.¹¹³

Empowerment through enhanced capabilities

Because, as one NGO official acknowledged, 'not so many [people living with HIV] have been empowered economically',¹¹⁴ donors have adopted a third approach: empowerment through enhanced capabilities. By building self-esteem and knowledge, people living with HIV gain freedom and choice in decision making, as well as the 'power to' realise their potential.¹¹⁵ Although this capabilities approach is championed for offering alternatives to economic measures of development,¹¹⁶ its underlying logic is rooted in assumptions from Western liberalism that emphasize 'individual authenticity and self-mastery'.¹¹⁷ Through trainings, people living with HIV 'build their

¹¹¹ Hickel, 'The "girl effect"', p. 1356.

¹¹² FGDs, PLHIV groups, Lusaka, 26 May 2011 and 11 April 2011; Ndola, 22 May 2011; Karonga, 22 and 24 Aug. 2011, 1 and 3 Sept. 2011; Interview, AIDS NGO staff, Lusaka, 5 May 2011.

¹¹³ FGD, PLHIV group, Lusaka, 23 April 2011.

¹¹⁴ Interview, AIDS NGO staff, Lusaka, 5 May 2011.

¹¹⁵ Amartya Sen, *Commodities and capabilities* (Oxford: Oxford University Press, 1985); Martha Nussbaum, *Women and human development* (Cambridge: Cambridge University Press, 2000); Amartya Sen and Martha Nussbaum (eds.), *The quality of life* (Oxford: Clarendon Press, 1993).

¹¹⁶ Amartya Sen, *Development as freedom* (Oxford: Oxford University Press, 1999), p. 291.

¹¹⁷ Hickel, 'The "girl effect"', p. 1358.

capacity [and get] the skills that they need [to enable them] to be the best agents of change'.¹¹⁸ As one donor said about a programme for teen mothers: 'The women get a sense that they can take care of their child by themselves. ... They learn to say, "Even if I have nothing as a family or individual, I can work to solve my own problems"'.¹¹⁹ Projects teach autonomy, promote knowledge about AIDS, and foster freedom from stigma. As one trainer said to the participants in the training session: 'I know that lots of people stigmatize you; they point at you with one finger but three are pointed at them'. (That is, the people who stigmatize are probably HIV positive themselves.)¹²⁰ Empowered people living with HIV become 'comfortable with who I am'.¹²¹

The jargon of 'clienthood' reflects the promotion of individual autonomy. According to UNAIDS, 'client' connotes empowerment and autonomous participation in decisions that affect one's health, whilst 'patient' connotes passivity and weakness.¹²² 'Client' was ubiquitous in our fieldwork: 'Clinic staff must be sensitive to the clients' situations'; 'we receive our clients in multiple ways',¹²³ 'we [NGO] link clients to nutritional support';¹²⁴ 'there is ongoing fear within clients' about testing and disclosure.¹²⁵ Clients existed in a neoliberal system in which 'techniques of government that work through the creation of responsabilized citizen-subjects... produce governmental results that do not depend on direct state intervention'.¹²⁶ When empowered, responsabilized clients act on their own choices and solve their own problems. They become 'AIDS competent', they 'live positively', and they 'follow the rules' about ART adherence, safe sexual relations, and HIV disclosure.¹²⁷ With AIDS

¹¹⁸ Interview, NAPHAM district coordinator, Zomba, 28 June 2011.

¹¹⁹ Interview, FBO official, Lusaka, 18 Feb. 2011.

¹²⁰ Observation, NAPHAM training, Zomba City, 27-29 June 2011.

¹²¹ FGD, PLHIV group, Lusaka, 22 March 2011.

¹²² UNAIDS, 'HIV language tips', 2014,

http://www.aids2014.org/WebContent/File/Language_tips_HIV_cheatsheet.pdf; UNAIDS, 'Policy brief: the greater involvement of people living with HIV (GIPA)', March 2007,

http://data.unaids.org/pub/BriefingNote/2007/jc1299_policy_brief_gipa.pdf.

¹²³ Interviews, FBO director, Lusaka, 23 Feb. 2011 and AIDS clinic manager, Lusaka, 18 March 2011; Observations, AIDS clinic, Lusaka, 1 March 2011 and 18 March 2011.

¹²⁴ Interview, donor official, Lusaka, 31 March 2011.

¹²⁵ Interview, HSA official, Zomba, 7 July 2011; Observation, NAPHAM training, Zomba City, 27-29 June 2011.

¹²⁶ James Ferguson, 'The uses of neoliberalism', *Antipode* 41: S1, 2010, pp. 172-74.

¹²⁷ Louise Rasmussen, "'To donors it's a program, but to us it's a ministry'", *Canadian Journal of African Studies* 47: 2, 2013, pp. 227-47; Interview, clinic counsellor, Lusaka, 2 March 2011.

knowledge, people living with HIV can explain about CD4 counts, ARV resistance, first- or second-line drugs, balanced nutrition, and the importance of disclosure of HIV status to sexual partners.¹²⁸

People living with HIV and their caregivers used performances of compliance and extraversion to portray themselves as responsible clients. One group leader used the word ‘client’ over two dozen times in an extraversion plea for a sewing project for caregivers, who, once they had benefited economically, would ‘teach their clients’.¹²⁹ One support group in Malawi performed their freedom from stigma: ‘We are free to tell people we are HIV positive; we are free to shout it out’.¹³⁰ A Zambian caregiver said: ‘We [caregivers] encourage the clients about how to take care of themselves, how to take the medications. Doing a little exercise. Just so they don’t have that stigma in their heart’.¹³¹ Here the client benefits emotionally from becoming educated on HIV and from acting responsibly. Some peer educators reported on responsabilized clients: ‘Sometimes you have clients who return to you and say, “I followed what you said about this and that issue [sexual relations, nutrition] and I feel better”. When that happens it is gratifying’.¹³² But when clients do not act responsibly, they may lose material benefits, social connections, or self-esteem. One person living with HIV said: ‘There are caregivers who shout at the clients or treat them badly if they don’t do what they should’.¹³³

We make two points about the official ‘client’ jargon. First, empowerment as a responsible client both advantaged and burdened women. Many training topics—nutrition, HIV testing during pregnancy, disclosure of HIV status in marriage, safer sex and reproductive health—focused on women’s situations. In some groups, women spoke of their ‘freedom’ to have sex with their husbands, and some male group members, perhaps attempting to appear to be progressive to donors, agreed with them.¹³⁴ One support group in Zambia highlighted breastfeeding for HIV-positive mothers, whilst another educated women on their increased risk of cervical cancer and the need for screening. Men,

¹²⁸ FGD, PLHIV group, Kabwe, 18 April 2011; Observations, NGO reviews with PLHIV groups, Karonga, 22 Aug. 2011 and Nsondole, 27 July 2011.

¹²⁹ FGD, PLHIV-caregiver group, Lusaka, 5 April, 2011.

¹³⁰ FGD, PLHIV group, Zomba, 29 July 2011.

¹³¹ FGD, PLHIV-caregiver group, Lusaka, 5 April 2011.

¹³² FGD, PLHIV group, Lusaka, 7 June 2011.

¹³³ FGD, PLHIV group, Lusaka, 23 March 2011.

¹³⁴ FGDs, PLHIV groups, Karonga, 2 Sept. 2011 and Lusaka, 24 March 2011.

whilst members of these two groups, were noticeably absent during these discussions, and there were no comparable sessions about ‘male’ issues, such as prostate cancer.¹³⁵ Yet cultural expectations also placed burdens on women to act responsibly based on the information they received; they were often admonished to provide proper nutrition for themselves and other family members; to engage in safer sexual relations; and to ‘forgive and forget’ when partners brought HIV into a relationship. But even if they had become HIV infected through survival sex, they were rarely shown this same level of forgiveness.¹³⁶

The second point is that ‘client’ could connote the dependence of people living with HIV on caregivers, clinic staff, pastors, or donors. These clients were situated in hierarchical ‘patron-client socialities’, linkages which remain a ‘central and enduring social network’ for many people.¹³⁷ Patron-client relations colour ties between caregivers and their clients, with the former expected to provide for the latter whilst the latter give loyalty to the former.¹³⁸ A clinic staff member illustrated the hierarchical nature of these relations with a story about morning devotions at the clinic. The respondent said it had seemed ‘natural’ to exclude the clients, until someone pointed out that at a church-related clinic such exclusion seemed somewhat unchristian.¹³⁹ Clinic staff and local elites often acted as patrons for their clients, helping them to mediate the global assemblage of AIDS programmes, projects, and donor ‘rules’.¹⁴⁰ And churches and pastors provided food to ‘bedridden patients’ who then expressed loyalty to these religious actors.¹⁴¹

Relations of dependence could complicate AIDS projects, a theme that neoliberal understandings of ‘clienthood’ ignore. Dependence could foster inequalities, with caregivers or clinic

¹³⁵ Observations, PLHIV groups, Lusaka, 21 March 2011 and 7 June 2011.

¹³⁶ Interview, clinic counsellor, Lusaka, 18 March 2011; Bright Draht, ‘Of “prostitutes” and “AIDS people”’, *Contemporary Journal of African Studies* 3: 2, 2015, pp. 1-38; Anderson, ‘Infectious women: Gendered bodies and HIV in Malawi’, *International Feminist Journal of Politics*, 14:2, 2012, pp.267-287

¹³⁷ Lori Meinert, H. Mogensen, and Jenipher Twebaze, ‘Tests for life chances: CD4 miracles and obstacles in Uganda’, *Anthropology & Medicine* 16: 2, 2009, pp. 195-209.

¹³⁸ Amy S. Patterson, ‘Training professionals and eroding relationships: donors, aids care and development in urban Zambia’, *Journal of International Development* 28:6, 2016, pp. 827-44; FGD, PLHIV-caregiver group, Lusaka, 5 April 2011; Interview, clinic client, Lusaka, 2 March 2011.

¹³⁹ Interview, clinic counsellor, Lusaka, 18 March 2011.

¹⁴⁰ Susan Whyte, Michael Whyte, Lori Meinert, and Jenipher Twebaze, ‘Therapeutic clientship’, in J. Biehl and A. Petryana, eds., *When people come first* (Princeton, NJ: Princeton University Press, 2013), p.158; Richey, ‘Counselling citizens and producing patronage’.

¹⁴¹ Interview, FBO director, Ndola, 21 May 2011.

staff thinking they were ‘on top of the members of the group’. This led some people living with HIV to believe that ‘the people who are supposed to benefit don’t benefit’.¹⁴² Dependence could create false expectations and inefficiencies. One caregiver explained:

We caregivers have complained that sometimes the clients won’t leave us alone. The clients who are very fit often follow us home. Those who are very fit are trouble. So those who really need help with their drugs, etc. you don’t have time for them because the really healthy ones are taking all your time. And then if you don’t attend to them they will complain about you, say that you aren’t a good caregiver. Caregiving is not an easy task.¹⁴³

The speaker illustrates how the mismatch between, on the one hand, the official discourse of responsabilized, autonomous clients, and on the other, societal understandings of clienthood that connote dependence, has concrete implications: people living with HIV who most need help may not receive it; caregivers are blamed and exhausted; many quit.¹⁴⁴

Local actors’ understanding of hierarchical patron-client relationships could stretch beyond the community to the global level, as an FBO clinic director illustrated. In his extraversion, he pleaded for help for ‘patients’ at an AIDS clinic that had lost significant donor money. He said: ‘The numbers [of people living with HIV] are growing but we are closed to new patients. ... We go to look for money, to give them food, to get the drugs, and the donors have stopped donating to Africa. Africa is getting [sic] forgotten’.¹⁴⁵ For the speaker, an ‘empowered’ client was not autonomous or responsabilized, but the recipient of charity. In Malawi and Zambia, people living with HIV often used ‘empower’ and ‘give’ as synonyms. Donors that ‘empowered’ a group brought capital, medicine, drinks, and/or bags of mealie meal. For some people living with HIV, it was the immediate material benefits gained at trainings, not the information shared, that were ‘empowering’.¹⁴⁶ Whilst there is an emergent ‘politics of distribution’ in which some donors provide direct cash transfers to poor people

¹⁴² FGD, PLHIV group, Lusaka, 5 May 2011.

¹⁴³ FGD, PLHIV group, Lusaka, 26 May 2011.

¹⁴⁴ Patterson, ‘Training professionals and eroding relationships’; Watkins and Swidler, “‘Teach a man to fish’”.

¹⁴⁵ Interview, clinic director, Lusaka, 9 May 2011.

¹⁴⁶ Interviews, NZP+ coordinator, Kabwe, 18 April 2011; Interview, AIDS NGO project director, Lusaka, 7 June 2011; FGD, PLHIV group, Karonga, 22 Aug. 2011.

to break the cycle of poverty (literally they ‘give a man a fish’),¹⁴⁷ neoliberalism has tended to disqualify discussion of charity and dependence.¹⁴⁸ Yet some clients used these modes of being, situating themselves in hierarchical relationships where they look to better-resourced patrons like donors for help.

As with the first two definitions of empowerment, local people sometimes reacted to this third view with humour and silence. Some spoke about ‘empowerment’ through trainings with a tongue-in-cheek attitude, whilst others laughed about the foolishness of educating them about good nutrition when they had no money for food.¹⁴⁹ Silence also made it seem that local people agreed with the capabilities approach to empowerment. For example, people living with HIV registered for and attended an HIV conference in Malawi, but never spoke when there. One explained afterwards that after the facilitator raised the issue of ‘measuring’ gender-related stigma, they were confused. How could empowerment be about measurement?¹⁵⁰ Their silence gave donor officials a false confidence in the very people whom the donors rely on to collect such data.

In summary, neoliberal clients and dependent clients coexist, with the result being a ‘working misunderstanding’ of what it means to be a client. Local people use the jargon to gain benefits whilst also challenging the discourse.¹⁵¹ In the process, identities may change. Whilst respondents indicated that some people disclose their HIV status ‘not because they think it is important to disclose, but because to be a client means access to the food that the [NGO] is giving’,¹⁵² such disclosure may actually increase knowledge. In the process, new forms of exclusion and hierarchy may emerge, as clients, though responsabilized to play by the rules, depend on local and global patrons to survive.

Conclusion

¹⁴⁷ James Ferguson, *Give a man a fish: reflections on the new politics of distribution* (Durham, NC: Duke University Press, 2015); Miguel Niño-Zarazúa, Armando Barrientos, Samuel Hickey, and David Hulme, ‘Social protection in sub-Saharan Africa’, *World Development* 40: 1, 2011, pp. 163–76.

¹⁴⁸ James Ferguson, ‘Declarations of dependence’; Scherz, *Having people, having heart*.

¹⁴⁹ FGD, PLHIV group, Lusaka, 26 May 2011.

¹⁵⁰ Observation, PLHIV training, Lilongwe, 2 July 2014.

¹⁵¹ Watkins and Swidler, ‘Working misunderstandings’.

¹⁵² Interview, AIDS NGO official, Lusaka, 11 April 2011.

The malleability of development concepts plays a fundamental role in the ways in which local people use performances of compliance, extraversion, strategic silence and humour to respond to and, at times, challenge power structures. We have contributed to the literature on development discourses and African agency by showing how people living with HIV take advantage of ‘fuzzy’ and hollow AIDS empowerment discourses with manifold meanings. People living with HIV mimic the donor-preferred empowerment jargon of ‘group solidarity’, ‘standing on one’s own’, ‘positive living’, ‘freedom’ and ‘clienthood’. Where these performances align with donors’ logic, donors can maintain their power and legitimacy and claim success from their initiatives, at the same time that local agents gain opportunities. We have shown that these behind-the-scenes activities that capitalize on donors’ narratives contrast with the empowerment processes found in the literature on AIDS activism in South Africa and the West, which tends to emphasize policy outcomes and public mobilization. The article adds new insights about local resistance by illustrating that through extraversion, people living with HIV portray their victimhood in terms of traditional social and cultural practices, their situations as dependent clients, and their weakness in the face of problematic donor projects. They use silence to play down their achievements and humour to show the perceived foolishness of donor initiatives.

Development discourses are not neutral. Much of the empowerment jargon privileges women, who can play on gender stereotypes within the fuzziness of this discourse: on one hand, they are the victims of HIV and detrimental gender norms, but on the other, they are hardworking, altruistic and entrepreneurial. Donors’ emphasis on women’s empowerment provides opportunities; they learn to use the empowerment jargon, silence and humour to disempower men despite the structural constraints of patriarchy. More broadly, people who can perform empowerment’s multiple meanings gain material benefits, status, confidence, and sometimes, employment. These brokers’ ability to ‘talk the talk’ becomes an asset. The resulting power imbalances are rarely acknowledged in the ‘anti-political’ process of local empowerment. And conversations about how ‘teaching a man to fish’ may involve inequalities, miscommunication and failures rarely occur.¹⁵³

¹⁵³ Interview, NZP+ coordinator, Mumbwa, 15 April 2011.

Our findings deepen insights about resistance and agency in the context of development projects in poor communities. First, the fuzziness of the empowerment jargon closes the space for actual transformation of local people's lives. Claiming credit for ill-defined successes—forming a support group, training on ARV adherence, or starting a loan project—makes everyone happy. But multiple understandings also allow parties to 'talk past one another' and to avoid discussions of the power imbalances and economic inequalities that facilitate or emerge from claimed successes. Second, the repertoire that dependent people use to exhibit agency includes not solely actions—the donor meetings eagerly attended; the project work 'forgotten'; the trotting out of 'AIDS orphans' when NGO representatives appear—but also words, silences and laughter. The proverbial beauty of such resistance is its ambiguity, enabling dependent people to challenge and manipulate power structures along their margins. Accepted public transcripts remain, but are slowly undermined through 'intricate webs of articulations and disarticulations that always exist between the dominant and dominated'.¹⁵⁴ Analysis of jargon elucidates the complex and dynamic layers of power and resistance in donor-local relations, as well as the ways that marginalised and muted peoples such as women creatively speak about their situations to gain benefits.

From a policy angle, these findings highlight that donors must question how the fuzzy empowerment jargon may undermine their intended goals.¹⁵⁵ Donors urge collective empowerment through support groups, yet they also want these groups to foster competitive, neoliberal individuals who 'stand on their own'. Solidary and unity, values that many people living with HIV said are essential for their social, emotional, and material survival, may be undermined when some individuals benefit materially.¹⁵⁶ In addition, economic empowerment and empowerment through capabilities may create new forms of subservience and dependence based on unpaid labour and patron-client relations. To minimize such effects, donors must reassess how they engage local communities in their initiatives. In particular, they need to clarify their goals through transparent dialogue that leads to mutual understanding, and they must recognize how local people's performances, extraversion,

¹⁵⁴ Ortner, 'Resistance and the problem of ethnographic refusal', p. 190.

¹⁵⁵ Hakan Seckinelgin, *The international politics of HIV/AIDS* (London: Routledge, 2008), p. 1.

¹⁵⁶ Watkins and Swidler, "'Teach a man to fish'".

silence and humour shape such conversations. Only then can donors promote empowerment that transforms the lives of local people.