The Social Life of Monitoring and Evaluation: An
Ethnography of the Monitoring and Evaluation of an
HIV/AIDS Prevention Program in Ghana

by
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Abstract

Globally, HIV/AIDS programs face pressure to document accountability and achievement via “evidence-based” criteria or “monitoring and evaluation” (“M&E”). Donors have increasingly made M&E a funding stipulation funding. They want numeric data that speak to universal indicators of efficacy, a newly hegemonic means of assessment in the field of governance based in business management. Advanced by major global institutions like the United States President’s Emergency Plan for AID Relief (PEPFAR), M&E systems—structures of metrics, procedures, people, and technology—are variously set up around the globe. M&E plays an increasingly deeper role through a program’s entire lifespan and in the daily activities of program workers. Yet surprisingly, little is known about how M&E occurs on the ground and the social and political effects: What kinds of actions and social relations does M&E instigate? How does its practice maintain or challenge the status quo? Furthermore, “developing” countries, incredibly dependent on foreign program funding, encounter M&E through uneven postcolonial relations. How does M&E reflect and possibly influence postcolonial relationships, and country sovereignty?

My dissertation explores these questions through an ethnographic study of the M&E of an HIV/AIDS prevention program in Ghana called BRIDGES, funded by the United States Agency for International Development (USAID). For 20 months I followed the M&E of BRIDGES through a focus on one non-governmental organization (NGO). I argue that M&E is a key site through which HIV/AIDS intervention is transformed. It not only reflects but also produces (unexpected) social relations and habits, which shape how HIV/AIDS intervention operates. In Ghana, M&E unintentionally deepened unequal relations between donor-recipient, organizations, and personnel. I demonstrate that this effect occurred on and through the practices and agency of those governed by M&E. M&E is not an agent in its own right, but is deployed in particular ways by actors in fields of power.

Keywords: monitoring & evaluation; data; documents; HIV/AIDS; NGOs; Ghana
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# List of Acronyms

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<th>Full Form</th>
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<tr>
<td>BINGO</td>
<td>Big international non-governmental organization</td>
</tr>
<tr>
<td>FSW</td>
<td>Female sex worker</td>
</tr>
<tr>
<td>GAC</td>
<td>Ghana AIDS Commission</td>
</tr>
<tr>
<td>IMF</td>
<td>International Monetary Fund</td>
</tr>
<tr>
<td>INGO</td>
<td>International non-governmental organization</td>
</tr>
<tr>
<td>LGBT</td>
<td>Lesbian, gay, bisexual, and transgender</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MARPS</td>
<td>Most at risk populations</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>NPP</td>
<td>Non-paying partner</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>U.S. President's Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Chapter 1.
Introduction: Monitoring and Evaluation as Object of Study

In one of two side-by-side, one-storey office buildings occupied by a non-governmental organization called Hope,¹ data collection booklets were piled high on the cubicle where I worked. The booklets had to do with a countrywide HIV/AIDS prevention program called BRIDGES. BRIDGES was funded by the United States Agency for International Development (USAID), administered through a “big international NGO” (BINGO) in Ghana, and implemented by numerous NGOs throughout the country—one of which was Hope. Within their many pages were copies of a table template. Small table cells were filled with numeric figures handwritten by program volunteers called peer educators; the numbers represented the program’s monthly accomplishments. Blank templates awaited completion in the months ahead. I sat perpendicular to Eli, titled as a monitoring and evaluation officer, and Hope’s only one, who sat in a centrally situated desk. A breeze from the window periodically hit my back, a welcome treat as the ceiling fans hung motionless from another power outage. Hope’s director, Aunty Phyllis, stopped in from the adjacent building for a mid-day social chat. With her arms leaning on the top edges of my cubicle, she peered at my messy tabletop. My laptop was open to an Excel spreadsheet created by Eli; scrap paper covered with my math-checking scribbles littered the base of the booklets. Frowning, she said, “Kathleen, I’m glad that

¹ Hope is a pseudonym. For purposes of anonymity and confidentiality, the program under study, BRIDGES, has been given a fictional name, as have all individuals and organizations named in this dissertation except for Ghana AIDS Commission (GAC) and the U.S. Agency for International Development (USAID). In Ghana, GAC is the highest supraministerial policy-making body on HIV/AIDS under the Office of the President. Naming them adds credence to events. In addition, GAC publications and many of the statements made by GAC members that I refer to in this dissertation are publicly available. It is important to acknowledge that approaches to HIV/AIDS prevention, monitoring and evaluation (M&E), and the institutional relations discussed in this dissertation, are based in a particular U.S. (public health) history with Ghana. I have chosen to retain USAID’s name in order to immediately indicate this context for the reader and simultaneously to prevent the generalization that HIV/AIDS prevention, monitoring and evaluation, and international aid relations look the same everywhere. The organizations themselves are not the main concern of this dissertation.
you are learning what we have to do for them. You are seeing for yourself. It’s all about figures with them, are you seeing it!” She waved her hand annoyed. Eli snickered.

By “them” Aunty Phyllis was referring to the donor, USAID, who funded the BRIDGES program. NGOs also report to the Ghana AIDS Commission (GAC), a supraministerial policy-making body on HIV/AIDS under the Office of the President. Both institutions required reports about the program that demanded similar information, largely quantitative, albeit using different reporting templates. The work here of reporting results or evidence about the program’s achievements falls under what is called “monitoring and evaluation” or “M&E”. Monitoring and evaluation is a relatively recent professional field in Ghana. As a Ghanaian M&E expert explained to the audience of HIV/AIDS practitioners at a Strategic Information Dissemination Forum, “M&E is more or less a new area. It’s not a new thing [philosophically speaking], but the [professional] evolution is quite new. We don’t have so many trained in M&E [in Ghana] . . .”

Curious about the relatively recent institutional practices set up to judge program efficacy, I began this dissertation research by asking: How are programs being defined as successful? Who decides? Why this means of judgment? Are there unintended consequences? In this dissertation I take monitoring and evaluation itself as an object of study. Of interest are its claims to authoritative knowledge, its relations of production, and its effects.

Official M&E titles and processes are a growing phenomenon creating new demands and subjectivities not only for Ghanaians working in HIV/AIDS, but also for virtually everyone the world over. Monitoring and evaluation represents a massive movement towards standardization—a process that might be defined as “constructing uniformities across time and space, through the generation of agreed-upon rules” (Timmermans and Epstein 2010: 71). In nearly, if not all, spheres of social life we are seeing standardized, calculative procedures employed to assess the worth of something or someone, which recasts the way we see and act in the world to a new extent. So while this dissertation focuses on the particular case of monitoring and evaluating HIV/AIDS prevention programs, it may serve as fodder for wider reflection about the dominant role of standardized appraisal in many realms of life.
Three decades, over a trillion dollars, and countless work hours into the HIV/AIDS pandemic, HIV/AIDS programs around the world face enormous pressure to demonstrate accountability and achievement via evidence-based M&E criteria and processes. Donors demand that, as a funding requirement, organizations make monitoring and evaluation a fundamental program component. Monitoring and evaluation represents a defining feature of global health—metrics (Adams 2016). Major institutions like the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the United States President’s Emergency Plan for AID Relief (PEPFAR), and the Institute on Health Metrics and Evaluation imagine metrics offer uniform and standardized dialogue about the performance of interventions, organizations, and countries between all stakeholders globally (Adams 2016: 6). It is part of the effort lead by major global HIV/AIDS authorities such as the Joint United Nations Programme on HIV/AIDS (UNAIDS) to achieve “universal coordination in the fight against AIDS” (WHO 2017a). To achieve these aims, national and supranational M&E systems—structures of indicators, procedures, people, and technology—are variously set up around the globe. Monitoring and evaluation is a foundational part of the imaginary of program management.

For instance, as mentioned above, not only did Hope have to answer to USAID they also had to report to the Ghana AIDS Commission even though GAC did not fund BRIDGES. GAC oversees a country-level M&E system that foreign and Ghanaian organizations are meant to adhere to regardless of whether GAC provided them funding. The country-level M&E system was set up in accordance with a 2004 international agreement, the “Three Ones”, initiated by UNAIDS with the World Bank and the Global Fund (WHO 2017a). The agreement was part of a policy upsurge in principles such as “country ownership,” “coordination,” and “harmonization.” The agreement, which Ghanaian practitioners continually expressed commitment to, entails: one HIV/AIDS “action framework, one national, multi-sectoral coordinating authority [that is, GAC], and one country-level monitoring and evaluation system” (UNAIDS 2004, n.p). This agreement emphasizes a country’s responsibility for its governance. HIV/AIDS and M&E experts in Ghana, too, continually lectured practitioners to take responsibility. Many would say that monitoring and evaluation is not about “policing” (catching people up not doing what they are supposed to do) or simply appeasing donors or GAC, but that it promotes effective self-governance. Experts also urged practitioners to take responsibility for their actions—“responsibilization” (O’Malley 1999)—for the sake of their
sustainability given Ghana’s insecure postcolonial aid environment where the great majority of funding for HIV/AIDS comes from international organizations.

USAID and the Global Fund have historically made up the majority of funding for HIV/AIDS. During my 2011–2013 fieldwork, around three-quarters of funding for HIV/AIDS came from abroad (Ghana AIDS Commission 2015: 114–115). Organizations in Ghana are heavily reliant on external funding. Hope, for instance, is entirely dependent on donor funding. The business of development works in the following basic way, as described by Watkins et al. (2012):

...[D]onors distribute billions of dollars...to international NGOs (INGOs) that have headquarters in world capitals. These INGOs...select...organizations to implement them. After retaining their overhead costs, the INGOs contract to distribute millions to multiple medium-sized NGOs in the capitals of poor countries...we call these national NGOs. These, in turn, take overhead and then provide smaller local NGOs with smaller amounts to do the work of actually implementing the [program]...in local communities... (287-288)

The case of BRIDGES was slightly different than this description: USAID awarded the program to the BINGO that has headquarters in a world capital, which contracted their Ghana-situated office, and the Ghana office then sub-contracted NGOs throughout the country, including Hope. When I refer to “the BINGO” in this dissertation, I am referring to the Ghana-situated office. NGOs were compelled to continually show, via M&E documents, that they were meeting their targets, to assure yearly funding renewal (non-renewal does not happen lightly however). NGOs depend on this funding to pay their staff. Development is a source of employment and revenue for people, especially, that is, if they can show they can deliver “development”; organizations apply and compete for those contracts. Development itself is big business. The following ethnographic vignette provides a glimpse into the way that practitioners are induced to take responsibility.

At an ornate hotel, NGO staff and volunteers numbering approximately thirty gathered for the first time in six months to review BRIDGES. In charge of this particular review meeting, and others, was the BINGO. Morning sunlight shone in through the hotel’s conference room windows illuminating BINGO M&E expert Felix as he stood in the center of the horse-shoe shaped seated crowd. Felix, one of a few BINGO members
facilitating the meeting, welcomed everyone and explained that the meeting was an opportunity “to interact and dialogue about what we’ve been doing” as well as an opportunity for the BINGO to comment on the NGOs’ performance as of late. A big portion of the long day, which required most to stay overnight at the hotel (a program per diem), stressed the need for the NGOs to show evidence of program accomplishments. Felix led this hours-long portion, which included a basic review of how to fill in the data collection tabular form (the same one described above) and a lecture about why showing evidence is important in the current aid context, which can be summed up in the following snippet: “Let [donors] know that we are reaching our targets. Let [donors] know that you have done something. If you can show results then you are powerful.” Felix meant “powerful” in two different ways: showing that one’s NGO has met donor-expected numeric results satisfies the donor and ensures that the NGO will continue to receive funding; and by proving that it can achieve expected results, the NGO puts itself in a position to convince a prospective donor of its merit in future, securing its continued existence.

The latter message harkened back to an earlier discussion in the meeting about “selling themselves” to donors. Another BINGO member, Emmanuel, advised the NGOs to think about their future beyond BRIDGES: “In 2014, [BRIDGES] will close. The issue of sustainability is key . . . What will happen to this beautiful baby that was born?” He stressed that they should not just be concerned with acquiring immediate funding. He told them that “when projects close out . . . make a case for yourselves, sell yourselves.” He went on to assure them that the BINGO was there to help them build their “skills and capacity.” William, a boisterous NGO program manager, cynically remarked with folded arms, “And what if USAID leaves? . . . The funds come from USAID [and not you, the BINGO].” Emmanuel quickly responded, “The issue is: Are you in a position to access USAID funds? USAID’s commitment is there. If the U.S. is broke, they will also find money because that is how they influence the world.” William sighed loudly. Referring back to this meeting moment, Felix emphasized that showing numeric results via data collection reports, and doing so in a timely manner, is crucial to selling themselves. NGO members listened attentively.

The opening scene in Hope’s office provides a peek into the demanding and largely quantitative nature of monitoring and evaluation at the Ghanaian NGO level. Aunty Phyllis’s annoyance and statement that it is “for them” also provides a glimpse into
some of the power dynamics underlying the monitoring and evaluation of BRIDGES. Soon after, however, we gain the greater impression that monitoring and evaluation is not simply unilaterally imposed but promotes Ghanaians’ active participation in the process.

As I show throughout this dissertation, Ghanaians experience monitoring and evaluation as a tension between distinct unequal aid relations and active participation in their governance. The latter occurrence represents what Nikolas Rose refers to as “government at a distance” (Rose 1989: 226–227). Drawing and expanding upon Michel Foucault’s concept of governmentality (1983, 1991), Rose argues that since the 1950s new systems of governance have developed that gain their strength not by force but through claims to optimize lives (Rose 1989, 1996, 1999; see also Merry 2011: S90). Monitoring and evaluation as a new form of governance, for instance, engages Ghanaians to take responsibility in the name of getting funds, of their sustainability and future, and the country’s development. New self-managing systems of governance intensified, Rose (1989) argues, with the rise of neoliberalism, discussed shortly. Several scholars, borrowing on Foucault’s notion of governmentality, reveal that there is a new form of postcolonial dependency by the Global South on Global North donors as private-sector actors replace public services (for example, Crush 1995, Escobar 1995, Ferguson 1994). Using a deconstructive and discursive analytical frame, these prominent “post-development” approaches from the 1980s and 1990s, which continue to predominate today, have tended to emphasize political and economic functionalism at the expense of an ethnographic understanding of development workers’ actions and beliefs (Yarrow 2011; see also Friedman 2006, Lewis and Mosse 2006, Mosse 2005a). Such work has tended to overstress development as a totalizing “project of rule” (Li 1999: 295) that maintains existing inequalities and hierarchies through the discursive disguise of welfare and improvement. Consequently, development workers’ actions and beliefs have been reduced to the supposed political “function” of reproducing inequality: their role has been reduced to that of a pawn in northern donors’ project of domination (Yarrow 2011: 5).

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2 Merry (2011) notes that Andrew Kipnis has challenged Rose’s association between new self-managing systems of governance and neoliberalism by illustrating that audit culture in China has emerged within a different political context (S90).
In contrast, my work does not a priori assume that this is what development is doing. Instead, my research has been concerned with the following questions: What kinds of actions does monitoring and evaluation instigate? How is it productive of social relations and habits? How do actors take it up or not? How do the ways they take it up or not sustain and challenge the normative praxis? How is it experienced and regarded by users? What are the effects in terms of the maintenance and challenge to existing power relationships and the status quo? Furthermore, so-called developing countries, incredibly dependent on foreign funding for programs, encounter monitoring and evaluation through uneven postcolonial relations, which invites the following question: How does monitoring and evaluation reflect and possibly influence postcolonial relationships, and country sovereignty?

In contrast to the tale that development is simply a veiled form of power over pawns, this dissertation shows, through its sustained emphasis on monitoring and evaluation, that the field of power relations is much more complex than that. There are fundamental inequalities between the local, national, and global players involved in HIV/AIDS intervention that monitoring and evaluation brings to the surface in revealing ways. At the same time, inequality sets the stage for actors in Ghana to actively take up monitoring and evaluation in particular ways, not simply because “dominant” foreign donors demanded that “subordinate” actors in Ghana do so. In addition, there are more complex social, cultural, and institutional relationships and realities than that which a “top”—“bottom,” “dominant”—“subordinate” binary can account for. By focussing on the evaluative activities of the BRIDGES program in Ghana, this dissertation explores the grounds through which monitoring and evaluation is made hollow and meaningful, constrains and occasions agency, and the social and political effects. I paint a more subtly shaded representation of development than that which is often portrayed in stark black and white. My aim is to understand the grounded practices and relationships through which various actors are drawn together in assessing a program, and the unintended consequences. From this understanding, I make the following argument:

**Monitoring and evaluation is a key site through which HIV/AIDS intervention is constituted and transformed.** It not only reflects, but also produces social relations and habits, sometimes in unexpected ways, which shapes how HIV/AIDS intervention operates, or not. In the case of Ghana, monitoring and evaluation had an unintended effect of deepening unequal relations between donor and recipient countries,
between organizations (NGO, BINGO, donor), and amongst personnel within and across these organizations. However, I demonstrate that this effect occurred on and through the practices and agency of those governed by monitoring and evaluation. That is, monitoring and evaluation is not an agent in its own right, but is deployed in particular ways by actors working in specific fields of power. It is therefore necessary to treat monitoring and evaluation as a historically specific phenomenon—which I begin to do in the following two sections.

The NGOification of Ghana

NGOs: A Double-Edged Sword

The early 1980s was a hopeful time for many Ghanaians. On December 31, 1981, Jerry Rawlings, a flight attendant in the Air Force and populist, staged his second successful coup in twenty-eight months to overthrow the Limann government, which he called the “most disgraceful government in the history of this country” (Quansah 1982: n.p.), to become president of Ghana. Citing the Limann government’s “corruption” and “greed” (Quansah 1982: n.p.), Rawlings called his coup the “people’s revolution” under the banner of Marxism. Despite ideological disagreements between members of organizations that arose during this era, many came together to support the wider socialist proposal for radical change (Yarrow 2011: 24–32). “You know, my parents named me after him,” my friend Jerry told me. “Ghanaians were really moved by him then.” “And how do you, and they, feel about you being his namesake now?” I asked. Jerry shook his head, “Yeaaaahhh, you know [pauses], he stood for a lot then, so I don’t mind. But he isn’t who we thought.” The Rawlings regime’s retreat from socialist ideologies culminated, as Yarrow (2011) explains, when finance minister Kwesi Botchwey adopted a neoliberal Structural Adjustment Programme in 1984. As a condition for receipt of loans from the International Monetary Fund and World Bank, Botchwey devised major economic reform in line with the “free market” policies Structural Adjustment Programmes were founded on.

On the back of colonialism and independence in much of Africa in the 1960s and 1970s, political and economic issues burdened many countries. Donors from the Global North blamed corruption, authoritarianism, and large state bureaucracies while touting “the market,” a reduced role for the state, and an increased role for an autonomous “civil
society” as the way out (Yarrow 2011). A World Bank-published policy report (The World Bank 1981), called *Accelerated Development in Sub-Saharan Africa: An Agenda for Action*, blamed African state intervention, amongst other reasons, and was instrumental in the move towards economic “liberalization” in Africa in the 1980s. Backed by the World Bank and International Monetary Fund, neoliberal economic policies led to a surge of NGOs across sub-Saharan Africa and the world, symbolizing the 1980s as the “NGO decade” (Bratton 1989). In Ghana, “the first professionally staffed national NGOs were set up with the aim of providing various kinds of “service,” including the provision of water, sanitation, health and educational facilities, to impoverished communities” (Yarrow 2011: 31).

In the 1990s the concept of governance and the promotion of “good governance” permeated international aid and development policy-speak, an ideological trend that Eriksen et al. (2015: 16) trace to a 1989 policy report by the World Bank entitled *Sub-Saharan Africa: From Crisis to Sustainable Growth, a Long-Term Perspective Study*. In the report, African countries were accused of poor governance, and political reforms to achieve sustained development were called for:

> Ultimately, better governance requires political renewal. This means a concerted attack on corruption from the highest to the lowest levels. This can be done by setting a good example, by strengthening accountability, by encouraging public debate, and by nurturing a free press. It also means empowering women and the poor by fostering grassroots and nongovernmental organizations (NGOs) . . . (The World Bank 1989: 6).

Governance discourse coincided with increased funding for NGOs by donors who saw them as more “efficient,” “innovative,” and “closer to the poor” than state-led development in spite of the absence of empirical evidence that this was indeed the case (Ebrahim 2003). The World Bank and other donors started to open up to funding NGOs whereas previously only state governments were supported. In the name of fostering local ownership, donors shifted from managing in-country programs through

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³ Conflating NGOs with civil society and regarding them as representative of civil society is a prevailing view in policy writing, but not the sole one (see Harsh et al. 2010: 255, Mohan 2002) or an unproblematic one (Mercer 2002). A critical discussion of the meanings of civil society is beyond the scope of this dissertation.
headquarters to a more elaborate system of subcontracting such as that described earlier about the current situation (for example, see Pigg 2001a). NGOs continued to proliferate across Africa and the world in the 1990s. At the heart of governance discourse was the notion that so-called underdeveloped countries lacked formal accountability and that strengthening accountability was vital to development. What, then, did donors mean by accountability?

**NGOs and the Paradigm of Accounting**

A clear, set definition of accountability as delineated by donors is not readily available; however, in their 1990s’ study of accountability in the World Bank and NGOs, Fox and Brown (1998) describe it vaguely as “the process of holding actors responsible for action” (12). As a result, in Ghana, the Rawlings government faced increased pressure for greater “transparency” and in 1992 elections were held as a stipulation for ongoing funding from the IMF and World Bank (Jeffries and Thomas 1993: 336; Yarrow 2011: 34). Rawlings won by supporting the transition from authoritarianism to multiparty democracy—a “veneer” (Yarrow 2011: 34) as authoritarianism and patrimonialism continued. Despite accusations from the opposition that the Rawlings government seemed more interested in pleasing the IMF and World Bank than promoting the welfare of Ghanaians (Jeffries and Thomas 1993: 366), the official return to multi-party democracy corresponded with increased donor funding meant to promote NGOs (Yarrow 2011: 234). Although critical of the neoliberal ideologies underlying these shifts, NGO pioneers saw this an opportune time: it enabled donors and civil society to work together to ensure that the government was being “accountable” and “transparent,” thus subverting the authoritarianism that had been established in the late 1980s (Yarrow 2011).

Donor appeal for accountability also stemmed from the prevailing view that African “lack” and “failure” was due to corruption by African elites appropriating funding for their own personal gain and network (Yarrow 2011). This view is historically rooted in the Western construction of Africa as the radical Other from which the West has asserted its identity in opposition as civilized and “good” (Ferguson 2006; Mbembe 2001). Accountability concerns have not only been reserved for Africa, however. As non-profit and non-governmental organizations mushroomed in many parts of the world, they have also been besieged by scandals (Ebrahim 2003). Numerous organization founders
and members have been accused of appropriating funds and resources for personal gain and fraud. High profile cases from the U.S. in the 1990s include the United Way of America, American Parkinson Disease Association, the American Cancer Society, and the American Red Cross (Ebrahim 2003, Gibelman and Gelman 2001). With these major scandals in mind, Canadians, too, were concerned at this time with the accountability of the growing non-profit and non-governmental organizations in their own country (see Greene 1998), as were citizens of the U.K. and Australia (Gibelman and Gelman 2001). A loss of confidence in NGOs led to not only donor but also public demand for increased accountability. So-called principles of accountability and transparency represent an enormous standardization movement across many domains. In social policy where human welfare and tax dollars are at stake, there has been a huge demand for actors and organizations to show tangible and calculative proof of their actions so that others can examine the stages involved in decision-making to ensure that they are acting ethically and responsibly; or so the rhetoric for accountability would have it. USAID itself submits reports to Congress in the name of “efficiency, effectiveness, and accountability to the U.S. taxpayer” (USAID 2017). In Africa, the response by international donors, with the IMF and World Bank leading the charge, was to promote institutional “capacity building” and stronger regulatory frameworks (Yarrow 2011: 78). In this rhetoric, accounting is also linked to a moral value.

The paradigm of accounting fell in line with the rise of “audit culture.” Audits are “traditionally technical instruments that claim to provide systematic and independent evaluations of an enterprise's data, records, finances, operation and performances in order to assess the validity and reliability of the information provided, and to check an organization’s systems for internal control” (Shore and Wright 2015a: 24). Curiously, the idea of audit, which has its roots in economics and business management, has today swept through domains not directly associated with financial management (Shore and Wright 2015a). Basically, “audit culture” is “the process by which the principles and techniques of accountancy and financial management are applied to the governance of people and organizations—and more importantly, the social and cultural consequences of that translation” (24). Calculative procedures of measurement, ranking, and classification meant to assess or boost efficiency, performance, process, product, and quality are reshaping the way we see and act in the world to a new degree.
We are in the midst of a metric-based revolution. Most, if not all, areas of social life are becoming increasingly metric-based. We can think of this as a powerful, but subtle, paradigm shift at the umbrella level in the ways that practically everything is judged today with huge effects. Society as a whole has become highly quantifiable and compartmentalized to an unprecedented degree and we are now seeing another kind of “avalanche of numbers” (Hacking 1990) premised on the potential to measure results: to quantify how people and things are doing, their worth, and how they can improve. It is true that we have used quantitative measures of worth and distinction for some time. For instance, such measures have birthed “the economy”; a country’s worth is defined by its gross domestic product (GDP), generating a level of worldwide comparability whereby countries can be ranked; on an individual-level, a consequential measure of our value is a credit score, meant to calculate our investment-risk potential; standardized testing (test scores) holds significant currency as a measurement of intelligence, dictating a student’s merit to attend a university. The list goes on. The reliance on quantitative-based evaluation measures in our everyday lives is glaring. Still, we are starting to see an even greater push for metrics, for instance, like in global health (Adams 2016) where statistics are afforded new powers (Erikson 2016). Standardized procedures to measure efficiency and performance are making their way into surprising sites where previously they had no business (and perhaps still do not); for example, Toyota’s Lean Management Model is applied in preschools in Sweden (Thedvall forthcoming). In development, donors are requiring more “rigorous” evaluations (Watkins et al. 2012: 303).

In international aid, critical scholars of development have argued that the increasingly pervasive audit culture has created a situation whereby relationships between Northern donors and Southern NGOs are “dominated by the disbursement and accounting for aid money within tight frameworks” (Wallace 2003: 2016; see also Harsh et al. 2010: 256 and Hearn 2007: 1103). By tight frameworks they are referring to the behavioural apparatus that I describe in this dissertation. Along this line, some scholars have critically asked, “accountability to whom?” to make the cogent critique that NGOs are accountable to their donors at the cost of being accountable to the community whose needs they are meant to serve. Consequently, this process produces a new culture of dependency that can be regarded as neocolonialism (see Roy 2004). Developing countries’ continued dependence on foreign donors is a legacy of structural adjustment, which not only failed to eradicate poverty but exacerbated countries’ debt and their
inability to provide basic social services (Mawuko-Yevugah 2014: 43). Although the age of optimism about NGOs may have softened, they have remained an important and prolific presence within the project of development (Harsh et al. 2010). In Ghana, for example, a total of 5, 298 NGOs were counted in 2013 (Awuah-Werekoh 2014)⁴. These NGOs are now referred to as “implementing partners” as within the wider development discourse of “partnership” and are specifically emphasized in HIV programming (Esser 2015). Partnership discourse, alongside that of “country ownership,” is meant to represent a power shift in the aid relationship from a donor-led relationship to one that is recipient-led (Esser 2015, Mawuko-Yevugah 2014). Calls for partnership and participation by actors within recipient countries are now a trend in development.

Critical scholars have done well to highlight this new way that unequal global power relationships are reproduced; however, they tend to treat these relationships rather abstractly. While I locate my argument within a wider body of literature that is critical of postcolonialism in Africa, I also take part in recent scholarship that employs an ethnographic approach in order to achieve a careful, more nuanced understanding of accounting relationships and practices. Ghanaians embrace these institutional relationships and practices at the same time that they are critical of them—and not simply because they are dupes of a powerful system. There are various reasons and means through which Ghanaians participate, and there is so much more happening both on the ground, in Ghana, and in the world of theory than the fact that the North dominates the South. My dissertation offers an ethnographic perspective into some of these social realities and their effects. I do this by delving ethnographically into some sites in Ghana where the work of accounting and amelioration—“monitoring and evaluation”—is actually practiced and by spending time amongst the actors who carry it out and oversee it. Monitoring and evaluation is neither a natural nor inevitable process. Indeed, monitoring and evaluation of the BRIDGES program had a distinctly social life in Ghana: It had a historical context in the particular place where it was carried out, and it was understood in particular ways by the people of that place who attached certain ideas, beliefs, and meanings to it.

⁴ Counting NGOs is a problematic affair. Doing so likely overlooks short-lived organizations, new organizations, and organizations that have fallen through the record-keeping and registration cracks, and a lack of universal consensus on what an NGO is may lead to discrepant results (Watkins et al. 2012). At the risk of participating in a problematic practice, I cite one count of the NGOs in Ghana to give some sense of their substantial presence.
Evaluating HIV/AIDS Programs: Historical Beginnings

Although monitoring and evaluation has been officially included in organizational frameworks for the implementation of national HIV/AIDS prevention and control plans since the late 1980s in Ghana (Antwi and Oppong 2006), it has been spotty. During my research period, 2011–2013, many M&E personnel—Ghanaian and foreign alike—described monitoring and evaluation in Ghana as generally “poor” but at the same time said it was better practiced and organized than it was in many other countries in Africa. A couple of M&E experts, for instance, relayed to me that Ghana had the best M&E system in Western Africa. Coinciding with recent international concerns to strengthen M&E systems due to perceived inadequacies of monitoring and evaluation globally and its importance in the HIV/AIDS global response (Rugg et al. 2004), there is currently an enthusiastic commitment to carrying out monitoring and evaluation of HIV/AIDS prevention programs within Ghana. The Ghana AIDS Commission (GAC) has been vocal about the fact that they are dedicated to improving monitoring and evaluation in the country (Ghana Business News 2010). In recent years, there has been more training and “capacity building” in monitoring and evaluation in the country. Eli and Albert—another M&E officer from another NGO—who had, as Eli said, “been here from [monitoring and evaluation’s] beginning,” recalled in an informal conversation with me the haphazard way they started their jobs. “I don’t know how I did it,” Eli reflected, “I never had any trainings; I was reading [online manuals].” They recalled rather nostalgically that before M&E roles were created, program managers at NGO offices in Ghana carried out evaluative practices as one of their many duties. “People now see M&E as a separate entity,” Albert explained.

With the development of monitoring and evaluation as a professional field in Ghana, it has been regarded as distinct technical work. At the same time it is, in general, ideally meant to be integrated into the design of HIV/AIDS interventions. The relationship between monitoring and evaluation and HIV/AIDS interventions is therefore increasingly mutually constitutive.

Over the course of three decades, HIV/AIDS intervention has become progressively systematized. First responses in the 1980s were somewhat ad hoc owing to the onset of the looming threat of this new and unfamiliar disease spreading that was quickly spreading and to a sense of urgency to respond (De Lay and Manda 2004, Rugg
et al. 2004). Prevention programs were often implemented without a plan, or staff, for baseline research or for monitoring and evaluation, including in Africa – much to the chagrin of HIV/AIDS experts who called for greater efforts to evaluate programs and urged that monitoring and evaluation be part of program design (see Coyle et al. 1991). Much of the effort that was put forth in research and evaluation was focused on clinical research in developed countries, which some of those working in development and HIV/AIDS surmised was because this was where the greatest profits lay (see Patel et al. 2002: 319). By the 1990s increased research, experience, and donor funds developed into what has been called the “AIDS industry” (see Altman 1998, Parker 2000). The term refers to the “institutions and discursive frameworks that set the agenda for defining, managing, and controlling AIDS” (Butt and Eves 2008: 5); it includes “individual states; international agencies; transnational pharmaceutical companies; particular academic disciplines . . . and NGOs” (Altman 1998: 235 in Butt and Eves 2008: 5). The creation of supranational agencies in the late 1990s and 2000s to address HIV/AIDS, such as UNAIDS and PEPFAR, represents a turn toward global health, whereby health is no longer the duty of just the nation-state, but rather, health is imagined as a global responsibility—for disease spreads without regard for borders or nation-state conditions (Adams 2016). In the early 2000s, international agencies and experts continued to call for greater M&E efforts, and it is now often a strict requirement for program funding today. How did “evaluation” become a prescribed practice?

Evaluation, as a specialized activity distinct from other research fields, emerged professionally in the United States in the 1970s (Barbier and Hawkins 2012, Stufflebeam et al. 2000). Professional evaluation societies and journals, including New Directions for Program Evaluation, Evaluation Review, and Evaluation and Program Planning, grew out of this period, and many universities began offering evaluation courses (Stufflebeam et al. 2000). Workshops on evaluation were offered by professional organizations, and research and development centers related to evaluation were built at governmental and university sites (Stufflebeam et al. 2000). Its origins, however, can be traced much further back than this.

Going way back, Stufflebeam et al. (2000), for instance, pinpoint the year of 1792 as the start of the history of evaluation when William Farish invented the quantitative mark to score examinations. Evaluation’s equation with numbers is evident here. The authors continue its history into the nineteenth century when attempts to reform
educational and social programs and agencies (the poor laws, orphanages, hospitals, and public health) in the United States and United Kingdom led to informal investigations. For example:

The Royal Commission of Inquiry into Primary Education in Ireland under the Earl of Prowis, after receiving testimony and examining evidence, lamented over the progress of children in the National Schools of Ireland. The Prowis Commission recommended the adoption of a scheme known as payment by results, already being used in England, whereby teachers’ salaries would be dependent in part on the results of annual examination in reading, spelling, writing and arithmetic (4).

After reform programs were instituted, yearly evaluations were common via a system of annual reports submitted by an inspectorate. The system of external inspectors, note the authors, exists to this day; for example, in the form of Occupational Safety and Health Administration inspectors to monitor health hazards in the workplace in the United States. In the mid-nineteenth century in the United Kingdom, associations dedicated to social inquiry cropped up, which conducted and publicized findings as reports and commissions of enquiry were set up to conduct official, government-sponsored investigations of social programs. These examples mark the beginnings of an empirical approach to the evaluation of programs (Stufflebeam et al. 2000). Evaluation has a prominent historical hand in the development of education and standardized testing. Stufflebeam et al. (2000) track the earliest formal evaluation in the United States to 1815 when the Army Ordnance Department created a system of regulations for the “uniformity of all manufacture of all arms ordnance” (Smith in Stufflebeam et al. 2000: 5).

Over several decades the Ordnance Department developed the administrative, communication, inspection, accounting, bureaucratic, and mechanical techniques that fostered conformity and resulted in the technology of interchangeable parts and the eventual manufacture of a host of mass-produced products in the twentieth century. Manufacturing is a general area where evaluation has played a significant role, checking for efficiency, productivity, and quality.

In the late twentieth century in Western countries, the social climate “featured strong grassroots and national movements against taxation” whereby people were less willing to give their money to government and international institutions and wanted more
of a say in how they spent their resources (Chelimsky and Shadish 1997: 5). Consequently, “parsimony in public life and a need for evaluation to justify past expenditures to parliaments, donors, and taxpayers have become common characteristics of the new public management discourse” (5). As mentioned above, growing doubt amongst the general public about the effectiveness of foreign aid also encouraged greater attention to evaluation by the international donor community (Svensson 1997).

By the 1980s evaluation as a specialized activity was growing strong. The notion that evaluation needed to be a fundamental part of development and international health programs became established knowledge in foreign aid institutions, although not often executed at this time, as noted above, or executed well in the eyes of experts. With the neoliberal shift that has put NGOs in charge, a lack of evaluation capacity led to what was seen as poor evaluation (not to mention that NGOs’ existence depended upon showing positive results, so there was good reason for some not to use evaluation in the standard way). There came a shift from evaluation being something thought about at the end of a program to a strategy of constant monitoring. Tracking a program and collecting data for reporting purposes have become daily practices for many NGOs endeavouring to legitimize their existence. Monitoring and evaluation has therefore played a deeper role through a program’s entire lifespan.

At the turn of the century, monitoring and evaluation, M&E, became a buzz term and was institutionalized. Within the field of HIV/AIDS prevention, universal M&E indicators were set up by supranational bodies like the World Health Organization (WHO), UNAIDS, and PEPFAR with the justification of harmonizing efforts globally and coordinating activities so that resources are used “(cost)effectively” and “transparently.” These bodies created M&E guidebooks for aid recipients’ reference. M&E units and divisions have been set up in organizations at various levels. Educational courses and certificates have been established. Donors have provided M&E technical assistance. Increasingly, applications for program funding commonly must demonstrate an M&E plan that is built-in from the very beginning of the program. That is, applications must show that a program has been designed capable of being evaluated according to standardized M&E criteria. In accordance with evidence-based research, donors want numeric results, and funding is carefully tied to the achievement of indicators and targets.
We are, therefore, in the midst of a curious tight coiling between the way prevention programs are conceptualized and anticipation of their having to meet M&E criteria. Although monitoring and evaluation is often regarded as a separate entity or something that occurs “after-the-fact”, it in fact shapes how projects are conceived, their everyday activities, and their afterlives. One claim of this dissertation is that to understand the current shape of leading standardized HIV/AIDS prevention programs, and the implications of their ascendency, it is imperative to unpack the mutually constitutive relationship between program effectiveness and demands for certain kinds of evidence.

Within the HIV/AIDS literature, there is a growing body of ethnographic research on the grounded experience and social effects of metrics, but surprisingly little is known about how “monitoring and evaluation” as a specialized practice actually occurs at the grassroots level, how it is taken up by users, and its effects (Lorway and Khan 2014 and Shukla et al. 2016 are among the few that have addressed this subject).

**Following Monitoring and Evaluation**

**Methods**

To gain a sense of what monitoring and evaluation entailed, how actors engaged it, and the effects this produced, I ethnographically followed the monitoring and evaluation of the BRIDGES program for twenty months with a focus on one NGO, Hope. Hope was located in Southern Ghana. I concentrated on one NGO in order to gain thick understanding of users’ everyday engagement with monitoring and evaluation. I learned that this was not something that could be garnered easily; I needed to devote a great deal of time and effort toward gaining rapport and access to the daily facets of monitoring and evaluation through a continued presence in one NGO. I focused on three main research dynamics:

1. I conducted participant observation of frontline workers, called peer educators, in community sites and epidemiological “hot spots” mapped as key locations where “most at risk populations”—sex workers, their sexual partners, and “men who have sex with men”—were thought to be present (see Chapter Two for a critical discussion of the
BRIDGES program and its focus on “most at risk populations”). Peer educators communicated behaviour change messages, sold condoms, and offered referrals to the local clinic. Select individuals were certified to provide HIV testing and counselling. Peer educators’ daily activities were recorded and transferred into M&E data collection booklets (described in the vignette at the start of this Introduction) at the end of each month.

2. I conducted participant observation of M&E documentation work at Hope’s head office. My participation in M&E documentation deepened after some months when Eli asked me to help him inspect the numerical accuracy of peer educators’ written data and enter the data into his Excel worksheet. Like other foreign volunteers before him, the young Norwegian volunteer who had previously assisted Eli had returned home, and Eli was overwhelmed with data. I completed these tasks in a cubicle in Hope’s office. I obtained copies of M&E documents as they moved from Hope to the BINGO to USAID/Ghana. I was interested in how the data and documents changed form through these sites and what was emphasized. This was important work because the kind of story that was formally told about BRIDGES was done so through these documents.

3. I conducted participant observation at program meetings, HIV/AIDS meetings, and M&E-related meetings, and I participated in trainings and workshops at various sites, including the offices of Hope, the BINGO, Ghana AIDS Commission, the University of Ghana, Legon, and hotels throughout Southern Ghana. I spoke formally and informally with personnel holding various positions who were working on BRIDGES, on HIV/AIDS, and on monitoring and evaluation. Utilizing these various methods I gained insight into routine M&E practices and processes, largely data collected at Hope, how actors engaged with and regarded M&E documentation, and the effects.

**Multi-sited Research: Unsettling “Studying Up”**

My research can, in some sense, be thought of as “studying up” as per Laura Nader’s (1969) famous definition. That is, I engage in the critical study of powerful organizations such as USAID, which made monitoring and evaluation a stipulation for funding that organizations in Ghana were, in turn, dependent upon. I critically examine a
form of expertise that is backed by the institutional authority of other major global organizations such as UNAIDS. I see evaluation as an increasingly important form of global governance creating uniformity in HIV/AIDS prevention policies, which Nader, following her later writing, would refer to as a “study of controlling processes” (1997: 712).

The traditional notion of “studying up,” however, misses all the various roles and levels of authority involved in the monitoring and evaluation of a program. In her seminal essay on “studying up,” Nader (1969) provides the reader with a quick glimpse of awareness that power dynamics are more complex than merely “up” and “down” by stating that there is also a “sideways” (292). Likewise, in her later work (this time, buried in a footnote), she also offers a glimmer of power dynamics that are more complicated than what can be accounted for with an up/down binary: “Hegemonic ideas can therefore be considered to be . . . reconstructed by various actors and institutions of diverse social, cultural, and political contexts” (Nader 1997: 720). The paradigm of “studying up,” however, works on the assumption that all subjects are powerful, implying a singular scale notion of “up” as well as a binary of up/down. Similarly, “studying up” is bound up with other binaries that have come to be commonplace in anthropological notions of the kinds of studies we do. For instance, notions of home–Non-western cultures, colonizers–colonized, powerful–powerless, rich–poor, elites–non-elites, up–down, center–periphery and so on persist, albeit they have been well critiqued by anthropologists. My research unsettles the traditional distinction between “up” and “down” by showing that monitoring and evaluation does not only happen in dominant institutions such as USAID or by wealthy nations. It is a set of techniques and practices that occur simultaneously among people and organizations with varying agendas and degrees of power all situated within a sprawling international infrastructure.

Throughout the dissertation I explore some (but not all, for they are numerous) of the evaluative roles and practices of BRIDGES. I say evaluative practices here, as opposed to monitoring and evaluation, to acknowledge a more comprehensive view of program judgement. While monitoring and evaluation is a speciality area and a technical process, evaluative practices is a general term to account for the various in/formal ways in which personnel at all levels keep their eye on the program, have opinions about it, and act on these opinions. Monitoring and evaluation in the strict, technical sense is not
the only conduit through which knowledge about the program originates and is shared and discussed, which we will see in later chapters. It is important to mention this early on because: firstly, it is necessary to avoid painting the picture that monitoring and evaluation is the be all and end all of program development, although it is important; and secondly, it is essential to acknowledge the array of people and actions involved in the program, including but also beyond those in monitoring and evaluation. Doing so enables a wider and more precise gaze into the ways various actors are drawn together in assessing a program. Therefore, while I focus on monitoring and evaluation in my research, my analytic scope does not end at monitoring and evaluation, as if there was a line between monitoring and evaluation and other program activities. Those specializing in monitoring and evaluation are located within the organizations; their desks and offices are beside those of others working on the program. They engage in corridor talk with others. They are amongst those regularly attending program meetings. That is, ideas about the program’s progress are not restricted to those with an M&E title or to the M&E channel. To some extent, ideas bleed over and are shared between individuals, departments, and organizations. This means that many are aware of monitoring and evaluation. That is, many are at least somewhat mindful of and/or anticipate M&E requirements when considering the program, even if they do not work on monitoring and evaluation specifically or read the M&E reports.

In contrast, those in monitoring and evaluation are aware of others’ views, developments made by others in the intervention, and HIV/AIDS prevention trends more generally. These are shared conversations and exchanges of ideas to some degree. Precisely for these reasons, my focus on monitoring and evaluation cannot be separated out from the program or from the wider exchanges of program knowledge. My focus on monitoring and evaluation is a way into understanding the stabilization of prevention standards and policies. It is a key finding in my dissertation that there is a tightening between the nature of programs and M&E requirements; it would, therefore, be unwise to arbitrarily draw a research line between monitoring and evaluation and what takes place in other aspects of the program.

Here I want to provide a first glance into the myriad roles and levels of authority involved in monitoring and evaluation in order to show that it is not only difficult to label the study of monitoring and evaluation as “studying up,” as one might potentially categorize it, but unfavourable to an understanding of the ways that global health and
development occur. In Ghana at the NGO level, monitoring and evaluation involves peer educators who generally have low levels of formal education and the lowest institutional authority within the program structure. There are also field staff, M&E officers, and program coordinators who supervise the program, verify the peer educators’ M&E documents, and write reports. At Hope, field staff tended to have at least a high school degree and some professional experience. Eli, the M&E officer, had a university degree and had just completed his Master of Public Health degree. The level of experience and schooling amongst those in the role of program coordinator varied, although they tended to be somewhat older with relatively higher degrees of professional experience and other certifications. For instance, one program coordinator, Nana Efua, was an HIV counsellor in the field, which she needed certification for. The director, Aunty Phyllis, has a Master’s degree and much professional experience and knowledge. She was stern but also caring with all her staff and peer educators and was very vocal, often shouting at meetings, including those with the BINGO, USAID’s “partner” in implementing the program, to defend what she thought was best for her workforce or for the program. I have a vivid memory of Aunty Trudy and a senior BINGO member, Doris, getting in each other’s faces at a meeting, yelling and gesticulating wildly as they did not see eye to eye about the transportation budget for Hope’s peer educators to attend program outreach events. Simultaneous conversations amongst BINGO members, Hope, and other NGO personnel and peer educators continued on casually, as the scene was not out of the ordinary for them.

At the BINGO, there was a team that, together with “core partner” organizations, helped make the program materials, provided technical and capacity building support, verified and amalgamated the program reports from all the NGOs across the country, and wrote their own program reports. They were involved in the design and endorsement of the M&E forms filled out by the peer educators. They hosted program review meetings with staff and peer educators from all the NGOs working in the country. Some visited the program “field sites” on occasion—usually a couple of senior personnel and a behaviour-change specialist with a nursing degree. Most actors at the BINGO are Ghanaian; some are from other African countries. Most, if not all, have postsecondary education. As a BINGO, they are connected to the global health and development community, meaning they are aware of what kinds of programs, approaches, and “best practices” are going on around the world. At times, some of them travelled to other
places to learn from other programs, to exchange knowledge, or to attend workshops. Some participated in international conferences. Some assisted in the production of USAID publications describing activities in Ghana, as well as with publications by the Ghana AIDS Commission. Many of those at the BINGO had the financial means to go on vacations, to send their children to elite private schools in Ghana, to dress well, to speak many languages well, to have a nice car with air conditioning, and to own a nice home. Aunty Phyllis was relatively on par with these folks in terms of financial means and cultural capital.

At USAID/Ghana, there was a group of professionals involved in a leadership and advisory support capacity to BRIDGES and to activities in the country in general. Their ultimate authority position was physically visible via their insignia, which was marked first on BRIDGES materials such as the M&E templates, posters advertising BRIDGES which hung on office walls, and on education materials. Members at USAID/Ghana reviewed the reports and wrote new ones to Washington headquarters. A senior USAID/Ghana member informed me that they were regularly in conversation with Washington headquarters about the program. A few—two senior members in particular—visited the program field sites from time to time. Some, one specifically, attended meetings hosted by GAC. USAID, amongst other funding organizations, provides financial and technical assistance to the development and publication of national plans and documents, such as the Five-Year National HIV&AIDS Strategic Plan. Compared to the NGOs and BINGO, at USAID/Ghana there were more personnel born outside of Ghana (i.e., in Europe or North America). While some had short-term contracts, others have stayed for long periods of time—such as John, who is admittedly a rather acute case. John has lived in Ghana and away from his European homeland for decades. He raised a family in Ghana and is very familiar with the adopted country he calls home, likely knowing more about it than many Ghanaians. The personnel at USAID/Ghana, Ghanaian and non-Ghanaian alike, are highly experienced and educated, usually with postsecondary degrees.

At GAC, they are fully dedicated to all matters HIV/AIDS-related. They have a group of M&E specialists and researchers working to develop and improve the HIV/AIDS

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5 The telephone conference conversations to Washington were closed-door and therefore off limits to me. Part of the reason, I was told, was due to the discussion of finances.
M&E system in Ghana. They develop their own M&E data collection documents for organizations to complete and submit. They provide technical and capacity building support for monitoring and evaluation and are heavily involved in the annual M&E workshop at the University of Ghana, Legon. Their members help facilitate the workshop and in their selection of workshop candidates, they tended to prioritize their own personnel, their aim being to strengthen the national M&E system. M&E officers from GAC work at the district and regional levels providing verification and support for M&E reporting. They amalgamate data and write new reports to send up the information chain. The educational levels and experience of those working in monitoring and evaluation at GAC varies considerably. Those in senior M&E positions at GAC, the M&E “experts,” are well educated; some are medical doctors and most, if not all, have postsecondary education; some received their degrees overseas. Some have worked internationally and at other major organizations, for example at UNAIDS in Geneva. GAC M&E officers at the district and regional levels do more of the practical work of collecting and handling data and tend to be students of monitoring and evaluation, learning as they gain more experience. Those I met were typically relatively young and in the junior stages of their careers. There was an array of others working in policy and planning and technical support that are involved in a wide range of duties to manage and coordinate HIV/AIDS activities within the country.

Such a context escapes an easy grouping of subjects as “up,” “down,” or “sideways.” To research a system such as monitoring and evaluation is to all at once study a continuum of actors with various levels of and access to authority even within just one of the many organizations under study. There was, to be sure, a hierarchical system of accountability by which required information about the program was sent through a generally upward chain of command from the NGO to the U.S. Congress. In other words, the M&E system and HIV/AIDS policy implementation maintains somewhat of a top-down structure in Ghana. However, power works in a much messier way than can be accounted for by overly simplistic theoretical binaries of top/down, global/local, and so on.

The BINGO, for instance, had a great deal of bureaucratic power as an intermediary between program beneficiaries and NGOs on the one hand and USAID/Ghana on the other, a subject discussed in Chapter Four. As a largely Ghanaian workforce actively participating in global policy, the BINGO is not clearly local or global in
Likewise, Hope’s director and personnel also maintained critiques, although theirs were directed more at the international aid structure in general and understandably so as NGOs are the most vulnerable to donor demands. For instance, Aunty Phyllis let it be known that she was aggravated with the capricious nature of global aid policy, which also often isolates social issues (vertical programming) as we see in the global aid preoccupation with HIV/AIDS programs at the expense of other health programs (Adams et al. 2014). On one occasion while chatting with a colleague, she shook her head and said, “HIV, HIV, HIV! You want HIV today? Fine. And I will submit a program for Gender and HIV/AIDS!” She was expressing how she defiantly works around donor priorities in order to implement the program she really wants, which deals more with women’s politico-economic challenges. However, overall Hope was passionate about BRIDGES and found value in the M&E methods of assessment. Many also aligned the value of the program and their own worth against the M&E indicators and achievement of targets. Although the program and monitoring and evaluation seem imposed and external because of the hierarchical organizational power relations, it also legitimized their accomplishments as we will see in later chapters. For the moment, however, the point is that actors at Hope were also active participants in global policies and protocols.

The strongest critiques of monitoring and evaluation came from John at USAID/Ghana who questioned its meaningfulness and ability to improve the epidemic. He does not represent the traditional imposing fly-by foreigner that the top-down model of development represents. Others in senior-level positions and M&E personnel at various institutions also expressed critical awareness of the politics lying beneath M&E’s aura of scientific objectivity.

Such a context complicates the grouping of subjects according to traditional binaries of up–down, top–bottom, global–local, center–periphery. My research, therefore, contributes to a body of anthropological scholarship of development that refuses binary frameworks and those which depict the global, national, and local as stacked, vertical levels (Behrands et al. 2014, Ferguson and Gupta 2002, Hathaway
2013, Pigg 1992). This scholarship challenges the classic theoretical model of development that conceptualizes development as top-down in the analytical image of a pyramid. This model has its roots in scholarship that deconstructed the discourse of, and its consequences on, North-South relations, such as the seminal works of Arturo Escobar (1995) and James Ferguson (1994) mentioned earlier. Such scholarship paved the way for critical literature on development that critiques Western countries’ creation and domination of the “underdeveloped” (Friedman 2006). This scholarship argues that “development’s rational models achieve cognitive control and social regulation; they enhance state capacity and expand bureaucratic power (particularly over marginal areas and people); they reproduce hierarchies of knowledge (scientific over indigenous) and society (“developer” over “to be developed”)” (Mosse 2005a: 4; see Escobar 1995; Tsing 1993). Technical discourses, this literature argues, conceal these political effects which works to exacerbate inequalities and suffering amongst the “to be developed.” As noted earlier, my dissertation seeks a more nuanced ethnographic understanding of development.

It was necessary not to assume beforehand what was “local,” “global,” “top,” “bottom,” and so on, but to let positions and relationships inductively emerge in the research process as fundamental to the analysis—the crux of multi-sited ethnography (Marcus 1995). George Marcus’ notion of multi-sited ethnography in the mid-1980s called for the rethinking of ethnographic research, which classically saw “the field” as a single, spatially demarcated, local place. Arguing that such an understanding could not account for the increasingly global interconnectedness of people, ideas, and commodities, Marcus proposed a mode of ethnographic research that examines “the circulation of cultural meanings, objects, and identities in diffuse time-space” by “tracing a cultural formation across and within multiple sites of activity” that destabilize the distinction between local and global (Marcus 1995: 96). Multi-sited ethnography acknowledges that the global collapses into and intertwines with the local as opposed to the two being conceived as separate worlds, and as opposed to regarding “the global” as monolithic and external (Marcus 1995).

I allowed a sense of monitoring and evaluation to emerge ethnographically by empirically following people, activities, and materialities involved in assessing BRIDGES across the various contexts outlined above. Monitoring and evaluation is not a linear process; although there is an information chain, monitoring and evaluation also
circulates via conversations and ideas back and forth across various people and institutions and occurs simultaneously through the work of these people and places. My movement was, therefore, not linear but varied according to preplanned and opportunistic occasions. I therefore provide a slice of the picture of monitoring and evaluation and do not claim that it is a complete picture of monitoring and evaluation, HIV/AIDS intervention, or development in and outside Ghana. Many of the processes and practices I describe are standardized and similarly carried out elsewhere in the world; global health authorities want a degree of M&E harmonization and uniformity across the globe. However, what I describe is also contingent upon particular conditions within a specific segment of aid intervention in Ghana. My dissertation therefore is, and is not, about Ghana.

It is representative of an interesting dilemma that anthropologists at this juncture face in studying objects that are both grounded and universal. Monitoring and evaluation is at once a free-floating, mobile, yet located object. Problematizing the local and global, anthropologists have explored the methodological question: How can we create a space for objects of analysis that are not imprisoned in the classic sense of “the field” yet still appreciate that (history of) place matters? These days popular concepts such as “assemblage” (Ong and Collier 2005) and “friction” (Tsing 2004) are used to effectively help us think about cultural formations, calling for analytical attention to the ways that heterogeneous elements enter into relations with one another with certain effects. I, too, approach the grounded/universal dilemma by treating it as curious point for analysis. How monitoring and evaluation as a globally standardized policy and practice plays out in a Ghanaian setting and how this in turn affects global relations and policy are key questions of my research. I am therefore able to speak to macro-level processes that may be recognizable and analytically meaningful to researchers across the globe because of grounded research in Ghana.

My approach differs from a traditional “critical,” deconstructive approach of development closely tied to the poststructuralist paradigm. Recently, this prevailing approach has come under critical scrutiny for reducing actors’ views and agency to the supposed “true” project of domination, which is concealed by rationalizing technical discourse. The analyst’s job is therefore reduced to exposing its “real” character, which erroneously treats development as a monolithic and univocal enterprise and also fails to understand actors’ own reasonings and realities from which they engage in development
“Critique,” as Bruno Latour (2000a) points out, is traditionally misunderstood as destroying or debunking its object of study in order to replace it with a “real” or “true” object. It is not my intention to examine monitoring and evaluation in order to uncover its deception as an instrument of truth by explaining its “actual” social character, which stops short in its analysis, and as Latour notes, is a misguided aim. It is my aim to understand the situated details of monitoring and evaluation not simply to debunk it but to gain critical insight into its shape, the ways it is maintained and challenged, in order to make arguments about its social effects. As Cerwonka and Malkki (2007) argue, the purpose of ethnography is not to write an exposé, but is an “attempt to understand” (131).

**Structure of the Dissertation**

My argument is woven across three major themes. The first major theme highlights the collaboration and tension involved in the monitoring and evaluation of BRIDGES. Throughout the chapters I explore the ways diverse Ghanaian actors have actively, even if partially, engaged in monitoring and evaluation, including M&E indicators (Chapter Three) and M&E documentation (Chapter Four). Chapter Two historicizes the BRIDGES program and shows that the HIV/AIDS response in Ghana emerged in articulation with international ideologies and the agendas of international institutions. Ghana’s particular historical development as a modern African nation and its (post)colonial ties to the United States and Europe have influenced Ghanaians’ active participation in the HIV/AIDS response. Chapters Three and Four explore the contradictory messages within HIV/AIDS prevention policy as telling of the ways that aid intervention currently works to enrol Ghanaians into a tension of collaboration and dependency. At the same time that Ghanaians are told to closely follow protocols because their funding depends on it, they are curiously expected to practice autonomy and creativity.

The second theme emphasizes that collaboration can occur to a degree where it affects the making and remaking of standards at a global level. Chapter Five exclusively speaks to this theme. Here I analyze how monitoring and evaluation prompted BINGO personnel to create two program initiatives that were endorsed as global HIV/AIDS
intervention standards. In this chapter, I show that actors in Ghana are not simply consumers of global donor-driven demands, but also have the power to affect the global.

The third theme is concerned with demonstrating the point that monitoring and evaluation is designed not to assess or question programs, but to create success. This point has also been made elsewhere (Watkins et al. 2014), but it is not explained how this rather perverse tendency occurs. Throughout the chapters I tease out the somewhat self-fulfilling role that monitoring and evaluation plays. In short, for program initiatives to be measurable, they must employ categories that give rise to quantitative data collection. Dominant standardized HIV/AIDS interventions, which are typically scientific, employ universal “risk” categories, and concentrate on “healthy behaviours”, lend themselves to measurement and results and are therefore often preferred. Because these interventions are made to measure, their ability to produce numbers often ensues, demonstrating accomplishment. Monitoring and evaluation fits nicely with a notion of HIV/AIDS prevention that is epidemiological in nature, and vice versa. They share similar cultural logics. The various chapters discuss the ways that monitoring and evaluation and a particular vision of HIV/AIDS prevention emerged hand in hand, serving to legitimate each other. As such, monitoring and evaluation is designed not to fundamentally question standardized approaches. It therefore plays a curious and powerful role in (re)producing, rather than fundamentally questioning, the very practices of the programs themselves. Chapters Three and Four delve into this third theme. In Chapter Three, I focus on M&E indicators, which are standardized quantitative metrics that measure program performance and achievement. This chapter highlights indicators as technologies of governance that allow donors and program actors scattered across time and space to “see” the program while selectively creating “blind spots” (Biruk 2012) over social realities that cannot be rendered easily legible. Chapter Four turns an eye towards the materiality of monitoring and evaluation, the reporting documents. Here I examine the documentation process of the BRIDGES program and emphasize that documentation, and not necessarily people, drive monitoring and evaluation, which works to legitimize the program and the M&E process itself. Chapter Six focuses on the ways a vision of HIV/AIDS prevention that focuses on “healthy behaviours” is legitimized by a particular convergence between homophobia in Ghana, health rights discourse, the “men who have sex with men” category, and monitoring and evaluation.
It is not my primary objective to determine the efficacy of how actors determine efficacy, but to critically understand how and why actors monitor and evaluate the way that they do, and the unintended consequences. Nor am I in a position to say what the best way to assess program efficacy or health would be, and I would certainly not venture to do so without more study and more Ghanaian and expert input. Applied anthropologists and others are doing valuable work pushing the boundaries of monitoring and evaluation (see the Conclusion). These scholars proceed through a normative focus, however, as they work in monitoring and evaluation and fields such as health, development, social policy, and so on. They are tasked with the difficult and relevant questions: How is this program doing? Is it improving health? I, however, take a step back and join with other medical anthropologists who alternatively ask: What do we mean by “doing,” by “health”? Who decides? According to what criteria? Why? What are the implications? Medical anthropology sees health as a social reality; there are various ways of knowing health and wellness. Anthropologists have explored these ways through, for example, a focus on pregnancy (Duden 1993, Scammel and Stewart 2014), cancer (Jain 2011), and health in general (see, for example, Adelson 2000 for a compelling argument for a broader definition of health, one that conveys broader cultural and political realities, and is not only described by physiological soundness). Medical anthropologists examine the ways that health has been defined historically and culturally. As an example, in the case of pregnancy, Duden (1993) and Scammel and Stewart (2014) show that pregnancy used to be a more self-defined and private experience as opposed to being interpreted and controlled by doctors, metrics, and computer technologies. I approach monitoring and evaluation as one way of regarding health improvement or program efficacy and critically ask why this way is the dominant way, and what the unintended consequences might be.

My concern is not to conduct an exposé of USAID or the BINGO or any other particular organization. These organizations are part of a standardized global health system and it is this that I am critically analyzing, not particular institutions per se. The views and practices of actors within these organizations are important theoretically to my understanding of the situated uneasy ways in which actors come together to determine a program’s efficacy; however, the particular organizations themselves are not my main interest. Likewise, my aim is not to debunk the BRIDGES program, but to critically understand its relationship with monitoring and evaluation. It is relevant that BRIDGES is
a standardized program for I seek to make wider critical arguments about standardization in global health and the role that monitoring and evaluation plays in this.

It is important to note that while at one analytical level there is a mutually reinforcing relationship happening between monitoring and evaluation and standardized interventions, I do not mean to imply that this is a never-ending or fully sealed connection, dangerously bordering on structural functionalism. Such a narrow perspective would fail to acknowledge instability and the fact that programs can fail (see Ferguson 1994, Krause 2014).

The concluding chapter explores some basic premises to take away from my research that may also be relevant beyond monitoring and evaluation studies and to scholars of organizations, bureaucracy, evidence making, and global governance. I also consider what a critical explanation such as mine about “what is happening” has to offer global health, which is concerned with “acting”? (Pigg 2013). Here I reiterate the case for the unique insights and explanatory power of an ethnography turned toward global health.
Chapter 2.
The Story of BRIDGES

During the last three decades, “partnership” and “country ownership” have become voguish concepts in international development discourse (Cornwall and Eade 2010, Esser 2015, Mawuko-Yevugah 2014). Formal declarations such as the 2001 Three One’s principles, (mentioned in the Introduction), the 2005 Paris Declaration for Aid Effectiveness, and the 2008 Accra Agenda for Action (in Ghana), to name just a few, mark donor countries’ official promotion of “partnerships” with aid recipient countries and the latter’s “ownership” of policies and programs. For instance, donors’ promotion of “ownership” by recipient countries in the Paris Declaration for Aid Effectiveness advocates that “[p]artner countries exercise effective leadership over their development policies, and strategies, and coordinate development actions” (OECD n.d.: 6). The concepts denote a purposeful shift in the language of development assistance; an emphasis on cooperation between donor and recipient countries represents a departure away from earlier top-down, donor-led, structural adjustment policies. Critical scholars of development have zeroed in on these buzzwords, and others under the banner of cooperation, including “local participation”, “empowerment”, and “bottom-up”, arguing that such discourse only serves to more powerfully administer external agendas, and to maintain unequal relations (Cornwall and Eade 2010, Esser 2015, Mawuko-Yevugah 2014). “Ownership” and “partnership”, authors argue, create a false sense of mutuality while concealing underlying power dynamics.

Rather than assume the effects of this discourse, I wanted to learn the context for Ghanaians’ participation. In Ghana, HIV/AIDS and M&E personnel expressed pride in their commitment to global HIV/AIDS standards and principles, including monitoring and evaluation. Where did this commitment “come from”? They expressed pride in their active involvement not just in BRIDGES, but the global HIV/AIDS response and network. Under what circumstances did actors acquire an interest in, have a stake in, and/or act as spokespersons for the network?
To gain some insight into the context for participation—the focus of this chapter—it will be vital to first understand the story of HIV/AIDS, what it “is”. The story of HIV/AIDS is long and complex. This chapter makes the following point: HIV/AIDS emerged simultaneously with the scientific, epidemiological means of investigating its existence and the public health means of handling “it”. Early medical anthropologists have taught us that diseases and disorders do not exist independent of the social contexts in which they emerge and develop – the existing “practices, technologies, and narratives with which it is diagnosed, studies, treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources”\(^6\) (Young 1997: 5; see Treichler 1987). Diseases and disorders do not exist in the world “out there” waiting for objective discovery, nor do they possess an intrinsic unity. Rather, they are historical formations made sense of, or made “real”, through historically embedded authoritative ideas and practices of the time. Every aspect of illness experience, from identifying symptoms to diagnosis, intervention, and/or treatment is shaped by the cultural frameworks of the person affected and of those treating the sufferer (Joralemon 1999). Employing this medical anthropological framework that is concerned with the study of the production of knowledge about disease, researchers of HIV/AIDS have demonstrated that HIV/AIDS is not a clear-cut disease entity, objectively labeled by science. Rather, social constructivists, for instance, critique biological essentialism and argue that the very nature of HIV/AIDS is based on social constructions – “in terms of global devastation, threat to civil rights, emblem of sex and death, the “gay plague”, the postmodern condition, whatever” - produced within the discourses of biomedical science (Treichler 1987: 35). Alternatively, authors drawing on science studies have shown that HIV/AIDS acquires “facticity” (Latour 1999) and is mediated not just by scientists but by various social groups who are asked to believe in the “facts” about HIV/AIDS and to believe in authoritative techniques for how to deal with the disease (Pigg 2005).

Sharp criticisms of biomedical claims to authority and neutrality from outside biomedical science are part of the historical shaping of HIV/AIDS. Medical anthropology’s biocultural perspective that considers both the biological and cultural aspects of health and illness was shared beyond academics in their ivory towers and

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\(^6\) In this quote, medical anthropologist Allan Young is referring specifically to post-traumatic stress disorder, however his description here applies well to diseases and disorders in general.
amongst political activists (including scholars) who challenged the terminology, interpretations, and meanings produced by scientific, epidemiological inquiry right from the beginning. HIV/AIDS emerged within a context of intellectual, political contestations, which partially shaped mainstream thinking about HIV/AIDS. BRIDGES came out of this HIV/AIDS story, as I will show. BRIDGES is part of the globalization of mainstream knowledge about HIV/AIDS, a process that emerged in the midst of public health as a predominant mode of inquiry (which promoted epidemiology and microbiology), development, neoliberalism, and postcolonialism. All of these elements have co-evolved.

The story of “knowing” the epidemic in Ghana is thus important: the story of Ghana is an “international story” as the production of knowledge about HIV/AIDS, frames (popular and expert) for thinking about HIV/AIDS, and ways of “having HIV/AIDS” are all simultaneously local-global, especially due to donor interest in Ghana. Ghana’s particular historical development as a modern, democratic African nation, which has made the country attractive for donors, and historical ties to the U.S. and Europe have also shaped aid relations and the HIV/AIDS response in Ghana.

BRIDGES

The donor-BINGO-NGO-peer educator relationship is foundationally constitutive of what HIV/AIDS in the world is. To tease out this claim, I begin by providing a description of the key elements of BRIDGES. BRIDGES was a major education-based HIV/AIDS prevention program in Ghana that aimed to “improve the knowledge, attitudes, and practices of key health behaviours, including HIV prevention”, and “increase use of HIV counselling and testing, sexually transmitted infection screening and treatment, and HIV care and treatment services”. BRIDGES took a standard approach to HIV/AIDS intervention with three key elements: a focus on so-called most at risk populations (MARPs); the use of peer educators; and a geographical concentration on “hot spots”.

“Most At Risk Populations”

“Most at risk populations” is a universal term in the HIV/AIDS intervention mainstream that refers to particular groups of people as highly vulnerable to infection due to their “risky” behaviours and practices. Who the groups are exactly can vary slightly depending on the context, but under BRIDGES, MARPs were officially defined
as: female and male sex workers; their non-paying partners (defined below); men who have sex with men; and people living with HIV/AIDS.

Experts have, in general, focused most of their intervention attention in Ghana on female sex workers. Fixation on this group is historically linked to the founding origins of HIV in the country, which researchers trace to female sex workers. The origin story is that female sex workers brought HIV back to Ghana upon their return from working in Abidjan, Cote D’Ivoire, and infected their home communities, with the first cases reported in March 1986 (Mill and Anarfi 2002, Takyi 2000). At the time, it was reported that approximately 88% of the cases were female and that many of these women were prostitutes (see Neequaye et al. 1986). From the start of Ghana’s HIV/AIDS response, women were blamed, and female sex workers have been made as objects of policing.

Clients of sex workers, largely deemed as males procuring services of females, have been incorporated in research on Ghana in the last fifteen years or so. Clients are generally known as paying and non-paying partners (NPP), the latter of which are gaining growing interest in Ghana. Non-paying partners were often defined to me as males in a relationship with sex workers who do not directly pay money for sex, but offer emotional support (companionship, love), protection, and/or material support in the form of food, shelter, etc. Traditionally, they have been thought of as “bad news” (Onyango et al. 2014: 36) akin to pimps exploiting sex workers. Only recently has qualitative research on the complexity of these relationships begun, which acknowledges intimacy and reciprocity in some relationships (see Onyango et al. 2014).

Not much research had been conducted on non-heterosexual male relations in Ghana before the term MSM emerged. To my knowledge, the term first appeared in HIV/AIDS programming around 2004 with a USAID-funded program (See Chapter Six for further historical discussion). The criminalization of homosexuality in the devoutly Christian and Muslim country has pushed research on non-heterosexual relations in general to the margins. Historically, sexual minorities in Ghana have been excluded from health and other social services. Professionals in Ghana that were part of the international HIV/AIDS intervention community were aware of MSM discourse, however, and, together with USAID, set MSM programming in motion. Since then, USAID has provided specialized clinical services and drop-in centres to sexual minorities, and endorsed the de-stigmatization of sexual minorities and sex workers. Health care
workers are trained to be “friendly”, as BRIDGES described it; that is, tolerant and helpful. Still somewhat hesitant to adopt the term, the Ghana AIDS Commission, the highest governmental body on HIV/AIDS, did not include MSM within their national prevention plan as a most-at-risk population until 2011. MSM as an entity has therefore emerged in Ghana before and alongside research on male-male sexual relations, and before and alongside the growing legitimacy of this sexual minority group in the eyes of the nation state (although, as I illustrate in Chapter Six, official intolerance by the government has continued). Hope focused mainly on female sex workers and their non-paying partners and secondarily on men who have sex with men. To my knowledge, many NGOs implementing BRIDGES cast a spotlight mainly on these three groups.

**Peer Educators**

Peer educators primarily carried out program activities. Deemed to be the peers of MARPs who shared demographic characteristics (gender, age) and engaged in similar sexual behaviours (e.g. they were also deemed sex workers, men who have sex with men, and non-paying partners), their given aim was to “reach” their peers with “health behaviour messages” and “improved access to health services”. Hope assigned individual peer educators with a peer group or “target population” in the hot spots. A Hope peer educator by the name of Prince, for instance, had a girlfriend who was a sex worker; Prince was therefore considered by Hope to be a non-paying partner and was instructed to provide outreach to this group. Non-paying partners were his given “target group”. At Hope, the term “peer” was rather loosely employed as a few peer educators did not actually identify as one of the MARP categories, but had heard about the job through friends or family and were enlisted by the Acting Director or staff because they had good social skills and were smart. Program activities primarily included “peer-to-peer outreach and communication”, namely basic education about prevention, as well as testing and counselling services. Activities also entailed cell-phone based counselling and text messaging services, a hospital referral system, and a follow-up system for those experiencing violence.

**Hot Spots**

Program activities occurred in what program personnel referred to as “hot spots” – mapped locations where MARPS were thought to conduct sex work, reside, and/or
hang out. Hot spots were identified through research and personal knowledge. For example, peer educators conducted anecdotal mapping of new hot spots. By networking and socializing they came to regard certain areas as frequented by MARPs whether it be where they work, socialize, and/or reside, and included places like bars, clubs, areas on the beach, parks, brothels, and general communities.

Within these goals and frameworks, common in HIV/AIDS intervention, persist tensions historical to the HIV/AIDS epidemic. BRIDGES is based on epidemiological reasoning, the paradigm of HIV/AIDS programming. By definition, epidemiology is “the study (scientific, systematic, and data-driven) of the distribution (frequency, pattern) and determinants (cause, risk factors) of health-related states and events (not just diseases) in specified populations (neighbourhood, school, city, state, country, global)” (CDC 2016). By its very nature, epidemiology needs to draw lines around people (at-risk groups) and places (hot spots) in order to calculate patterns to predict, diagnose, and prescribe actions. Because measures of belongingness (belonging to a group or place) are not always clear or an exact science, as we will see in this chapter, epidemiological categories can have fuzzy edges. They are therefore experienced as awkward and ambiguous, and not straightforward. The underlying tension between applying these categories and handling their awkwardness is a fundamental historical issue in the development of HIV/AIDS intervention. Ethnographic moments portraying some of this tension via BRIDGES pop up throughout this dissertation. Thus, it is necessary to place the framework of BRIDGES in the historical context from which it emerged.

There has been an ongoing debate since the early 1980s about how to frame, categorize, and approach “risk groups” as well as “risk” of HIV/AIDS in general. Before delving into this directly, it is vital to locate this debate within a wider history of blame and Othering in public health, which has influenced social constructions of HIV/AIDS. In the historical account that follows, I draw on two main points: 1. Narrating disease is a historically patchy, mosaicked affair. Divergent medical logics are variously invoked to make sense of illness because it may not fit neatly into a single meaning logic. Popular and expert narratives have historically switched back and forth between the logic of risky (unsanitary, tropical) places – what AIDS historian Cindy Patton (2002) associates with a “tropical thoughtstyle” – and the logic of risky bodies/people – or “epidemiological thoughtstyle” (Patton 2002) – when it is suitable to the situation. 2. Imbued within patchy narration are dangerous preconceptions about places and people. Part of piecing
together a story about illness is securing storytellers’ preconceived notions within the descriptive frame in order that it makes sense to them. Consequently, the selective use of divergent medical logics has historically served to legitimize Othering. As will be later shown, this patchy narration of disease and the consequence of Othering persist in the story of HIV/AIDS generally, and BRIDGES particularly.

**History of Blame and Othering**

The following is a short précis of Cindy Patton’s (2002) historical account from her book, “Globalizing AIDS”, in which she traces the selective back-and-forth use of the “tropical” and “epidemiological” thoughtstyles used for Othering purposes (with some minor additions).

The late 19th century saw the development and popularization of germ theory in Europe and North America. Germ theory revolutionized the imagining of disease: no longer was the environment, climate, diet, or air the source of all disease, but microorganisms that invade human, animal or other living hosts. This authoritative shift in the understanding of disease promoted a more hopeful colonial attitude towards the Tropics: where once the climate was implicated as the source of tropical disease, an inescapable obstacle to colonization unsafe for the European body, disease as microorganism was regarded as conquerable and imperial enthusiasm swelled. Although disease could be located within living organisms and not the tropical climate per se, an element of place remained in the imagining of disease. A tropical disease was seen as native to a location; local bodies were therefore regarded as naturally relatively resistant and disease was contained by being in its native habitat. It was only when it threatened the lives of foreign, colonial bodies, not from there, that it operated as disease. The motivation to conquer tropical disease was therefore the desire to protect colonists working in tropical climates for their bodies were deemed unaccustomed and vulnerable to Third World germs (Farley 1991). That some so-called tropical diseases were actually introduced to the Third World by Europeans - smallpox and measles for instance – did not hurt the disease narrative for the origins of these diseases were rewritten to fit “a presupposed map and hierarchy of bodies” (Patton 2002: 36). Colonial medicine invoked a division between native tropical populations - generally biologically inferior but immune to tropical diseases by virtue of being from there - and colonizing populations (Patton 2002).
The popularization of germ theory occurred within a social context increasingly concerned with scientific rigor and standardization, principles foundational to modern epidemiology. The identification of germs as the source of disease made the pathogen or vector (and not place) the protagonist whose perpetual movement outward from a center knew no boundaries in an unassuming given landscape. Unlike colonial medicine’s version of germ theory, which saw locals as relatively immune to diseases proper to the tropical place, epidemiology saw bodies as not only “sick” but also as mobile carriers of pathogens and bodies of contagion. Thus, epidemiology is concerned “not so much with detailing or treating the diseases that befell the European body in a place but with visualizing - often with graphs - the march of bodies that made visible the temporal sequence called “epidemic”” (Patton 2002: 40). Since epidemiology holds that disease is not necessarily natural to a place, its task is to describe a space of disease, identify and connect populations (“risk groups”) likely to carry or spread the disease, and contain it.

Epidemiology breathed scientific life into the already long-existing idea that there are particularly “risky people” with regard to illness. The attribution of disease to cultural “others” can be found, for instance: in the 14th century during the plague years when it was widely held in feudal Europe that Jews were responsible for the disease leading to their widespread massacre (Schiller et al. 1994); in pre-Civil War United States, higher rates of tuberculosis in the North were attributed to African-Americans who were not privy to the “benign paternalism of slavery” (Alcabes 2008); foreigners and deviants were blamed as causing syphilis during World War I (Schiller et al. 1994).

The social need “to distance and isolate those we designate as ill” (Gilman 1988: 271) finds some similitude and authoritative legitimacy in epidemiology, which separates the “other” from the general healthy public using scientific, statistical evidence and technologies of surveillance. Supposed scientific neutrality of “vectors”, the protagonist, presumably avoids moral or political finger pointing, an absurd claim considering, for instance, that vectors cannot be separated out from the epidemiological concern with designated populations and activities believed to most likely carry and spread the disease, which are highly moralistic inquiries.

In the case of HIV/AIDS, the contradiction between epidemiology’s view of itself as neutral while it uses categories that stigmatize and Other groups is potent.
History of HIV/AIDS “Risk Groups”

Through their examination of epidemiological surveillance in the context of HIV/AIDS prevention in India, Robert Lorway and Shamshad Khan recognize that there are current mapping technologies and procedures, such as geographic information systems (GIS), that have better enabled epidemiologists to simulate epidemics. However, the type of MARP hot spot mapping procedures we see in HIV/AIDS rests largely on a degree of assumption and political maneuvering not to be taken lightly (Lorway and Khan 2014).

Right from the outset, responses to HIV/AIDS have been political. From the very start of the epidemic, epidemiologists in government agencies designated risk groups for reasons of HIV/AIDS surveillance and behaviour change which was steeped in moralizing and stigmatizing discourses (Schoepf 2001). The first cases of the disease were reported in 1981 among gay men in New York and California, although it was not known then yet as “HIV/AIDS” but was mulled over within medical circles as a mysterious new illness (Fee and Fox 1992). The new illness was given the provisional label of “gay compromise syndrome” due to the common characteristic of homosexuality amongst patients (see Brennan and Durack 1981). In 1982, the illness was seen to be spreading amongst other populations, namely the notorious ‘Four-H-Club’, including homosexuals, heroin addicts, haemophiliacs, and Haitians (Treichler 1999). That the illness was found amongst Haitians was a mystery to U.S. public health officials leading to an array of published theories alleging to explain the source and epidemiology of the illness, including the accusation that it was a Haitian virus brought back to the homosexual population in the U.S. (Farmer 2006). This theory was unsupported by research as were the fanciful theories that followed it: the illness was linked with “voodoo practices”, animal and human sacrifice, and “disease-ridden” refugees, images that were “reminiscent of a North American folk model of Haitians” (Farmer 2006: 4). Beyond the U.S., parallel imaginaries of blame took place, but with different culprits. In France and Germany in the 1980s, for instance, AIDS was seen as an American disease imported by homosexuals in the U.S. alongside the importation of supposed high-risk U.S. gay culture and practices, including the excessive use of contaminated recreational drugs, “poppers”, initially believed as the cause of the disease (Gilman 1988). In Africa and elsewhere in the so-called Third World, American militarymen, businessmen, and sex tourists were regarded as plausible sources (Farmer 2006, Schoepf 2001).
Competing imaginaries reflected the international political environment. Political leaders in Africa saw Western theories that traced AIDS to Africa as imperial scapegoating (Packard and Epstein 1991). Intentional biological warfare by American specialists seemed reasonable to Soviets and others during the Cold War (Gilman 1988, Schoepf 2001). The specific imaginaries of blame across various contexts reflected and reproduced existing social hierarchies based on race, ethnicity/nationality, class, gender and sexuality by further Othering peoples and places already deemed less than (Schoepf 2001), including Africans.

Similar to speculations about a Haitian origin of HIV/AIDS, Western researchers also looked to the supposedly deviant and diseased continent of Africa as the source of the disease (Schiller 1992). In early studies of HIV/AIDS in Africa, researchers immediately realized that the epidemiology was different from that in the West (Packard and Epstein 1991). The ratio of male to female cases was 13:1 in the West while in Africa there was a reported equal sex ratio of AIDS cases (Packard and Epstein 1991). Researchers concluded that HIV/AIDS occurred through heterosexual transmission in Africa, which raised the question of why the disease was largely transmitted this way in Africa, but not in North America or Europe (Packard and Epstein 1991). One essentialist theory that took flight in the mid-1980s was that there was a higher level of general (hetero)sexual promiscuity amongst Africans (Packard and Epstein 1991). Like the stereotype at this time that gay men in the U.S. and Europe were sexually promiscuous, promiscuity amongst Africans was also deemed as an inherent and cultural trait making them risky despite any reliable evidence to support these theories (Packard and Epstein 1991). Racist notions of Africans, notably sub-Saharan Africans, as primitive and closer to nature fuelled the belief that they were unable to curb their sexual appetites (Arnfred 2004). Similar to the American folk model of Haitians described above, theories accommodated exotic preconceptions: religion, sorcery, tradition, and cultural practices such as polygamy, scarification, the therapeutic use of razors, and female circumcision were regarded as cultural African traits that made them inherently risky people (Packard and Epstein 1991, Schoepf 2001). Preconceptions were, and continue to be, historically rooted in racism and ethnocentrism, which stem from and reproduce an imagined “Africa”—tropical, diseased, dirty, overpopulated, traditional, simple, and polluting (Ferguson 2006a). Notions of risky people were interspersed with notions of risky places in attempts to understand the phenomenon of HIV/AIDS.
The search for a Haitian or African connection to the disease was followed by discrimination, a “geography of blame” (Farmer 2006). Farmer (2006) argues that epidemiology and popular preconceptions rooted in exoticism and racism melded together such that Haiti and Haitians were wrongly accused of sourcing and spreading HIV/AIDS; as a result, in North America, Haitians experienced discrimination (Gilman 1988, Farmer 2006). Meanwhile, “[i]n Europe Africans were targeted. In Russia several African students were killed by mobs; others interrupted their studies and fled home” (Schoepf 2001: 340). We need only look to the recent hysteria following the Ebola outbreak to realize that a similar geography of blame continues to be placed upon Africans. A particular scene from the news comes to mind of a student from Ghana (not even of a West African country with reported cases of Ebola) in Prague. The student was wrapped in a black plastic bag and hurriedly wheeled away on a luggage cart by a health care worker in a hazmat suit at the railway station (Gadugah 2014). Evidently, calls were made to the police by concerned transit-goers that four students from Ghana were at the railway station harbouring the Ebola virus. After quarantine and testing, it was revealed the student had the common cold.

Epidemiological terminology, meanings, and interpretations were met almost immediately with strong critiques by intelligent activists and scholars: “Articulate voices…warned against the public health consequences of treating AIDS as “gay disease” and separating “those at risk” from the so-called “general population” (Treichler 1987: 43). Treichler (1987) cites one of these voices, that of Gary MacDonald, an executive director of an AIDS action organization in Washington:

“I think the moment may have arrived to desexualize the disease. AIDS is not a ‘gay disease,’ despite its epidemiology…AIDS is not transmitted because of who you are, but because of what you do…By concentrating on gay and bisexual men, people are able to ignore the fact that this disease has been present in what has charmingly come to be called ‘the general population’ from the beginning. It was not spread from one of the other groups. It was there [original emphasis]” (Treichler 1987: 49).

Gary MacDonald’s statement represents the reminder activists made to the Center for Disease Control and medical authorities to pay attention to the disease itself, the vector, and not necessarily who the people are that are carrying the disease. These voices helped shape a public health focus on risky behaviours, defined as the potential
for vectoral transmission, which presumably evaded issues of personhood or identity. According to the epidemiological imaginary, sexual self-identification - “gay”, “heterosexual”, “bisexual”, etc. – does not matter; only behaviour does. There was also a practical reason for the concentration on physical transmission via behaviour: it allowed policymakers to create a universal categorical scheme of “risk groups” applicable to various contexts in the global HIV/AIDS response, which have become the cornerstones of prevention programs worldwide.

Particularly noteworthy examples for this chapter, the now “classic” high-risk categories, “men who have sex with men (MSM)” and “female sex workers (FSW)”, are predicated on the reasoning that for global HIV/AIDS policy to be comprehensible to all sociocultural contexts, language is needed that strips away any (Western) presumptions about personal qualities and social labels (Boellstorff 2011, Patton 2002). The terms themselves were a source of much discussion in the 1980s and 1990s amongst policy makers, public health officials and activists who debated the moral and identity implications of these frameworks over, for instance, the terms “prostitute” and “gay” (Boellstorff 2011, Patton 2002). Activists and scholars were quick to point out that these latter terms are thought to represent particular identities that individuals engaging in the act of sex with a same-sex partner or engaging in sex work may not necessarily subscribe to (Treichler 1987). Social constructivists, in particular, cautioned against making ill-suited assumptions about using universal, transcultural categories. It was argued that the terms may not be a fair representation of contextual and cultural nuances and personal preferences and may exclude individuals when used in comparative research or public health services. This line of reasoning is nothing new considering prevailing ideas about the nature of the sexual and reproductive body. The venture to separate the scientific “facts” about the body from the extraneous moral and identity matters of human sexuality was gathering momentum one hundred years ago in the first quarter of the 20th Century in the U.S. (Pigg 2005). It is regarded as a “scientific approach to sex”, which continues to hold sway in the domains of global health and development (Pigg 2005). The presumptions and paradoxical effects of this approach

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7 As valuable as the social constructivist approach has been in challenging biological essentialism and highlighting the importance of culture to understanding sexual practices, “most constructionist arguments still implicitly assume that there could be a better, culturally neutral, version of these programs that would strip away the “beliefs” and work only through “the facts”” (Pigg 2005: 57).

8 For an in-depth historical overview of the emergence of the scientific approach to sex see Adams and Pigg (2005), notably Pigg (2005).
have long been critiqued, however, with particularly cogent commentary coming from the social sciences. One major critique is that in attempting to include any and all people who conduct supposed high risk acts regardless of identity, the supposedly neutral and all-encompassing MSM and FSW categories ironically overlook the social differences and nuances of sexuality, sexual exchange, and self-identity that affect one’s vulnerability to disease, a point which I return to below.

There is a surprising dearth of documentation on the historical origins of the term MSM\(^9\). Tom Boellstorff (2011) has provided arguably the best account to date (but also see Patton 2002) and finds that MSM emerged “as a scientific and bureaucratic coinage, created to signify behaviour without identity, as can be seen in its originary form, “men who have sex with men but do not identify as gay”” (291). He traces its formulation to the mid-1980s in the U.S., which, corresponding with the rise of the Internet became globalized from the outset largely via research and activist networks (Boellstorff 2011). The WHO Global Program on AIDS (later replaced by UNAIDS) was key to the dawning of the category and, influenced by HIV/AIDS activism that called attention to the exclusionary effects of the term gay - figured as Western, white, and elite - put forward MSM as a universal, depoliticized category that was concerned only with sexual behaviour (Boellstorff 2011). Researcher Gary Dowsett, who was involved in early deliberations about terminology, sums up MSM’s existence: “Part of the debate at that time was how to describe male-to-male sexual transmission where clearly gay community and culture didn’t exist…eventually MSM became the overarching category in UNAIDS, and the rest is history” (cited in Boellstorff 2011: 292).

The major flaw with this attempt to evade the term gay, deemed as an imposing Western notion, is that it failed to acknowledge that MSM was also, if not more, of a Western term than gay (Boellstorff 2011). This was so in two ways. Firstly, it takes “men” for granted and equates “male” with biology, a Western tendency. It consequently excludes those who do not identify as men including, for instance, transgendered persons\(^10\). Secondly, MSM conflates “sex” with penile-anal intercourse. Sociologist and

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\(^9\) It is for this reason that I rely heavily on Tom Boellstorff (2011) to explain where the term MSM “comes from”. His article, “But do not identify as gay: A prolepsis genealogy of the MSM category” (Boellstorff 2011) is, to my knowledge, the most comprehensive piece of literature on the historical emergence of the category to date.

\(^10\) Boellstorff notes, however, that recently there has been a redefinition of MSM to include male-to-female transgendered persons so that, “now the term ‘men who have sex with
historian of the AIDS epidemic Cindy Patton has observed that the scientific approach to sex has meant that safe-sex discourse in Western-made programs persuading condom use amongst MSM distinguished penile-anal intercourse as the ““real” form of homosexuality” for such intercourse is what Westerners understand as the pinnacle of gay sex (Patton 2002: 84). With these two lapses have come a neglect of other forms of relations and intimacy that influence one’s vulnerability to disease. One consequence revealed by Patton (2002) is that the preconception that homosexuality equals penile-anal penetration “narrowed the images of safe sex” and that “[r]educing safe sex to the symbol of the condom tended, even in the most savvy projects, to accidentally produce Westernized, urbanized sexual subjects among men who have sex with men under other symbolic regimes” (84). Programs have tended to gloss over important social differences among homosexual actors (Patton 2002). The category has also minimized the well-known fact amongst social scientists that power differences are also based on local sexual identities and social status (for example, see Niang et al. 2003 for a discussion of the ways that social identity and status in Senegal influences sexual roles between men).

Like MSM, the term female sex worker was itself a source of much debate during the 1980s and 1990s. Feminists challenged the term prostitution on the grounds that it carried a plethora of negative and moralistic connotations (Patton 2002). In the same vein that MSM was regarded as a universal, all-encompassing, neutral category, female sex work was employed to cover any and all forms (for there are various) of women’s exchange of companionship and/or sex for money across the world (Patton 2002). Epidemiologists too, as discussed, are concerned with behaviour and not identity so the act of the exchange of sex for economic benefit is what is of concern and not what women call themselves or the context of the relationship. Like the case of MSM, the very social differences that were skipped over in the name of universality have been those that influence safe sex practices (Patton 2002). For example, differences in self-conception are important. Women may not identify as a sex worker because they do not provide the formal exchange of sex-for-money or solicit themselves on the street, but provide public and private companionship, and perhaps offer sex in exchange for a nice time out and gifts (Wardlow 2004). In HIV/AIDS circles in Ghana, women have been

men”...includes...transgendered males” in some settings (UNAIDS 2006:110 in Boelstorff 2011: 296).
identified as “indirect female sex workers”\(^\text{11}\) although the BRIDGES program, targeting more visible or formal sex work, did not specifically research or address these types of relationships. As Patton (2002) notes, these “differences in identity that varying forms of sexual exchange entail mean not only that researchers misunderstand the objects of their study, but also that the “targets” of education programs may not see themselves as the women to whom advice about safe sex is directed” (91). Anthropological research has shown that the negative association of condoms with prostitution and promiscuity prevents their use among women engaging in other forms of sexual relationships/exchanges (Romero-Daza and Himmelgreen, 1998).

Differences in identity and meaning attributed to relationships clearly matter. Despite this old debate about the meaningfulness and implications of these “classic” risk groups, they are going strong even now. This is due to practical, actionable purposes as mentioned above, but also because, as Lorway and Khan (2014) note, the type of MARP hot spot mapping procedures we see in HIV/AIDS rests largely on a degree of assumption, and divergent logics are used to patch together a narrative that makes sense, as discussed below.

**Speculated Guilt by Place, and as People**

Curiously, under BRIDGES, non-paying partners and female sex workers were regarded as any and all males or females in the hot spots. Within the hot spots peer educators randomly approached people presumed as their “target population” (ethnographic details of this process is provided in later chapters). Regardless of whether people actually fit the category, they were recorded as such by peer educators. How any and all can be presumed as either a sex worker or their non-paying client simply by being in a locale is a peculiarity that finds logic in the twisting up of speculative, epidemiological reasoning about place and people on the one hand, and M&E standards, on the other hand.

\(^{11}\) “Indirect female sex workers” are also known as a “distinct subgroup" of sex work” defined as “Those who do not self-identify as sex workers although they engage in sex work” (GAC/USAID 2011: 13). The lack of research on these sexual relations is acknowledged in the Ghanaian HIV prevention community: “Further data is needed to define these individuals and their risk factors” (GAC/USAID 2011: 13).
In epidemiology’s history touched on above, by the mid-20th century “place” took a backseat to the prime concern with risky people, but with new geographic information systems (GIS) technology, there has been, as Lorway and Khan (2014) explain, “a re-enchantment with spatial analysis in epidemiology and public health” (53). Contemporary mapping and enumerative population size estimate techniques “reflect important transformations in the employment of epidemiology in HIV prevention science” (Lorway 2014: 52) whereby the sciences of the actual has been “replaced by way of the speculative forecast, itself relying on proliferating modes of prediction” (Adams in Lorway and Khan 2014: 52). Major multilateral organizations like the World Bank and UNAIDS have channelled masses of funding into HIV prevention programs the world over “on the basis of the highly speculative findings generated from geographic mapping and enumerations of ‘high risk’ populations” even in countries with a relatively low prevalence rate (Lorway and Khan 2014: 52). Indeed, in Ghana, where the HIV prevalence rate is relatively low according to global standards at 1.6% (The World Bank Group 2017), recent investments have been poured into programs that concentrate on most at risk populations as a way to keep rates low and contained in anticipation of an emerging epidemic akin to keeping a pot from boiling over. At HIV-related events in Ghana, speakers commonly warned of rampant infection if efforts waned, citing the reversal of various African country’s success stories, such as Uganda’s, as examples. Donald Teitelbaum, former American ambassador to Ghana, stated at the 2011 World AIDS Day celebration, for example, that Ghana was “a tremendous success story”, but that “this was no time to be complacent… The U.S. will be there with you”.

In anticipation of an emerging epidemic, USAID/Ghana advisor, John, told me that enumerative and mapping procedures help health authorities see “what’s moving the epidemic” and that by focusing on “the drivers of the epidemic…we get more bang for our buck”. John’s reference to the cost-effectiveness of interventions that focus on MARPs is a virtue given to such interventions by key multilateral institutions and experts alike (Vassall et al. 2014). Interventions targeting MARPs are advocated as a cost-effective strategy that reduces the level of vulnerability and risk while optimizing coverage, reducing cost and lowering the number of new infections. Cost-effectiveness has become increasingly important under the “investment approach” at the forefront of prevention strategies by PEPFAR and the Global Fund (UNAIDS 2013).
Although geographic mapping and enumerative techniques can create sophisticated hypothetical situations about the spread of diseases, BRIDGES also relied on what Lorway and Khan (2014) call “an additional level of speculation” (53) whereby the identification of people and places as high risk is done so out of assumption, as in their research experience with the Avahan intervention in India. For instance, as mentioned earlier, peer educators mapped hot spots through personal conjecture and experience. The Acting Director of Hope, Aunty Phyllis, had ideas about the location of hot spots from her time and experience working for Hope. At a monthly meeting, she instructed peer educators to come up with new sites and guided some peer educators where to go. One place, for example, was a particular portion of a busy street where she said sex workers visibly solicited and socialized. Some places, often of poverty, had a bad reputation and were regarded as hot spots this way.

Epidemiological mapping is speculative and assumptive, but allows program managers, epidemiologists and the state (Ghana AIDS Commission) to “see” its subjects, to render them identifiable, calculable and thus governable as in the tradition of James Scott (1998), and to monitor and evaluate the program (Lorway and Khan 2014). Monitoring and evaluation, by its very nature, requires that a picture of the intervention being evaluated can be captured and consumed by a series of people in different places (M&E specialists, program managers, stakeholders, donors), which I discuss in more detail in Chapter Three and Four. The point here is not to pit science and speculation against one another, as Lorway and Khan (2014) make clear in their own case, but rather to show how various kinds of reasoning come together to make epidemiology true.

The intertwined concern with risk groups (some people are riskier), a distinctively epidemiological concern, and spaces (some places are riskier), which has a deeper history in colonial medicine, meant that a place (hot spot) was marked as unhealthy and those within the place, no matter who they were, were doubly marked as one of the most-at-risk populations. People in the hot spots are regarded as doubly at risk as both behavioural and spatial deviants simply by being there. Through their social prowess and networking skills, peer educators could certainly come to know whether a person could be considered to fall within their so-called target population; however outreach in the hot spots often meant meeting someone for the first time briefly and oftentimes a discussion of who they were did not even come up.
On a few occasions I discussed with senior USAID/Ghana advisor, John, the assumptions underlying epidemiological speculation and the ambiguities of the MARPs categories. John expressed the critique that the category, non-paying partner, was “vague”, but in one particular interview with me he explained that the meaning of the category is superseded by the common sense logic of targeting hot spots:

How [non-paying partners] are exactly defined is more of an academic discussion. [The ambiguity of the term] doesn’t mean the program falls apart. It’s not so important if someone is classified as NPP. There’s so many men hanging around [hot spots] and the final aim is to reduce new infections.

John’s reasoning that it does not matter what people in hot spots are called because the fact that they are there at all is reason enough to target them indicates the authority given to place as all-encompassing default risk factor. Any ambiguity about who is meant to receive BRIDGES’ services is mitigated by ‘hot spot logic’, which “stabilizes as material, as real, the erroneous line that divides those who…should attend to the techniques of safer sex…from those who needn’t (original emphasis)” (Patton 2002: 124). While intensifying and doubly pinpointing efforts on those people over there, the general population is left to think prevention does not apply to them, and is treated as such by policy. These are categories rooted in the U.S. and promoted by major global health institutions, but they have been readily taken up Ghanaians. This is partially due to their historical ties to education in the U.S. and Europe, to international funding bodies, and their history as a modern African nation.

Ghanaian Participation

Biomedicine has been part of the Ghanaian social fabric for some time. The historical origins of Western medicine in Ghana (then known as the Gold Coast) can be traced to the 19th Century when it was first introduced by Christian European missionaries12. A Medical Department was formed in the 1880s, which consisted of a

12 The exact date of biomedicine’s debut to the Gold Coast is disputed by scholars (Senah 1997). One author (Twumasi 1975) believes this to be when the ‘Pax Britannica’ was signed, which signified the formal establishment of British colonial rule in 1844 while yet another author (Ewusi 1989) states that it was when the first hospital was built in 1868 in the colony for use by both Europeans and Africans in the colonial civil service (Senah 1997: 52).
Laboratory Branch for research, a Medical Branch of hospitals and clinics, and later, the Sanitary Branch for public health, which was set up in the 1900s in conjunction with Britain’s own Sanitary Movement (Senah 1997). The period between 1920 and the start of the Second World War may be regarded as the apex of colonial health policy in Ghana (Senah 1997). It was a period marked by “intense missionary and European commercial activities” (52) and the emergence and expansion of hospital and social welfare facilities, including Ghana’s first teaching hospital, Korle-Bu Hospital, in 1923. Education in general was influenced by the British colonial government who founded the University of Ghana (then University College of the Gold Coast) in 1948 according to British norms and standards. The first Ghanaian medical doctors received their degrees from UK institutions.

At independence in 1957, Ghana was the first country in sub-Saharan Africa to break from colonial rule. The immediate nationalistic, Pan-African, and socialist tone under the leadership of Ghana’s first president, Kwame Nkrumah, revered to this day by many Ghanaians and Africans, led to the speedy development of social welfare services such as health and education. Nkrumah’s reign was ended by a coup in 1966 and while some of the optimism fell with him, the institutions, particularly the scientific institutions, and forward-thinking that emerged out of this time, and which carried some momentum for future developments, were important early claims to African modernity, a status Ghana was proud to carry (Droney 2014). Like their relatively quick response to HIV/AIDS, Ghana’s early involvement in Family Planning in the late 1960’s made them a rather unique and again, “modern” country in Africa (Takyi 2000) with global connections. The health sector has been linked to USAID since the 1960s (USAID 2011).

The political economy in the post-Nkrumah era was severe to say the least. Military coup’s and counter coup’s created political instability, which led to a steep fall in the economy that continued into the early 1980s. Real per capita expenditure on health fell to .6 percent in 1983/1984 (Mawuko-Yevugah 2015: 65). By then there was an enormous brain drain of medical practitioners (half had left) and teachers, the quality of education had dropped, and medical and teaching supplies suffered immensely (Mawuko-Yevugah 2015: 65-67).

The effects of Ghana’s version of the structural adjustment programs—the Economic Recovery Program launched in 1983—are being felt to this day. However, the discovery of offshore oil reserves in 2007 and the overnight bestowal of World Bank
“middle income” status due to a statistical technicality in 2010, have given occasion for former President Kofi Annan to declare in 2013 that Ghana has been given a “second chance” (Droney 2014: 368). Ghana has continued to position itself as a progressive African nation. They are reputed in the global scene as “a model for democracy” in Africa, as proclaimed by President Barack Obama during a meeting with Ghanaian President John Evans Atta Mills at the White House in 2012 (Karimi 2012). Ghanaians’ international standing as peaceful, relatively tolerant and liberal-minded people has helped their “modern” position within the field of health as well, and specifically, HIV/AIDS. “Let’s clap for Ghana”, a facilitator said at the close of the annual Strategic Information Dissemination Forum in 2012 hosted by Ghana AIDS Commission, proud of his country’s provision of services to men who have sex with men, which “other countries in Africa don’t want to hear about”. These aspects have made Ghana a natural site for foreign institutions to base their research, collaborate, and invest. Indeed, Ghana was the first country in the world to sign a Global Fund grant in late 2002. Ghana has been viewed as an attractive “partner” for donors, reputed to be a neoliberal “donor darling” that has welcomed foreign investment (Hodžic 2016: 13).

Boston University’s Centre for Global Health and Development, in collaboration with Kwame Nkrumah University of Science and Technology, for example, has conducted and published much research on “key populations” (previously “most at risk populations”) in Ghana; as has University of California, San Francisco, Global Health Sciences department. With respect to monitoring and evaluation specifically, ties to the U.S. include the Morehouse School of Medicine in Atlanta, which helped develop the annual M&E workshop at the University of Ghana. They also stated in their workshop that they are assisting in the development of an M&E Masters program at the University of Ghana. Furthermore, a popular learning site for a Ghanaian in training is MEASURE Evaluation, an online site funded by USAID that offers certificates.

I highlight the historical ties to Western science and education, and to current U.S. institutions to demonstrate the normalcy of a U.S. and British way of thinking about health in Ghana. The U.S. and U.K. have distinct institutional and educational histories, although the Flexner Report of 1910 in the U.S., which calls for the standardization of medical education curricular, aligned North American schools with European practices and standards (Starr 1982 in Crane 2013: 9). I join these two areas here in order to streamline the point that “normal science’ is a largely shared paradigmatic approach that spans these places. Ghanaian health experts, personnel, and students are largely
implicated in the standards and values that govern the health sciences (and many in the higher ranks continue to receive their degrees overseas, although Ghanaian institutions are increasingly gaining strength and worldwide currency).

Conclusion

This chapter makes the point that the form of HIV/AIDS intervention I encountered in the ethnographic present is the product of a history that includes the elements outlined. They also help to explain why the language and frameworks underlying BRIDGES are familiar and common sense to many Ghanaians. Biomedicine is not “Western” owned, but can be a normalized way of thinking for those in the “non-West as well”. Ghanaians eagerly subscribed to global health principles. For instance, HIV/AIDS and M&E personnel expressed pride in their commitment to “country ownership” of HIV/AIDS intervention (including monitoring and evaluation), a major pillar in the current aid-effectiveness agenda. The following excerpt from an interview with Calvin, an M&E officer at the Ghana AIDS Commission, relays some of this sense of pride. Referring to Ghana’s M&E system, he stated that:

The M&E system in Ghana is one of the flagship and advanced systems as compared to that of others in Africa. We’re one of the top countries. I can speak for West Africa, anyway, with regards to the conferences we’ve [Ghana AIDS Commission] been to...Most West African countries like learning from Ghana. There are about five or six conferences I’ve been to; anything M&E-related is usually reserved for Ghana to present because everyone is looking up to Ghana and the innovative things we do when it comes to M&E...We have the funds. We have the commitment. We take ownership. It’s all about leadership. It’s about the leadership from our late president and the former president. The president is the chairman of the Commission and without his commitment we wouldn’t get these huge amounts coming into the country for HIV...And being very accountable, there’s been nothing when it comes to corruption. And taking ownership.

To what extent do Ghanaian actors actually have ownership? What might this mean for our understanding of the way that development works? I begin to explore these questions in the following chapter.
Chapter 3.
Indicators as Good Enough Benchmarks

In June 2001, Heads of State and Representatives of Governments from around the world gathered in New York at the United Nations General Assembly Special Session on HIV/AIDS to agree on a plan to alleviate the flood of loss and suffering that had been rising for twenty years. This was a historic moment. It represented the gravity of the pandemic for this was the first time HIV/AIDS was exclusively the topic of the General Assembly; but it was also a momentous occasion because it signified a turn to imagining health, specifically HIV/AIDS, as a global problem and responsibility, as expressed by the slogan of the meeting: “Global Crisis-Global Action”. Governments from 189 countries committed to an international and national action plan to tackle the pandemic by adopting the Declaration of Commitment on HIV/AIDS. In the Foreword to the Declaration, United Nations Secretary-General, Kofi Annan, an esteemed Ghanaian, proclaimed, “For there to be any hope of success in the fight against HIV/AIDS, the world must join together in a great global alliance” (Annan in UNGASS 2001: 1). As part of the Declaration, UNAIDS and its partners developed a set of “core indicators” to measure the progress achieved in meeting the Declaration’s goals (UNAIDS 200). Following suit, global institutions like PEPFAR, Global Fund and the WHO have also provided standard indicator registries with the aim of harmonizing the designing, management and reporting process. Monitoring and evaluation is a global system set up primarily to answer to these indicators to hold countries and programs accountable. Organizations in Ghana, as in many countries heavily reliant on external funding, are compelled to continuously show donors that they are meeting their targets towards these indicators in order to receive their next vitally needed installment of funds.

Despite the significant role of international funding organizations in countries such as Ghana, indicator guidelines subtly and not so subtly presume that recipient countries and organizations have autonomy. This chapter explores this curious contradiction as telling of the ways that foreign aid currently works to enroll Ghanaians into an “uneasy symbiosis” (Iliffe in Crane 2013: 10) of collaboration and dependency via M&E indicators. First, however, I begin to show how the growing uptake of monitoring and evaluation further locks into place a pattern of thought in HIV/AIDS prevention programming. I argue that indicators, the “highest” metric in the M&E system, enables
program actors and donors to “see” the BRIDGES program in ways that perversely work to sanction, rather than assess, standardized approaches to HIV/AIDS prevention.

Seeing is Believing

How do people know if a program is doing well and how do they arrive at the kinds of questions they ask to determine this? When I asked M&E personnel in Ghana these questions, I was often referred to an indicators reference guide developed by PEPFAR “interagency indicator working groups”, which included multilateral partners like WHO, “PEPFAR-funded implementing partners”, and civil society participants (see PEFAR 2009). In Ghana, personnel’s adherence to standardized indicators as the ultimate benchmarks for effectiveness became very apparent to me early on in my fieldwork. Indicators can be found as listed sets, packaged and prepared for use by major global institutions, available online as guides for anyone interested, including funding applicants. These harmonized sets are part of the effort to universally coordinate an HIV/AIDS response. The PEPFAR-specific indicator guide that personnel commonly referred me to is a two hundred-page document. One injunction towards the beginning of the document caught my eye, which I kept coming back to throughout my fieldwork: “Programs should not be designed around an indicator for the sole purpose of reporting on that indicator” (PEFAR 2009: 5). This instruction reflects an awareness of a critique - and one that I raise in this chapter - that indicators are backwardly moulding programs rather than simply assessing them. Yet, this statement was contradictory to all other teachings in Ghana that I had come across which emphasized that monitoring and evaluation be integral to a program from the very beginning: monitoring and evaluation should be built in to the program itself and continuously used to check on the program, as well as obtain results.

For instance, I attended a weeklong M&E workshop that taught this very idea. Sponsored by an American university and in collaboration with the Ghana AIDS Commission, the workshop invited participants who worked in the field of HIV/AIDS in Ghana, some specifically in monitoring and evaluation, to learn about the M&E fundamentals. The workshop was organized around educating the direct relationships between program design, implementation, and monitoring and evaluation through what is called the “Logic Model”:
The Logic Model is an institutionally accepted M&E tool and visual depiction of the sequence of program activities thought to bring about results. The above Logic Model was used in the workshop and referred to a recurring example of an imaginary HIV testing and counselling program. Basically, using the Logic Model, participants were instructed to come up with activities that could be linked to quantitative results. They had to anticipate that activities needed to be capable of measurement to show results. All boxes representing variables needed to be measurable. Quantitative results, participants were taught, could therefore answer to indicators. They were also taught to therefore anticipate choosing indicators they could answer to. “Think backwards”, one workshop facilitator instructed as participants practiced drawing sequences of variables at their tables. Workshop facilitators, who were Ghanaian public health, researcher, and M&E experts, harped on the importance of indicators to collecting data on a program. One afternoon the facilitator told students that they should record or “count” information only that relates to their indicators. He referred to the second page of the “Indicators” module in a rather dry, two-inch thick students’ manual we were all given. He instructed participants to “collect only the data that you have a specific use for”.

Figure 1: Example of The Logic Model used in an M&E workshop in Ghana
On another afternoon, the participants and I were shown via PowerPoint an image of an office room covered in piles of paper. Stacks of files and folders stood high on the wooden desk and filled the bookshelves behind it. Referring to the image as an example of what not to do, the facilitator instructed the participants, “You should think how best the data can be used. If you know you’re not going to use it, don’t even collect it. Don’t collect data and put it on the shelf… Collect data according to your indicators - what you want to know”. These participants were directed to employ the Logic Model in their respective HIV/AIDS-related work sites across the country.

Through this workshop, we catch a glimpse into the institutionalization of regarding numeric results as optimal, useful data. **Table 1** shows the indicators that BRIDGES used.

<table>
<thead>
<tr>
<th><strong>Table 1:</strong> BRIDGES Indicators</th>
<th></th>
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</thead>
<tbody>
<tr>
<td># of FSW reached with individual and/or small group level interventions based on evidence and/or meet the minimum standards</td>
<td></td>
</tr>
<tr>
<td># of MSM reached with individual and/or small group level interventions</td>
<td></td>
</tr>
<tr>
<td># of NPP reached with individual and/or small group level interventions</td>
<td></td>
</tr>
<tr>
<td># of PLHIV reached with minimum package of prevention with PLHIV (PwP) intervention</td>
<td></td>
</tr>
<tr>
<td># of MARP reached through “Helpline” and “Text Messages” and other ICT programs</td>
<td></td>
</tr>
<tr>
<td># of individuals (MARP, PLHIV, health providers) reached with stigma and discrimination reduction messages</td>
<td></td>
</tr>
<tr>
<td># of people reached by an individual, small group or community level intervention or service that explicitly addresses gender based violence and coercion related to HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td># of individuals who received Testing and Counseling services for HIV and received their test results</td>
<td></td>
</tr>
<tr>
<td># and % of individuals testing positive enrolled in HIV care services</td>
<td></td>
</tr>
<tr>
<td># of eligible adults and children provided with a minimum of one care service</td>
<td></td>
</tr>
<tr>
<td># of health care workers who successfully completed an in-service training program within the reporting period</td>
<td></td>
</tr>
<tr>
<td># of targeted condom service outlets</td>
<td></td>
</tr>
<tr>
<td># of male and female condoms sold/distributed through peer educators</td>
<td></td>
</tr>
<tr>
<td># of lubricants sold/distributed through peer educators</td>
<td></td>
</tr>
<tr>
<td># of MARP who received STI services</td>
<td></td>
</tr>
<tr>
<td># of AIDS cases identified by PLHIV and enrolled in care and support services</td>
<td></td>
</tr>
<tr>
<td># of PLHIV who received preventive commodities, excluding condoms (e.g., bednets, water purification)</td>
<td></td>
</tr>
<tr>
<td># of survivors of GBV who reported and receiving supportive services</td>
<td></td>
</tr>
<tr>
<td># of sub-partners with monitoring and evaluation system in place for program planning and reporting</td>
<td></td>
</tr>
<tr>
<td># of sub-partners who received regular supportive supervision and mentoring</td>
<td></td>
</tr>
<tr>
<td># of peer educators who received regular supportive supervision and mentoring</td>
<td></td>
</tr>
<tr>
<td># of HTC and STI clinic staff who receive routine supportive supervision and mentoring</td>
<td></td>
</tr>
<tr>
<td>% of facilitates/DICs that periodically apply quality assurance improvement standards</td>
<td></td>
</tr>
<tr>
<td># of sub-partners who received one or more financial reviews and mentoring visits</td>
<td></td>
</tr>
<tr>
<td># of sub-partners who receive TA in administration, human resources, management, and planning</td>
<td></td>
</tr>
<tr>
<td># of sub-partners and local NGOs provided with technical assistance for MARP/PLHIV programming and M&amp;E systems</td>
<td></td>
</tr>
<tr>
<td># of gender point persons trained</td>
<td></td>
</tr>
<tr>
<td># of IPs who received regular and scheduled OD/CB mentoring and coaching</td>
<td></td>
</tr>
<tr>
<td># of M-Friends and M-Watchers trained and deployed within IPs implementation areas</td>
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The indicators were interested in: the number of most at risk populations “reached”; the number of those who received a service; the number of those that were trained (e.g. health care workers); the number of condoms and lubricants sold; and the number of NGOs that received human and institutional capacity building. The careful reader perhaps familiar with monitoring and evaluation, using the pictured Logic Model above as reference, may have noticed that these indicators all speak to “outputs” and not necessarily “outcomes” or “impacts”, a point that I will return to shortly.
Projects depend on these kinds of enumerative data collection techniques, which allow stakeholders and donors near and far to imbibe information. This point is made well by anthropologist Crystal Biruk (2012) who, drawing upon James Scott’s *Seeing Like a State* (1998), argues that HIV/AIDS data collection in Malawi is governed by standards that reinforce shared expectations of “high quality data” (347). James Scott (1998) examines how modernist states use standardizing techniques to render society legible. Biruk (2012) employs Scott’s (1998) account of the invention of scientific forestry in the 18th century - “a metaphor for forms of knowledge and manipulation characteristic of powerful institutions with narrowly defined interests” (351) - to demonstrate that the need to standardize subjects and make the natural world digestible goes beyond the interest of the state to include other systems of organization, such as research projects in Africa.

Today, complex networks of national, international, and transnational personnel and funding forged by an explosion of ‘non-state’, semi-autonomous NGOs and BINGOs (as well as global alliances of activists, grassroots organizations, and voluntary organizations) (Ferguson and Gupta 2002) require data collection tools that enable assorted, variously interested actors and institutions to “see” (Biruk 2012). Scott (1998) emphasizes that a state’s ability to govern relies on “seeing”: on “bracketing contingency and standardizing their subjects” (Biruk 2012: 351) in order to capture a picture of social reality. In Scott’s (1998) account, the annual revenue yield of timber, amongst other indicators such as mortality rates, geographic distribution of population, and so on, are instruments that convert raw, messy social reality into numeric data so that the state can see its subjects and understand the matter at hand (Biruk 2012: 351). Biruk (2012) effectively argues that the ability of HIV/AIDS research projects to see and represent its subjects depends too on the optical analytics that Scott (1998) pinpoints: legibility, simplification, and magnification (351). By examining HIV/AIDS research practices in Malawi, including survey design and translation, sampling, a questionnaire, mapping and photographing households in a sample, Biruk (2012) illustrates that these practices “serve to transform people into numbers, households into dots on a map, and voices into disembodied data” (362).

The heart of the author’s argument that is of particular value here is that the “blind spots” created from the filtered practice of seeing are no accident, as implied by critiques of HIV/AIDS policy and research in sub-Saharan Africa which suppose that the blind spots are simply an oversight (362). The author strongly states, “[researchers] do
not miss anything; they see exactly what they intend to see and their data make stability and fixity in representation possible” (362).

I also recognize that the work of governing the monitoring and evaluation of programs unfolds “across a patchwork of transnationally networked bits” (Ferguson in Lorway and Khan 2014: 57). The ability of diverse actors and institutions to monitor and evaluate HIV/AIDS programs (and any development program) relies on “seeing” these in ways that are digestible to offices in Washington, Geneva, Seattle, Bonn, London and so on, and to analysts and politicians there who often never set foot in the places they are looking at and talking about. As John at USAID/Ghana described it,

[U.S.] Congress is very far away from the real world. Targets [to answer to indicators] are all they have...this is their reality, they have nothing else... The further away [donors and policymakers are], the more important targets and [numeric] achievements become. They cannot have a handle on it otherwise.

As discussed in the Introduction, this transnational structure has overlapped with the merger between scientific and business management logics. As such, indicators are not simply institutionalized for practical reasons, but because they support and reproduce globally “shared epistemic virtues” (Biruk 2012): accuracy, objectivity, transparency, reliability, reduction of human error, and timeliness—increasingly important features of global health (Pigg 2013). These virtues guide the M&E gaze. Personnel, like those in the workshop discussed above, are trained to have selective vision – for example, to only collect data that answers to indicators - which frames knowledge outside of these virtues as useless or at the least, secondary.

Indicators drive how M&E personnel do their work. This finding is in line with scholarship of audit culture, which has made the point that organizations tend to count proxies for unwieldy social realities that are difficult to measure, such as number of people reached, number of people trained and so on, as in the case of BRIDGES, which is affecting the very way that organizations are doing their work (Davis et al. 2012, Merry 2011). When I asked M&E personnel to describe what their work entails, “data verification” was often given as the defining dimension. This entailed checking the technical accuracy and completeness of documented data. As we will see in Chapter Four, the material (reporting) network within which monitoring and evaluation is embedded is a powerful seam of the multilayered network that drives what monitoring and evaluation is, including what personnel are, and are not, looking for. Here, it is my
aim to show that the indicators that govern M&E data collection not only inculcate “habits and scripts” (Biruk 2012: 353) that M&E personnel perform, affecting their gaze, but also that: indicators (and monitoring and evaluation generally) inculcate habits, scripts and practices among many people, which guides the prevention program itself. My purpose is to make clear the interrelationship between monitoring and evaluation and authoritative prevention programs, in order to show how policy is (re)produced socially and later on in the chapter and dissertation, the implications. This interrelationship is first made evident through the premise of the Logic Model, introduced above. I will now explore how indicators influenced the practices of those on the program ‘frontlines’ - peer educators and field staff.

The Influence of Indicators on Frontline Practices

At trainings and meetings, peer educators were repeatedly told how important it was that they meet their targets. At times Aunty Phyllis conveyed its significance through scolding. Peer educators were continually reminded that their positions at Hope were only possible through external funders who wanted them to meet their targets. Targets therefore weighed heavily on their minds. Peer educators needed to prove that they met their targets by recording the number of people to whom they performed a program activity. Peer educators were not only educators, but also data collectors. Aunty Phyllis relayed their target numbers to them at meetings. In anticipation of meeting them, peer educators planned out how many people they would talk to on certain days about what. Some planned more strictly than others. They would keep a running tally of what education and services they provided and what they were yet to provide to make their numbers at the end of the month.

Typically, peer educators congregated in the late morning in their Hope-assigned community, an epidemiological “hot spot” mapped as a key location where MARPS conducted sex work, resided, and/or hung out. The program gave peer educators monthly quotas or “targets” of people they needed to “reach”. Setting out together, at times branching off in smaller groups, pairs, or individually, they strolled the community approaching people presumed as their “target population”, which usually led to education on one of BRIDGES’ given topics (I say “usually” because sometimes people just were not interested).
Peer educators made use of “Behaviour Change Communication” materials premised on promoting “healthy behaviours among MARPS” with “key health messages”, which they carried in messenger-type bags. The content of the materials - colourful leaflets and small booklets devised by health education experts - largely fell in accordance with an orthodox scientific view of sexuality and infection, the likes of which have dominated sexual health education universally for three decades now\(^\text{13}\) (Pigg 2005). Subject matter entailed “factual” information about HIV/AIDS and STIs, including direct messages against myths and misinformation. One booklet, for example, included the following advice:

Avoid him! Avoid quack doctors, self-medication, or borrowing medicine from friends. Don’t go to him! STIs are caused by unprotected sex NOT witches or evil spirits. Washing with salt, iced water or bleach will neither treat nor protect you from STIs. All forms of unprotected sex: oral, anal or vaginal can give you STIs.

Content also included: lessons about ‘abstinence, being faithful and using condoms’; instructions on using condoms correctly; messages about the importance of knowing one’s HIV status and getting tested regularly; messages about tolerance towards those with HIV/AIDS; definitions of domestic and gender-based violence and available support resource; and telephone helpline counseling information. A binder with graphic up-close images of sexually transmitted infections was a popular choice amongst peer educators as it commonly elicited shock and awe. It was not unusual for a small group to gather looking over the book holder’s shoulders as s/he flipped slowly through the images. This became an opportunity for the peer educator to convey information about STI symptoms and the need to seek treatment and practice safe sex.

\(^{13}\) It was two decades when Pigg noted this in 2005.
Figure 2: Peer educator showing “female sex workers” sexually transmitted infection education material in the “hot spot”
Figure 3:  Peer educator showing “men who have sex with men” a safe sex pamphlet in the “hot spot”

The materials were entirely in English, which prompted many of the peer educators to educate in English and to stick rather closely to the material messages\(^\text{14}\). Hope attracted peer educators from other Western African places who could not speak Twi and therefore spoke English in the field. Peer educators themselves were trained according to English-based international HIV/AIDS discourse. However, at times the program materials used local names, characters, images and situations, which were

\(^{14}\) Peer educators also commonly spoke Twi in the field if they were Ghanaian; Twi was commonly spoken in casual conversation and/or in spontaneous education-related conversations where materials weren’t used and peer educators went ‘off script’ so to speak. In these situations I would ask as much as possible for the peer educator to briefly summarize for me what was talked about. From my understanding, such conversations usually entailed translating information into local terms (“go down to their level” was an instruction for peer educators that was based in assumptions about class and formal education), providing more personal context and/or if the individual had more personal questions, although the “session” largely adhered to standardized information.
meant to “help make connections between the abstract information being taught and its potential real-life relevance” (Pigg 2005: 49). For instance, one booklet starts off with a woman introducing herself: “My name is Cece. I am a ‘Sister’. I often find myself in situations that put me at risk. But I’ve learned to make smart choices to stay healthy and take care of my child. I am her hope.” It is implied that Cece is a sex worker and a single mother of a small daughter. She was drawn as young and pretty. Other images in the booklet entailed a “quack doctor” with jars and plants in cardboard boxes as well as a shaman wearing body and face paint in front of traditional round huts. These images were juxtaposed with ones illustrating clinical professionals; one wore a white uniform, the other wore an African print dress.

Materials were based in “behaviour change” logic which sought to change risky behaviours by providing education – a strategy that has predominated AIDS prevention activities worldwide, including in Ghana, since the start of the epidemic. One can find these kinds of materials used by most prevention programs anywhere in the globe. They represent international templates premised in a universal, scientific approach to sex tailored to local circumstances. Under BRIDGES, their creation was not simply a matter of top-down adaption; rather, Ghanaian health education specialists, including from the BINGO, had a big hand in their development. These materials have their use, but they serve to standardize content and pedagogical (information-giving) techniques (see also Pigg 2005: 49). Peer educators often provided rather basic HIV/AIDS, STI, and safe sex education and were encouraged to as well. For instance, at a peer educator training, Aunty Phyllis advised them to “Avoid difficult subjects. Tell them you’ll come back to them if you have time”.

Peer educators’ practices were further standardized by the weight of indicators on their mind. Some walked around the community frustrated, trying to find new MARPS to meet their target by the month’s end. One morning in a suburban “slum” crammed with plywood homes roofed with corrugated metal, crowded tenement buildings, small shops, bars (“spots”), and a large market, I walked alongside Harmony in the group. Harmony, wearing her bright-green Hope polo shirt, walked with purpose through the maze of dirt pathways. Our feet dodged litter and puddles. I asked her what her plan was for the day. She replied that she needed to “get a lot” of new female sex workers to reach her target. She then beelined for two young women chatting in a laneway as the rest of us continued on, some breaking off to approach other community members.
Some minutes later Harmony caught up to us and, slowing from her jog, said, “Whew, that’s two!” At the day’s end I asked if her day went well. She replied that it was “okay” because she ended up interacting with “plenty” of new sex workers. I asked if it was stressful for her to meet targets. Furrowing her brow she responded, “It is. Our aim is to achieve our targets, but it’s like aaaaaah! And they will trouble you if you don’t.” Many peer educators regularly voiced the strain they were feeling to meet targets in anticipation of submitting them via monthly reports (discussed in Chapter Four). Occasionally peer educators and Hope staff used language equivalent to catching people. “Getting” people, for example, as Harmony stated above. It was not uncommon to hear phrases like, “I got three” and “we can get more if we go over there.” One month Prince had been absent for more than a week and on the day he returned, field officer Francine yelled after him, “You should get at least ten today, Prince, to make up for all the days you missed!” Peer educators were on a mission to document data, not just to educate, and community members became the data—numbers to capture. In recounting these conversations, my aim is not, of course, to suggest that important education and prevention awareness did not get done. Rather, it is my objective to bring attention to the ways that monitoring and evaluation helps shape what NGOs, peer educators, and community members become in the process of doing this work.
Another way that indicators influenced peer educators’ was by the transformation of people into categories: MARPS. Indicators trained peer educators and Hope staff to see and approach anyone in their path as a MARP. As mentioned in the previous chapter, oftentimes a discussion of who the person was did not come up. This rather shocking practice of assumption was a topic I continually raised with peer educators. While in the hot spots and communities I met people from various walks of life, many who may not have classified as a most at risk population, for example: a hotel manager who, buying bananas on his break, was walking by BRIDGES’ nighttime outreach on a lively strip; a man from the North visiting his younger brother who lived by the drop-in centre; two female friends/co-workers going for a drink after work at a nearby hairdresser shop. Everybody is somebody. When I raised this matter, some staff and peer educators insisted that they were a MARP. For instance, I mentioned to field staff member Akua that the man from the North was in town visiting his brother. Akua waved me off, “he’s NPP”. Some peer educators even insisted they could tell someone was a
MARP before approaching them. “You can even tell by their walk”, Prince maintained. Others, like Viola for instance, alternatively acknowledged that it is not possible to know if someone is, in fact, a female sex worker or non-paying partner without learning of this knowledge.

Peer educators and NGO staff are trained to adhere to epistemic virtues that serve as benchmarks for evidence production according to the scientific and M&E community: precision, objectivity, transparency, reliability, reduction of human error, and timeliness. Expectations of answering to indicators serve to tame unruly populations and uncertainty about the program. Indicators convey an aura of objective truth (Merry 2011) and the numbers that materialize from evidence production help to ensure the certainty of both the program and monitoring and evaluation, which I discuss more in Chapter Four. Furthermore, trust in the experience and credentials of the accomplished team of trainers, including Aunty Phyllis, Eli (Hope’s M&E Officer), advisors at the BINGO, and advisors at USAID/Ghana, smoothed over uncertainties. “Our bosses know what they’re doing”, peer educator Naomi concluded after talking with me about some reservations she had with the MARPS strategy. She thought that it would be more effective to engage with the general population. Peer educators and staff were trained to ‘see’ the hot spots as just that – places full with risky people – and therefore to see people as a whole as MARPS. Indicators help the MARPS to become visible and in so doing, “individuals and context fall out of sight” (Biruk 2012: 362). Akin to Scott’s (1998) state that loses sight of the trees for the forest, and to Biruk’s research project that loses sight of individuals for sample populations (Biruk 2012), BRIDGES loses sight of individuals for MARPS.

By exploring the ways indicators influenced the practices of those on the program frontlines, I aim to illustrate that indicators (and monitoring and evaluation generally) move peer educators and staff to see in a way whereby they adhere ever more strongly to already standardized programs. In so doing, they achieve the numbers they set out to, which works to sanction authoritative theoretical and pedagogical approaches to HIV/AIDS prevention backed by donors and the scientific community, including Ghanaians. Scholars have long questioned the underlying assumptions of these approaches, including the assumption that people are rational actors that can and will change their behaviour if provided with information to do so. On the topic of HIV/AIDS specifically, especially cogent critiques have come from anthropologists dating back to at
least the late 1990s. Scholars have argued that the tendency for interventions to narrowly target the sexual acts of individual bodies treats the epidemic as an isolated virus that can and should be addressed purely through its physical transmission while disregarding complex sociopolitical and economic dimensions of vulnerability to disease (see Romero-Daza and Himmelgreen 1998, Singer 1998, Turshen 1998, Webb 1997). It is not my aim to point out and criticize the limitations of dominant approaches to HIV/AIDS prevention and the knowledge produced by monitoring and evaluation, but rather amplify how the growing uptake of monitoring and evaluation further locks into place a pattern of thought, and the implications.

Prevention programs that can be converted into evidence-based numeric results via M&E instruments (e.g. indicators) are the standard because they support and reproduce globally shared epistemic qualities. HIV/AIDS interventions (and development interventions more generally) and monitoring and evaluation are now becoming so integral that we can no longer think of one without considering or anticipating the other. The optic lens of prevention program designers, managers and funders is increasingly premised on M&E expectations. Indeed, the PEPFAR (2009) guide that I referred to at the start of this chapter itself states that “strategic information” (the collection of program-related data only that has a specific use; i.e., that answers indicators) is “integral” (4) to program design and management.

Yet, recall the guide’s puzzling injunction upon which I began my chapter discussion: “Programs should not be designed around an indicator for the sole purpose of reporting on that indicator” (PEPFAR 2009: 5). The guide goes on to state that, “The indicator guidance found in this document does not constitute program guidance” (5). This ceiling placed on the use of indicators stipulates that a “comprehensive” (5) program be much more involved than simply planning a program to answer to indicators. It indicates that program design should be based on research, “international or national guidelines, best practices, and scientific evidence” for “[i]ndicators are intended to provide an ‘indication’ of performance based on one key or standardized element of a program. It is not the purpose of an indicator, or even a suite of indicators, to adequately capture every aspect of a comprehensive program” (5).

Basically, the injunction asserts that while answering to indicators is necessary, the shape of a program should not be dependent on standardized indicators. It therefore
portrays indicators as deferential to program agendas and activities, and implies that agency and creativity by in-country organizations and personnel is ideal and possible.

Considering my finding that the shape and character of BRIDGES was rather contingent on having to answer to set indicators, this makes the instruction that programs should not be designed around reporting on indicators very curious. The directive only makes sense when placed under the assumptions that: 1. These theoretical and pedagogical approaches (convertible to manageable indicators) are self-evident and 2. This kind of evidence collection is natural and neutral and therefore should not affect the shape of programs or practices. Of course, none of these forms of knowledge production are neutral and claiming so is itself an act of power. Because monitoring and evaluation is regarded as a natural vehicle of and to information, its powerful mediating role in the ways that programs are imagined and performed is made rather invisible. The complimentary epistemological commitments and values underwriting both monitoring and evaluation and BRIDGES compounds a sense of transparency. It takes on an intensification that, as Mazarella (2006) articulately says about the discourse of transparency, “is at the same time an inversion. Transparency pushed to its limit presumably means perfect perspicacity, or, in other words, invisibility” (499). Monitoring and evaluation allows stakeholders to “see” the program yet this methodology is regarded as so lucid, so natural, and so straightforward that it is taken for granted that it does not affect the frame of the program or practices.

“Not Necessary to Reinvent the Wheel”

In Ghana, monitoring and evaluation typically fell under what is known as process evaluation in M&E-speak, which was the type of monitoring and evaluation funded for the BRIDGES program. Notably, it is the most commonly funded type of monitoring and evaluation in HIV/AIDS programming (Rugg et al. in UNAIDS 2008) as shown in Figure 5. Basically, process evaluation assesses whether the program has been implemented as intended: were planned activities achieved? BRIDGES’ indicators in Table 1 represent process indicators. Other types of monitoring and evaluation include “outcome evaluation” and “impact evaluation”. The former asks if the intervention made a difference and the latter is interested in long-term effects.
Figure 5: Types of monitoring and evaluation based on trend

BRIDGES was funded for process evaluation, and not outcome- or impact evaluation, because, as the M&E specialist at the BINGO told me in an interview, the program was based on a long-standing model, partially influenced by current “best practices” from other countries, and therefore, carrying out a full-fledged assessment would be redundant. It is “not necessary to reinvent the wheel” each time, he said. Indeed, this is the given raison d’etre of “best practices” - a knowledge set about what works in particular contexts, described by UNAIDS according to the following maxim: “Don’t reinvent the wheel: learn in order to improve it, and adapt it to your terrain to make it work better” (UNAIDS 1999: 5). The apparent logic is: why waste time and money questioning models that we are already confident in? In other words, the institutional objective of monitoring and evaluation under this logic is not to initiate deep analysis about the meaningfulness of the program, but to collect data only about whether the program did what it intended to do\textsuperscript{15}. John of USAID/Ghana shared his own critical

\textsuperscript{15} Other senior program and M&E experts added that outcome and impact evaluations are usually done at the national level in Ghana; for instance, the Demographic Health Survey (DHS) and Integrated Biological and Behavioural Surveillance Survey (IBSS) provide such information as behaviour change or prevalence reduction. This information cannot typically be attributed to one
thoughts about the meaningfulness of the indicators: the indicators can be “vague” and “not very helpful for the program” yet “people can get totally obsessed with indicators…Some indicators are pretty meaningless…individuals “reached” doesn’t say much…nothing about the quality of the program”. In such circumstances, the theoretical and pedagogical approaches of the program are not what are under particular scrutiny. BRIDGES was never meant to be questioned. That was never the goal. What is of particular interest here, and in my entire dissertation, is not necessarily that a program is seemingly maintained without fundamental question, but that its endurance is part of a sense that it has in fact been questioned.

Foucault’s concept of governmentality is useful here to help us understand theoretically the basis for this given impression. Particularly valuable is the extension of this notion by key contemporary proponents of governmentality, Peter Miller and Nikolas Rose, who have outlined two key aspects of government: ‘rationalities’ and ‘technologies’. Rationalities of government entail the process of problematizing, or “rendering reality thinkable in such a way that it was amenable to calculation and programming” (Miller and Rose 2008:16). Technologies of government, on the other hand, “seek to translate thought into the domain of reality, and to establish ‘in the world of persons and things’ spaces and devices for acting upon those entities of which they dream and scheme” (Miller and Rose 1990: 8). Technologies are the instruments that make rationalities operable. In my research technologies include M&E data collection instruments such as indicators, targets, reports, training, education materials, the Logic model, prevention- and M&E discourse, and so on. These two aspects of government emphasize an intrinsic link between the identification of a “problem” and a “solution”, which provides insight into the logic of, broadly, international development. The attainment of development’s objective to ensure the welfare of a population depends on an illustration that a problem has been rectified or improved somehow. From the perspective of government, as Miller and Rose (2008) point out, it is futile to identify a problem that cannot be intervened upon. Problems need to be constructed with the possibility of an actionable solution in mind. This notion points to the privileging of certain kinds of knowledge at the expense of others in the name of action.

particular program, but these changes are recognized as a reflection of various interventions within the nation. An USAID advisor explained that these surveys and studies are expensive and time-consuming and so reporting on outcome indicators is “limited”.

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Prominent studies of development have drawn effectively from this element of governmentality to show how needs are made to fit already established programs and/or technology. That is, extensive, complicated, structural and political economic issues escape easy diagnosis and so are recast into problems that can be rectified through technical intervention. For instance, the difficult issue of poverty is recast into problems whereby people are uneducated, ignorant, unmotivated, lacking capacity, lacking skills, lacking resources, and so on, which can be rectified through education, training, resource donation, and so on (see Escobar 2005, Li 2007, Mosse 2005a). Compelling studies of health have followed a similar train of analytical thought to point out that health and illness are often framed in ways that can be enumerated, categorized, standardized, and transformed into “useful” information, such as in Biruk’s (2012) work mentioned above (see also Adams 2016, Erikson 2012, Sangaramoorthy 2012). I wish to add to this discussion by highlighting the role of monitoring and evaluation in further validating the indissociability between problem- and solution-construction.

At the risk of stating the obvious, solutions are considered solutions because they can be proven to be such; they show achievement or results in one form or another, which is a feature characteristic of current audit culture and the demand for transparency and accountability. Conduct and/or events are problematized in a way that allows for it to be acted upon (Miller and Rose 2008) but also, increasingly, problems are constructed in a way that their intervention can be proven to make some sort of accomplishment, which reinforces the identification of the problem as true. The process indicators listed in Table 1 do represent achievements. The ability to document tangible accomplishments according to these indicators conveys a powerful sense of effectiveness (and on the flip side, falling short of targets automatically places the issue as within the implementation process), which is a discussion I focus on in detail within Chapter Three.

Here I call attention to the institutional acceptance of process indicators as “good enough” benchmarks for discerning the efficacy of a program because they concur with a kind of problematization that acquiesces to actionable programming capable of supplying evidence of its achievements (Miller and Rose 1990). These intrinsic relationships reveal something of a circular logic or self-fulfilling prophecy whereby experts are asking for types of data that confirm their epistemological beliefs and values.
There is nothing novel in the suggestion that expert ideas and techniques are predisposed to existing paradigms (and social settings). Latour (1987) and actor network theory have taught us that as undisputed facts are assimilated into other projects, and “the more other projects there are whose stability depends on this fact”, the harder it is “for the dissenter to question it” (Pigg 2005: 56). My concern, however, is with how interventions recruit support from a network of diverse, globally dispersed actors (or not if the case would have been) (Latour 1996). I suggest that monitoring and evaluation represents a recent and increasingly important kind of governing strategy partially based on a sturdy concatenation between epistemological, pedagogical, and methodological theories and practices. The cohesive relationships provide a sense of credibility and order to a complex issue while illustrating alluring, tangible action or results, which, as we have seen, indicators are capable of making good on.

At the same time that I apply elements of governmentality as a useful analytic framework to understand monitoring and evaluation as an exercise of power, I use it cautiously, careful not to give the impression that development is as smooth a process as proponents of governmentality like Miller and Rose (1990) tend to make it out to be. Doing so would paint a picture of personnel and peer educators as robots programmed to perform specific tasks. There are important tensions and agencies in the way that program’s are created, practiced and thought about, which are aspects rather beyond governmentality’s traditional concern with regimes of rationality of rule. Still, it helps us to dissect the internal logic of global health and development governance. The distinctive feature of governmentality - its notion of power as productive - also helps us to understand that global health and development are accomplished through guiding the action of individuals or groups, persuading local participation through claims to expert knowledge of optimizing lives, as well as through providing a sense of autonomy in program development through notions of “partnership” and “country ownership”.

“He Who Pays the Piper Calls the Tune”

HIV/AIDS policy is flooded with rhetoric of partnership and country ownership. This discourse is in tune with the new international aid architecture deemed, by its supporters anyway, as “a paradigm shift from ineffective donor-led, conditionality-driven partnership to a system that puts the recipient country in the driving seat” (Mawuko-
Yevugah 2014: 102). Indicator guidelines also make use of this rhetoric such that it conveys a curiously contradictory message somewhat akin to that made above: ‘Follow this universal protocol closely, but be creative’. An added element of moral responsibility is attached to this particular dictum, however: ‘Follow this protocol closely or else we will halt your seriously-needed funding, but remember, you are in the driver’s seat, take ownership!’ This section dissects these clashing ideas as a way to understand underlying tensions in global health.

When I directly asked Ghanaians whether they felt like they had a say in the direction of programs, many said that there is some local input involved and some room for independent decision-making. One M&E specialist, for instance, stated:

Oh, there’s always space, there’s always space for people to do their own thing. Even when I was at Ghana AIDS Commission, I would give data collection tools, I would give indicators. What we would say is that you’re supposed to report on all those indicators. That does not mean that you cannot add your own indicators for your own local management. You can add your own things. But it is required for us to also report at the higher level. You must meet all those requirements, but you can also add your own.

Examples given by Ghanaians about “adding” (elements of) indicators included developing their own operational definition within an indicator, like the concept of “reach” for example, and breaking an indicator down into more detailed ones. The nature of added indicators will be consistent with overarching ones, however. As the same M&E specialist from above explained about including one’s own indicators or definitions, “that whole chain must flow”. In addition to adding (elements of) indicators, a USAID/Ghana specialist explained that “there’s always some flexibility in picking and choosing indicators” from harmonized sets as well, although sometimes it takes “a lot of back and forth discussion with Washington trying to get them to understand why we are tracking this and not tracking that”.

Many of those who responded that there is space for agency also divulged that indicator choice and program direction is ultimately up to the donor. The same M&E specialist, for instance, stated,

You see, whoever is funding is calling the shots. He who’s funding also has to report to whoever is giving him the money. Let’s take for example, PEPFAR is funding. You have to report to American government or Congress or Senate or whatever it is. They need to go and report and those people have certain things they are looking for, certain indicators.
they are looking for. So what it means is that whoever is giving you the money also has certain requirements they want you to meet so certainly you will do some of the things that have to fit whoever is funding. But there’s also room for you to look at your local situation and see whether there are some things that you can also take advantage of. So I don’t see that it’s like somebody has brought something to you and that the indicators are removed from the realities of your surroundings. You can actually include your own surroundings in this thing, but in doing that you still have to meet the requirements of this thing. It’s not like somebody brings you money and you say, “Okay I’m going to use this money to do this without taking into consideration the requirements that that person also needs to also be able to go and report” because you have reporting requirements, that person also has reporting requirements.

A specialist from USAID/Ghana provided further insight into Ghana’s role in the so-called partnership with the U.S., and beyond:

…[M]ost of the indicators are discussed and agreed upon in Washington, but with inputs from the field. Now, because Ghana is a very small PEPFAR country there are many times where there are requests for input, but we literally do not respond...[donors] will throw it out there that, “okay these are the issues that we’re interested in. Are they doable?” But invariably we do not, from my experience I mean, is that we don’t normally get involved in some of those discussions. We are a very small country so we think, ‘ahhh let the bigger countries talk about it’. So my very simple answer is that most of these indicators are written at Washington level with input from the field. Now, let me not limit this question only to PEPFAR. The identification of indicators actually goes beyond PEPFAR because, as you know, most of these international development agencies are interested in harmonizing more or less their M&E because it doesn’t really help the countries if PEPFAR brings indicators, WHO brings indicators, World Bank brings their indicators, and then it confuses the countries. So as much as possible, most of these indicators are already harmonized.

Many participants articulated that control boils down to money. For instance, an M&E officer at Ghana AIDS Commission explained to me in an interview that ultimately, “He who pays the piper calls the tune…Money determines everything”. Although there were some discrepancies between participants about how much autonomy they felt they had, it is clear that there is a little freedom to maneuver, but within the boundaries of the given system and within donor interests.
Clearly, the so-called partnership between organizations and countries is lopsided. That this asymmetry is inherent to relationships under BRIDGES is starkly apparent when considering that it operates under a contract agreement, an increasingly common financial agreement in development. Malcolm, an M&E specialist at the BINGO, explained in plain words that unlike the cooperative agreement where organizations/countries “can meet halfway”, and there’s “room for innovation”, the contract agreement is “more strict”: “…it’s like you employ me to work in your house. I cannot go and buy a new mat, a new rug and then I put it down and it is red and your house is orange”. This raises the question: what do terms like “country ownership” and “partnership” mean within the global health framework?

Malcolm implied that they mean being a “consultant” to donors, which is how he described the contract agreement relationship:

And because it’s their money you have to involve USAID in all these things. You have to, you have to. It’s like we’re a consultant basically. That consultant cannot go and think that “Oh I have to do this”…If you think that you want to make some change, you have to speak with your donor and say [what you want changed], and then the donor buys into that and then you can implement.

I found that rhetoric of partnership and ownership was more about in-country adaptation of international templates than with equalizing decision-making. There were many opportunities for dialogue between the various groups of actors involved in BRIDGES in the forms of field visits, workshops, phone conversations, conferences and, largely, meetings. However these sites were mainly about smoothing the implementation process, adding to existing ideas and practices or filling in the gaps. While these are opportunities for inclusion they are largely an invitation to consent to a pre-existing system.

This finding is somewhat in line with that of fairly recent critical literature of development, which has turned attention to other examples of promising-sounding policy that labels itself participatory, empowering, community-based, grassroots, human-centered, bottom-up, indigenous, and so on (Amoako-Tuffour and Armah 2008, Cooke and Kothari 2001, Mawuko-Yevugah 2014, Whitfield 2005: 100). Not only do these labels not hold true to their meaning, scholars argue, they act to more effectively entrench donor control over recipient countries and actors. They represent the postcolonial sheep’s clothing on the colonial wolf. Specific to Ghana, and more recently,
Lord Mawuko-Yevugah (2014), in his text *Reinventing Development*, critiques the new architecture of aid through an analysis of the poverty reduction strategy process (PRSP) in Ghana. He argues that the PRSP process - a “present-day reincarnation[] of the imperial and Orientalist agenda of the West” (85) - uses labels like participation and dialogue to give people (“civil society” in his case) a sense that they are involved in the process in order to justify decisions already made, and to contain further demands for inclusion (101). He similarly finds that participation actually means consultation, which emphasizes process over substance whereby donors are more concerned with the act of consulting, or going through the motions “rather than facilitating informed opinions and substantial discussion on the issues put forth in the consultation” (101). Some authors have argued that such inclusion, as a condition in the indirect exercise of power in development, is crucial for actors to gain a sense of ownership and freedom (Kothari 2005, Mawuko-Yevugah 2014). While helpful, critical literature in this vein tends to walk on the conspiratorial or scathing side, which was not my impression in the context at hand.

Consent is not simply based on feeling appreciative for the invite and the seeming granting of control, but also because people believe in expert knowledge as the best, most modern and universal. Monitoring and evaluation is part of the new common sense that further persuades development agendas. I have started to demonstrate that Ghanaians actively participate in the global health science point of view. Actors who were reluctant to say that they did not have some autonomy shared the epistemological perspectives and values of donors. This may help explain why the in fact small space Ghanaians have to negotiate may not feel that small.

The rhetoric of country ownership and partnership is not a simple ruse by major global institutions. The creation of global indicators such as those used in monitoring and evaluation shifts the responsibility of checking behaviour onto the performers themselves so that in-country adherence to indicators is actually believed to be taking ownership, being responsible, and being a partner in the global response. With such a shift, as Sally Merry (2011) has astutely pointed out, the enforcement bodies—U.S. Congress and PEPFAR for instance—move “away from the role of an authority imposing criticisms” to bodies that register “performance in terms of already-established indicators” (S88). The indicators themselves, and not a particular governing body, become the judge (Merry 2011). Employing them, then, is a form of self-management and thus provides a sense of ownership and autonomy amongst Ghanaians.
Nevertheless, M&E indicators are political, based in positivism, modernity (rationality and expertise applied to health problems), and the global health notion of responsibility as in-country self-management. They represent a business-based conception of accountability and success set up by funders wanting to keep track of their monies. What counts and what is missed is therefore not happenstance. It is fully intentional, driven by the perspectives and frameworks of experts who created them and supported by the layers of personnel in Ghana who are largely committed to this form of thinking as well, even contributing to standardized strategies to some degree, which is the focus of Chapter Four, “Ghanaians Producing the ‘Global’”.

Metrics such as M&E indicators are powerful technologies of global governance that bring together NGOs, BINGOs, governments, corporate consultants, international donors, and UN bodies, actively consenting and co-constituting what interventions look like. This is not to underemphasize the power of donors, of course, for it is they who ultimately, at the very least, have to agree on the way their money is spent and accounted for. This is also not to overemphasize the amount of space non-donor organizations have within which to maneuver. As this chapter has shown, actors must work within an M&E framework, which makes imagining and acting on alternatives difficult.

In making individuals and countries responsible for their own behaviour, indicators tend to support and reinforce global power relationships. They do not do this on their own, of course, but do so by being enacted within a current neoliberal climate in global health, which emphasizes privatization, free markets, and the “largely unexamined assumption that NGOs have a comparative advantage since they can often reach poor communities more effectively, compassionately, and efficiently than public services” (Pfeiffer 2003: 725). Indicators are part of a neoliberal tendency to channel funding into NGOs and to transform them into entrepreneurs driven to provide the “right” kind of information to “sell” themselves to donors, as organizations in Ghana were often taught to do in trainings. The indicators are used to financially reward NGOs for meeting M&E expectations, encouraging competition between them rather than channelling funds into the public sector. The latter strategy has been widely accepted amongst critical thinkers as a more effective approach to long-term health care by addressing social inequality through infrastructural development and local coordination (Pfeiffer 2003). The former strategy consequently works to keep local organizations severely dependent on external funding. Furthermore, it excludes those voices and organizations who are
less skilled in monitoring and evaluation and therefore not able to access funding. For example, smaller, poorer, and rural-based organizations that already have a challenging time getting heard. This may further deplete the pool of alternative opinions available while reinforcing those already established and those of the elite.

**Conclusion**

Questions about what success means or what makes a meaningful program are engulfed by technical questions in monitoring and evaluation of measurement, criteria, and data accessibility (Merry 2011). Indicators become the ‘thing’ aimed for and not necessarily the ‘good’ of the program or the improved health of the intended beneficiaries. I have pointed out in this chapter that this shapes the ways organizations and personnel “see” and perform their work. Consequently, this may generate a limited repertoire of program designs in the field of HIV/AIDS prevention, of “go to” approaches able to meet M&E expectations and known to draw funding. Perhaps more alarmingly, we’ve begun to see through a focus on indicators that monitoring and evaluation as a new form of global governance perpetuates donor influence over in-country organizations. Indicators cloak underlying power dynamics through their aura of objectivity. Furthermore, in promoting self-governance indicators invoke a sense of autonomy and empowerment amongst the governed, which works to engage them in active compliance with existing power relations.
Chapter 4. Documenting Success

When starting my examination of institutional practices set up to judge program efficacy, I found very early on processes and practices awash in M&E documents and acts of M&E documentation. It was difficult to tell where the program ended and where M&E documentation began and vice versa, which, it turned out, was the point: as this dissertation has made an effort to explain, monitoring and evaluation is meant to be a part of the entire program life-cycle.

Following monitoring and evaluation largely turned out to mean following the course of M&E documentation from the program ‘frontlines’ in the hot spot and community sites to the USAID/Ghana office in Accra. This entailed participant observation of M&E document-work, largely at Hope, as well as obtaining copies of documents as they moved from Hope to the BINGO to USAID/Ghana. Following the documentation was not about observing people chase data down to a predetermined finish line, completed and done, ready for the next task. Rather, NGO personnel felt the pressure to document always “around”. Most importantly, personnel constantly anticipated the need to document the program in revealing ways. M&E documentation in this sense is a site of anticipatory practice whereby “the future is inhabited in the present” (Adams et al. 2009: 249).

Anticipating M&E documentation configured to some degree their work and roles in the present. Metrics, therefore, do not act alone in their reality-construction; (anticipating) the tangible exercise of documenting data to answer to metrics co-constituted what users did, their roles, and their relationships. Scholars have argued that audit technologies (reports, indicators) are new forms of governance that engage actors to self-monitor (Strathern 2000; Shore and Wright 2015a, 2015b). As such, actors become active participants in their governing as opposed to being dominated by force (Rose 1989). This chapter augments this analytical point by showing that in Hope’s case, M&E documents engaged actors to govern themselves in ways that were unexpected and even objected to by USAID and the BINGO, which unintentionally furthered unequal power relations. I therefore join with other ethnographers of documentary practices who seek to provide a greater sense of the landscape of
document-work as experienced by those within it as a means of gaining insight into the question of how contemporary forms of governance actually take place on the ground (Erikson et al. forthcoming, Hull 2012, Riles 2006).

Documentation Ritual

Once a month Hope’s peer educators gathered at tables under the shade of trees in Hope’s courtyard to fill out their “Daily Activity Sheet,” which I refer to as the Sheet (See Figure 6).
Figure 6:  Peer educators’ Daily Activity Sheet (“the Sheet”)
The Sheet summarized peer educators’ monthly activities in the form of check marks, letters, and numbers. Required information about interactions with community members was listed in the columns, including: date; unique identification code (UIC), a numeric code that identifies the person; new or old contact; sex; age; one-on-one or small group interaction; services provided, including messages about abstinence, being faithful, using condoms (ABC) or sexually transmitted infections (STI), counseling and testing services (CT), gender-based violence services (GBV), amount of condoms and lubricant sold, messages about tolerance and stigma, and any other services; and lastly, referrals provided.

The Sheet was adhered within a one-inch thick carbon-copy book belonging to the peer educator, which sat on a shelf in the Hope office. In anticipation of filling out the Sheet at the month-end meeting, peer educators recorded their daily activities as raw data in a Hope-supplied field notebook, which they later transferred to the Sheet. From morning to afternoon at the meeting, and sometimes to early evening, peer educators hunched over their Sheets, tediously tallying their check marks, letters, and numbers with shared calculators, working back and forth between the Sheet and their notebook, making sure both documents matched. Some ripped pieces of scrap paper from their notebooks to calculate manually. Those more confident used a pen while those less assured used a pencil, which they penned over in their final edit. Hope’s field staff members, Akua and Francine, circulated, making themselves available for data entry and calculation questions, as would I. Those more skilled would help others, supervising over their shoulder or helping them to work backwards from their notebooks when they could not figure out why the checks, letters, and numbers did not align.

Eli approved and signed off on all of the Sheets. Peer educators could not leave for the day until their Sheet was signed. The office screen door slammed open and shut throughout the day as peer educators one-by-one opened their books to the appropriate Sheet and handed it over to Eli. They waited patiently, and sometimes impatiently, as he took his time cross-tabulating each and every row and column. Eli either signed the Sheet or he would tell them to go back and edit if data-entry errors had been found, which he garnered by asking himself the following kinds of questions: “Are all the check marks in place?” “Do the numbers make sense?” For instance, “Why are all the reported ages of a peer educator’s contacts coincidentally nineteen years old?” “Is s/he ‘cooking’ data?”
Every month Eli electronically amalgamated the Sheets into numeric data in an Excel spreadsheet. He did this for all the districts in Ghana where Hope carried out the BRIDGES program. Geographic distance prevented Eli from personally collecting the data from every district so senior staff members at district offices emailed him the data. Eli then sent his Excel document to the BINGO. The BINGO received electronic documents of this type from all the NGOs across the country that carried out the program. Personnel at the BINGO themselves spent a good deal of time checking these numbers, at times referring back to the NGO if they caught a data-entry mistake, then amalgamated them into another Excel spreadsheet. They also provided concise explanations of any noteworthy numbers directly beneath a set of figures such as over-achievements and under-achievements. This document was emailed to USAID/Ghana where a senior advisor and prevention officer looked over the data, referring back to the BINGO if necessary with discrepancy questions or other concerns. It was then sent to USAID/Washington’s headquarters. In addition to this monthly documentation process, equally demanding quarterly and annual reports moved through this ritual.

Narrative reports were also sent through this process as a separate email attachment, although many M&E personnel did not regard them as monitoring and evaluation. They were seen as supplementary, and tended more or less to be about explaining the numbers, which did not go unnoticed by M&E personnel themselves. One described narrative reporting in Ghana generally as “very scanty”. Another claimed, “[narrative reports] don’t add additional value. [NGO staff] just write words…they’re just adding words to the numbers, it’s not adding any value”. John at USAID/Ghana shared that USAID headquarters in Washington “don’t care” about the narrative reports; they “just want the numbers”. USAID were not the only ones who did not read them, he stated: “[In addition to monitoring and evaluation], we also write narratives and nobody reads them – both in our country operation plan and semi-annual report. Nobody’s reading…” John added, “People prefer to play with the numbers. It’s easier”.

While M&E-specific feedback was typically based on data quality, I was also curious about the kind of feedback Hope received from the BINGO after submitting their narrative reports. Monthly, quarterly, and annual narrative reports consisted of a description of: the activities conducted in the given time period; “achievements” (namely qualitative statements describing the numbers attained), typically accompanied by graphs, charts, and tables; meetings; “monitoring visits”; “trainings”; “challenges faced”;
and the “action plan” for the next given time period. Sometimes a “gender based violence case” was included in the milestone report.

The reports followed a rather standard template at Hope and the content did not vary too much between reports as the program did not drastically change from month to month. New numbers were transplanted with each new submission, however. Some statements were deleted, some were added depending on occurrences, and it was not uncommon for exact statements to remain intact month to month to the chagrin of BINGO personnel who reviewed them. In meetings, the BINGO personnel would chastise NGO staff for lazily “cutting and pasting” content in their reports. Hope’s reports were deemed by the BINGO and USAID/Ghana to be of “good quality”, especially when they compared them with the “poorly written” narrative reports that come from other organizations.

I asked Vicky, Hope’s project coordinator, who writes the narrative reports, what she thinks about the BINGO feedback she receives about the reports. “They don’t find fault”, she said, “they tell you about small mistakes and calculations”. She showed me one report from April to June 2013 that she had revised based on feedback received. The revision was a technical one; it entailed matching the written order of activities in-text to the accompanying graphic table revision. On another occasion Vicky allowed me to look through approximately one year’s worth of feedback from the BINGO sent via email and visible in Microsoft Word through red “track changes” and inserted comments within the report. Most feedback had to do with errors and discrepancies of the numbers, and discrepancies between the numbers, qualitative explanations, and graphic displays, as well as organizational and editing errors. Feedback, largely in the form of commands, was direct and succinct (“fix this and that”). This finding is in spite of the fact that experts at the BINGO emphasized the value of feedback between organizational levels, and that information flow is not unidirectional, implying that there is a back-and-forth discussion occurring about the program via reporting.

While there are other forums for discussion, reporting was certainly not one that elicited deep discussion. Although data is packaged differently in narrative reports versus strictly M&E reports, which gives the appearance that diverse kinds of knowledge

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16 Reporting on gender-based violence cases was becoming an increasing concern towards the end of my fieldwork and an obligatory portion of narrative reports.
are expressed and acquired through these different formats in a therefore comprehensive manner, definitions of the quality of narrative data were actually akin to that of M&E-specific data. Like M&E reporting, technical precision and coherence was the chief concern in narrative reports as well. Appraisals of both the M&E and narrative reporting modes were primarily concerned with perfecting the data collection and reporting of evidence-based results. So prominent and taken for granted is the evidence-based approach that attention is centered on refining the skills to fulfill it.

These details illustrate that in monitoring and evaluation, it is the documents that are doing most of the work. Documentation - its technical precision - drives monitoring and evaluation. In the name of efficiency and transparency, M&E documents allow abstraction and straightforward assemblage and comparison of data the world over. In her analysis of quantification in AIDS research in Malawi, Crystal Biruk (2012) makes clear the fact that the blind investment in mainstream research methods and forms (documents) “often distracts attention from the processes that produce the forms” (362). In this vein, I add another layer to my claim that monitoring and evaluation allows program actors and donors to “see” the program by calling attention to the neutrality afforded to the document templates. It is taken for granted that they do not affect the shape of the program itself. They do.

We can think of this entire documentation ritual as a set of nested processes from which an incrementally wider perspective of the program was garnered. As an advisor from the BINGO put it, the process allows “a bird’s eye view of the program.” In order that each layer could be embedded within the next, the process relied on representations of the program that, to use Latour’s terms (1987), carried the properties of being mobile (can travel over far distances), immutable (the meaning stays relatively intact as it travels), and combinable (can be aggregated) (see also Rottenburg 2009: 181–182). This process enables donors, and the BINGO, to govern “at a distance” (Latour 1987). The Sheet, designed by USAID and the BINGO, was specific to the BRIDGES program, but similar templates exist for HIV/AIDS prevention programs the world over; they are evidence of M&E standardization. See Figure 7, for instance, which is a similar Daily Activity Sheet from a Global Fund program in Ghana that was happening at the same time. Although the formatting is different on the Global Fund Activity Sheet in comparison to that from BRIDGES’, the inquiries and logic are virtually the same.
Figure 7: Daily Activity Sheet for Global Fund program
This documentation process was not simply routine practice, but was a principal means by which power relationships were constructed. It is in this sense that we can think of it as a political ritual: “[P]olitical rituals . . . indicate the way in which ritual as a medium of communication and interaction does not simply express or transmit values and messages but also actually . . . create[s] power in the very tangible exercise of it.” (Bell 2009: 232–233).

At one meeting, peer educator Prince complained as he paced around fellow peer educators filling in their Sheets: “Eh! Data, data, data, all day data! . . . When do we see donors, hmm? When? Kathleen, when do we see donors in the field? All they want is data and our books . . . I will be here until laaaaaate.” On another occasion, while filling in her Sheet, peer educator Victoria tsked and said to me, “Sometimes it’s like this is all I’m good for.” “What?” I asked. “This.” Victoria lifted her booklet without looking up. “[Donors], they say they want data and we jump, filling [the Sheets] out for them always . . .”

It was not uncommon for peer educators to grumble about data collection, Sheet-filling, and their interpreted role as data-producers for donors, whom they regarded as ultimately in control, although they recognized the power of the BINGO too. Filling out the Sheet at times produced a sense of alienation amongst peer educators. The Sheet served as symbol of the literal and figurative distance between peer educators and the donors. When Prince facetiously asked, “When do we see donors?” he was alluding to the fact that the Sheets were the peer educators’ only mode of regular “interaction” with donors. Donors were chiefly seen through symbolic form, which for peer educators established their relationship as unidirectional and one of dominance and subordination. It was not only in the moment of Sheet-filling that peer educators’ role and position were constructed; these were also created in anticipating the Sheet.

As peer educators worked, the Sheet loomed over them. Peer educators were forewarned in meetings that underachieving would lead to their dismissal. Although officially peer educators were “volunteers,” many looked forward to the monthly “T and T”—transport and travelling—“payment” of 30 cedis, approximately CAD$8.50, or half of what constitutes a poverty-line wage in Ghana (Cooke et al. 2016)—and an amount that could supplement their salary if they had other work. Some also wanted to boost their
CVs because they were aspiring to a career in social work or development. The threat of dismissal was, therefore, not insignificant.

The Sheets were a material prompt to peer educators of their role in the program as target achievers and data producers, not creators or collaborators. The reduction of peer educators, or community health workers more generally, to ill-paid, low-level tools or “mere [cost-effective health care] delivery mechanisms” for health programs (Maes 2017: 9) is an upshot of structural adjustment programs. Government payroll cutbacks and the promotion of NGOs to take over public health services were seen as the way forward, but donor funding of NGO payroll expenditures was regarded as financially unsustainable; therefore, unpaid community-based health care became the model in developing countries (Maes 2017: 25). How the relatively powerless position of community health workers continues, and is challenged, is an emerging scholarly subject (Maes 2017). M&E documentation may perpetuate their subordinate position by establishing their role in part as data documentors for higher powers rather than as creators and controllers in the design and implementation of social policies and programs.

M&E documentation did not totally disempower peer educators, however. They still expressed pride and joy in helping marginalized persons and preventing HIV. As peer educator Naomi explained, “It’s important, what we do: reaching people, helping people, preventing disease. Sometimes you go home with a smiling face.” Nor was their work fully represented by the columned classifications in the Sheet. For example, peer educator Viola went for walks with a man living with HIV, accompanied individuals to clinics at all hours, and lent her STI book (containing images of physical signs of STIs) to her pastor friend who used it in her educational sermon.

Although peer educators had pride in their work and some autonomy, they were critically aware of their role as low-paid laborers and data collectors. Prince was especially frustrated by power inequalities. In an interview he banged his fist on the table as he angrily stated, “I mean, BRIDGES will be demanding data from you and then we’re barely paid!” Viola, who was relatively new, narrated that she had learned rather quickly “not to make noise” after her pastor friend borrowed her STI book for her sermon:

After [the sermon] a bunch of people were coming up to her saying they had symptoms. She asked if our team could come to their village and test [for HIV] and educate and give referrals. I told Francine, who
said she’d tell Aunty Phyllis, but I never heard anything again. So I myself, I just keep low, ’cuz it’s as if I’m the one pushing, but I can’t see the effect coming. So I just let it go. I just keep doing what I’m doing and collecting and writing the data they want at the end of the month and that’s it [shrugs].

There are various possibilities why Aunty Phyllis did not follow up with Viola, including not wanting to venture out of Hope’s donor and BINGO-designated community sites. What is telling is that, in the same breath, Viola associated toeing the line with a focus on her role as M&E data collector/documentor rather than as someone who develops ideas, organizes, and implements them. This is not to say that these are inherently mutually exclusive realms or that this is the intention of the Sheet designers—the donor and the BINGO. What is of interest here is that M&E documentation had an effect on how peer educators regarded themselves and their position within the BRIDGES hierarchy, reifying power relations. In addition, Viola’s account touches on my research finding that the general regard for peer educators as low-level laborers and predominantly target-achievers came not simply or directly from USAID and the BINGO, but also from those within Hope.

The Sheets as “Receipts”

Frustrated with peer educators’ technical errors in the Sheet, Aunty Phyllis and senior staff at Hope decided that they needed greater discipline and so they standardized the notebook format. Peer educators were originally meant to carry small notebooks to the field to discretely jot down raw data. They were also meant, a BINGO advisor told me, to write down any thoughts or feelings about the program or what transpired. They were also encouraged by the BINGO to sketch drawings, particularly if some found writing challenging. To smooth the documentation process, however, Hope took it upon itself to alter the original intention of maintaining a diary-like notebook format. Instead, peer educators were instructed to trace out, with a ruler or the edge of a book, an exact miniature version of the Sheet in a larger notebook (see Figure 8).
At the January meeting when the standardized notebooks were introduced, Aunty Phyllis reprimanded the peer educators. “One standard!” she pronounced, pausing for dramatic effect. Then, rhythmically pounding her fist in her lap added, “Standardization! Standardization!” Eli then said, “Your notebooks are your receipt. In the work that we are doing, there are standards. It’s a system we are implementing . . . Even in my personal life when I buy something I have a receipt so nobody can accuse me of stealing the phone.” An M&E officer from another NGO assisting with the meeting that day added that the “gaps” in the Sheets were still an issue. “We don’t want them making noise,” he said. “We don’t want anyone to raise any doubts about what we’re doing . . . That is the business of M&E.”

Hope treated the Sheets as a form of surveillance. The portrayal of the Sheets as a “receipt” indicates their given purpose as preventing and catching idleness. Peer educators were regularly put in the position of using the Sheets defensively. Under the
guise of enumeration, the Sheets signaled if they were underachieving and at risk of getting in trouble. The underlying tone of suspicion shows M&E documentation operated as obligatory acts to prove one’s guiltlessness. Peer educators knew monitoring and evaluation was not about their experiences and knowledge; monitoring and evaluation was not for them. It was about completing an artefact to send upwards for approval. The Sheets suggested a lack of trust, which established the marginal status of peer educators, and were also a principal medium through which Aunty Phyllis and Hope staff understood their organization’s role within the institutional hierarchy. The Sheets as receipts marked Hope’s understanding of their institutional relationships as based on liability and business whereby they owed proof of program delivery (number of “targets” achieved) in exchange for funds. The Sheets as receipts helped to assert the subservient status of those working at Hope and role as “mere delivery mechanisms” of the program (Maes 2017: 9), and not “local partners,” as they were called within BRIDGES discourse.

For peer educators, the conceptualization of monitoring and evaluation as documentary obligation to prove one’s credibility to higher authorities was grounded when Hope reminded peer educators that the purpose of filling in the Sheets accurately was to prove that they were not “cooking data.” At the same meeting, Eli told the peer educators, “We do this because maybe someone somewhere will think you’re cooking your data! If you cook data, I will know!” Aunty Phyllis further warned them, “Some of you bring in data and right away I can tell. ‘This is fake data!’ And I will throw it away!”

I asked Aunty Phyllis and Eli in interviews whether peer educators were cooking data and why; both relayed that a few might be, out of incompetence and laziness, but overall they had gotten better with training and discipline. Their viewpoints failed to recognize that there is also intentionality behind cooking data, which is separate from unintentional deviations through technical error or carelessness (Kingori and Gerrets 2016). For instance, Prince candidly explained in an interview that peer educators’ low pay (that is, their “T and T”) is why he cooks data:

Sometimes when I’m going to work, I feel like not going in, because ugh! Where is the money? And if you don’t show up because you don’t have anything in your pocket, they tell you you’re a bad peer educator . . . I mean, if you are a human being working, you are worth something. Why am I going to work then? But I can’t give excuses or complain because [peer educators] are small from the top . . . It has
affected our attitudes. I can tell you that peer educators are cooking data even including me, myself. Because where is the money to go again to talk to somebody and get data for you? No, no, no. So maybe I’ll go some days, some days I will not go and I won’t have data. If you don’t pay me but you expect data from me, then the data that is coming to you is cooked data! And I am fine with that.

I asked Prince, “Could you tell Hope, ‘I didn’t talk to a lot of people this month because BRIDGES didn’t give me enough money?’” Prince smirked, “Hmph. They don’t care. So why should I care [about cooking data]?”

In response to not being treated like he is “worth something” and to feeling powerless to voice his opinions (“because peer educators are small from the top”), Prince resisted the only way he thought possible: by cooking data. Although M&E documentation was a principal medium through which authority and deference were constructed, we see here that it was also a means for a peer educator to act within unfair conditions. Low pay was an impetus for cooking data, but Prince also conveys as a reason low morale due to a lack of institutional support and understanding (“you’re a bad peer educator”; “They don’t care”) in line with findings of Kingori and Gerrets’ (2016) study of data fabrication amongst medical research fieldworkers in Sub-Saharan Africa. Prince’s perception of Hope’s lack of understanding and care about peer educators’ challenges influenced his attitude about cooking data, as reflected above. Prince is a spirited and compassionate peer educator; the issue here is not that Prince or peer educators who cook data are lazy or do so out of malice. Rather, talk about cooking data is a lens into peer educators’ social reality—a result of contradictions set up at the management end of the program and unaddressed by managers (Kingori and Gerrets 2016). This phenomenon is not at all specific to any NGO or indeed any peer educator, but is a concern amongst various institutional environments (Biruk 2018, Fisher et al. 2013, Kingori and Gerrets 2016, True et al. 2011), and institutional challenges thwarting accurate data collection have been noted for a long time (e.g., Justice 1986).

The viewpoint of Aunty Phyllis and Eli, that peer educators need technical and moral disciplining through stricter adherence to the Sheet, obscures the “institutional and social conditions that enable and foster fabrication” (Kingori and Gerrets 2016: 151; see also Biruk 2018). Kingori and Gerrets (2016) make the astute argument that the ability to ignore or remain unaware of fieldworkers’ challenges influencing data fabrication “is assisted by the contemporary configuration of research which favours the
compartmentalization of tasks and personnel by hierarchy, division of labour and distance—e.g., geographic, socio-economic” (158). The authors discuss the social and geographic distance between fieldworkers, “institutional headquarters,” and “those designing projects and conducting data analysis” that “had limited insight into everyday fieldworker challenges” (158). But what does it mean when actors like Hope staff overlook the challenges faced by fieldworkers within their own institutions given that these actors do have some insight into the everyday situations their fieldworkers confront? Furthermore, what does it mean, analytically, when an NGO, on its own accord, strictly standardizes field notebooks to act as receipts, which reaffirms its workers’ role as tools to be improved through training and discipline? I endeavor to address these questions in the following section.

**Blind Documentation Bind**

Supervisors at the non-NGO levels did not directly pressure NGOs to make M&E documentation their focus. In fact, as a USAID/Ghana advisor named John explained, “Higher-level staff are concerned about the increasingly dominant and dictating role M&E plays.” John expressed frustration in an interview that NGOs “blindly” followed the documentation criteria. “People can get obsessed,” he said, and therefore “didn’t think creatively. It’s a matter of maturity. Just like a child needs to handle authority, rules, and regulations so [they] don’t go to jail all the time”. He further stated that program implementers can learn to also act independently within these rules. The sense that others shared John’s frustration is palpable in the following moment from a meeting comprising personnel from NGOs, the BINGO, USAID/Ghana, and Ghana AIDS Commission.

Higher-level personnel criticized a woman from an NGO for taking the M&E forms too literally. She relayed that it was a challenge getting female sex workers to buy condoms sold under BRIDGES because a nearby Global Fund program was giving condoms away for free. John asked her why she had not tried to liaise with Global Fund program personnel to acquire free condoms. Confused, she explained that doing so would skew the “condoms sold” data and interfere with their targets, because there was
no space in the M&E documents to account for such proceedings. Higher-level personnel responded:

John: Sometimes people get too hung up on targets!

Others who chimed in: Yes! [Nodding around the table]

John: Create an asterix in your report that you got these condoms from [the other program].

Advisor, BINGO: Yes!

John: Targets are artificial constructs. The practical work is you try to prevent HIV. Don’t stop doing important things because you have targets. For the time being, think about your client, and do what is best for your client.

Meeting chairperson, Ghana AIDS Commission: In your reporting, there is a place for comments. Write out, “Of this distribution, this number came from [the other program]”. Let that headache be the donor’s headache. We need an element of flexibility in programming and getting the resources out there!

In this instant, higher-level personnel convey an objection to NGOs being exacting about data entry because it is at odds with dexterous problem solving. The greater flexibility wished for by the higher-up levels and the strict adherence practiced at the NGO level is reason for pause. Scholars of audit culture have taught us that calculative practices of measurement and ranking, operating as new forms of governance, will produce self-disciplined, accountable subjects (Shore and Wright 2015a, 2015b). Yet the governed are able to shift their behavior in order to improve their assessment and, as Merry (2011) notes, “they may do so in ways not desired by the producer” of the technology (S90). Merry is referring specifically to actors’ strategies to game the system, but what does it mean when the undesired behavior is, instead, a strong adherence to the calculative practice itself?

Mark Schuller’s (2012) useful concept of “trickle down imperialism” captures the nature of the contradiction such as we see between Hope and its supervisors. Analyzing how power works within the aid system in Haiti, Schuller (2012) describes the pattern whereby subordinates along the chain of command adhere ever more strictly to policy mandates down the chain in order to please their superiors, “using the implicit power
relationship as justification” (183); the supervisors seem unaware of the contradiction. They say they want something more, without understanding the pressures for peer educators and NGOs to conform to standardized practices. Inequality sets the stage for a conservative interpretation trickling down the system (Schuller 2012).

Hope adhered strictly to M&E documentation in order to please its superiors. The threat of power in the form of funding loomed overhead. For Hope, meeting these expectations meant renewed funding and possible consideration by USAID and the BINGO for a future program. For peer educators, it meant getting “T and T” and keeping their jobs. Spaces for critical discussion and alternative knowledge-making were therefore indirectly eroded. Contrary to some supervisors’ views, NGO actors are not immature or uncreative. The social reality they face is much different than that of the BINGO, GAC, and USAID. Further, the resources become scarcer down the system, and in an under-resourced setting such as Ghana, where protocols are consuming, conservative adherence is oftentimes the only action possible.

This may also help to explain Hope staff’s inability or reluctance to fully grasp and/or act on the complexities underlying peer educators’ data collection, which can motivate cooking data. Hope did not have the power to set the payment amount peer educators received. Furthermore, the staff was already strapped for time, energy, and resources, and it may be easier to focus on executing the program as smoothly as possible than addressing deep structural issues. Prince and others may also have mistaken Hope staff’s preoccupation with meeting expectations as not caring or respecting their ideas (as in Viola’s case above). Aunty Phyllis and Hope staff did generally care about peer educators and had empathy for their experiences. Yet Hope’s staff was immersed within an aid system that diverted attention away from doing things differently.

NGOs can, to some degree, be active agents in the system of inequality rather than objects of domination. Trickle-down imperialism triggered Hope (and other NGOs as the above vignette and interviews indicated) to act more conservatively with M&E documentation than their superiors wanted, thereby adversely undermining their own autonomy. The Sheets did not abduct their agency or role in the program, however; they actively composed it, a characteristic of audit culture (Shore and Wright 2015b). Furthermore, M&E documentation was not simply an empty ritual because it was
required, at variance with Shukla et al.’s (2016) finding; it could shape subjectivity, aligning actors’ work and worth up to the Sheets’ requirements (Shore and Wright 2015b). The Sheet was imposed and externally used and validated, but for some peer educators it also legitimized their accomplishments. Completing the Sheet could feel satisfying. For instance, peer educator Titus said it made him “feel good” to document his met targets. He dutifully documented his numbers when he got home each day; his notebook sat on a table by his front door where he also proudly displayed BRIDGES education materials. Peer educators clearly liked to receive praise from Hope about their compliant documenting practices. Eli took pride in his sophisticated self-made Excel spreadsheets. While driving me to the trotro (minibus share taxi) station at one day’s end, Eli expressed satisfaction with Hope’s performance and its ability to report within deadlines unlike some other NGOs, two of which, he said, were reprimanded at a review meeting at the BINGO earlier that day.

A fundamental inequality is brought to the surface by the M&E documents. It reflects wider contradictions underlying development discourse and policy implementation, and specifically HIV policy and programming: partnership and participation is preached while donors retain control over funds. The ambiguity of “participation” and “partnership” has been the source of much critical discussion within scholarly literature (Cornwall and Eade 2010, Esser 2015, Maes 2017, Mawuko-Yevugah 2014). “Partnership” denotes at least some shared control over the design and implementation of programs and policies. Contrary to this image, this paper has shown that M&E documentation is an important element that both elicited and constructed uneven control, an observation that is in line with the discrepancy between the rhetoric and reality of partnerships in development that other scholars have also highlighted (Contu and Girei 2014, Cornwall and Eade 2010).

Blindness to the effects of documentation puts the onus for compliance and autonomy on individual Ghanaians. Ironically, in interviews, more “capacity-building” was a common response from higher-level personnel as the solution to somewhat austere practices. Certainly NGO members can benefit from greater training, but the shift of responsibility twice loaded (to comply closely with documentation terms, but to be flexible and creative, too) doubly obscures underlying power dynamics. Akin to arguments made about metrics (Merry 2011, 2016, Shore and Wright 2015a, 2015b), M&E documentation shifts responsibility for governance from those in power to those
who are governed; M&E documents are technologies that engage actors to govern themselves, a fact that neatly obscures the political and financial power of governing institutions like USAID. On another level, discourses of partnership, creativity, flexibility, and the like, gloss over the realities of inequality.

Conclusion

Multilateral organization-led efforts to harmonize and coordinate the global HIV/AIDS response have shaped normative methods to assess interventions and workers including an increased demand for standardized M&E documentation. In the domain of HIV/AIDS, and more widely, global health and development, evidence-based methods and reporting have gotten denser less so because they improve interventions and health, social, and economic problems, and more so because they allow for uniformities amongst a complex terrain necessary for monitoring and controlling actions at a global level (Erikson 2012; see also Rottenburg 2009).

By analyzing the material production of such standardized translocal knowledge, this chapter has shown that M&E documentation can operate as much more than its given purpose to demonstrate accountability and achievement. It can operate as a form of governance and power, determining where and to whom donor funding should flow, shaping users into self-managers, and in this case, inadvertently generating users’ strict compliance to documentation expectations. The demand of standardized, evidence-based documentation can have unintended and adverse effects, including reinforcing unequal relations between donor and recipient countries, organizations—for instance, NGO, BINGO, and donor—and personnel within and across these organizations. It is by attending to the ways particularly positioned users engage with M&E documentation that we gain insight into the unexpected ways that these effects can occur. As M&E documentation demands continue to intensify, greater research is needed of actors’ experience with documentation and the effects. Such studies, like mine has aimed to do here, may help elucidate how social relations and roles in aid intervention are currently formed, and how divides are deepened and/or challenged.
Chapter 5.
Ghanaians Producing the Global

One morning as I approached the field site drop-in centre, I was rather intrigued to see an unfamiliar figure—who I later learned to be Melissa, a “behaviour change communications specialist” at the BINGO—standing outside the Centre entranceway in jeans and running shoes and wearing a backpack, clearly primed for something. As per usual, field officer Akua swept the dirt traipsed in from the previous day out the door, but rather than casually chatting while seated in the Centre, typical on any given morning, peer educators stood outside quietly. Two other BINGO experts I was acquainted with, Doris and Nicholas, in business attire, shortly joined the group. It was out of the ordinary to see BINGO members at the drop-in centre, especially so early in the day.

We moved out as a group, negotiating the makeshift dirt pathways; I hung at the back with a few peer educators respectfully trailing behind Doris who moved slowly in her wedge heels, the hem of her white pants now brown from brushing across the ground. We entered an obscure tenement building and filed past the gathering of young men smoking marijuana and headed to a steep, narrowly ascending “staircase” that was practically a ladder. On the stairs Esther untied the cloth wrap holding her chubby baby, Angel, on her back and passed her down to me as the small ceiling gap onto the second floor did not allow for more than one body to ascend at a time. After hoisting Angel up to her mother’s waiting arms with some effort, I clambered up to the landing and sat with the peer educators on the wooden floor, encircled by five rudimentary doors to residence suites. Young men and women passed in and out of the suites curiously glancing over at our group as we occupied their foyer. One shirtless, shoeless young man watched us while brushing his teeth in a suite doorway. BINGO members, seated in chairs, led a semi-structured group interview with a few baby-faced skinny girls in shorts and T-shirts shyly seated across from them. They appeared no older than 13 to 15 years old. With music thumping from below and exponentially loud conversations and laughter occurring between tenants and guests milling about, the audio-recorded discussion was kept to the far corner between BINGO members and the meek-appearing girls who passively
answered questions. At times, Vicky, Hope’s program coordinator, joined in the conversation while Nicholas took notes on his lap. Melissa offered cans of pop from her backpack to the girls.

Unable to hear the conversation, I later learned that the prearranged meeting was with regard to the “young female sex worker” pilot project I had previously heard murmurings about by Hope staff. The BINGO wanted to include this group of young women within the BRIDGES program under their discovery that: one, a substantial number of sex workers who were very young existed; and two, that they experienced unique challenges as sex workers that were not currently represented by the program or the current, relatively older peer educators. Hope’s peer educators and field staff networked to recruit young female sex workers as research participants as in the case of the girls described above. The tenement building was a “hangout spot”. Some willing girls were eventually recruited as peer educators.

This young female sex worker addition to the program coincided at the same time with another program addition that focused on “hidden men who have sex with men”. Through the age information garnered from the M&E reports, the BINGO found that the program was only engaging with younger men. And through their experiential knowledge, mainly conversations with peer educators, the BINGO determined that the program was only reaching a certain kind of MSM, mainly those who were relatively open about their sexuality, who were social with other gay men, and who were regular participants in the urban social party scene. They found that the program overlooked older, professional, suburban men who were discreet about their sexuality. Their discreetness, the BINGO reasoned, makes them a challenge to “reach” in-person and makes them at risk of (spreading) infection. This led to a social media outreach component of BRIDGES as a way to engage with so-called sub-networks of MSM (including male sex workers as well, an under-researched group in Ghana).

In the beginning stages of the two program initiatives, a team of global HIV/AIDS experts from various major transnational organizations paid a short visit to a couple of program sites and endorsed the program components. The program initiatives are now recommended as global program practice in a published guide by UNAIDS, the World Bank, and the WHO, amongst others, in 2013. The BINGO received great praise at an
international conference for these developments with experts from various African countries expressing hope that these ideas would be taken up in other African countries.

Through these occasions, whereby program additions in Ghana prompted by monitoring and evaluation became global models, we see that on the ground practices and knowledge can shape HIV/AIDS prevention globally. These seemingly mundane occasions are striking because they complicate the persistent view amongst scholars that governing models and technologies (e.g. indicators) come from the global North (Merry 2011: S85). While this notion is largely accurate, it is not the only possibility, and it can be analytically limiting. Investigations into globalization or global processes have tended to: firstly, locate decision making in global North “centers” which is then regarded as imposed upon so-called peripheries; and secondly, to take the “global” as a structural given, a totalizing spatiotemporal system. As such, the global is often painted as a floating, abstract entity. Conversely, this chapter seeks to challenge autonomous notions of the global by taking seriously seemingly mundane and serendipitous occasions, such as in the everyday practice of HIV/AIDS prevention, which actually makes up the global. As noted in the Introduction to this dissertation, binaries of North–South, center–periphery, up–down, global–local, and so on, restrict and restrain our analyses. How do we escape this analytical trap? This can be achieved by focusing ethnographically on the everyday emergent practices and relations of actors, which give rise to global processes. I join with a number of recent scholars whose intriguing work focuses on the ways that the global is continuously constructed, reconstructed and disseminated in unexpected ways by actual people through concrete practices in and across various places (not just in the global North). By placing emphasis on the ways that the global is made and the ways that it moves—how a policy or model circulates in and across settings—takes us beyond imaginings of the world as based in distinctive, stable spatiotemporal dichotomous “domains”. Yet much greater ethnographic accounts are needed that analytically engage translocal movements and alterations in order to provide a greater sense of how the global occurs. This chapter provides such an ethnographic example.

I claim that to do so we as researchers need to approach everyday inhabitants of the world as “globally formative actors” (Flusty 2004: 7) and not merely recipients. In other words, it calls for a critical sensibility to the assumptions underlying predominant analytical frameworks about our world (Zhan 2009). For instance, I show that actors in
Ghana are not simply local consumers of global donor-driven demands or basic followers of decisions made at a central hub; they are also producers of programming globally. In turn, global program guides get re-constituted as the local as settings around the world adapt this global template to their local environment.

This process calls attention to global knowledge as circulations and multitudes and importantly, calls to understand how circulation comes back continually reshaping what we think of as the global, arguably the least discussed aspect within globalization literature that seeks to challenge the top-down bias. That is, this chapter helps show how the global is not only negotiated in a particular place by a particular people but how their actions shape the global such that it influences how others elsewhere do things. The global is not created only at the ‘top’ or ‘center’ nor is it simply imposed on, resisted, or adjusted in the local sphere.

In my case, regarding those involved in BRIDGES as globally formative actors meant an intellectual commitment to the quotidian minutiae of their work which included unexpected experiential forms of knowledge practices that operated in tandem with the technocratic work that was the core of monitoring and evaluation. In other words, it meant taking seriously the “creativity” involved in evidence-based research, which is often imagined largely as a technical and antiseptic regime. My use of creativity here is not to be mistaken for a meaning of the term in the moral sense and in moral contrast to “uncreative”. Rather, I use the term to refer to the actors’ emergent and autonomous forms of knowledge making about BRIDGES that occurred together with the donor-required quantitative-based form, which constituted global prevention guidelines.

My sub-claim within this chapter is that a critical sensibility to our own assumptions includes our assumptions about positivist forms of knowledge making, namely, numbers. I show that M&E’s numeric production, rather than simply or passively representing an agenda of rationalization, also engaged BRIDGES personnel to act creatively. I draw upon George Marcus and Douglas Holmes’ notion of para-ethnography as a springboard to elucidate the analytical value in emphasizing this kind of creative work of actors who are also professionally committed to a technocratic ethos.
Globalization Studies

Since roughly the 1980s the topic of globalization has become central within academia. Traditionally, the literature on globalization has tended to focus on the macro “sphere”, using a panoptic outlook interested in large-scale economic, political, or cultural processes (Inda and Rosaldo 2008). Within anthropology, however, the concern has been with how globalizing processes are embedded within particular settings and ways of life (Inda and Rosaldo 2008). From at least the time of the early 1990s, anthropology of globalization has analyzed how global processes have been adapted, appropriated, combined or resisted at the local level (Behrands et al. 2014); how actors mediate the processes of globalization has been a unique strength of the discipline (Inda and Rosaldo 2008). Terms like “glocalisation” (Robertson 1992), reterritorialization, “hybridization” or “creolisation” (Brathwaite et al. 2002), for example, emerged to represent the blending of various cultural practices or artifacts (see also Behrands et al. 2014: 9). The study of global linkages, often awkward and uneven (for example, James Ferguson (2006) argues how globalization has left Africa behind, in the “shadows”), is now wonted territory in the discipline represented through metaphors such as: “scapes” (Appadurai 1990), “global assemblages” (Ong and Collier 2005), “friction” (Tsing 2005), multi-sited ethnography (Marcus 1995), and networks (Callon 1986, Latour 1986, Law 1992), to name a few (see also Behrands et al. 2014: 9-10).

Scholarship that looks at global encounters intersects numerous if not most fields and sub-fields of anthropology which have influenced my research, certainly too many to name here. Nevertheless, my analysis in this chapter draws largely upon two bodies of literature: science and technology studies and development studies. Science and technology studies have been particularly strong in demonstrating that scientific facts are produced via sociohistorically contingent processes, which can be elucidated by examining or tracing how social relations (networks) are assembled and maintained to produce consensus about how to see the world. This work has taught us about the social context through which authoritative knowledge is produced and how ruptures in seeing are ironed out in the name of consensus. It has called attention to the social connections and continuous negotiations involved in knowledge production.

Some scholars working within this field have made the innovative point that not only can scientific models be adapted on the ground, but that this is how they acquire
functionality and generative power: by being porous, their actual shape taking place in situ (Berg and Timmermans 2003, Hogle 1995, Timmermans and Berg 1997). For example, Timmermans and Berg (1997) show that in moments of emergency, medical personnel perform resuscitation differently than the official resuscitation protocol: “Protocols are tinkered with in light of the patient’s condition” (290), be it the physician’s use of a drug not part of the protocol or the nurse’s refrain from starting “hopeless resuscitations” (290) although it is standing order that they must always start and continue a resuscitative effort until an emergency physician arrives. In another interesting example, Linda Hogle (1995), takes further this idea of reinterpreting protocols in practice by acknowledging the ways it can actually result in new constructions of knowledge. She looks at the procurement of human cadaver organs for transplantation and shows that the standard criteria for use of donors is continually modified in practice. The modifications represent the continual construction of new medical knowledge about what constitutes “good” and “usable” human materials.

Such scholars challenge the notion that universal scientific knowledge is simply imposed upon users by showing how their practices actually influence the “shape of the tool” in their setting (Timmermans and Berg 1997: 283; see also Berg and Timmermans 2003, Hogle 1995, Timmermans and Almeling 2009, for instance).

This body of work captures an issue inspiring to my research—how authoritative knowledge is actually produced in practice—but my research pushes beyond the focus on a particular place without looking at how it circulates beyond a particular setting. Science and technology studies, including contributions from anthropology, have traditionally tended to focus principally in one particular place or relatively closed communities, often within the global North. Zhan (2009) notes that, within the anthropology of science anyway, this was partially due to the emergence of the anthropology of science during a time when Nader’s (1972) notion of “studying up” (first mentioned in in the Introduction) was redefining the aims of anthropology: “the call to study up arrived on the tail of anticolonial, civil rights, and counterculture movements. It involved…vigilance when approaching authoritative and normative knowledge claims” (16). Staying true to the objective to study up, studies largely investigated authoritative and normative knowledge claims in the global North, as this is where historically they have tended to be made.
More recent studies from which I draw upon consider the ways that “universal reason” is produced and negotiated beyond the global North, particularly through an engagement with postcolonial studies critically concerned with the current effects of colonialism on former colonies and on their colonizers (Anderson 2002: 644). Postcolonial science studies examine “the changing political economies of capitalism and science, the mutual reorganization of the local and the global, the increasing transnational traffic of people, practices, technologies, and contemporary contests over ‘intellectual property’” (Anderson 2002: 643). This work is concerned with how scientific objects and ideas are, or are not, “translated” or made commensurable (Pigg 2001b) across sites by investigating the ways that science and technology travels, including to so-called underdeveloped peripheries: how are common measures and standards formed and maintained across sites and through translocal fields of power? How have scientific and technological ventures become sites for assembling translocal networks to engage a particular problem? Are there any consequences to these linkages? Stacy Pigg (2001b), for instance, examines how internationally established HIV/AIDS education templates were met with difficulties in Nepal. Internationally established truths about sex and HIV/AIDS did not easily convert into local languages and concepts; as a result, Nepali AIDS workers adapted the templates to suit Nepali social life, which affected the ways they carried out their work, with real effects for equitable access to knowledge. Such studies effectively emphasize the politics of knowledge production through sociohistorically contingent translocal processes (see also Adams and Pigg 2005, Cohen 1998, Langford 2002, Langwick 2007).

Intersecting this body of literature is the critical literature on development, which, using an ethnographic approach shows how international development projects are made and mediated through global exchanges between various groups, institutions, and discourses (see Hathaway 2010, Li 2007, Lewis and Mosse 2006, Mosse 2005a, Mosse and Lewis 2005). This work offers empirical evidence to show that governance borne by development interventions is not imposed, but occurs through extemporaneous global encounters.

These bodies of scholarship have done well to emphasize the circulations through which standards and projects are constituted and take shape, and how they are experienced and mediated on the ground, but we hear less about how they have travelled “back” from their place of use or appropriation to a global “status” or “form”
and/or to their (last) place of dissemination (assuming, of course, that could be known in the first place). Frederick Cooper and Randall Packard (1997) made the relatively early theoretical point that international development processes, “…have created overlapping networks of communication within which ideas and theories of development have emerged, circulated, and been appropriated within a wide variety of institutional settings—from Washington to Dakar and back again [emphasis added]” (2). The authors unfortunately do not expand on their claim that knowledge travels “back again” nor do they provide ethnographic examples to support it.

Some, but not many, authors working in various subject areas have taken up the compelling task to analyze how actors in so-called peripheries and/or those who are not the governors create, as Flusty (2003) terms it, “globalities” of their own. For instance, in his research on conservation politics in Southwest, China, Michael Hathaway (2013) reveals that not only have environmental trends over the past 25 years in China been shaped through social exchanges across diverse groups and sites, but that, intriguingly, actors in China have actually enacted and altered global environmentalism. Hathaway provides powerful concrete ethnographic details of how “the global” is (re)made by everyday lives in the so-called non-West.

The concept of “travelling models” developed by Richard Rottenburg (2009) and expanded upon by Behrands et al. (2014) has also provided insight into this subject. The authors focus on how ideas become established as formal “models” by being picked up in a site; the more often it is picked up, the greater the chances it becomes a stabilized model that travels easily. Behrands et al. (2014) demonstrate through ethnographic examples how various groups and sites in Africa, particularly in African conflict situations, alter models to suit their circumstances, which affects the shape of the model as it then travels to other sites, and the pattern may continue. A useful case from the authors is the oil revenue wealth-sharing model introduced in Chad by the World Bank (heavily influenced by Norway’s handling of oil revenues) and with input from Chadian NGOs and civil society members. The Chadian government broke legislation regulating oil revenue investment to buy arms rather than investing in public infrastructure, education, health and a reserve fund. After the World Bank withdrew (or rather, were shut out by the government), the government found new investors and oil production continued. Given Chad’s circumstances of rebellion and violence, the model came to be used in ways unintended. The Chadian case became “lessons learned”
attached to the model and when it travelled to Sao Tome and Principe, among other sites, it was amended to apply these lessons (see also Weszkalnys 2008, 2009 for further discussion of this case). By tracing how models originate, are picked up, mediated, and then travel again in new form, the authors are able to show they move “back” as newly formed global models.

Another concrete example comes from Mei Zhan’s (2009) research on the “worlding” of Chinese medicine. She richly reveals that how we come to know “traditional Chinese medicine” worldwide is a process made and remade through translocal encounters and discrepant sites, and is not a bounded Chinese artefact recently transplanted across the globe, as it is often portrayed. Although the point that ideas and objects circulate “back” is an important one, there have not been many ethnographic examples to date to give it teeth, however the above-mentioned literature has paved the way. It is my hope in this chapter to contribute to this literature by also providing a concrete example of how models circulate back. To continue to do so, I first return to my point that one way to potentially see ways that development workers may be informing “the global”, we as researchers ought to give careful attention to the minutiae of their daily activities, which may include unexpected and insightful work practices.

“Para-ethnographic” Occasions

The vignette at the start of this chapter shows that personnel engaged in work beyond statistical data analysis to come to the conclusion that there were shortcomings with BRIDGES and to make adjustments. Had I only focused upon M&E work as commonly defined by participants and as often described in M&E texts—both of which emphasize quantitative data analysis—I would likely not have had the opportunity or wherewithal to analytically notice these other kinds of “native points of view” and practices.

George Marcus and Douglas Holmes have been influential voices in the call to anthropologists not to take for granted dominant representations of formal institutions such as banks, bureaucracies, corporations, state agencies, and other sites of expertise
as domains of statistical knowledge-making (Holmes and Marcus 2005, 2006, 2008, Holmes et al. 2006). The authors argue for anthropologists to bracket their presumptions that these sites and/or technocratic knowledge “experts” are mechanical in nature and to rethink these subjects as intellectual counterparts rather than “others” to critique, as has traditionally been the case. That is, cultures of expertise and technocratic experts engage in alternative forms of knowledge production—“breaches” in technical knowledge (Holmes et al. 2006: 158) – that are experiential, anecdotal, inductive, intuitive, reflexive, critical, and involve engaging personal networks, conversational participant observation, and following leads.

When the BINGO, a technocratic institution, added the “young female sex worker” and “hidden MSM” components to BRIDGES, they engaged in these kinds of knowledge practices. It was through a network of experiences, participant observation, conversations, anecdotes, and intimate knowledge gained that the BINGO found that the program was making presumptions about, and only engaging with, people with certain social characteristics. BINGO members spoke with peer educators who are in constant contact with sex worker and queer communities. NGOs carrying out the BRIDGES program are, as one BINGO member put it, their “eyes on the ground”. In another instance, for example, an M&E expert from the BINGO, Felix, asked the NGOs at a review meeting to find out why there were recently disproportionately high numbers of women conducting gender-based violence against men reported in the M&E reports. Unsatisfied with the response from a few NGO members that it was due to “women’s empowerment”, Felix instructed NGOs to use their social skills and networks to figure out what was happening. In the case of the “hidden MSM” addition, the BINGO also had a meeting with MSM peer educators to go over their pilot project and to garner their input.

George Marcus and Holmes liken these alternative knowledge practices to ethnographic research and have developed the term “para-ethnography” to capture the parallels between technocratic experts and anthropologists in the ways that we seek out knowledge. NGOs, peer educators and their contacts, for instance, could be regarded as informants for the BINGO. While I appreciate the authors’ call to rethink how we as anthropologists approach technocratic experts, sites, and practices, a position I second here, I am hesitant to use the term “ethnographers” and “ethnography” in describing these experts’ knowledge practices even if after the prefix “para”, meaning “at or to one
...side of” or rather, “parallel to”. Acknowledging that there are parallels is central, of course, to the point for anthropologists to rethink their approach, but it does not detract from the argument, in my view, to refrain from applying or appropriating the term ethnography, even if loosely, which is a systematic methodology.

Acknowledging alternative forms of knowledge is not to romanticize them. The point is to more fully and accurately understand how these cultures of expertise operate. Although these alternative forms of knowledge have authority in their own right, they often become subsumed within the technical (Holmes and Marcus 2006: 45). In my research case, the insight gleaned by the BINGO that there other “kinds” of people that faced unique socio-political, economic challenges was transformed according to enumerative logic backed by an institutional push to globally harmonize the designing, planning, and reporting process in HIV/AIDS programming with the objective to “scale up”. The knowledge was translated into the addition of two supposedly politically neutral target group categories—“young female sex workers” and “hidden men who have sex with men”—that are regarded as universally adaptable.

Not all ethnographic or experiential forms of knowledge are subsumed within the technical, or even used at all. Oftentimes critical or ethnographic knowledge does not “go” anywhere; this point is an important reflection of the ability for common standards, frames, and models to suppress incompatible kinds of thinking on the one hand, and of the hierarchy and inequalities in the international aid system on the other. That is, there were not many spaces to hear from those with less power and/or for other kinds of knowledge to become of anything. Nevertheless, these two program additions represent some of the collaboration between actors and knowledges in the making of standardized global knowledge, which often get erased in the tendency to take universals at face value (Tsing 2005: 7). Official policy and program guidance- documents emblazoned with the insignia or stamp of major global institutions like “USAID” as the authors give the impression that ideas come only from the “top”. Such final products obscure the actual production of authoritative knowledge beyond major global institutions. Of course, the latter are sizably involved. As this dissertation has reiterated, Ghana is a country highly dependent on donors. The directives and expectations of performance that donors place upon them are greatly demanding and constraining. This is not the end of the story, however.
These two occasions are quite striking because they show how prevention policy and local practice are actually, to a degree, co-constituted by a multi-sited network of people and practices. Considering how and why actors employ autonomous and inductive tactics that skirt around basic institutional expectations, and to what ends, may reveal global expertise as circulations and multitudes. Attention to these moments of collaboration “moves discussion beyond the eternal standoff between opposing interest groups (e.g., the south and the north; the rich and the poor)” (Tsing 2005: 13) and is therefore vital to our understanding about the way that power operates in development (and beyond). Collaboration, co-constitution, and similar terms, do not mean here an equal or simple exchange of ideas and labour, or shared goals, but heterogeneous encounters of people and knowledges that shape what we know as global standardized knowledge.

Painting by Numbers: Numbers Stimulate Creativity Too

The catalyst that set the non-technical knowledge described here in motion was the curious numerical age data for both MSM and FSW garnered from the M&E reports, which revealed an overwhelming lack of older people from the first category and lack of younger people from the other. From BRIDGES personnel’s knowledge and experience, they suspected these groups existed and in order to get to the bottom of these trends, the BINGO and the NGOs employed creative tactics. This case differs from Holmes and Marcus’ (2005, 2006, 2008) notion of para-ethnography, which posits that para-ethnographic practices occur when the quantitative data is deficient and that “para-ethnographic insights compete with what “the numbers” indicate” [emphasis added]” (Holmes and Marcus 2008: 237). Implied is that quantitative and qualitative forms of knowledge are antagonistic, which is rather contradictory to the authors’ main argument. Rather, I argue that is also because of, and not only in spite of, the pursuit for numbers that actors are encouraged to act autonomously and creatively. Too often the bureaucratic system of number production and paperwork has been treated narrowly as an uncreative, imposing regime that has led to our “disenchantment” (Weber 1946). Theorists have tended to totalize and equate the quantitative, the rational, and the technical as uncreative, pitting it against qualitative knowledge, glossing over the
nuances through which new things or ideas are created in the process of pursuing these forms of knowledge, as well as the visceral elements involved.

This tendency prompts for me an interesting parallel. In the 1950s, a new craft project called paint-by-numbers took the American masses by storm. The mass-produced kits were inspired by Leonardo Da Vinci’s teaching method to students to use numbered colour patterns on a canvas. Cultural critics saw the fad as lowbrow, mechanical, and “a symbol of the mindless conformity gripping 1950s America” (Smithsonian 2001). However, “paint by numbers had a peculiarly American virtue. It invited people who had never before held a paintbrush to enter a world of art and creativity” (Smithsonian 2001), a layer of social analysis cultural critics were unconcerned with. Snobbery aside (although perhaps academic snobbery may be part of overly simple criticisms of the technical), critics’ bypassing of the socially important creative elements due to painting the craft kits with one brush, so to speak, is reminiscent of social analyses of the technical. We do not necessarily need numbers, of course, to be creative, but we should not ignore that they can invite us, to a degree, to be creative in fulfilling them, whether it be brushing strokes of paint onto a paper replica of the Mona Lisa or whether it be inductively researching program curiosities. And we cannot ignore that they can invite us to discover new possibilities, whether it be new HIV/AIDS prevention program policy or even personal self-discovery or self-satisfaction.

One housewife from Maryland wrote a letter to Palmer Paint Co., the company that produced the paint-by-number kits, communicating that, “My home is disgraceful, and I sit here all day and paint. I’m spending my husband’s money, which I ought to be saving. Please send me a list of any new subjects you have” (Bissonette 2015, n.p.).

Melissa, the BINGO specialist from the start of this chapter, also expressed enthusiasm via number filling in an interview in her personal office at the BINGO headquarters. Melissa excitedly described the creation of the hidden MSM pilot project, explaining that the numbers of the men they were “reaching” did not add up to the higher numbers estimated in national surveillance surveys. After examining their M&E reports and conversing with their HIV/AIDS network, Melissa stated that they then realized they were missing something:

There was a network that our peer educators were not reaching. So then we will have to find innovative ideas to meet the target...So now, using the health workers, we are doing a new
strategy, two or three strategies! We have a community liaison officer who uses the social media to reach out to MSM and through that we are getting referrals from there. Because [the community liaison officer] is an MSM, when anybody logs on [the community liaison officer] talks with the person. Maybe the person has needs; he’s referred to a health worker. Evaline is one of our model nurses who the guys love and they have told their peers about these [nurses]. So sometimes one person goes and gets so satisfied [with his care] that he brings eleven, fourteen more. And when they all come, they have problems. And also, health workers through this kind of thing are able to identify, maybe, an [professional] executive who we’ve tried to reach and we’re not reaching, but maybe a peer educator through another peer, and through another peer, referred one such person to the health worker. That person is picked as a seed through the health worker because, “I’ve come to you, Evaline, you’ve treated me, and I have your confidence”. Evaline calls him, “Hey, we want to reach other people. Can you give us two or three more?” So those three come. Then those three are called, “Can you give us three or four more?” And we started this about one month, no, two weeks ago! The last time I was speaking to [colleague at the BINGO] they had gotten 30 [hidden MSM] out of the seeds that they sowed and out of the 30, the prevalence is so, so, so, so, so high! [whispers ‘high’ loudly]. And these are people we could never have caught. So we are using other approaches, which is not in the [USAID] contract. But before we do it, we need to talk to USAID and convince them that this thing is going to work...So when we get results, we get excited. So I am sure with the follow-on, [the two additions] will be in [the final version of the BRIDGES program and/or the descendant program as official program components] [italics is original emphasis; bold font is my emphasis].

I shine a light on Melissa’s enthusiasm about the “innovative ideas” the BINGO undertook not to make the painfully obvious point that people working in development are passionate. Rather, it is necessary to capture the varied ways that the fulfillment of numbers and institutional expectations motivates actions and feelings amongst actors, which also shape policies and programs. That numbers can stimulate us to do things and can shake things up may seem obvious to, for instance, those working in public health who live professionally by the creed that numbers should be actionable; numbers should enable one to see the problem or gap so that it can be acted upon, fixed or filled.

My emphasis on the creative in the pursuit and production of numbers, however, is salient for methodological and theoretical reasons. It aligns with Latour’s (2000a) point that the purpose of anthropological “critique”, as mentioned in the Introduction, is not to tear down or debunk an object of study in order to replace it with a
“real” or “true” object. By approaching development workers as potentially creative, autonomous, critical actors rather than mechanical “others”, we may be able to see how they are engaging with various kinds of knowledge practices and to what ends. It also shows the need to move beyond thinking of power in global health and development in a center–periphery binary by realizing the ways that donor-dependent countries and actors, while constrained, may also shape what gets constituted as the global; a point that I focus on in the following section.

**Movement Back**

In Chapter Four, I employ Schuller’s (2012) concept of “trickle-down imperialism” to help elucidate the indirect power plays in the international aid system. An element of this concept that is valuable to raise again in this chapter is Schuller’s (2012) point that in-country organizations such as NGOs (and BINGOs, I would add) are intermediaries within aid intervention. Acknowledging NGOs and BINGOs as institutions that mediate relationships and the ways interventions occur invites us to think about development as a unique interconnected system of relationships (for example, between an NGO and recipients, amongst NGO staff, between an NGO and the BINGO, between the NGO and donors, and so on); and as distinct from world systems approaches that tend to focus on institutions that are “explicitly coercive in their application of sovereign power wrested from states particularly the World Trade Organization, the IMF, and the World Bank” (181).

Trickle-down imperialism is a means by which “intermediaries assert their power over subordinates” (Schuller 2012: 184). For the BINGO, mediating contact between beneficiaries and NGOs and the donor (USAID/Ghana and USAID/Washington) was their greatest source of bureaucratic power. The BINGO ran the program review meetings with the NGOs. They were much more in touch with the NGOs and peer educators, and they visited the program sites much more often than USAID. When Hope had an exceptional case, such as wanting to admit a young female sex worker for a safe abortion, the BINGO was the one they turned to for extra funds and advice. In addition, John described the BINGO to me as highly guarded:
“[They] try to limit what goes to USAID as much as possible...[USAID] hardly knows who’s [employed and working] in [the BINGO] offices. USAID’s a bureaucracy that can make their life miserable...and we’re talking about a lot of money...[The BINGO] likes to limit people involved in those discussions. Data can be dangerous. They don’t want open discussions with financiers.”

Due to their intermediary position, the BINGO was able to not only supervise their superiors’ mandates, but they were able to also actually contribute to what gets constituted as a policy. There is a circulation happening here that “trickle-down imperialism’s” (Schuller 2012) linear cascade mold does not account for, which deserves attention. In fulfilling their implementation expectations, the BINGO was able to discover two new possibilities for the program and provide a model for future programs across the globe. BINGO experts introduced these pilot projects through meetings to NGO staff and peer educators, as well as to a group of experts and stakeholders in Ghana from various organizations, including NGOs, UNAIDS, United Nations Population Fund (UNFPA), and the police service, in a meeting at the Ghana AIDS Commission. As mentioned earlier, a team of global HIV/AIDS experts from major global organizations visited field sites at the time the pilot projects were implemented. During the visit that I observed, Doris led the team to the drop-in centre and everyone sat in plastic chairs in a circle outside under an awning while Doris and then Aunty Phyllis explained BRIDGES and the recent “young female sex worker” addition. As arranged previously, one of the new young peer educators spoke about what her outreach entailed and what being a peer educator had personally meant for her, including getting sober. The team was led around the “hot spot” where the peer educators set up a mobile testing site, recruited community members to get tested, and conducted outreach. The team watched and Aunty Phyllis commentated.
After learning about these program additions, the team endorsed the interventions in a published guide for low and middle-income countries. The BINGO’s (and NGO’s) contribution complicates the governmentality position that actors self-govern according to “standards set by others” (Merry 2011: S90). In this particular case, actors in Ghana have also become the standard-setting “others”.

Rather than assume that models come from the global North, we need to understand the contemporary heterogeneous collaborations and circulations in particular times and places through which they are created. The increasing collaborations discussed in Chapter Two between academic and professional institutions across the global North and South are case in point of the growing probability that global models are formed and maintained through encounters. It therefore seems more appropriate to
think of standardized knowledge as circulations, its impetus and shape shifting via
encounters with various, unequal groups of people. This image is in tune with
anthropologist Michael Hathaway’s (2013) notion of “winds”. Hathaway (2013),
recognized earlier for providing a rare concrete example of how “the global” is (re)made,
extends the Chinese metaphor of winds as a challenge to dominant notions of
globalization as flows—totalizing forces that are assumed to emerge from the West and
that gloss over the everyday activities and relationships that make, reproduce, and
change global social formations:

...the notion of winds allows us to explore how globalized formations
travel back and forth across national boundaries and larger global
divisions (east/west, north/south) and how they are transformed along
the way...Winds suggest an analytic of transformation, not fixity; a
sense of multiplicity, not singularity, that does not start and end within
national boundaries or always begin in the West but is made and
remade through a thousand engagements (p. 36-37).

I regard the two program additions as “global” because they acquired a level of
official recognition beyond the setting of practice, promoted as a universal model or
template by established global institutions. This is not to imply that the BINGO’s actions
are any more “real” or powerful than on-the-ground modifications that may not travel
beyond that site. Rather, we as researchers need to also be attendant to the ways that
global policies result in actions that may push protocols and policies “back to its place of
beginning” in altered form (Hathaway 2013: 38). BRIDGES’ concentration on specific
most-at-risk populations, including female sex workers and men who have sex with men,
a standard program model in the world of HIV/AIDS, was transformed by BINGO experts
and returned to global institutions such as USAID, UNAIDS, and the WHO, as a tweaked
program template for other regions to learn from and apply.

This is also not to imply that new formations simply orbit back ‘up’ to major global
institutions in the North and ‘down’ again to donor-recipient sites, but crisscross over
diverse places. For instance, experts at the BINGO presented their ideas and findings at
an international conference in Africa where African (and other) attendees would have
taken this knowledge home. Although their research, deemed as groundbreaking,
emerged under the auspices of an affiliation between the BINGO and USAID, experts at
the BINGO are the primarily credited sources that others are learning from. In addition,
BINGO members, amongst other institutional members in Ghana, published academic articles on these program additions for others all over the world to read about.

We may hear little about the “making and remaking of the global” (Hathaway 2013: 38) and about movements back to its place of beginning because these occurrences may in fact just be that rare. It may be more the case, however, that it is simply difficult to see because as circulating winds they do not just start from scratch; that is part of the point (Hathaway 2013). Nonetheless, as scholars we need to try to trace these formations. Hathaway (2013) specifically looks at the case of changing environmental winds in Yunnan Province, China, by following the life course of a World Wildlife Fund-China project to illustrate that environmentalism, as a globalized formation, “does not happen by itself but exists and travels only due to the diverse, everyday activities that are carried out by a range of people” (37). My case is different in that there are official points of passage (i.e. major global institutions in the global North such as UNAIDS, WHO, etc.) through which global health standards are set even if they emerge out of collaborations. It is therefore unsurprising that studies of the remaking of official standards or models are uncommon since there is relatively modest scope for their negotiation or operation in general.

It may also be that we need to rethink to some extent the definition of “standards”. Within the fields of global health and development, there is a spectrum of “best practices” and “good practices” as well as “lessons learned” from across the world, which are institutionally backed, technically, as “recommendations” due to variance in contexts. Authors of standardization have tended to focus on examples that represent the pinnacle of the meaning of the word (e.g., official policy, legally-sanctioned standards, and so on). While we tend to primarily think of these examples as standards, it does not change the fact that less official versions are too; they also represent a level of quality (e.g., are “evidence-based”) supported by authoritative institutions, and are used as models for countries to implement. Countries and collaborations across the globe are contributing to the making and remaking of these standards in various ways. These forms of knowledge are therefore ripe to research as sites for understanding the “making and remaking of the global” (Hathaway 2013: 38).

In my particular case, the BINGO as intermediary may appear familiar to other researchers of development and may mean we are currently bearing witness to an
interesting moment whereby BINGOs are gaining greater power within the aid system, which would be worth further inquiry. In addition, the driven class of professionals in Ghana, and in the global South, eager to make headway, to present at conferences, to publish, to receive awards, to make international connections and so on, indicates the need to pay attention to the ways in which particular individuals and kinds of institutions may be also shaping the global in different ways. Although major global institutions give official approval of standards, this may not mean this is their beginning or end. We need to investigate more diligently where standards come from, how they are made and remade.

Conclusion

Ghanaians occupy a notable position betwixt being constrained by donors and being decisive, globally formative actors. In our interview, Melissa, akin to Calvin (M&E officer) in Chapter Three, described Ghana as the “piper” restricted in what they play since the donors “call the tune”; yet, she also acknowledges the BINGO’s ability to act innovatively and to actually shape policy, as shown in this chapter. Recently, while describing my argument in this chapter to Calvin that HIV/AIDS intervention does not simply happen upon aid recipients, he responded, “I think you’re right in saying so, but in Africa most countries are simply consumers”. He reiterated from previous conversations that even though Ghana is “one of the more powerful African countries” in terms of collaboration and contribution to intervention, the dictum of “he who pays the piper calls the tune” still prevails. I think Calvin is largely correct in terms of a particular country in a short time, but my argument is about the longer sweep and the accumulative effects that are powerfully shaping the field.

This is not to glorify Ghanaian production of the global. I want to emphasize that my intention is not to set the BINGO’s power against that of the donor to indicate a “victory” or to suggest that it is an indication that BINGOs may be on their way to victory soon. The BINGO is, after all, entrenching a positivist and audit-based orientation that I am critiquing throughout this dissertation. If it is the case that the Ghanaian BINGO’s agency and intermediary power is to some degree generalizable to actors and organizations in other settings, then it will be important to pay attention to these
occasions, and to their effects on social relations and the ways that global health and development occur. In the next chapter, I continue the discussion that Ghanaians are not simply consumers of global HIV/AIDS categories such as “female sex workers” and “men who have sex with men”: these are not agents in their own right. With a focus on the MSM component of BRIDGES, politically controversial in a “homophobic” Ghanaian environment, I illustrate how the MSM category and program initiative have gained traction through practices in a particular field of power.
Chapter 6.
The Matrix of MSM in Ghana

Ghana’s efforts to provide HIV/AIDS prevention and treatment services to MSM are relatively progressive in Africa, yet these efforts are situated within a wider context of ongoing homophobia within the nation. In recent years, homophobic discourses have taken on a new face; one that views “homosexuality” as counter to “Ghanaian culture” or more generally, “African culture”. “Culture” is often defined in this context in terms of Christian or Muslim beliefs, traditionalism, conservativism, and through opposition to the West. This new wave of homophobic expression, found in other African countries as well (Biruk 2014; Essien and Aderinto 2009; McAllister’s 2012), is partly a product of globalization and transnational Lesbian, Gay, Bisexual, Transgender (LGBT) activism (Essien and Aderinto 2009). The circulation of universal human and sexual rights rhetoric and the emergence of public activists and activist organizations in Ghana have been firmly met with public outcries against homosexuality and human and sexual rights discourse.

Homophobic discourses, coming in surges since the 2000’s, tout homosexuality and the rights rhetoric as Western cultural infiltration and imperialism. Opponents, including the Ghanaian government, have claimed that it is a threat to heterosexuality as the only form of African sexuality, the conventional family and marriage system, generational continuity, and religious values (Essien and Aderinto 2009). Given this context, HIV/AIDS policymakers and personnel have tread carefully in the implementation of MSM programming, embracing a depoliticization of homosexuality as per the original intent of the MSM category, and emphasizing basic health rights.

I suggest that this context is important to an understanding of the way that the category of MSM and the MSM initiative under BRIDGES have gained traction in Ghana. To gain an understanding of this context, I provide in the first section a sense of the homophobic discourses surrounding homosexuality by focusing on three major events that made media headlines during my fieldwork. I show that homophobic remarks are ensconced within wider anxieties about postcolonialism in Ghana, and Africa generally.
This perspective challenges the assumption that homophobia in Ghana is simply a psychological matter or due to a “backward” Ghanaian culture, as Ghanaian HIV/AIDS personnel often stated. There is a wider significance to challenging this assumption as it is one that circulates on the global stage: the notion of “African homophobia”, notes Biruk (2014: 1), “has come to occupy a prominent place in the transnational imagination,” making Africa “into a pre-modern site of anti-gay sentiment in need of Western intervention”. Aware of homophobic sentiment in Africa and worldwide, global HIV/AIDS organizations have instituted “stigma and discrimination reduction” initiatives, many of which aim to educate populations about tolerance and educate MSM to self-accept (amfAR et al. 2011). While global organizations have made efforts to act, they often fail to account for the very conditions of the production of stigma and discrimination. News media, the international public, and scholars have also often overlooked such conditions (Biruk 2014).

In the next two sections, I show that in an effort to deal with the homophobic setting that has pushed sexual minorities out of the national community and blocked their access to political and social services, HIV/AIDS program designers and personnel have not only overlooked such conditions, they have tactically avoided them altogether by adopting health discourse and employing the MSM category according to its ostensibly value free character (see Chapter Two). I then discuss the ways that monitoring and evaluation conspires to sanction an isolated intervention focus on “healthy behaviours”.

Although I examine these layers chronologically for organizational purposes, it is my contention that it is a specific convergence between homophobia in Ghana, health rights discourse, the MSM category, and monitoring and evaluation through which this particular vision of HIV/AIDS intervention is legitimized in Ghana; these elements have emerged hand in hand and urged one another. The implications of this legitimization process are then explored.
Anxieties Around Postcolonialism

In October 2011, the former U.K. Prime Minister David Cameron pledged to cut aid to African countries that did not respect “gay rights”. Along with Uganda, Ghana was identified as a target and potentially next in line to feel the sting of funding “fines” if persecution of sexual minorities continued (Martin 2011). Malawi had reportedly already received a £19 million cut by Her Majesty’s Government following the sentencing of two men, Steven Monjeza and Tiwonge Chimbalanga, who held an engagement ceremony to fourteen years of hard labour (for an analysis of this case, see Biruk 2014). Before the Ghanaian government made an official response, a flurry of opinions was voiced through news and media outlets; many expressed indignant criticism of what they perceived as cultural encroachment. The late President John Evans Atta Mills spoke to journalists on the matter a few weeks later declaring:

… [Cameron] does not have the right to direct other sovereign nations as to what they should do especially where their societal norms and ideals are different from those which exist in the Prime Minister’s society….we will not accept any aid with strings attached…aid with strings attached would rather worsen our plight as a nation or destroy the very society that we want to use the money to improve (GhanaWeb 2011).

Prime Minister Cameron’s pledge was clearly received by the president as a direct threat to the foundation of Ghana’s social and moral order and their sovereignty. The threat only served to fuel beliefs that homosexuality is a Western import and to further justify discrimination in defense of African nationalism. Mac-Darling Cobbinah, the executive and national director of the Centre for Popular Education and Human Rights Ghana, felt further alienated by the thought that “gay people” could be used as scapegoats for aid cuts and publicly said as much (Gray 2011). The aggressive human rights approach confirmed for many the “arrogance” of the West and that sexual rights specifically are a trendy cause amongst Westerns. For example, some online public comments made the point that there are other human rights violation in Ghana that have not received as much of a challenge on the global stage. The following two cases carried less of a direct external threat to Ghanaian self-government, but significantly were still interpreted as a move against Ghanaian culture.
In January 2013, the appointment of Nana Oye Lithur as Minister for Gender, Children, and Social Protection sparked an uproar amongst public, political, and clergy members who vehemently opposed the Minister’s position in her address to the parliamentary appointment committee that “the rights of everybody, including homosexuals, should be protected” (GhanaWeb 2013a). Contentions claimed that Lithur’s human rights stance flew in the face of Ghanaian law, which states that “unnatural carnal knowledge” is illegal under Section 104 of the Criminal Code. The ambiguity of this statute is a source for debate between groups and has allowed Lithur to delineate a position that calls for the protection of everyone regardless of sexual orientation, yet that believes homosexual activity is criminal. While there were a number, Ghanaian citizens who supported Lithur’s position, albeit a minority, the heated backlash asserted that her position defied Ghanaian culture. Common discourse amongst her opponents is conveyed within the following public comments to news reports on Lithur’s appointment. Comments on the article, “Oye Lithur’s Appointment Opposed Over Her ‘Support’ For Homosexuality” (GhanaWeb 2013b), included:

“...a campaigner of the minority to lead and work against the majority of the people’s morals, values and principles is not acceptable” (KOO-SWISS)

“She may be popular but the other side of her, open support for homosexuality, is poisonous to our society” (PAUL)

“Sodomy is outlawed in our country. The law forbids it as a criminal offence, Human rights go with responsibilities, and [a]re exercised within a socio-cultural context. We must be careful not to accept Western norms and values as standard” (Sankofa)

In addition, adverse responses to the article, “Gays Have Rights and I will Protect Them - Oye Lithur” (GhanaWeb 2013c), included:

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17 Unnatural carnal knowledge in the Ghanaian criminal code is defined as “sexual intercourse with a person in an unnatural manner” (Bettman et al. 2012: 197).

18 Lithur made a point to distinguish her human rights stance from a position that “promotes homosexuality”, stating: “I will not promote homosexuality…I have never said homosexuality should be promoted or legalized” (GhanaWeb 2013a).
“Nana Oye Lithur, gays have rights, but we have our own cultural values and we shall never mortgage them for the sake of civility. Homosexuality is an alien culture and we don't want anyone to promote it in our country. Our women love our men and our men love our women too. Protect our decent cultures and do away with the absurd ones” (Jato Julor (J.J.) Rawlings)

“YES, WE NEED A SENSIBLE PERSON TO HEAD THIS MINISTRY AND NOT THIS SO CALLED HUMAN RIGHT LAWYER. SHAME ON YOU NANA OYE L[U]THER. WE ARE NOT READY FOR THIS SHIT (HOMOSEXUALITY) IN GHANA. WE DON'T WANT ANY STUPID ALIEN CULTURE, WE ARE PROUD OF OUR DECENT AFRICAN CULTURES. GOD BLESS GHANA OUR MOTHERLAND” (PRINCE ARMAH)

The third event occurred on the heels of Nana Oye Lithur’s nomination. Angered by Lithur’s nomination and eventual appointment, Ghanaians blamed the change in political environment on Andrew Solomon, a prized American writer and LGBT rights activist whose relationship with President John Dramani Mahama came under fire. The media erupted with claims that Solomon drove Lithur’s nomination and that he raised campaign funds for President Mahama who in return would endorse gay rights. The scandal had gotten to the point that Andrew Solomon felt the need to set the record straight in The New York Times in a short but poignant piece on his friendship with the president and the debate, which he described as “meaningful progress” since LGBT rights were being discussed at all (Solomon 2013).

Solomon seemed to have been the unfortunate scapegoat of greater anxiety about President Mahama’s stance on homosexuality in Ghana, which was perceived as noncommittal. Many feared he was “too liberal”, as the opposing New Patriotic Party’s communications director, Samuel Awuku, described him (GhanaWeb 2013d), and not standing up for Ghana. Voicing others’ concerns, Awuku stated, “[W]e don’t have to accept everything that comes from the foreign countries…This government is too liberal with our Ghanaian rules, with our tradition and culture” (GhanaWeb 2013d). Following pressure to declare his current position, a concise statement was made via the
information minister to the media, which broke the headline: “President Mahama Speaks: Homosexuality is Criminal” (GhanaWeb 2013e). Unsurprisingly, Mahama kept to the statute. It can be noted that President Mahama had in fact publicly asserted his position on homosexuality previously as vice-president in support of President John Evans Atta Mills, stating on one occasion: “...there is no way I will support homosexuality. I therefore support the President’s views on gays and lesbians to preserve our rich culture” (Modern Ghana 2011a).19

Ghana is considered a relatively tolerant African nation, but these events and surrounding discourse serve as a reminder that the environment is quite precarious.20 Most importantly, they illustrate that homophobic anxieties are embedded within concerns about the destruction of an imagined “Ghanaian” and “African identity”. Although the topic of conversation was “homosexuality”, Ghanaians deployed and circulated rhetoric about national and cultural sovereignty. Upon asking a Ghanaian friend about the notion of homosexuality as “UnAfrican” and where he thinks it “comes from”, he responded that, “I guess people might just be fed up, you know? Fed up with big countries coming here, taking our resources, exploiting our people, and now I guess people are annoyed that they’re trying to change our culture, who we are”.

Homophobic rhetoric, I suggest, is firmly situated within Ghanaians’ critical views and emotions informed by the nation’s colonial and postcolonial histories. In attempting to deal with the hostility, Ghanaian HIV/AIDS policymakers and personnel have not only overlooked these conditions from which homophobia partially develops, but strategically avoided them altogether.

19 President Mills made clear on a few occasions his opposition to legalizing homosexuality in Ghana, however during his term he too received criticism that his stance was not strong enough or loud enough in defence of Ghana’s “traditional culture”.

20 Accounts of homophobic-led arrests and violence are not uncommon in Ghana, although as Essien and Aderinto (2009) note, not as common as in other African countries such as Zimbabwe, Namibia and Kenya. During my fieldwork, for instance, some other events indicating homophobia that took place included: a call by the Western Region minister, Paul Evans Aidoo, for the arrest of all “homosexuals” in the region in 2011 following a media report that 8,000 gay inhabitants of the Western and Central regions had registered with HIV and AIDS organizations (Modern Ghana 2011b); the murder of a man in Nima, Accra, following a quarrel about his sexuality and possible relationship with another man in the community (Potts 2014); the expulsion of fifty-three male students from two high schools accused of “being gay” and recruiting others (Littauer 2013); the dismissal of thirty-four female high school students who, according to the Ghana Herald, were engaging in “the despicable act of lesbianism” (Littauer 2013).
“Health Rights...Not Sexual Orientation Rights”

One way they have done so is by embracing health discourse in their initial and continued efforts to mitigate the spread of HIV/AIDS amongst MSM. Previous to 2004, interest in initiating MSM program activities was quietly building in Ghana. Ghana’s West African counterpart, Senegal, was pioneering research and HIV/AIDS intervention upon MSM in Africa just years earlier. There, USAID funded a program called Horizons carried out by the Population Council, which became the first INGO to focus attention on MSM in Africa (Bunting 2015). Satisfied with the accomplishments of Horizons and research conducted on MSM in Senegal, USAID decided to include MSM in the already-existing MARPS agenda in Ghana; this decision was also based on interest showed by Ghanaians, as reflected in a 2004 study on MSM by a Ghanaian NGO (Attipoe 2004). Placide Tabsoba worked on Horizons and upon moving to Ghana, was contacted by Ghanaians wanting to learn from his experiences in Senegal. In an interview with Tapsoba, he relayed to me the strategy he learned in Senegal as part of his years long effort to provide services to MSM there, which he helped apply in Ghana to deal with the similarly sensitive context. Tapsoba used the Senegalese expression “sutura” to describe having to use crafty discretion:

...don’t go and engage the government, don’t go engage anyone. Do what in Mali and Senegal we call it “sutura”. You do it, but don’t talk it. Don’t put me on the spot to have to defend it [because] they will have to say “no”...And this is what we did in Senegal. [We said Senegalese government stakeholders] we are health providers and we are doing it in a health perspective. We are here for human rights, health rights, access to health care rights, but not sexual orientation rights. You see the point? [The two kinds of rights are] completely different and if we differentiate it, you see, it’s easy to work. People in Ghana were scared [to initiate MSM activities], but this is what to do.

In distinguishing health rights from sexual orientation rights, Tapsoba was emphasizing the importance of focusing on health as an isolated problem; the logic being that support from stakeholders is likely more attainable by focusing on health behaviors and symptoms and not framing the intervention in a way that shows support and advocacy for diversity in sexual orientation and gender identity. “Otherwise”, he says, “they think you’re trying to change the culture”. He explained that he also helped to
enact MSM research and health services for MSM in Mali and Burkina Faso; slightly amused, he recalled the similarities in the forms of rejection he experienced across the countries: government agents dodged him and secretaries continually told him their bosses were not in. At a Strategic Information Dissemination conference I attended, the director of monitoring and evaluation at Ghana AIDS Commission, while speaking about how far Ghana had come with regard to their MSM efforts, admitted to the audience, which included Tapsoba, that he was one of those who used to “avoid him at all costs”.

It was clear from Tapsoba’s accounts that stakeholders were primarily concerned that interventions would have an activist slant. For instance, in reference to the case of Senegal, he recalled,

We wanted...a national program [but to have a] national program you have to get [stakeholders] involved. So for six months nothing is happening. And I have to go and call for the meeting and tell them, “we are health professionals, we have nothing to do with people who do this for political conviction...who want to rally for the rights of homosexuals to express their sexual orientation. This is not the case. Here we are focusing on the health issues of the MSMs because of stigma. We bring it back [within a health rights perspective]...

Hope personnel would also employ health rights discourse when defending or explaining their work, sometimes even to fellow BRIDGES workers. At a stakeholder’s meeting at Hope’s office, a nurse working for BRIDGES raised the concern that the recent “young female sex workers” initiative might actually support and encourage sex work. Two days later in an interview, Aunty Phyllis referred to this incident and expressed frustration in having to explain, especially to those working in the health community, she said, the difference between disease prevention and promoting sexual activities and orientations. Hope personnel told me they invoke this rationale to explain their work to family, friends, and fellow church members. Some truly believed in this distinction between their work as health-oriented, a site that is possible to bracket judgments, and their personal beliefs; while others used it solely as an escape hatch.

In any case, it begins to reveal how homophobic anxieties—situated within concerns about Western imperialism via sexual or human rights discourse—underlie the direction of MSM efforts in Ghana. In one sense, the health rights strategy is effective: it
helps to get around immediate barriers. Indeed, other groups have deployed health rights discourse for similar purposes in various countries (Epprecht 2012). Epprecht (2012) has pointed out that, “[t]he strategic embrace of health discourses is one ‘cloaking’ mechanism to slip sexual minority rights onto the local agenda” (236). However, MSM efforts in Ghana have not been a simple case of saying something then doing something else. Rather, as I will discuss in the next section, the underlying logic of the health rights distinction helped the particular MSM programmatic approach take shape. Ghana’s health rights strategy emerged hand in hand with the use of the MSM category–itself predicated on the divide between behaviour and identity (see Chapter Two). As such, they have worked together to legitimize a programmatic depoliticization of homosexuality.

MSM: “It’s About Actions…Not Identity”

One morning at the BINGO office, I attended a BRIDGES meeting regarding the new “hidden” MSM initiative discussed in Chapter Five. The initiative was still in the design stages and the BINGO invited MSM peer educators and program directors from various NGOs to learn about a research-profiling plan. The plan entailed that the peer educators interview their “hidden” MSM contacts using a set of seventeen questions about sociodemographics. Attendees, about fifteen of them, were asked to provide feedback about the given questionnaire for revision purposes, which led to a lively discussion. The last multi-part question particularly sparked debate. It asked, “To what extent are you open about your sexual orientation/behaviour to your family?” followed by: “…To your friends?”; “…To your co-workers”; “…To your religious leader(s)?” and so on. In reference to “your religious leader(s)”, a peer educator joked, “Not applicable!” making everyone laugh aloud.

The term “sexual orientation” then became a serious point for discussion. Many felt that the term deviated from the rationale of MSM, which they thought made the questionnaire confusing. One participant broke down the meaning of the MSM category as a reminder for attendees: “Men who have sex with men may not identify as ‘gay’ and that’s where the term MSM becomes important.” Another participant chimed in with an emphatic, “Yes!” The former participant continued, “[Identity] is about…your psyche.”
Aunty Phyllis had the last say on the discussion: “My sexual orientation might be, ‘I like women’, but because I want to be accepted I do other things. So it shouldn’t be ‘sexual orientation’. It should be clear. It’s about actions and feelings, not identity”. Everyone nodded and agreed that “sexual orientation” was not the best choice of words. BINGO personnel agreed and promised to revise the questionnaire.

This vignette reveals that BRIDGES personnel readily employed the behavior–identity distinction underlying the MSM category. They also do so by making the connection to health right discourse. For example, the following excerpt comes from an interview with an MSM peer educator named Coblah from a different NGO than Hope. I asked, “Is ‘gay’ different than ‘MSM’”? This was his response:

Okay, you could say we have some people who like men who sleep with men, but don’t want to call themselves gay because they just don’t want to accept the fact that they are gay. They feel for men, but they just see it as them sleeping with a man. You know, sometimes we Ghanaians believe that if you are girlish then that means you’re gay...And maybe he is scared because of the stigma here...So “MSM” and “gay” I would say is the same, but sometimes it’s not the same because...there are some MSM who sleep with men who don’t call themselves gay...So we [BRIDGES workers] make [the program] about their health: healthy sex behaviours, healthy living.

Coblah explains that the MSM category works in the Ghanaian homophobic environment (“the stigma”) that may make one “scared” to reveal a sexual identity (to themselves and/or to others, I surmise). He recites the MSM category’s originating rhetoric, noting that the issue of identity and labels is complicated and the term MSM, supposedly value-free, ensures inclusivity, adding that the corresponding focus on health does too. We can see the programmatic focus on health through the following description of a typical education visit by peer educator, Titus. I joined in on the visit.

**MSM Component of BRIDGES**

BRIDGES’ MSM peer educators acted more discreetly than their counterparts who focused on “female sex workers” and “non paying partners”. To make their peer educator role known, they utilized their personal networks rather than random approaching people. Titus, for instance, was a resident and peer educator in a refugee
camp who acquired contacts through his growing trusted network in the community (and beyond). In the times that I visited him, individuals knocked on his door a few times to ask questions or arrange an appointment. While walking the grounds he might see someone he knows and he would make plans to have a meeting in the near future. He also networked by hanging out in the local “spots” (pubs, clubs) and the beach where he knew MSM hung out.

On one particular June afternoon I accompanied him to an appointment at Leonard’s home. Titus had casually met Leonard a few days earlier through a mutual friend. We left Titus’ modest row house and walked the residential dirt pathway to Leonard’s house. Leonard warmly invited us in and motioned we sit in two plastic chairs while he sat on a small table, leaning forward so as not to disturb the protruding pile of clean dishes behind him. Titus explained he was “going to do some education”. From his backpack he brought out his notebook (the raw version of the Sheets) and said that he was going to “take some small information”, but assured Leonard that he was not going to “take it anywhere”, that it was only for the purposes of his peer education work. Leonard clicked his tongue at the back of his throat meaning, “I understand and consent”. Titus showed him, one-by-one, a series of about ten glossy image cards over the length of approximately forty-five minutes. The cards told the story of two male lovers, one of which refused to use condoms and lubricant after the other asked him; he started feeling ill, they both got tested, and the ill spouse was diagnosed with HIV. He took his medicine “properly” and they lived happily ever after “because they knew their status” and were taking care of their individual health while taking care of their partner’s health.

On the back of each card were a few sentences that told this story, explained the picture on the card’s face, and ended with a few discussion questions. The first picture showed the two lovers embracing shirtless. Titus asked Leonard to describe what he saw. “Uhhh two guys holding each other”, he responded. Romeo prodded, “And are they just friends or…?” Leonard shook his head, “No, they’re lovers.” “Before we go on, you’re a ‘boot brother’, right?” Titus asked. “Boot brother” is slang for “homosexual.” “Yeah, yeah”, Leonard nodded assuredly. Titus raised the next card. The questions and scenarios were commonly about the importance of being informed about your status, telling your partner your status, acting “safely,” and adhering to treatment. Leonard seemed to presume to some extent the kinds of responses Titus wanted to hear as most
of his answers fell back on “being healthy.” Towards the end of the session, Titus instructed Leonard about where he could get condoms and asked if he “was with someone” and if they used condoms. Leonard nodded and clicked his tongue. Titus also explained BRIDGES’ clinic referral system and finished by summarizing his role in the community, telling Leonard that he could come to him anytime. Before we left, Romeo handed him some pamphlets from his backpack, including one with helpline counselor contact information and another regarding a cell phone based service that sends out text message “promotion blasts” (e.g. free lubricants, airtime), “education blasts” (e.g. “Friends, it’s your turn to show true love this Valentine’s Day by being faithful to 1 partner n using condoms n lubes each time u have sex”), and automated responses.

Besides the focus on healthy behaviours, there were some other aspects of the MSM components, including: outreach via social media sites; and “gender based violence” support, which largely dealt with individual cases of violence providing legal support, psychological counseling, health services, and education on rights. Mirroring BRIDGES’ focus on behaviour, the gender based violence component focused largely on the isolated act. Titus explained that, “if the person [e.g. police, clinician] on the case are not MSM they will not know anything on MSM. Only the NGO or the lawyer will know, but police will be looking at the right of the individual”. Some police are aware of the unique challenges faced by non-heterosexual groups and try to do what they can, I must add. BRIDGES liaised with police and trained some to be “friendly”. For example, at a BRIDGES review meeting I attended, a police officer told his discussion group the recent story of “a gay experiencing stigma and youth beat him”; he recounted that he referred him to a legal service to help pay the man’s medical bills. “I took it very seriously”, he said.

For the most part however, the above-described peer outreach that concentrates on sex education was central to the MSM component of BRIDGES. So far I have shown the ways that a particular confluence between homophobia in Ghana, health rights discourse, and the MSM category helped to shape and normalize BRIDGES’ focus on “healthy behaviours” amongst MSM. I add one more layer to this matrix: monitoring and evaluation has been an important part of this legitimization process.
M&E: “It Already Made Sense”

Like any group labeled as a “most at risk population”, MSM are objectified as a bounded group who practice common “risky” behaviours and who therefore, as the story goes, need to be tracked so they can be intervened upon; they need to be knowable. Although the “hidden MSM” initiative recognized a different “type” of person (older, professional, discreet men), BRIDGES, and MSM discourse more generally, treated MSM as a distinct group. It was not uncommon to hear the following kinds of statements or phrasing about MSM from HIV/AIDS professionals in Ghana: “They love technology,” “MSM are wildly involved with transactional sex,” and “we don’t know where they are [in Ghana]”. They were conceptualized as an essentialized group with similar attributes and behaviours who can and need to be found and monitored. The MSM category itself is rooted in purposes of HIV/AIDS surveillance. Epidemiologists and HIV/AIDS professionals needed a way to describe sex between men so as not to exclude anyone in efforts to locate, “reach,” and report on them (Boellstorff 2011). While MSM enumeration was a part of HIV/AIDS surveillance in North America and other English-dominant countries relatively early on (Boellstorff 2011), this was not the case in Ghana.

Monitoring and evaluation was the first major form of systematic surveillance that MSM had been a part of in Ghana. Since the category already existed in the mainstream global HIV/AIDS community as a measurable “most at risk population”, it was bureaucratically easy to tack an MSM component onto preexisting MARPS program-reporting designs in Ghana. “It already made sense,” John at USAID/Ghana explained to me when giving his account of MSM’s programmatic history in the country. He painted a picture of USAID as eagerly waiting for Ghana to be “ready” to include an MSM component. Bureaucratically, it would only entail another column, another box, and so on, on the new report design. We see something similar with the category of “injection drug user” (IDU), which was not an identified MARP yet in Ghana during my fieldwork, but was elsewhere in the mainstream HIV/AIDS community at the time. The below figure is a snippet of a universal M&E reporting template that USAID gave the BINGO.
The BINGO adapted the template to suit BRIDGES’ MARP design. For instance, “Other Vulnerable Populations” was taken to mean “Non-Paying Partners” and the “IDU” row was left blank. Somewhat like the IDU category, the MSM category was in a sense already in the bureaucratic realm, waiting to be taken up. That the concept of MSM fits so well with reporting methods is no surprise; people made it this way\(^{21}\). The MSM category by its very nature lends itself to statistics. After all, it was built to include or count as many “at risk” men as possible through simple categorization based on the act of intercourse (Boellstorff 2011). This classification was assumed to dodge discrepancies and produce clean, accurate, apolitical data. The MSM category provides the kind of “raw quantitative data collection” that “make[s] possible audit and accountability logics” (Erikson 2012: 367).

Conversely, monitoring and evaluation is a type of capital that has given the MSM category greater life in terms of robustness and circulation. In being made to measure, the numbers of MSM “reached” quite naturally ensued and were made visible in official M&E reports, demonstrating accomplishment. As such, monitoring and evaluation works to further entrench a notion of HIV/AIDS prevention that zooms in on “healthy behaviour” and sexual acts, without the need for consideration of political and social conditions. Peer educators seemed impressed with numbers they saw at

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\(^{21}\) My phrasing here is borrowed from Ian Hacking’s (1986) discussion of the non-surprising way that concepts and people or products can fit together so well: because “we made them that way” (165).
meetings. At one meeting a BRIDGES M&E professional showed on a PowerPoint slide the number of MSM “reached” by the NGOs to date. Titus nodded and said aloud to his surrounding colleagues encouragingly, “We are doing well. We keep doing what we’re doing”. In addition, MARPS programs, including BRIDGES, have liaised with various kinds of people—youth, police, nurses, chiefs, politicians, and so on; “MSM” has therefore been circulating amongst a growing network of people as a privileged vision of knowledge. These groups were invited to conferences and workshops where they could see and hear “MSM” discussed in conjunction with impressive numeric results.

Monitoring and evaluation is integral to the nexus discussed thus far through which BRIDGES’ MSM initiative effectively came into being. Tom Boellstorff (2011) has argued that the “MSM category is not an agent in its own right, but a cultural logic deployed through human practice in fields of power” (304). In this chapter so far, I have illustrated the ways this argument rings true in the context of Ghana. But what are the implications?

**Bound in Health and HIV/AIDS Prevention**

Although the embrace of health rights discourse has been an effective strategy to evade political contention, there are some significant implications. Making a distinction between health rights and human or sexual rights renders the former a basic universal right while framing the latter as superfluous and non-universal (a Western notion), which not only does not destabilize the tension between “Ghanaian culture” and human or sexual rights, but reinforces the dichotomy between basic or “real” rights and Western imposition. Further, program designers and workers can become bound to the isolated emphasis on health, unable to see and move outside the limited focus. Some have made the argument that HIV/AIDS interventions can be sites to foster senses of identity and community (McAllister 2012). This argument mirrors critiques made about the MSM category, including that it impairs “long-term goals of self-actualization and social justice” (Khan and Khan 2006: 766 in Boellstorff 2011: 305; see also Watney 2000) and disregards the very social processes that make sexual minorities vulnerable to disease and social injustice (Watney 2000). I do not pretend to know how to programmatically address the conditions of the production of homophobia discussed at the start of this
chapter, but it seems reasonable to state that the strategy of shunning them will not work to destabilize them.

I hope to have called attention to the need for greater research on these conditions, which can help to unsettle assumptions that homophobia is a psychological or cultural occurrence (Biruk 2014). Further, I suggest that this research can open up the ongoing debate about the presence or absence of homosexuality in Africa. This debate is couched in a never ending back-and-forth display of evidence to argue for or against the position that homosexuality existed before the days of colonial rule. The attempt to use evidence, however, cannot account for the deeper sentiments surrounding homophobia that defy logic. Further, both sides of this argument risk acceding to essentialist notions of African sexuality that restrains productive dialogue.

The MSM category has shaped how male sexual minorities are regarded and legitimized by the nation state: within the boundaries of HIV prevention. As mentioned above, various kinds of community members who liaise with programs come to partially know “homosexual” males through the lens of epidemiology as “risky”, potentially diseased people. When the media provides legitimacy, it is often done so within the sphere of HIV prevention. There is a double-edged situation somewhat akin to that which Lorway and Khan (2014) point out in their analysis of the Gates-funded HIV Initiative in India known as Avahan. That is, one could argue the resultant form of legitimacy provided to sexual minorities via programs like BRIDGES “is somewhat narrow in its confinement to HIV prevention” (Lorway and Khan 2014: 52) yet at the same time, BRIDGES, and MSM-bearing initiatives before and after it, (will) have granted access to health services for Ghanaian citizens. That biological knowledge (such as MSM discourse and epidemiological reasoning) constructs not only how governors understand people, but also how people come to understand themselves is a point made well by anthropologists (Gibbon and Novas 2007, Lorway and Khan 2014, Petryna 2002).

It will be important to understand how the MSM category shapes subjectivities and becomes meaningful for the people it seeks to manage (see Sangaramoorthy 2012). Some scholars of Ghana have posited that Western discourse, including the terms “MSM,” “homosexual,” and “gay,” have affected notions of sexuality and gender. Geoffrian (2013), for instance, argues that flexibility within sexual and gender practices
amongst youth is being threatened, partially by negative Western connotations with the term “homosexual”: it is only very recently, the author notes, that there has been “a growing discomfort with effeminate men, who are increasingly labeled homosexuals” (49). In an interview, Placide Tapsoba argued that the lack of traditional Ghanaian terms and frameworks for various sexual identities and practices meant that the context was ripe for Western discourse to “distort” Ghanaian notions and subjectivities. Deep ethnographic analyses are needed, however.

**Conclusion**

Attention to the homophobic rhetoric in Ghana provides a lens into the current anxieties about global North-South relations Ghanaians are faced with (see also Biruk 2014). A call to place homophobic rhetoric within these wider anxieties is neither an appeal for empathy for homophobic sentiment nor an argument that such sentiment is excusable. Rather, it is an attempt to bring attention to the need to go beyond superficial culturalist explanations and the “UnAfrican” debate whereby debaters simply talk past one another if meaningful action is to be made. In response to recent headlines concerning President Akufo-Addo’s remark in an interview with Al Jazeera that legalizing homosexuality is “bound to happen” in Ghana, the Coalition Against Homophobia, Biphobia and Transphobia in Ghana issued a statement that expressed appreciation for the recognition for future progress, but pointed out that homosexuality is too often used by the government and media to deflect from governmental inadequacies on the world stage and at home, including its inability to protect its citizens (GhanaWeb 2017). A consideration of the historical and political conditions of homophobia may help to align these issues. The extent to which HIV/AIDS intervention is a site to effectively help address these conditions is open for exploration. I propose that this will entail shifting away from current strategies that depoliticize and medicalize homosexuality and away from short-term, results-based objectives. I now turn to a wider discussion of these proposals in my concluding chapter.
Chapter 7.
“Lessons Learned”

At the start of this dissertation I stated that it was not just about monitoring and evaluation or Ghana. I hope that my analysis can help us understand something about the world more broadly. There may be lessons to be learned in the ways that governance occurs. In this final chapter, I summarize the broad theoretical and methodological relevance of my particular study of evidence making in the domain of HIV/AIDS intervention in Ghana. Then focusing more specifically within the realm of global health, I promote the value of ethnographies of global health in the face of a feeling of uneasiness that my research does not directly translate into policy objectives.

While some actors in Ghana found my focus on the practices of monitoring and evaluation academically interesting, many found it non-concrete, pointless, and ineffective to actually improving the monitoring and evaluation of HIV/AIDS interventions. USAID advisor, John, for instance, who has some background in anthropology, expressed to me that lack of practical value is typical of ethnography saying something along the lines of the following: You anthropologists write entire books critiquing everything that is happening, yet in the end provide only a few suggestions, usually implying an overhaul of the entire system, which is not realistic. Reflecting on this quandary, I consider what a critical explanation such as mine about “what is happening” has to offer global health, which is concerned with “acting” (see also Pigg 2013). I argue for the reduction of power of monitoring and evaluation and venture into a discussion about how this might be done. I suggest that the concept of slow research (Adams et al. 2014) is a helpful springboard to think about how monitoring and evaluation and global health might be done differently.

“Lessons Learned”

Since monitoring and evaluation is an increasing requirement amongst donors, it may appear like an external, constraining, iron handed demand by one entity upon another, which, together with its authority and utility, obscure the conditions of its
production and uptake. This dissertation shows that monitoring and evaluation of HIV/AIDS programs in Ghana is a historically specific phenomenon: one that becomes what it “is” at the intersection of business management, audit culture, the trajectory of mainstream HIV/AIDS prevention schemes, development, globalization, neoliberalism, and postcolonialism. It is within this historical assemblage of practices, processes, and relations that actors in Ghana took up monitoring and evaluation as normative program praxis. Therefore, despite its claims to objectivity, monitoring and evaluation of HIV/AIDS programs has embedded theories and values, and it shapes the HIV/AIDS intervention landscape in ways that reflect them: performance of the program, personnel, and peer educators were defined according to instrumental, results- and target-driven criteria; Hope shaped their operations and values around M&E indicators and reports; the BINGO, Hope, personnel, and peer educators were made into self-managing, “auditable” entities “impelled to concentrate on ‘what counts’” (Shore and Wright 2015a: 426); and standardized MARP subject positions were reinforced. In explaining the relationship between the history of monitoring and evaluation of HIV/AIDS programs and these effects in Ghana, I demonstrate that monitoring and evaluation perversely serves to create program success, not assess mainstream programs.

Further, I illustrate that these effects occurred on and through the practices and agency of those governed by monitoring and evaluation (the organizations and people mentioned above). That is, although monitoring and evaluation has a coercive aspect in that organizations and people must represent themselves in terms of predetermined, limited criteria to donors who hold the purse strings, it operates by and through technologies (indicators, reports, numbers) that actors actively take up, sometimes in unpredictable ways. We saw, for instance, that Hope on its own accord taught its peer educators to strictly organize their work in pursuit of targets and completing reports that some NGOs were too obsessed with indicators in the eyes of senior-level BRIDGES supervisors. We also saw that the BINGO, acting autonomously in the midst of the program, used M&E data to create two program additions that reinforced M&E’s standardizing values not only in Ghana, but also at the global level. It was partially through these actions that governance occurred. I highlight the ways that actors in Ghana engaged with monitoring and evaluation to show how monitoring and evaluation has the unintended and negative effect of deepening unequal relations between donor
and recipient countries, between organizations (NGO, BINGO, donor), and amongst personnel within and across these organizations.

What can this account offer other scholars? There are some basic premises to take away from my research that may also be relevant beyond monitoring and evaluation studies. In the worlds of policy and programming, evaluation experiences typically lead to “lessons learned”, generalizations abstracted from the specific circumstances of a policy or program to wider situations which often take the form of recommendations about the way forward and/or how improvements could be made. Borrowing from this notion, I outline two key suggestions or “lessons learned” from my research, although the aim of my suggestions differs in that they are not intended as programmatic statements or policy objectives, but are meant as theoretical and methodological lessons. I hope that the following lessons might resonate more generally with scholars of organizations, bureaucracy, evidence making, and global governance:

1. **Pay attention to the range of parties engaged in governance.** This includes the array of actors beyond the ultimate, or senior echelons of, authority; for example, international NGOs, NGOs, street-level bureaucrats (Lipsky 1980), professionals, and workers. If governance transpires through these groups then it only makes sense that a nuanced account of how power works would seriously consider the array of parties that are, to some degree, proponents of the scheme at hand, but are sometimes antagonistic to it as well. Directing attention to actors’ various positions and considering how actors are differentially implicated into discourses and projects allows us to identify and analyze the relations between various kinds of positions. Making a similar point, Li (2005) describes the relations between different kinds of positions in terms of “geographical location (margins or centers), social standing (dominant or subaltern), and political stance (acquiescent or resistance)” (385).

I suggest, however, that a focus on positioning helps to break down these very binaries by adding nuance to understandings of power relationships. I hope to have done so on the topic of development, for example, by showing how the BINGO was neither wholly dominant nor subaltern, which in turn complicates a margin–center binary (the BINGO became, momentarily, the “center” that produced global policy). As another example, it was made clear that amongst actors within the different organizations, there were varying degrees of support and objection to monitoring and evaluation and
BRIDGES, often held simultaneously. In attending to positioning, we gained into the way in which actors were engaged in creating an ordered and unified M&E story despite critiques: actors engaged in the normative order for various reasons, including compatible values, professional interest, rewards (continued funding, T&T), and pressure.

This suggestion corresponds with an actor-oriented approach, derived from actor network theory, which focuses on actor positions, perspectives, and practices for understanding the encounters that take place between the spectrum of governors and to-be-governed. Scholars that have adopted this approach have effectively challenged the notion of a singular, coherent, all-powerful governing entity such as the state (Li 2005), bureaucracy (Hoag 2011), and development (Mosse 2005a, Yarrow 2011). I have attempted to contribute to this body of work and its major strength: to explain how governance or schemes occur.

Ethnographies of development have increasingly employed this suggestion, yet not much has been written about the brokers or intermediaries in the development aid industry (those in-between the donors and villagers) (Watkins et a. 2012). In addition, Yarrow (2011) points out that “post-development” approaches—which “assume that the discourses and practices of development are driven by the disguise of power, [and therefore] development workers’ beliefs and actions are reduced to the supposed political ‘functions’” (5)—still prevail.

Within the anthropology of bureaucracy, Hoag (2011) claims that street-level bureaucrats (Lipsky 1980)--the “petty empowered…the dominated segment of the dominant” (Marcus 2000 in Hoag 2011: 88)--who exercise discretion in the everyday implementation of policy or projects, are critical to the way that bureaucracy works, yet they are often neglected within studies. Likewise, Colvin (2015) states that studies of evidence-based medicine tend not to focus on the concrete and specific relationships between different kinds of positions, which are so important to the way that medical knowledge is produced. The noted continued lack of focus on the range of parties engaged in these fields attests to my desire to put forth this first suggestion and remind scholars of its relevance in various areas of study.
2. Appreciate unpredictability. Bracket presumptions about bureaucracy, hierarchies, how they work, and the people who work in them. It is, in general, nothing new to emphasize openness to uncertainty and variability in research; indeed, inductive and emergent approaches to research are basic premises in anthropology. In the broad arena of bureaucracy, however, it is difficult to suspend common sense notions of bureaucracies as rote gatekeepers with clear hierarchies, and to set aside their self-representations as rational and coherent. Indeed, as others have pointed out (Hoag 2011, Yarrow 2011), scholars have often treated bureaucracy in this light, and have explained order as made through the logic of an overarching system (e.g., Scott 1998). Doing so presumes that coherence is a given or pre-exists, which predetermines an analytical focus on the effects of bureaucracy (the social function of bureaucracy) while dismissing the everyday practices and relations in the process of bureaucracy (Mosse 2005a, 2005b, Yarrow 2011).

Instead, my dissertation illustrates that M&E coherence and order was an active achievement of the people, practices, and relations that produced it, some of which were unpredictable. For example, we saw that some peer educators cooked data and that Hope adhered more strictly to M&E expectations than senior personnel would have liked. These occurrences served to bring together people, technologies (indicators, the Sheets), and ideas (standardization) in a shared interpretation of BRIDGES, and were certainly not part of some predetermined plan. In addition, had I let bureaucratic ideals predetermine my research I may not have become aware of or analytically appreciated the agency promoted by senior levels (donors, the BINGO, GAC, global institutional rhetoric), and how it unintentionally deepened the threat to Ghana’s sovereignty and actors’ autonomy.

Being open about bureaucracy allows the leads and clues to emerge providing opportunities for the researcher to follow meaningful multi-sited pathways, to see contingent events, to ask variously positioned bureaucrats what they think events mean, and to ask them their purposes and desires for what they do. To appreciate unpredictability is to value the processes and practices of bureaucracy, the critical perspectives of people working in them, which can help to provide a nuanced understanding of the way things get done, and the effects. This is also not to presume that things always get done; perhaps coherence or order is not achieved or a project
fails. Appreciating unpredictability means being open to these possibilities, asking what happened, and what happens as a result.

My call to value the uncertain properties of bureaucracy falls in line with the recent work of others which has provided situated approaches to bureaucracy studies and emphasized the “temporal unfolding” (Pigg et al. forthcoming): they have shifted their analysis “from the moments of action to the moments before action” (Hoag 2011: 86). These scholars wallow in bureaucratic moments of anticipation, waiting, stalling, and the general unknown, to make compelling arguments about how bureaucracy and its procedures (e.g., documentation) do and do not order people (see Adams et al. 2009, Erikson et al. forthcoming, Feldman 2008, Riles 2006, Strathern 2000). In Erikson et al.’s (forthcoming) special issue, for example, we learn that it is in anticipation of people’s subjection to a demand for documentation (e.g., refugees in Tanzania, a First Nation’s group crossing the Canada-U.S. border) that they figure out how to subvert it to get what they need. Focusing on such “moments before action” (Hoag 2011: 86) or the moments of uncertainty would help reveal the specific ways that people work and live, on a daily basis, in bureaucratic spaces of ambiguity (Pigg et al. forthcoming), which would greatly benefit bureaucracy studies.

These two main lessons helps us to move away from analyses that debunk and vilify bureaucracies by “uncovering” their “real” scheme, and towards Latour’s (2000a, 2004, 2010) proposal for a reconceptualization of critique, one that seeks not to destroy but to slowly and carefully assemble or piece together objects of study, which he calls “compositionism”: “With a hammer (or a sledge hammer) in hand you can do a lot of things: break down walls, destroy idols, ridicule prejudices, but you cannot repair, take care, assemble, reassemble, stitch together” (Latour 2010: 475). Rather than take a hammer to monitoring and evaluation (and development more widely), I have shown how various people and technologies assemble to maintain it.

These lessons clearly do not directly translate into policy objectives; however, if it is important for policy-makers to engage in critical reflection and debate about the production of knowledge and evidence in their respective fields, as applied scholars acknowledge it is (Brown et al. 2014), then research that enhances an understanding of the knowledge production process and its effects is essential in this regard. Further, these lessons could, as my research does, showcase how policy can over-determine the
sites within which people work (Yarrow 2011 also makes this point). The lessons may also bring to light some of the reasoning behind tensions and issues that participants themselves may notice to some extent. For instance, in my case, as noted, senior level BRIDGES personnel did not seem to grasp NGOs’ propensity to “stick to the script.” In addition, we saw that Aunty Phyllis and Eli failed to recognize the intentionality behind cooking data, and peer educators may have misinterpreted Hope staff’s preoccupation with meeting M&E expectations as not caring about them. Helping to make sense of the context within which people work may be useful for them. In the following section, I further discuss the value of my research and ethnographic research more generally, but in the particular context of global health, which is greatly concerned with concrete and results-based objectives.

**Ethnographies of Global Health**

One of the features of the expert field of global health is its relatively heightened concern with research than previous postwar forms of health development (Adams et al. 2014; for a discussion on the differences between the old “international health” and the new “global health,” see Adams 2013, 2016). Further, research that is actionable is emphasized: “In the expert field now self-identified as global public health, “relevance is discursively and institutionally policed through a moral distinction between “just sitting around” and “really doing something” (Pigg 2013: 127). I felt the potency of this distinction while discussing my research with M&E professionals in Ghana. Some had understood, and hoped, that my research would elucidate issues in the M&E system and propose solutions. When I clumsily tried to explain again that my aim was to critically understand ground level dynamics outside the purview of health promotion efforts, or when I did not have a prepared concrete answer to the question, “so what have you found out?”, most people’s eyes would glaze over. An instructor at an M&E workshop, asked me, puzzled, “If you’re not doing a degree in M&E, then why are you here?” Confusion about the purpose of research that does anything but propose pragmatic solutions stems from this driving imperative in global health to “do something” (Pigg 2013). The purpose of monitoring and evaluation in global health, as described by M&E rhetoric, is to improve health, which figures my research of monitoring and evaluation as...
irrelevant, or at least much less relevant than actionable research in monitoring and evaluation.

I suggest, however, that it is precisely the implication that research from within is what is optimal that makes independent ethnography, free from the constraints of health promotion efforts, worthwhile. To make the distinction in the first place between scholarly research and “acting” is to overlook the fact that decisions about what is optimal emerge from a particular social location, a point to which ethnography calls attention (Pigg 2013, Yarrow 2011). Ethnography entails a critical look back at the way conditions came to be and a gaze upon the present, at the unfolding of events—directions incompatible with the ever forward-looking, technocratic, problem-solving focus of global health (Pigg 2013). Only forward is realistic. Only the concrete is desired. These are some of the key features that are normalized and celebrated in global health. They make difficult the valuing of the activities, relationships, and messiness occurring in and around the pursuit for scientific evidence. For this is a different kind of evidence: ethnographic evidence. Only by asking how and why a global health system such as monitoring and evaluation came to be can we question its received certainty, realize the limitations, and the possibilities. Is this focus not at least as important as that of global health to “do something”? And in the particular case of monitoring and evaluation, is it not worth questioning what has mattered in the pursuit for success and why, especially when heaps of resources, commitment, and expertise are thrown at HIV/AIDS programs each year?

This line of inquiry is a different kind of project than that of evidence-based data collection. It relies on an understanding of ethnography as more than a method for collecting qualitative information, as more than observations and interviews to supplement quantitative data, which is an add-and-stir approach typical of global health research (Colvin 2015). Ethnography is based on patient “sitting” (Pigg 2013: 127), listening, and engaging, in order to gain critical insight into the common sense practices of project implementation and evaluation. In this kind of project, as noted in the previous section, learning is emergent and inductive; the questions and goals may not be precisely known beforehand. This means that it is important that ethnographies exist that are free from established policies and official procedures and are autonomous projects in their own right (Pigg 2013).
Ethnographers are in a unique position in that they do not have to take into account insider commitments, and they have the theoretical tools to critically reflect on what this positioning affords them. The significance of the overlap or parasitic nature (Holmes and Marcus 2008) of my research upon that of M&E researcher’s did not escape me: I was analyzing the ways that social actors (governors and mediators) analyze HIV/AIDS intervention and other social actors (lower-level workers and program beneficiaries). Although there were parallels in what we were doing, the stark difference between our positions and aims that became apparent during fieldwork served to inform my analysis. Reflecting upon our differences in seeing prompted me to question how we were conditioned differently to see and why, which helped me to understand the structural, discursive, political economic, and everyday workings of monitoring and evaluation. It is only upon understanding how global health systems such as monitoring and evaluation come to be and work that we can make conclusions about them, conclusions not contained by global health goals. This ethnographic product is certainly valuable.

Many of the ethnographic principles outlined so far are encased within the concept of “slow research” proposed by Vincanne Adams et al. (2014), which I discuss in the following section. An important distinction, however, is that slow research hopes to be applicable within global health, which arguably is fundamentally at odds with a notion of ethnography as ideally unconstrained by the policies and protocols of global health. I therefore find Adam et al.’s (2014) concept of slow research helpful to a separate discussion about what can be done. I suggest that it is a useful springboard to think about how monitoring and evaluation and global health might be done differently.

Re-evaluating

Slow research is a call to radically rethink research approaches in global health. One major paradigm shift Adams et al. (2014) propose is the deprioritization of large-scale comparisons. As this dissertation shows, standardizing procedures for measuring and aggregating information about programs reign because they create translocal (large-scale, comparative) data that allow donors to monitor at a distance. Akin to Adams et al.’s (2014) notion, I suggest that a depriortization of globally standard M&E methods is in
order. These methods certainly have value, but because they are designed to create success, their capacity to assess an intervention is at best inherently limited. Standard M&E methods close off space to see and think about a program. Further, when funding is so closely tied to M&E results, it becomes even more difficult to (want to) see evidence that raises questions about the way things are being done, which may put funding at risk. Parker and Allen (2014), for instance, illustrate that field researchers in Uganda and Tanzania buried information showing failures of pharmaceutical programs for neglected tropical diseases in order to prevent the risk of funding stoppage. Standardized M&E methods can constrain researchers’ and workers’ capacity to critically and autonomously engage with programs and their local environment. A subsequent concern is that this may lead to a limited global repertoire of program designs, of “go to” approaches able to meet M&E demands and known to draw funding, and ultimately, a radical simplification of approaches and a poverty of imagination that limits responses. Instead, slow research calls for the prioritization of the “local”: local research and local solutions best for the local context. In this scenario, the aim is not to globalize the intervention; rather, the local is the starting and end point (although the intervention may be useful elsewhere) (Adams et al. 2014). Rather than starting with typical globally based questions—(How) can we make this intervention globalizable? How can this intervention be tailored to this place?—slow research begins by analyzing local conditions, behaviours, and beliefs from which meaningful interventions are formed.

I suggest that monitoring and evaluation would also benefit from taking the local as a starting point. Applying the concept of slow research to monitoring and evaluation would mean deliberately allotting the M&E researcher the time and space to actually look around at program activities as they are happening and assess the relationship between program structure and content and the local environment. It would emphasize that the M&E researcher continually speak with program staff and the community. Slow research would require M&E researchers have extensive occasion to be present, which is currently in short supply. It would enable the researcher to place community responses to an intervention in a historical and political context (Adams et al. 2014); for instance, to situate resistance against MSM interventions within wider anxieties about postcolonialism and governance.
The question of how to implement these proposals looms large considering the current aid structure. The neoliberal emphasis on privatization and the channelling of funds through the NGO sector is bound up with the desire for speed, efficiency and short-term results. NGOs in resource-poor countries often do not have the funding, resources, or training to do more research and evaluation than that which they are currently required to do. That is, the realization of these proposals would depend on major structural changes. It would entail greater (or a greater proportion of) funding for monitoring and evaluation to enable the space, time, and resources for slow research. It would also require a shift from short-term to long-term thinking. This would include de-emphasizing vertical interventions—programs that have specific, usually quantitative and short-term objectives relating to a single disease or small group of diseases—for an ecological approach (Adams et al. 2014). An ecological approach to research and intervention conceptualizes health and illness as a complex interplay between multiple levels of individual, social, political and economic influence as opposed to treating a disease as an isolated issue. Medical anthropologists have long stressed the importance of the relationships between these layers when thinking about HIV/AIDS (Baer et al. 1997, Farmer et al. 1996, Shoepf 1988, 1993, Singer 1998, Singer et al. 1990, to name just a few relatively early examples). It is now widely accepted that the appeal for vertical programs as easy to manage and to show quick results consequently diverts financial and human resources from already resource-poor health systems (Pfeiffer 2003, Pfeiffer and Nichter 2008, Turshen 1998).

A shift away from funnelling funding and resources into specific diseases would help alleviate the policy chasing instilled in organizations that must constantly alter their foci to compete for whichever hot singular topic donors are funding at the moment. As Adams et al. (2014) note, the global aid preoccupation with HIV/AIDS prevention and treatment programs “has in many places displaced reproductive health NGOs, along with other health programs (nutrition, immunization, hygiene, and education) that were foundational to long-term public health in under-resourced communities” (185). Particularly within sub-Saharan Africa where there is so much focus on HIV/AIDS intervention, other public health problems such as chronic viral hepatitis and non-communicable diseases have been left behind (Lemoine et al. 2012). De-emphasizing vertical interventions could have a cumulative effect on lessening the power of short-term, results-based monitoring and evaluation. It would make sense that in
reconceptualising how to approach health, a reconceptualization of how to make claims about what is effective would follow suit.

I would be remiss not to mention that other kinds of monitoring and evaluation exist on the fringes of the M&E expert field that are more complex than the routine method seen in this dissertation. For instance, there are anthropologists working in organizations and/or the self-identified sub-field of “evaluation anthropology” described as “a social science that uses ethnographic methods, alone or in combination with other methods” and “an anthropology of values that seeks to demonstrate the worth of programs as parts of cultural systems operating to achieve culturally valued ends” (Butler 2005: 20; for a greater definition of evaluation anthropology, see Copeland-Carson and Butler 2005). Some claim to incorporate stakeholders within the evaluation process, and some claim to treat evaluation as an inductive process (Copeland-Carson and Butler 2005). Anthropologist and evaluation consultant in global health, Ashwin Budden (2016, personal communication), informs me that alternative approaches to monitoring and evaluation are gaining some momentum in the field, including “Development Evaluation,” pioneered by sociologist and program evaluator, Michael Quinn Patton (Patton 2011). Budden (2018, personal communication) describes it as “a newer paradigm of complexity-aware and adaptive program evaluation that counters many of the issues inherent in standard accountability-focused [monitoring and evaluation]”. Working in this area himself, Budden (2018, personal communication), claims that its development has entailed “a lot of technical assistance to donor, government and implementing partners to shift mindset and practices around what evaluation can be and how it can be used more effectively”. However, he states that this form of monitoring and evaluation, and similar approaches with other labels, continues to exist on the outskirts of mainstream monitoring and evaluation (Budden 2018, personal communication). He is hopeful that this alternative M&E direction might become more commonplace considering, he says, that “donors like USAID and Gates...are quite serious about exploring and investing in these more participatory and context-sensitive approaches to evaluation, given frustrations with status quo” (Budden 2018, personal communication). He relays that greater exposure to these kinds of monitoring and evaluation will be important for better global health (Budden 2016, personal communication). Greater use of these professionals as consultants and/or trainers could certainly be beneficial. Attempts to bridge an ethnographic mindfulness with the positivist
goals of monitoring and evaluation may, however, result in a compromise of the principles of ethnography noted above that some anthropologists might, understandably, not feel comfortable with. A key concern might be that the compromise may contradictrily provide the global health mainstream with an even greater toolkit to rationalize the “fine-tuning” of globalizable programs to local settings. It will therefore be the task of M&E professionals to act on the basis of an understanding of the conceptual difference between slow research and qualitative data collection.

Future Research

How might research of and in monitoring and evaluation be particularly pertinent given the current context of HIV/AIDS intervention? Since my fieldwork, a new “Fast-Track approach” has been employed with the aim of ending the epidemic by 2030. The approach, proposed at the 69th United Nations General Assembly co-convened by Ghana and Switzerland in collaboration with UNAIDS in 2014, was a response to world leaders’ displeasure with the latest number of new infections. It deems “rapid progress” as “crucial” (UNAIDS 2014: 25) and achievable by “[q]uickening the pace of scaling-up essential HIV prevention and treatment approaches” (UNAIDS 2014: 25). Standardized interventions facilitate the speeding up of large-scale efforts. At the end of 2017 in an email exchange with John at USAID/Ghana about the ways monitoring and evaluation and HIV/AIDS intervention have developed since my fieldwork, he stated that “in some ways it’s more of the same” and corroborated that large-scale thinking and standardization have increased. He said,

I feel [the ambassador to PEPFAR] is….acting globally, imposing her ideas on the entire PEPFAR world. Systems with very laudable aims are now so fully imposed upon countries that they don’t [facilitate] creative people anymore, just followers. I was once in Russia and in Siberia the railway station clock had Moscow’s time on it. [The ambassador] is of the same one-size-fits-all mind.”

Although John also makes it a point to state that the ambassador’s M&E systems “per se are not bad [and] in fact, when rightly used can be very helpful [original emphasis]”, he is voicing in the above excerpt my earlier-mentioned concern with standardization’s potential to damper variety and imagination. Quicker M&E results also facilitate scaling-up (WHO 2008). The want for quicker M&E results is not new, however.
For example, during my fieldwork it was on the minds of M&E professionals in Ghana who were on the cusp of facilitating the implementation of M&E technology that would allow for the electronic submission and management of data. For instance, they were excited about new phone technology that would allow peer educators to submit data through their phones in the field (and bypass the Sheets), and about CRIS (Country Response Information System), a central data management system. Considering the current endorsement for rapid scale-up and quicker results, which run in the opposite direction of the principles of slow research at a fast-forward pace, slow research seems as important as ever.

In the last decade we have seen the increased use of “results-based financing” in the field of HIV/AIDS and global health more generally. This entails “…the transfer of money or material goods conditional upon taking a measurable action or achieving a predetermined performance target” (Eldridge and Palmer 2009: 160). The premise is that the financial incentive will lead to better provider performance and thus to better outcomes. However, in further tightening the link between funding and results, donors likely exacerbate already alarming concerns raised in this dissertation: tunnel vision, competition, and stress. As of late, there have been some ethnographies of results-based financing that have brought needed attention to the unintended effects of this method (Magrath and Nichter 2012), but much greater research on this topic remains.

In the area of global funding, we are witnessing a plateau in the funding for HIV/AIDS, even a decline to some recipient countries (AVERT 2017; UNAIDS 2016). Uncertainty swirls around the future of global health aid from the U.S. as President Trump moves to make budget cuts that will affect worldwide programming for family planning, reproductive rights, HIV/AIDS, tuberculosis, and malaria (Aizenman 2017; Boseley 2017). This makes all the more timely previous warnings by global health scholars and professionals that high levels of aid may not last, leaving dependent countries and people ill-fated (e.g. Pfeiffer and Nichter 2008). If it is the case that funding for HIV/AIDS is becoming scarcer, we may see even more determined efforts by NGOs and INGOs to create the appearance of their success by sticking closely the M&E script in a greater fight for funding. This would aggravate the competitive organizational environment, particularly if organizations feel the need to move away from the topic of HIV/AIDS and diversify in order to compete for the hot topic donors are funnelling funds into at the moment. Policy chasing may magnify. In addition, organizations that do not
have the experience or resources to create the appearance of success may be further excluded in such a competitive environment.

It seems that there is more at stake since the time of my fieldwork with regard to the role that monitoring and evaluation plays in HIV/AIDS intervention and global health, yet there is a scarcity of ethnographic focus on monitoring and evaluation. Increased demands for monitoring and evaluation (and more “rigorous” monitoring and evaluation at that) in various fields, including development (Watkins et al. 2012: 303) suggest the need for more ethnographic studies on this topic. The time is ripe. Having said that, monitoring and evaluation does not infiltrate all development organizations and programs, nor does it do so to the same degree. Also, as noted above, monitoring and evaluation comes in different forms. Research accounting for the varying shapes and sizes of monitoring and evaluation and the different contexts in which it is and is not used would contribute to a much more comprehensive scholarly conversation on this subject.

**Final Thoughts**

This dissertation is intended as one addition to this discussion. Like all ethnographic accounts, mine is a partial perspective. It offers an account of my efforts to make sense of my own interactions with monitoring and evaluation via a particular group of actors in Ghana. I hope that this account of the lived situations of the people I wrote about looks familiar to them. It is also my hope that this research might spark discussion and debate with others working in similar areas and thinking about parallel themes. I close with a quote by Aunty Phyllis that I think nicely sums up perhaps the most pertinent lesson of all: “The [M&E] numbers should not be the most important thing; human lives are the most important thing. If we’re more worried about the numbers, then what are we even doing?”
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