

**WORKING TO MAKE A DIFFERENCE?
A NARRATIVE ON HIV/AIDS, KNOWLEDGE, AND
DEVELOPMENT PARTNERS IN NEPAL**

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ABSTRACT

Millions of dollars allocated to prevention and “scientific management” of HIV/AIDS in Nepal have produced disappointing outcomes with the number of people infected increasing alarmingly. Based on interviews and five months of participant observation with an international NGO as well as six years of related work as a Nepali journalist, the thesis argues that a less reductionist and micro-managed and more nuanced and culturally sensitive approach is needed. Communication strategies need to focus on reaching those who are untouched by the HIV infection or full-blown AIDS, who have no knowledge of the infected people in their circle. The thesis seeks to be instrumental in making the policy makers of international development agencies more understanding of the traditional/oral culture and knowledge systems of people in countries like Nepal. Critical reflection on existing approaches will lead to better strategies for stemming the spread of HIV/AIDS without undermining cultural traditions and values.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMDA	Association of Medical Doctors of Asia
AUSAID	Australian Agency for International Development
ARVT	Anti-Retroviral Therapy
CBO	Community-Based Organization
DACC	District AIDS Coordination Committee
DFID	UK Department for International Development
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
HURPES	Human Rights and Peace Society
IDU	Injecting Drug User
INGO	International Non-Governmental Organization
LWF Nepal	The Lutheran World Federation Nepal
MTCT	Mother to Child Transmission (of HIV/AIDS)
NAPN	National Association of People Living with HIV/AIDS in Nepal
NCASC	National Center for AIDS and STD Control
NGO	Non-Governmental Organization
PE	Peer Educator
PLWHA	People Living With HIV/AIDS
POA	Plan of Action
SAARC	South Asian Association for Regional Cooperation
SADG	Social Awareness Development Group
SSM	Senior Staff Meeting
STD	Sexually Transmitted Disease
STEP	Society for Empowerment Nepal
STI	Sexually Transmitted Infection
TOT	Training of Trainers
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Education Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WAD	World AIDS Day
WHO	World Health Organization

PREFACE

Nepal is a country that embraces varied adversities within a small area. Within 180 kilometers it has snow peaked mountains, green hills to flat terai. Its rich cultural diversity and rugged terrain render it exotic not only to tourists but to international development organizations as well. Nepal's government and local non-governmental organizations depend heavily on international grants and loans. It is a popular location for development projects and experiments. The struggle to stem the spread of HIV infection can only be understood in the context of appreciation of the impact of development concepts and practices.

The magnitude of HIV infection is huge in Nepal, both in terms of funds and activities. Almost all the development agencies are investing on HIV awareness in Nepal in some way or the other. I was eager to explore the outcomes of such efforts. I wanted to assess whether, and if so to what degree, such work was bringing about desired positive changes. The Lutheran World Federation-Nepal seemed a good choice for such an investigation since it was a highly regarded development partner with over two decades of credited work.

My thesis is based on my five-month work experience at Lutheran World Federation-Nepal as a Health and HIV/AIDS Manager from August to December of 2005. Though I had worked in the area for six years, my prior experience of working in international development had not been as enlightening. Being a part

of LWF Nepal and involving myself directly in its activities gave me an aptitude to empathize with the people I was studying. My thesis is divided into four categories: The introduction, my methodology, my observations and finally, my conclusions.

I've tried to build a context for my thesis in the first chapter through the introduction. The second chapter talks extensively about the research methods and tools and my limitations. I also try to give a glimpse of Nepalese media coverage of HIV/AIDS. The third chapter discusses work and research experiences and provides some analysis of my observations during my five-month stay at LWF Nepal. The final chapter contains my conclusions, where I summarize my thoughts and reflections on what I observed. My interpretations are drawn from my reading, my research encounters and observations, and my past understanding of INGOS in Nepal. Though my thesis is based on my personal observations and data collected from the field, it could be contested on the grounds of many limitations that I will cite in the methodology chapter.

CHAPTER 1: NEPAL AND HIV/AIDS

Introduction

Within a small area, Nepal embraces diversity not only in terms of culture, but also in terms of geography, biodiversity, ethnicity and language. Nepal is landlocked, sharing borders with India and China, and is made up of 75 districts divided into five development regions. The Himalayas cover the entire northern part of the country from the East to the West, bordering China. To the south lies a long east-west stretch of lower mountains (the hilly region). Southern flanks flatten into Terai, a fertile, sub-tropical plain spanning the border with India.

Nepal's social indicators remain well below the average for the South Asia region: more than 31% of the Nepali population lives below the national poverty line, and nearly 60% of all adults are illiterate. Moreover, women have a traditionally lower status than men, and gender inequality is deeply rooted.¹

Ever increasing population growth in Nepal has had adverse effects on its scarce resources and development initiatives. The rugged topography, environmental degradation, poverty and economic migration are all linked to illiteracy and a lack of awareness that increase the population's vulnerability to HIV/AIDS. The Maoist rebellion in Nepal started in 1996, and thousands of people have become more

¹ The information is based on *Nepal Country Report, 2005*.

vulnerable. "Conflict-related displacement, migration and the breakdown of social structures have all increased the vulnerability to HIV infection."²

The Nepal government repeatedly stresses that certain sections of society may be more vulnerable to HIV infection than others. Almost all the documents produced by the National Center for AIDS and STD Control (NCASC), a government body responsible for HIV-related activities, contain statements such as, "Female sex workers, mobile populations, injecting drug users and men having sex with men are most-at-risk populations largely due to their marginalized status in the society with little access to information and services related to HIV/AIDS." However, such statements fail to indicate the actual extent of the spread of HIV/AIDS in Nepal. As of December 2005, the largest proportion of HIV-infected among Nepalese were either housewives or clients of commercial sex workers.³ This not only directly reflects the high increase of infection among women, but also indirectly suggests that even more women are in danger of contracting the infection.

Like elsewhere, youth in rural Nepal are more susceptible to HIV infection than adults. However, it was only in 2002 that a radio program was initiated to raise awareness among youth about safer practices to prevent HIV infection. The radio program, called "Chatting With My Best Friend" was the first media intervention aimed at raising awareness about HIV among youth of Nepal. According to UNICEF, this joint venture between UNICEF and Radio Nepal was one of the

² *Nepal Millennium Goal Progress Report*, 2005.

³ The information is based on Cumulative HIV/AIDS Situation in Nepal. Retrieved on February 20, 2006 from <http://ncasc.gov.np>

most successful media campaigns ever launched in Nepal.⁴ This weekly one-hour program received more than five hundred letters per week from listeners. However, many things still need to be done for youth in Nepal. The education system in Nepal lacks adequate material on reproductive health education. There is no material on or activities addressing sex education in any schools. There are no specific places in schools where the students can get information about sex and sexuality or reproductive health (including HIV/AIDS). The government, in its National Country Report, acknowledged that there was a stark difference between the youth in the urban and rural areas in terms of awareness, knowledge and access to information. The difficult terrain, lack of basic infrastructure, and diversity of languages and cultures⁵ contribute to the vulnerability and isolation of rural youth.

HIV/AIDS in Nepal

The HIV virus was first reported in Nepal in 1988. Though UNAIDS estimated that more than 63,000 Nepalese may have been infected with HIV, official reports, as of December 2005, state that 5,828 people have HIV/AIDS; 87 percent of them were between 15 to 39 years of age.⁶ However, the real number of people living with HIV/AIDS is undoubtedly much higher because the prevailing surveillance system is limited to only a few public hospitals. The UNAIDS office, based in Nepal, estimated that 0.5 percent of all adults in Nepal

⁴ UNICEF. Retrieved on June 06, 2006 from http://www.unicef.org/lifeskills/index_8802.html

⁵ There are more than fifty languages spoken in Nepal.

⁶ Cumulative HIV/AIDS Situation of Nepal as of December 31, 2005. Retrieved from <http://ncasc.gov.np>

were HIV positive, and the male to female ratio of infection is 3 to 1. The five-year strategic plan prepared by the government in 2002 also acknowledged that the actual number of HIV-infected might be much higher than the government's official statistics. If the estimates are accurate, then Nepal has already entered the stage of a "concentrated epidemic"⁷ with HIV/AIDS prevalence consistently exceeding five percent in one or more (government's cited) high-risk groups, such as sex workers and injecting drug users. The major mode of transmission continues to be heterosexual sex, and the fact that sexually transmitted disease (STD) rates are rising is an ominous sign.

Both the government and the international development agencies working to prevent the spread of HIV/AIDS in Nepal identified several risk groups. The most at-risk groups were the ones that had the largest number of infected: sex trade workers, IV drug users and migrants.

Commercial Sex Workers: Nepal runs the risk of a growing epidemic due to an active sex trade and high rates of female trafficking to India for sex work. The Nepal government estimated that approximately 100,000 Nepalese were engaged in commercial sex work in India. In 2005, government estimated that 607 sex workers and 3061 of their clients were HIV-infected, which was 63 percent of the total HIV-infected.⁸

⁷ UNAIDS says that Nepal has a "concentrated epidemic," i.e. there is at least 5% prevalence of HIV infection among "high risk groups."

⁸ Data is based on *Nepal Country Report, 2005*. Retrieved from <http://www.unaids.org.np>

Injecting Drug Users (IDUs): Though the number of Commercial Sex Workers and their clients with HIV/AIDS is the highest, the rate of increase is higher among IDUs. The prevalence of HIV virus among IDUs in 1991 in Kathmandu was 2 percent. Mr. Bijay Pandey, executive director of Recovery Nepal, a network of IDUs and their organizations said 'In earlier times, people used to gradually start from marijuana and then finally start injecting drugs when nothing else worked. But nowadays, they immediately start injecting drugs from the beginning.' According to Pandey, the rate had increased significantly to 68 percent by the end of 2002.⁹ The situation is similar in other cities as injection drug use is prevalent in urban areas of Nepal.

Migration and Mobility: Seasonal and long-term labor migration to neighboring countries, such as India, has always been necessary for the economic survival of many households in both rural and urban areas in Nepal. Thousands of women and men live away from their families as migrant workers. The migrating population rose dramatically due to the Maoist insurgency and widespread internal conflict in the country. Living and working far from home, young men and women were vulnerable to unsafe sexual practices, such as having multiple sexual partners and engaging in commercial sex. There were numerous instances where migrant laborers transferred the virus to their unsuspecting wives. In an interview (December 1 2005) an official of Sneha Samaj, an organization established by HIV-infected women, told me, "husbands tend to keep their infection a secret even from their wives. I think we should make it

⁹ In an interview on November 30, 2005.

mandatory to present a blood report when getting married rather than matching the astrological signs of the bride and groom.” The Nepal Association of Foreign Employment Agencies states that more than 1.5 million people are working abroad. However, the Government claims the number to be only 600,000.¹⁰

Many Nepalese embrace entrenched notions about sex and sexuality. For example, it is still considered taboo to even talk about these issues. However, one finds erotic images all over historic temples and shrines. Women are considered as their husbands’/fathers’ property. They have no say in most decision-making, let alone in the issues of sex and sexuality as the society is still very patriarchal. Most of the women are uneducated, unaware and are not empowered enough to demand or exercise their rights even within a family. I met many women in Nepal who were too afraid to ask their husbands to wear a condom. There are many bisexuals in the country. According to the Blue Diamond Society, an organization working for the welfare of homosexuals in Nepal, about 18,000 are currently in contact with the organization, and most of them are married.¹¹ Though there were not many confirmed reports of bisexuals infected with HIV, there were possibilities of women acquiring the virus from their husbands.

Though I do not dispute the designation of groups cited by the government as being vulnerable to HIV infection, I believe that the general population is equally

¹⁰ The information is based on website of Nepal Association of Foreign Employment Agencies (NAFEA). Retrieved from <http://www.nafea.org/Nepal.php>

¹¹ Information is based on an interview with Alex Gurung, active member of the Blue Diamond Society in Kathmandu on August 16, 2005.

at risk. People not in the high-risk groups, especially women, are acquiring the infection without their knowledge and are therefore at higher risk than the government acknowledges. My stance is based on the government's own evidence. It acknowledges the rise of infections among the clients of commercial sex workers, wives of migrant laborers, and wives of bisexual men. Though initially thought to be prevalent only among these specific groups, the virus is now found among all sectors of society. According to the statistics of the Tribhuvan Teaching Hospital in Nepal, about one case of HIV is discovered each day on average. Most are from middle-class families. They include journalists, police officials, housewives and government officials.¹² Unsafe sexual practices are common because of a very low level of awareness regarding sexual and reproductive health. Injection drug use is also on the rise.

In a patriarchal society like Nepal, women are particularly vulnerable to HIV infection. Marginalised women are not in a position to be able to demand safer sex from their mobile, migrant husbands. Women and ethnic groups are compelled to bear a two or three-fold brunt of economic, social and legal discrimination. For example, the health care system is inadequate to handle HIV/AIDS cases in Nepal. Article 11 (12), part 3 of *the Constitution of the Kingdom of Nepal - 1990* obliges state-run health care institutions to provide

¹² The information was given by the head nurse at the Teaching Hospital during an interview in Kathmandu on June 1, 2005.

equal service to people living with HIV/AIDS. However, it is common for health workers and professionals to refuse to treat people with HIV.¹³

The constitution of Nepal guarantees citizens certain fundamental rights, such as the right to equality, so that there will be no discrimination on the basis of religion, race, sex, caste, tribe, or ideological conviction. This principle has not been contested in the courts as yet in the context of HIV/AIDS. During my stay in Nepal until the end of 2005, there were no plans to take this matter to the courts. Even if it were taken and succeeded in the court, it would hardly change the situation for the HIV-infected because legal provision alone does not bring about behavioral changes. I saw doctors trying to evade treating HIV-infected persons in hospitals and health institutions even though the institutions pledged to treat all their patients without discrimination. The State also required all policies and programs to prioritize 'special groups' like the physically and mentally impaired. However, no one had ever questioned whether or not people infected with HIV fall under this category. There is only a clause allowing restrictions to be imposed on freedom and personal liberty on the grounds of public health and morality. Because of this clause, isolationist public health strategies can be applied to people living with HIV/AIDS. Several acts, for example, *the Infectious Disease Act 1963*, discriminate against people living with HIV/AIDS, segregating them on the basis of their sero-status. A proposed bill safeguarding the rights of the HIV-

¹³ Most of the doctors I interviewed declined to treat the HIV-infected. They expressed fear of contracting the infection and/or TB, which is common among HIV-infected people in Nepal.

infected has been languishing in parliament for the past several years.¹⁴ People living with AIDS are forced to carry their burden alone to avoid being ostracized by their families and in order to retain their jobs.

Government's Response to HIV/AIDS

The Ministry of Health has been leading the response to HIV/AIDS at the national level. Under the Ministry of Health, the National Center for AIDS and STD Control (NCASC) was established to implement the National HIV/AIDS Prevention and Control Program following the first case of HIV/AIDS discovered in 1988. Since 1992 the National Centre for AIDS and STD Control and District AIDS Coordination Committees (DACCs) have been set up to work as nodal implementing agencies under the National AIDS Control Program. The Government also established the National AIDS Council, chaired by the Prime Minister. The Council was authorized to lead the multisectoral response and to advocate active participation in the fight against HIV/AIDS.

Many committees and councils were formed over the years, however, the result was minimal. The NCASC was institutionally very weak and inadequately staffed.¹⁵ The leadership of the organization was very unstable: it went through nine executive directors in three years (2003-2005). There was very little coordination and cooperation between the organization and the Health Ministry. The Health Ministry accused NCASC of misappropriating funds for HIV, while

¹⁴ The proposed bill is available by contacting Policy project Nepal, a USAID initiative. Contact bpokhrel@policynepal.org

¹⁵ All the interviewees (Government officials, INGO representatives, NCASC officials) expressed this view.

NCASC accused the ministry of not letting them work freely. The National AIDS Council formed in 2002 under the chairmanship of the prime minister met only once in the past four years.

Much remains to be done in the field of HIV/AIDS in Nepal. Review of the five-year HIV/AIDS National Strategy (2002-2006) clearly shows that many objectives have not been met.¹⁶ The NCASC was required to establish one District AIDS Coordination Committee in each of seventy-four districts in a decentralized approach to its HIV initiatives. However, at the end of 2005, only sixty-four had been established and of these only eight were functional. These committees were left with meager or no funds to carry out any activities except for celebrating World AIDS Day once a year. The National HIV/AIDS Strategy estimated that the number of people dying of AIDS each year in Nepal would rise to ten to fifteen thousand by the end of 2005. Even by the end of 2005, there had been no study, monitoring or evaluation of the work done, nor follow-up on its objectives and expected outcomes. According to the country representative for UNAIDS, the lack of follow up was not because of a lack of funds.¹⁷ The NCASC had prepared a yearly budget of about US \$1.9 million to carry out its activities from the beginning of 2006. It was also supposed to receive assistance worth US\$12 million from the Global Fund (a special fund established by various international donor agencies to control HIV/AIDS in Nepal). Due to its weak and incompetent performance in meeting the basic criteria before the fund could be transferred,

¹⁶ The information is based on *The National HIV/AIDS Strategy 2002-2006*.

¹⁷ UNAIDS Country Representative, Aurorita Mendoza said this during an interview on May 24, 2005 in Kathmandu.

the fund was given to the United Nations instead. It is almost certain that US \$ 25 million promised assistance for NCASC from the UK Department for International Development (DFID) will now be managed by the United Nations. During a discussion program marking the 2005 World AIDS Day on national television, former Secretary and National Director of the US-funded Policy Project, Bhoj Raj Pokharel, said, "the drive against HIV is directionless due to lack of political commitment and leadership." He cited the poor institutional capacity of NCASC as responsible for the poor result despite years of work in the field of HIV in Nepal. In the same program, director of NCASC, Shyam Sunder Mishra, accepted that the situation at NCASC needed to be improved dramatically to meet the set objectives. However, other participants, including social workers and HIV-infected, repeatedly accused the international agencies of trying to impose their rigid agenda for HIV/AIDS activities in Nepal, making it difficult for them to work freely (including NCASC).

Nongovernmental Organizations: The Biggest Stakeholders

The international community in Nepal, including the United Nations system of organizations (e.g. UNICEF, WHO, UNAIDS), bilateral donors and many INGOs, were working closely with the Ministry of Health and NCASC to coordinate a sector-wide approach to the epidemic in Nepal. However, there were still many INGOs that preferred to work on their own, citing the government's inability to effectively implement formulated plans and policies. They had their own evaluation, supervision and monitoring tools to assess their programs. The USAID Nepal office was one example.

Numerous Nepalese private volunteer organizations and NGOs were implementing activities funded by international donors. There were more than 150 NGOs working in the area of HIV/AIDS in Nepal in 2005.¹⁸ Many INGOs acted as intermediary or donor organizations and further subcontracted the work to local and national NGOs. However, in the perspective of a World Bank report on Nepal, the relationships and communications between the government and the NGO community, as well as among NGOs themselves, were not “coherent”.¹⁹

The Lutheran World Federation - Nepal

The Lutheran World Federation - Nepal Program (LWF Nepal) was established in 1984 as an international non-governmental organization working in the areas of community development, relief and rehabilitation, advocacy and networking and organizational development.²⁰ My thesis examines the activities carried out by LWF Nepal and its intermediary partner organizations in the field of HIV in various districts of Nepal. The focus of LWF Nepal has been on improving the living standards of the poor, disadvantaged and marginalized groups such as women and children, freed kamaiyas (bonded laborers), the artisan caste (dalits-the untouchables) and Bhutanese refugees (and vulnerable groups in refugee-impacted areas).

¹⁸ Information provided by Aurorita Mendoza, Country Coordinator, UNAIDS during an interview on May 24, 2005 in Kathmandu.

¹⁹ The information is based on World Bank's report on Nepal. Retrieved on Dec 15, 2005 from <http://web.worldbank.org>

²⁰ All data and information about the organization in this section is derived from *HIV/AIDS Policy, 2004, LWF Nepal*.

LWF Nepal's policy has been based on a conviction that "the process of empowerment is the key to poverty reduction and sustainable development of the poorest and disadvantaged communities." The thrust of the empowerment program focused on the capacity building of community-based organizations and groups. LWF Nepal collaborated with intermediary NGOs and community-based organizations (CBOs) as empowerment and advocacy partners. Through these partners, LWF Nepal provided services in the areas of education, health, and vocational skills for income generation, risk management, community infrastructure and HIV/AIDS awareness. LWF Nepal's empowerment program had reached, by the end of December 2005, more than 148,000 disadvantaged and vulnerable people directly. The program expected to upgrade the status of communities in rural parts of Nepal. Through its advocacy partners, LWF aimed to advocate for and facilitate the efforts of disadvantaged people in putting forward their own voices for their rights at the local, national and international level. LWF Nepal was also very active in relief and rehabilitation activities following emergency situations. It was also involved actively in creating awareness on health issues related to HIV/AIDS.

LWF Nepal was assisting more than 103,000 Bhutanese refugees living in seven camps in Nepal over twelve years in collaboration with United Nations High Commissioner for Refugees, World Food Program (WFP) and other INGOs and NGOs. In mid 2005, LWF Nepal also started working for Tibetan Refugees through the Tibetan Refugee Reception Center in Kathmandu.

LWF Nepal worked through its field-based project offices in Jhapa and a coordination unit in Banke District with an annual budget of more than 2.1 million USD in 2005. Its staff members totaled 72. It operated a liaison and coordination office in Kathmandu.

LWF Nepal's Policy for HIV/AIDS

Since 2001, LWF Nepal has been implementing HIV/AIDS prevention activities in its existing programs among target populations. Its HIV/AIDS policy paper clearly stated "education alone is not sufficient to address HIV/AIDS issues; therefore, care and support activities should also be integrated." It regarded stigma and discrimination as key barriers to the effort to combat the epidemic. Stigmatization related to HIV/AIDS in Nepal was directly exacerbating the existing social and economic inequalities, especially those related to gender, sexuality, class and race, undermining the fundamental human dignity of individuals and families. "LWF Nepal realizes that in order to alleviate human suffering, particularly among disadvantaged groups, it is necessary to work to reduce HIV/AIDS, which has the greatest impact on these groups." LWF Nepal's HIV/AIDS policy is intended to play a role in promoting dialogue, information and possible behavior changes, as described in the following statement of its vision, mission and goal.²¹

Vision: LWF Nepal envisages a society that is free from HIV/AIDS.

²¹ As stated in *HIV/AIDS Policy*, 2004 of LWF Nepal.

Mission: LWF Nepal is committed to prevent the spread of HIV and ensure that those infected and affected by HIV/AIDS live a life with dignity.

Goal: To empower communities and create an enabling environment to combat HIV/AIDS and to ensure that rights of those infected and affected are respected and protected.

LWF Nepal Strategies to Deal the HIV/AIDS issue

The strategic priority of LWF Nepal lies in the areas of its Nepal Development Program: empowerment projects, relief and rehabilitation, advocacy and networking, and organizational development in seven districts across the country.

Though it has worked in Nepal for the past twenty years, LWF Nepal is comparatively inexperienced in the field of HIV/AIDS. It was only in 2001 that it initiated its 'Gender sensitive HIV/AIDS Programs'. Women in Nepal find it very difficult to talk about sex and sexuality with others, especially with men. Therefore, the gender sensitive HIV/AIDS program of LWF Nepal initiated meetings and discussions among people of the same gender and similar background so that the shared information and experiences were both relevant and mutually educational for participants. The gender sensitive HIV/AIDS program encouraged women to meet and interact with sisters on issues related to, but not confined to, HIV/AIDS. This gender sensitive approach encouraged women to participate in interactions, especially when they were new to the program. In some districts, groups of women were trained to communicate basic information about HIV/AIDS. The women for the program were selected by

partner organizations. Any woman could join the program as long as she had the willingness to spare some time to participate in interactions and spread what she had learnt to other sisters. These women worked as peer educators; when they went to farm their fields or to fetch water, they talked to other women about what they learned from the training. Similarly, teachers' groups and groups of religious leaders were also formed that worked in a similar way. It was hoped that this would be replicated in other districts because management at LWF Nepal realized that it was necessary to reach people of all ages and both genders to have the level of awareness raised at the community level.²² Men were not the focus of any HIV/AIDS activities of LWF Nepal. However, gender-sensitive HIV/AIDS programs were soon extended to men's groups as well. Working with women, LWF Nepal realized that more could be achieved if men also participated in the program, especially since most family relationships were patriarchal.

Peer Education was another crucial component of the HIV/AIDS awareness program of LWF Nepal. The Peer Education Program primarily operated with youth between the ages of thirteen and eighteen, with volunteerism its core component. School-aged teenagers, including drop-outs were selected by partner organizations. Any number of teenagers could join the program as it was based on volunteerism. Many students joined the program to learn something and to do some social work during their spare time. These young people received extensive training on basic HIV/AIDS information. These young boys and girls, known as Peer Educators, talk with their fellow students and friends to

²² The office coordinators reiterated this view in almost all our office meetings, including the senior staff meeting.

help them understand the nature of HIV/AIDS. This program may seem cost effective, but repeated and extensive training had to be given to the peer educators so that they were effective at bringing about behavioral changes among their peers. Most of the peer educators working for LWF Nepal were teenagers who used their spare time to inform their friends about HIV and how to save themselves from being infected. It was apparent that the educators multiplied as the ones being educated by their peers could also be educators. However, this form of transfer degraded the quality of information. This was evident when I was interviewing the peer educators and their friends in different part of the program. Also, as the program was voluntary, many people joined, while others left the program at the same time. A deliberate strategy to use teenagers was premised on the belief that young people could make their parents listen and understand.²³ The focus on peer education only among teenagers was also changing gradually; LWF Nepal was set to extend its reach to people in general through this program by also forming peer educators among men and women of various ages and both genders. This would also provide counseling services about HIV/AIDS to people engaging in high-risk behavior.

Advocacy and networking were integral components of LWF Nepal's Prevention Strategy. It was responsible for developing and distributing appropriate information and education materials for communicating to people effectively. It also gave priority to the people infected and affected by HIV/AIDS through its

²³ This assumption was made repeatedly at many LWF Nepal's meetings and interactions by staff of LWF Nepal and partner organizations.

livelihood activities related to agriculture and livestock rearing.²⁴ Through its partner organizations, LWF Nepal encouraged activities such as essay and poem contests and street drama to raise mass awareness about HIV/AIDS. There were also many networking activities, including meetings and interactions among the participants in the program. However, there still seemed to be a fragmented flow of information even between the partner organizations.

Reports from LWF Nepal maintained that it had raised 'awareness' among sixty-five percent of the villagers of fifty-three village development committees (small local bodies) in Nepal. It aimed to increase the number to seventy-five percent by the end of 2007.²⁵ LWF Nepal was planning to adopt a rights-based approach to all its activities beginning in 2006. It had been a humanitarian organization based on a needs-based approach until the end of 2005. A rights-based approach would require a change in many core strategies of LWF Nepal. It would need to be more politically active and might be compelled to walk down a controversial path for a development organization.²⁶ This would also require it to work closely with the people directly affected or infected by HIV/AIDS.

²⁴ Policies of LWF Nepal. Retrieved on January 06, 2006 from http://www.azeecon-lwf.com/lwf/web/policy_papers.html

²⁵ The information is based on *Himal Khabar Patrika*, 2005. Vol 16.

²⁶ The rights-based approach will be discussed further in Chapter 3.

CHAPTER 2: METHODS AND THEIR LIMITATIONS

Introduction

After reviewing all the available research methods, I decided to use participant observation, interviews and discourse analysis for my research in Nepal. I chose this triangulation of methods because I needed to know and reflect on different perspectives, and that would not be possible with one or even two methods. Also, I needed to employ at least two methods most of the time to better understand what was being said or done.

I usually integrated participant observation with interviews. I interviewed about twenty-five people. The interviews were more formal or informal as required by a situation. It was more like a conversation when I was interviewing social workers, HIV-infected or representatives of INGOS. I needed a more formal structured approach when I was interviewing government officials, department heads. For mid-managerial level interviewees and doctors, I designed a set of questions, but tried to keep it friendly and spontaneous. However, I was on my own for discourse analysis. To test if my analysis was going in the right direction, I sought the perspectives of several of my journalist friends. Sometimes they agreed with my conclusions, but at other times, they were critical of my interpretations. The triangulation of methods gave me ample opportunity to question and rethink my perspectives and exchange ideas with others.

Participant Observation and Interviews: Being one of them

I once observed a change in a group of women who were discussing reproductive health issues in Lamataar, a remote village of Lalitpur district, just south of Kathmandu city in Nepal. They were telling me what they had learned and how it had changed their daily lives, when suddenly women started talking softly and looking shy in response to my questions. I was confused by this sudden change in their behavior and had to ask a local social worker what was going on. She told me that the teenaged son of one of the women had entered the room, and women didn't want to talk about those issues in front of their children, especially male offspring. This was a very important insight because it helped me to understand the contradiction between what they were saying and how they behaved. After our discussion session, I interviewed the social worker. We compared many of my observations with her years of experience working in the field. Without such interviews, many of my observations would not have been as meaningful as they were.

I was in Nepal for my research after completing four courses at SFU. I had a theoretical understanding of the HIV/AIDS issue and was aware of various ways to do my research. I was confident that I was fully knowledgeable about how to conduct my research. I had made certain assumptions, i.e., how open the people would be, what would be their reactions and how I would get honest answers from them. However, when I started my research, I was dismayed by the initial

outcome. I had book knowledge but didn't quite know how to apply it in the Nepali context. I was trying to maintain a degree of aloofness from my respondents, and this did not help my research at all. I was not happy with the outcome at the initial stages, but I learned from my mistakes.

As the work progressed, I discovered that as a researcher I needed to wear several different hats. I had to express my own concerns and ask respondents what they thought, or if they thought differently. This worked! I realized people generally loved to talk and wanted others to listen to what they had to say. At many other times, my respondents unconsciously taught me how to behave or what to say to make the best of a situation. For example, I was in one of the most remote districts of Nepal-Ramechaap asking local people what they thought about HIV and how would they react to a person with HIV infection. LWF Nepal had initiated a development project there, the first of its kind in the district. The respondents gave very positive replies to my queries. They explained to me how they now know that HIV is just an infection and how the people with HIV need love and compassion. But as a researcher, I knew things couldn't be this good where more than two-thirds of the population was uneducated and completely cut off from the outside world. A social worker, who headed the project in Ramechhap, was accompanying me and sensed my dilemma. He taught me something during a short break that completely changed the responses I got from the local people. He said, "You should never ask the people what they think because they will always say they are the better kind. You should probably ask what others in the village do to someone with HIV infection, and then you'll get an

honest answer.” I applied his suggestion, and the following session was one of the most vibrant and fruitful conversations that I ever had with my respondents. The local people were always more than willing to gossip about their neighbors and say how bad their neighbors treated a sick migrant laborer assuming he might be HIV infected, or, how a family was isolated from the village by some leaders because of the father’s death due to AIDS. There were many more stories like those. I know now that sometimes people may give valuable advice that one can’t find in textbooks. The literature on fieldwork can only prepare a researcher for what *might* be in the offing. What a researcher encounters in the field may be totally different from what his/her assumptions had been before. After this experience, I believed that researchers had to be prepared for the worst. The pattern of my questions or observations had to be in accordance with a respondent’s behavior; for example, I gave up the idea of recording all my interviews because many respondents did not want to be recorded.

Participant observation is a method frequently used to understand people’s behavioral patterns and better understand their social environment, where they live or work. “The primary activity, however, is the recognition of the meaningful significance of those objects and actions in those critical instances in which these meanings are displayed.”²⁷ My research was based on my personal and professional experiences working as one of employees of a non-governmental organization based in Geneva -The Lutheran World Federation that had been working in Nepal for two decades. The organization did not work directly with

²⁷ Anderson, 1987.

local communities, but through other community-based organizations. However, the priorities, conditions and working modalities for these organizations were set by LWF Nepal.

Working as a Health and HIV AIDS Program Manager, I was engaged in day-to-day activities and in the formulation and execution of communication programs, especially on advocacy and care and support. Being a LWF employee gave me an opportunity to observe the personal experiences and reactions of other employees and LWF's working partners. For example, once we were in a remote village in Nepal to observe how the HIV advocacy was going. In one of our quiet moments after our scheduled program, the officer supervising the HIV/AIDS awareness program in Ramechhap said, "The local people blame us for trying to make their children perverts." The tone of the sentence reflected his effort to defend his actions. He told me how local parents did not like their children talking freely with others about sex and sexuality. He said, "The parents think that gives their families a bad name." I knew that talking about sex and sexuality did not make a person a pervert, but I wondered if the officer felt the same way. Something told me, he didn't.

HIV can never be understood in isolation. It is intricately interwoven with its social and cultural setting. Participant observation helped me understand this. My primary targets of research were local people, including the HIV-infected and the social workers. Participant observation opened many avenues to explore these complex social realities. Was it the conflict between their personal beliefs and the programs that development workers were implementing that was behind their

frustrations, or was there something else? Was it really their 'conservative' outlook that compelled the local people to respond in a way that was perceived as rude by social workers? Participant observation helped me build a contextual perspective on the development activities carried out in Nepal with HIV/AIDS activities always being a priority. The goal of my research was to understand how different people understand development. To be more specific I was eager to understand how development was perceived by the general population as opposed to development professionals. The thesis of my research gradually emerged as I started to interview and observe. I was intrigued by what development meant to a local person as opposed to social workers or representatives of INGOs.

The real test began for me when I had to immerse myself in the given environment, yet maintain a degree of detachment. Working in the field of HIV/AIDS for more than five years had provided me with an aptitude for understanding the issues that were crucial to my field of research: understanding the setting and competently analyzing, interpreting and comprehending the responses and behavioral patterns of the respondents. At the same time, my previous understanding inclined me to take some things for granted.

Firstly, I realized that I had to overcome my previous understanding before I could be impartial and embark on the new research. It was easy for me to critique the international development agencies from a journalist's perspective, but now I was in their situation. During ten years as a journalist, I had written many stories and articles on HIV/AIDS. I wrote many times about the same

organizations repeatedly winning contracts for carrying out various activities of INGOs in Nepal. As a journalist, I thought it was unfair to the other domestic NGOs, because, unless other organizations also got an opportunity to work, they would not be institutionally empowered to carry out activities on their own. However, when I was working at LWF Nepal, I realized being unfair was unavoidable in many instances. LWF Nepal was preparing to start a new cross-border anti-trafficking (women) project for which I was assigned the role of manager. Everything went well until I started to call for proposals from interested local NGOs to work on the initial feasibility survey for the project. I was new at this work and highly motivated to bring about change in Nepalese society. I wanted a small-scale organization to be given an opportunity to work for us, but it was soon evident to me that this would not be the case. My boss wanted a particular organization to do that work because he was impressed with its manager, but my office coordinator wanted another highly regarded professional organization to be awarded the contract. While trying to find an appropriate partner, about three months passed. My intentions were honest, as were those of the LWF Nepal country representative and the program coordinator. I now understand that it is logical for officials from a donor agency to look for professional, institutionally empowered local organizations with a long history of undertaking similar projects. This gave them the assurance that the given funds would not be misappropriated, but it was unfair to small weak organizations. After all, someone has to give them a chance so that they may be empowered too. Many similar experiences at LWF Nepal made me realize that there were many

external and internal forces at work that made it impossible for any development professional to be perfectly 'fair'. The organizational policy, bureaucratic challenges, changes in funding and the area of work, and the political situation were a few of the many forces that came into play while making decisions. This was especially true in an underdeveloped country; I eventually realized that wanting to carry out a project in a certain way was one thing, but actually implementing it that way was another. Thus, many activities that previously seemed objectionable to me as a journalist now appeared unavoidable as a development professional.

Also, the type of information collected depended heavily on how I was perceived. Being a part of an international agency, I got a different response than I would as a journalist. People were open and honest with me when I approached them without the INGO tag. They would show their emotions much more easily. However, when the respondents knew that I was an INGO employee, they would be modest and very courteous; they would always stress how much LWF Nepal's programs have made a difference in their lives. They became superficial, trying to impress me as they would try to impress their boss. I gradually learned that I needed to ask what others do in similar situations and this would certainly elicit an honest response. However, it was easier to get candid responses from social workers when I presented myself as one of them. They assumed that I would understand what they said and were thus open and honest. Though I was a little confused by these complexities in the beginning, I started to get the hang of it.

Through my respondents, I understand that it is impossible to achieve a neutral, unbiased picture of an “objective reality.” One inevitably gets “biased” responses affected by gender, class, or something as simple as one’s appearance over which one has little or no control. I was a young Nepali woman trying to talk about issues that were never discussed openly. As sex and sexuality is a taboo subject and HIV is directly associated with it, my discussions raised many eyebrows in my country. Being a young woman from a conservative, upper-class family, I was traveling down a very unconventional path. I also encountered some hostilities from my own circle of acquaintances. I was tested and challenged by some social workers and government officials on how much I was familiar with my subject area. I tried my best to put people at ease. I dressed for the occasion. I wore clothes similar to those of my respondents. During interviews, I always made it a point to nod or make a gesture that showed I was listening. I was confident and built a rapport and trust with the interviewees; some respondents even apologized for being rude in the beginning. I also used semi-structured confidential interviews such that one thing would lead me to another as in a more informal conversation. This worked most of the time. I noticed that most respondents became more honest towards the end of the interview, or their last few words were most informative. For example, at the end of one such session a social worker told me “I have to agree with my organization; otherwise I will lose my work.”

I found it difficult, especially during participation observation, to immerse myself in a situation and talk to people, and still “maintain that researcher’s eye and

posture.”²⁸ Participation and observation simultaneously competed with and complemented each other. I think the immersion in the setting, which gave color to qualitative research, would have been impossible to attain through purely quantitative analysis. By the end of my research I found my own work depended on the situation; I would choose between observation and participation. In a women’s group discussion program, I initiated the discussion and was more of a participant. In a discussion between teachers, religious leaders and HIV-infected people, I was more of an observer because I wanted to take note of everything, including the reactions of the participants. This format helped me interpret social structures, pressures and influences, and group norms that were pivotal in influencing particular behaviors among the people being studied. D. L. Jorgensen says that participant observation is preferred over surveys by researchers for this quality and for its in-depth understanding of a phenomenon.

The biggest challenge I faced as a researcher was that of maintaining *objectivity*. Although I had read that a dispassionate approach was imperative for collecting data, I was always tempted to develop a liking for the participants and to build relationships with them. I had conducted research on HIV in Nepal several times in the past, yet, my experience and education fell short of rescuing me from this temptation. I was unable to perceive the “object” of knowledge as passive, inert thing according to orthodox doctrines of scientific objectivity.

My standpoint may not be scientifically ‘correct’, but I believe it gave me a unique perspective on the situation. “Objectivity is not about dis-engagement, but about

²⁸ Jorgensen, 1989.

mutual *and* usually unequal structuring, about taking risks in a world where 'we' are permanently mortal, that is, not in 'final' control."²⁹ Donna Haraway argues for a 'stand point theory' that views women's marginal position in society as a potential benefit instead of just an oppressive situation for women. She says that the marginal position of women in a society is actually an "epistemic advantage" for those who endeavor to condemn and to change a male-oriented political atmosphere. The epistemic advantage of a marginal position in society is the basis for "Standpoint Theory." I personally feel that the world looks different depending on who views it. I don't think that some knowledge from some standpoints is better than others, but that people who suffer various sorts of oppressions are in a better position to critique the structures of dominant societies because they feel directly the effects of those unequal structures. It was normal as a woman to see and understand the world in ways that were different from the dominant way of men. But, sometimes, men find this difference of opinion challenging. I was personally moved by conversations with a young girl who was orphaned due to AIDS, and with a widow, who lost everything to AIDS. Another time, I felt I lost my composure when I went to a hospice that sheltered many HIV-infected. It was difficult to see my respondents as mere research subjects. I went to a hospice run by an association of HIV-infected people in the outskirts of Kathmandu.³⁰ It housed forty people who had already developed AIDS. The admitted patients were the ones discarded even by their families and were counting the final days of their lives. There were four medical persons in

²⁹ Haraway, 1988, Pg 201.

³⁰ A day at NAPN on June 21, 2005.

charge of the hospice. They were also HIV-infected and dropout medical students, not by choice, but by compulsion. Ujjwal Baral, one of the supervisors, shared his own experiences of how he wanted to become a medical doctor but acquired HIV by injecting drugs during his college days. After his sero-status was revealed, his University expelled him. He was doing his last semester of his medical Bachelor of Medicine and Bachelor of Surgery (MBBS) program. He then decided to pursue work in medical services for the HIV-infected and has been working in NAPN for the past several years.

Nepal, till the end of 2005, did not even have a single doctor specializing in HIV infection. There were only a handful of doctors that were willing to see the infected. These doctors had a few months training on HIV infection in Bangkok, Thailand. Many admitted to me that they had learned more about the infection by treating the infected. Most of the doctors preferred not to treat the infected for fear of being infected. There was only one CD4 count machine in Nepal (in the capital Kathmandu).³¹ This machine was used only once a month on a specific date: the ninth of every month. This made it especially difficult for HIV-infected from outside Kathmandu to check their status. The director at NCASC, Shyam Sunder Mishra told me that the Government authorized giving free Anti Retroviral Therapy (ARVT) to 150 HIV-infected people, and that number would be increased to 450 by the end of the year. But Ujjwal showed me that his organization had proof that only thirty-six people were receiving the ARVT, while about eight more were on the waiting list. Why? No one seemed to have a

³¹ The CD4 count machine is a multi-functional diagnostic system used primarily to test for HIV/AIDS, but can also be used to test for leukemia.

straight-forward answer. Even toward the end of 2005, the situation remained unchanged.

The HIV/AIDS situation in Nepal was complex. The infected had lost everything: their health, social support, and their families. With nowhere else to go, the HIV infected were being sheltered in the rare hospice of National Association of People Living with HIV/AIDS (NAPN), waiting for their “eventual death.” “AIDS exists at a point where many entrenched narratives intersect, each with its own problematic and context in which AIDS acquires meanings.”³² HIV wasn’t just a health issue; it was a cultural issue in Nepal. The government seemed to tackle it solely as a health problem, while international development agencies were trying to deal with its cultural construction. With their different approaches, there was a clear lack of coordination and cooperation between different actors working on the same problems. It was difficult, most of the time, to see clearly all the nuances of the HIV/AIDS scenario in Nepal. Analyzing it, I now think that there was more than one reality. Again, ‘reality’ is a relative term that needs to be explored based on one’s own perception. The ‘reality’ that I observed was based on what I observed and recorded; selectivity - either conscious or unconscious - is therefore inevitable. I tried to capture the instance(s) that revealed the broader pattern of representation. I could be faulted for not only selecting, but also compromising ‘reality’. However, what is represented and the way it is recorded should be considered.³³ It therefore became my responsibility to stop and reflect

³² Treichler, 1998, Pg 35.

³³ Mason, 2002.

on the political and ethical dimensions of *objectivity* or 'reality'. Mason also warns that efforts to maintain *objectivity* may cause *marginality*, which hampers immediate reciprocity, and the participants may suspect the loyalty of the observer. To find a midpoint for the *objectivity* and *marginality*, as described by Mason, was one of my personal challenges. I tried to achieve a certain degree of *objectivity* by avoiding intrusion of my own beliefs in the research process. I restrained myself from influencing the responses of my respondents. Although I did not agree at times with what they said or how they felt, I listened quietly and nodded. *Objectivity* is an issue that every researcher will have to face at some point of their research. Therefore, I think it is necessary to know about the possible difficulties and be prepared to handle them effectively rather than ignore them. Reading of the similar experiences of some other observers may help in such instances. Books by Jorgensen and Loflands on participant observation and analyzing social settings were very helpful to me in this regard.³⁴

My research was a qualitative one that was not limited to collecting factual data alone. The methodological challenge of my research was to find ways to track what was happening 'on the ground' and why. Documents and other official sources from government, donors and NGOs indicated plans, but they said very little about what actually happened or didn't happen. More importantly, they were silent on the social interactions involved in program implementation and the

³⁴ *Participant Observation: A Methodology for Human Studies* by D.L. Jorgensen and *Analyzing Social Setting: A guide to Qualitative Observation and Analysis* by Lyn H.L. and J. L. Lofland were especially helpful because they mentally prepared me for unexpected encounters during my research. So, when I faced situations that were not ever cited in textbooks on methodology, I knew that it was common for a researcher and I had to find my own way to deal with it.

backstage maneuvers that maintained the appearance of coherent programs. Through participant observation, I tried to understand the structures of inequality. My method of observation and interviewing therefore tended to be relatively unstructured and time consuming both in the field and the subsequent analysis and reporting. I had only a few planned questions for the respondents. Everything that followed depended on the way an interview/observation proceeded. Usually the incidents in an observation or responses from the respondents led from one issue to another. This rather unstructured method was also helpful in identifying additional respondents. Sometimes the respondents suggested others who would be good to interview about an issue. Most of the time, these leads turned out to be fruitful.

Entering the setting of an observation posed a challenge to me as a researcher. It was always difficult to convince those being observed that the study would not hamper them in any way. When I was at one of the government hospitals in Kathmandu, the nurses were worried they might face administrative action for talking to a stranger. "The determination of some watchdogs to protect their institution may ironically be almost inversely related to the willingness of members to accept research."³⁵ The director of the hospital flatly rejected my request to talk its employees. However, I was determined to talk to hospital staff. I asked a friend working at an international agency office in Nepal to let me take part in Voluntary Counseling and Testing (VCT) training organized for the nurses of government hospitals in Nepal. The ten-day training gave me ample

³⁵ Punch, 1994.

opportunity to talk to the government hospital nurses and build a rapport for future interactions. However, I set formal appointments with the 'gatekeepers'. I tried to convince them that the research was important for me and that I would not be able to complete my study without their help. I asked them to help me understand the issue of HIV professionalism. I sensed a bit of apprehension from my respondents about talking to me in the beginning, but things started to ease quickly as we began our conversation.

What makes participant observation vital for any qualitative research is its comprehensive field notes. Details of a setting, participants' behavior, and factors influencing their behavior all gave vibrant color and understanding to my research. I always made a point to write an observation promptly - within a day - because it was natural to forget valuable observations after a short while. I spent at least one-hour writing notes for a half-day program. As the days passed, I didn't write the things that happened repeatedly, but I did write a sentence or so to indicate that an event was the same as before. I wrote other details only when something different happened. I avoided taking notes in front of people, because that would make people self-conscious about their reactions and statements. I chose to write in the evening when I was on my own. I always made two copies of my electronic version and kept one in my email account as a backup. I also took pictures of my respondents and the places of my observations for future reference. I found taking pictures to be very helpful in preserving my memories of some places and people. During the interpretive phase of my research, such images revived particular feelings and helped me to recall situations better. For

example, as I wrote about a women's festival observed in the rural village of Lamataar, the pictures helped me write a better analysis.

My field notes generally consisted of descriptions of places, people and events. I always chose words that best described the situation. I wrote a few words about one of the workshops in Kathmandu in December 2005 in which I participated. The workshop dealt with anti-trafficking in relation to HIV/AIDS.

Anti Trafficking Workshop- Five star hotel Shangrila-flashy colors, upper class women, photographers busy snapping pictures, Minister practicing her speech. Some people working in the field trying to grasp what were being said. The program was in English (all Nepali participants except for one). Repeated use of big words: effective implementation, comprehensive POA, Ratification of SAARC Convention. Minister was so on to herself, forgot the name of the workshop.

I chose this event because of its true representativeness of most of the workshops and seminars organized in Nepal. The workshop was to discuss and ratify the Plan of Action for the coming years for controlling trafficking of women and its repercussions. The program began an hour late because the arrival of the minister was delayed. The program was very formal, with an opening speech from the chair - representative from United Nations Development Fund for Women (UNIFEM) - and followed a hierarchical order: the then minister, secretary at the ministry of women, children and social welfare, the secretary

general of South Asian Association of Regional Cooperation (SAARC), and finally, other INGOs. The program was entirely in English. There were few field workers on the participation list. I could sense field workers were confused and lost because the presentations were in English and there was no discussion. The “participants” attended the program more for the sake of representation; their “participation” was out of the question. Most of the programs in Nepal on social issues have similar content and process. Later on, the organizers informed me that they were compelled to conduct the program in English so that the donors could understand. Such details, which were imperative for my qualitative research, were only obtainable through participant observation.

Participant observation provided me with an insider’s knowledge, which otherwise would not have been available. But being a participant was not always easy. I encountered many obstacles faced by other researchers such as “complicated field situation, research fatigue, issues of confidentiality, harm, privacy and identification and spoiling the field.”³⁶ Some of the places I visited in Nepal were Maoist strongholds. I had to be extra careful and forthcoming about my actions and motives with everyone who wanted to know my intentions because I didn’t know who might be a Maoist. Some places I went for participant observation required me to walk up steep hills for at least a couple of hours. When I was talking to HIV-infected people, I had to make sure that their identity was kept confidential. I overcame many of the obstacles, but others were impossible. I did not have control over my gender or my age, a situation that

³⁶ Anderson, 1987.

created some considerable impediments to my research. I'm happy that I was able to build a rapport and earn the trust of many people in the setting. This helped me to utilize unexpected avenues and overcome unanticipated obstacles in the field. I agree with Anderson that good observation and a complete report motivate each other.

Discourse Analysis: Reading the Media

My analysis of print media in Nepal was based on my reading of four national dailies. Two of them were owned by the government, and the other two were representative of the private sector. These dailies enjoy the largest circulation in the country. My selection of newspapers was based on them being representative of the style and substance of discourses on HIV infection that appear in Nepali papers. I chose this method because "discourse analysis takes narratives as a whole rather than taking words or sentences only."³⁷ The deconstruction of these texts gave me insights into the underlying assumptions of the prevalent discourses on HIV/AIDS in Nepal. My method relied primarily on discourse analysis as described by David Deacon, applied to four national dailies (two English and two Nepali): *Gorkhapatra*, *The Rising Nepal*,³⁸ *Kantipur Daily* and *The Kathmandu Post*.³⁹

Media houses in Nepal are highly politicized. Most of them are either owned or funded by the government or by political parties. On a daily basis, the prominent

³⁷ Deacon, 1999.

³⁸ *Gorkhapatra* and *The Rising Nepal* can be retrieved from <http://www.gorkhapatra.org.np>

³⁹ *Kantipur Daily* and *The Kathmandu Post* can be retrieved from <http://www.kantipuronline.com>

news disseminated through newspapers (as well as television and radio) centers on political leaders, their statements and their activities. I originally planned to review articles on HIV published over the span of the month of December 2005. However, I decided later to review articles on HIV only for about a week (November 30 – December 8, 2005) because I didn't find a single article in any of the four papers on HIV infection other than from the few days around the World AIDS Day on December 1, 2005. There were altogether twenty write-ups on HIV/AIDS, of which fourteen were event reports. As event reporting (nine out of twenty) is rampant among journalists in Nepal, the articles, I believe, were not able to spur new ideas and discussions among readers. Most of the articles (fifteen to be exact) described the infection as being fatal. These articles almost always echoed helplessness to tackle the issue due to inadequate funds. There was always a stress on a funding crunch, hinting that a lot of achievements could be made only when more funds poured into the country. From my research of the field, however, I discovered that the funding was not as important as it was described to be. Better strategies and programs with limited funds could also bring about dramatic changes in the lives of the general population.

There were three editorials marking the AIDS day. Articles on HIV were available only in specific sections of the paper: opinion or 'social concern' or 'miscellaneous'. I found no articles on HIV on the front page except for World AIDS Day, when write-ups consisted of official messages from political leaders marking the occasion, followed by a synopsis of figures on the official HIV/AIDS death toll. The frequent message from the government is summarized in the

following examples: “we have a plan of action in place, and we are now seeking widespread participation from the private sector.”⁴⁰ The government-owned media always called for public awareness and collective efforts, and curbing the misappropriation of funds by “others.” The “others” were the international development agencies or their allied partner organizations. International development agencies, however, repeatedly blame the government for not being able to achieve the desired objective. Citing the poor results from ongoing activities to control the spread of HIV/AIDS “without the wholehearted support of His Majesty’s Government of Nepal (HMGN) for NGOs working in Nepal,” Mathew Kahane, chief of United Nations in Nepal questioned “the level of political commitment in tackling the problems of HIV and AIDS.”⁴¹ On the other hand, the government’s perspective was repeatedly expressed in editorials of Government-owned papers which accused “international organizations of not offering financial assistance, instead pointing out that the government spent fourteen million US dollars to combat HIV/AIDS last year.”⁴²

Nepalese media regarded HIV infection as more than just a health issue. It was mostly referred to as “the deadly killer disease that swallows hundreds of lives each year in the country.”⁴³ Sixteen out of twenty articles that I reviewed contained materials that indicated that the infection was fatal with no way out of it. The highlight of these articles was always the suffering and misery of the

⁴⁰ *The Rising Nepal* Editorial, December 2, 2005.

⁴¹ *The Kathmandu Post*, November 30, 2005.

⁴² *The Kathmandu Post*, December 1, 2005.

⁴³ *The Kathmandu Post* Editorial, December 3, 2005.

infected people that ultimately culminated in their untimely and painful deaths. For example, "Born in Mumbai, this child lost his mother who was only 22 and his HIV infected father is critically ill in India."⁴⁴ This article was typical of HIV/AIDS related stories that appeared in Nepali papers. It had many connotations. First, the child was nearly an orphan with his father's inevitable death. Second, being born in Mumbai had many meanings as well; his mother was forced to work as a prostitute in a brothel in Mumbai and lost her life to AIDS. His father was a migrant laborer or a truck driver. The family was apparently very poor. The papers I reviewed during the week were full of such stories that offered no solutions.

With an open border with India and increasing Maoist insurgency in Nepal, a large number of young Nepalese men migrate to India every day for work. In the village, they must either join the rebellion or risk their lives. I saw Nepali villages with no young men because all of them had either gone to Kathmandu or India or to other countries to find work. The villages did not have any employment opportunities for young men.

When the sole bread winners were away from home, the family structure was broken. Women had a greater burden of looking after all the chores including men's. Men went to other women in the city for sex and then transmitted acquired infections, such as HIV, to their wives in their villages when they returned. The bond of trust in the family was broken, income earning ended, and children were orphaned. There was hardly any rehabilitation program for

⁴⁴ Mishra, 2005.

orphaned children or support for families directly affected by HIV. I saw the root cause of all these problems was a lack of work opportunities in the villages. The logical solution for all these problems could be just one: find ways to keep young men in their villages. Creating income-generating activities within villages could be one of the starting points; but no one seemed to think of this as a solution.

Media houses in Nepal reflect the views of elites. Whether it was a story of a poor family affected by HIV/AIDS or funds allocation of international development agencies, media always described the situation from the perspective of this elite “majority.” None of the articles that I reviewed provided a perspective from a ‘risk group’ nor were they ever described as one of ‘us’. The following excerpt is an example of this.

Excessive sexual activity is the main reason behind the rapid rise of HIV infection. The infected is pushed to the brink of death when he loses immunity and is attacked by other diseases... It is seen more among women involved in sex trade, migrant groups, injecting drug users, also through blood and unsafe sex. The world is making efforts to bring about programs targeting these groups.⁴⁵

The core issue of this article was achieving better results from the available resources. It was devoid of the issues of concern to the ‘risk’ groups. Instead, the ‘risk’ groups were segregated from the general population. Similarly, the topics of most of the newspapers were also chosen in such a way that, even though

⁴⁵ Thapa, December 3, 2005.

they included the voices of the 'minority', they often reflected the concerns and interests of the 'majority'. There was always a concern that "if the infection is not stopped from spreading to the general people, it may destroy the entire human civilization."⁴⁶ HIV/AIDS was always referred to as a deadly disease that people acquired from 'unsafe' sex with the high-risk groups such as sex workers, truck drivers, migrant laborers or injecting drug users. Though the terms used could not be regarded as derogatory in a literal sense; they connoted lack of control and delinquency. I asked all my respondents in the villages why they considered HIV infection was so fearful. All of them referred to messages on media, and how they could contract the infection from the 'risk group.' I believe that excessive emphasis on 'risk groups' in media invoked negative feelings among the general population. Misrepresentation of HIV infection in Nepali newspapers "not only reconfirms and reenacts existing social relationships and patterns of behavior, it also renegotiates social relationships and introduces new meanings and new behaviors."⁴⁷ It was a catalyst to further distance the already segregated section from a community, making the process of mainstreaming impossible. The repetitive use by media of 'risk group' as the source of transmission distorted the focus of positive and participatory programs from prevention to stigma and discrimination. "This disease transmits from unprotected sexual activity, injecting drugs and children of infected mothers. Public awareness is crucial to control this disease. According to statistics, about 62 thousand people have HIV in Nepal."⁴⁸

⁴⁶ Neupane, December 1, 2005.

⁴⁷ Lemke, 1995.

⁴⁸ Neupane, December 1, 2005.

Such statements reinforce illusions that the heterosexual 'majority' would never contract the infection because of their 'safe' sex practices.

Even the structure of the articles reinforced existing power relations. Two thirds of the articles quoted representatives of international non-governmental organizations first. They were followed by statements from government officials and others. Sometimes, there was interchange between the first and the second, but the views of the general population were never quoted by anyone. Voices of the infected were heard to a certain extent. They almost always shared their personal struggles in their 'fight' against the stigma. It is possible for an HIV-infected person to lead a normal healthy life, but this was never portrayed in any of the reviewed articles. They were always represented as people needing sympathy from the uninfected 'healthy' majority. All the articles were dominated by the opinions of 'influential people'.

The 18th World's AIDS Day 2005 would be marked on Thursday around the world with the theme "Stop AIDS: Keep the Promise". Speaking at the program, Matthew Kahane, UN country representative, said... In his message, UN Secretary General Kofi Annan said... Senior medical officer at the National Center for AIDS and STD Control (NCASC), Dr. Pulkit Chaudhary said... Surendra Shah, Living with HIV/AIDS... HIV data.⁴⁹

⁴⁹ Wanted: Promise to Stop AIDS, *The Rising Nepal*, November 30, 2005.

It is interesting to note that most published articles were similar with the same people and the same materials cited repeatedly.⁵⁰ HIV prevention discourse in Nepal is a 'hot cake.'⁵¹ Millions of dollars flow into the country every year for HIV awareness programs⁵² as "AIDS and HIV are now taken for granted as stable, observable entities, fully institutionalized through scientific journals, funding incentives, clinical regimens, health practices, educational brochures." (Paula Treichler) A logical assumption would be that there has been tremendous improvement in decreasing the number of HIV infections, but this has not been the case. The UNAIDS Nepal estimated that the number of HIV infected will rise to 75,000 by the end of 2005. Apparently, the infection has spread rapidly (from one in 1988 to 62,000 in early 2005 to 75,000 by the end of the year). When I analyzed the discourse on HIV in the country, I clearly sensed what was missing: the general people. The news reports, almost always, referred to "effective strategy" that focused on a "multi-sectoral approach as a key solution to HIV/AIDS Advocacy in Nepal."⁵³ However, the "collective effort" included only the government, international funding partners and non-governmental organizations. Unfortunately, their "all" doesn't include general people. The news articles and editorials always cited lack of political will and HIV/AIDS National Policy as the cause for the problem. As a researcher, I saw this very

⁵⁰ Among the twenty articles that I personally read for the purpose, 15 of them quoted the same people and same sources. Even the interview excerpts were similar.

⁵¹ "Hot cake" is a common term used for the HIV/AIDS field. It is such a lucrative field that everybody wants to work on issues relating to HIV infection. It is ironic that most of the people/organizations want to work for, but not with the infected. This term, however, doesn't include treatment.

⁵² The government will have spent over US \$50 million by 2006 on activities related to HIV. About 400 NGOs are also working in the field. (Sources: Global Fund, USAID).

⁵³ Social Stigma: Hurdle to fight AIDS, *The Rising Nepal*, December 2, 2005.

belief as a major problem in the discourse on HIV in Nepal. The general population and local communities were always ignored. How could a policy alone bring about change in a society when the role of the general population was downplayed? How can organizations at a central level develop policies and programs for rural villagers for whom basic sustenance is the prime concern? Therefore, the multi-sectoral approach should be amended to a participatory, community or grassroots-level approach that includes the general population as one of its central components. For the infected person, only stigma, discrimination and struggle are highlighted repeatedly. There were many HIV-infected people who were leading a normal life (ones who did not reveal their sero status), were working and looking after their families. But media in Nepal rarely acknowledged the fact that HIV-infected persons also have the right to life and dignity. I saw this as a core issue, both their misrepresentation and lack of participation in the public sphere. Such media misrepresentation of HIV infection further isolates the marginalized.

The Nepalese media I examined reinforced the *socially shared representation* of people with HIV/AIDS as victims. As described by van Dijk, “social power is reproduced by its discursive enactment and legitimation.”⁵⁴ The articles I reviewed were dominated by similar ideas of ‘experts’ and provided no new ideas for discussion. The experts used by media repeatedly were the same set of people, either from international development agencies, government or associations of HIV-infected. Following my six months stay in Nepal, I

⁵⁴ van Dijk, 1994.

discovered that this specific group of experts (which was referred to as 'us' or the 'majority' in the Nepali press), not only had easy access to, but dominated public discourses regarding politics, education, judiciary, and media, over the suppressed 'minorities' (or "them"). This group not only decided the topics and picked the participants for any discourse, but they also set the time and place.

The articles that I analyzed were a good example of the discourses influenced by the elites. I attended some of the numerous discussion programs popularly known in Nepal as 'Discussion Forums'. The scenario was almost invariably a few health experts sharing their perspectives on how poorly things worked in the country and how it should be. The 'know all' experts delivered their thoughts consecutively and then the program concluded. Journalists representing all the major TV and radio stations and newspapers were invited to report the event. After a couple of hours of 'one-way' lengthy speeches by the 'experts', a lunch or a snack was always served. Journalists collected materials published by the organizers and interviewed some of the speakers to elaborate on issues they thought were important. The news appeared in the media the next day. The information was hardly different from one media source to another.

The factors that were cited as important to bring about change were always the international aid agencies, the government, and the non-governmental organizations. Any active role for the general population or the people living with HIV/AIDS was totally downplayed. Again, their representation was always symbolic, primarily limited to sharing their 'miseries'. During my time as a journalist, I reported on many such programs. Unfortunately, I worked in a similar

way. At that time I never analyzed what I did or whether the way I reported was correct or not. I was never questioned, and I never thought it was a wrong way of reporting an event.

I had a small discussion lunch to probe more on this reporting issue with some of my former colleagues. Many of them felt that HIV was too small an issue for Nepal to delve into at this time. In fact, this is true to a certain extent. More people die of diarrhea or malnutrition than HIV/AIDS every year, but I had to make them understand that the scope of HIV/AIDS in Nepal is much bigger. Given that Nepal is a closed society, with virtually non-existent health services, lack of awareness and social acceptance of polygamy, HIV/AIDS may increase many-fold before drawing much attention. Some of the other journalists cited their hectic schedules. When I was a journalist, having to attend a discussion program, prepare a report and have it ready to be aired by the end of the day was a challenge. By the end of the day, I didn't have any time to reflect on what I did or how or whether it had any impact. Moreover, when everybody was doing the same, it was difficult for me to accept that it was wrong.

Over half of the articles I analyzed repeatedly referred to financial aspects of HIV infection. Though stigma and discrimination was an overarching theme of the articles, inadequate resources formed a persistent background for discourses in which the ongoing programs and initiatives were evaluated and condemned. In Nepal, resources available from major donors (the UN, DFID, AUSAID and

USAID) totaled US \$ 14.5 million in 2005.⁵⁵ According to UNAIDS Country Coordinator Aurorita Mendoza, there is no dearth of money for HIV and AIDS. Challenges lie in scaling up the capacity of implementing partners (government and INGOs) and making them accountable for the use of the money. She added "What is needed is rapid disbursement of this money and scaled-up treatment and care of people living with HIV and AIDS."⁵⁶ The article, like many others, reported the government's inability to adequately address HIV infection. "The government continued to give the problem a low priority." The low priority was clearly indicated by the following sentence "[the] government funding has simply not kept pace." Such statements suggested possibilities of change in government policies for effective programs. The government, on the other hand, was usually defensive accusing the INGOS instead. The article quoted the NCASC director as saying "[T]he donor commitment in Nepal is mostly confined to paper without prompt delivery of funds.....we have not yet received US \$ 25 million from DFID." The article, like many others, succinctly describes the bureaucratic hassles in international development agencies and the government. The major stakeholders seemed to be accusing each other for the failure to reduce the number of HIV-infected in the country. On the other hand, some of the infected who wanted to do something for the others were also barred from doing what they could. During an interaction program aired on Nepal Television in the eve of World AIDS Day 2005, an HIV-infected social worker stated, "[t]here are stringent

⁵⁵ Statistics retrieved from *The Kathmandu Post*, November 30, 2005.

⁵⁶ No fund crunch yet 'infected' in a lurch, *The Kathmandu Post*, November 30, 2005. Source of discussion for this paragraph is based on this article.

criteria infected people have to pass before they can obtain funds-one of them is submitting a proposal in English in order to apply for the funds.”

The repetitive use of economic jargon in the reviewed articles (effective strategy, scarce resources, multi-sectoral approach, sustainability, economic security and economic opportunity) reflected the importance of funds in the discourses on HIV in Nepal. The news stories, features and editorials that appeared in Nepali newspapers comprehended the gravity of the situation and dilemmas of HIV prevention programs for which more financial resources were needed. My argument, however, is that, though finance is an integral part of any program, HIV prevention programs in any country require an understanding of other larger issues besides funds. HIV/AIDS is a political, cultural, social and health issue at the same time; increased monetary assistance alone cannot assure public awareness. Nepal is a very good example of a situation where much has been spent and little achieved.

CHAPTER 3: LWF NEPAL STRIVING TO MAKE A DIFFERENCE

Introduction

I joined the Lutheran World Federation Kathmandu office in August 2005 and worked there until the end of December 2005. I obtained entry into the organization by participating in an open competition; I was selected to work as their Health and HIV/AIDS Manager. This approach had mutual advantages; I was not only learning from them, but was also contributing my knowledge for their overall development.

My first day of work started with an introduction to the activities of LWF Nepal and the scope of my work. I was directed to guide my plans and programs according to the organization's goal "[t]o empower communities and create an enabling environment to combat HIV/AIDS, and to ensure that rights of those infected and affected are respected and protected."⁵⁷ For the following week my task was to familiarize myself with all the materials that were published by the organization so that I had a clear view of the organization and its workings. I expected to find more clarity for future work but, instead, found myself tied and restricted by the 'rules'- written and verbal - time and again. Although I was a manager of the HIV/AIDS program supported by the organization, there was hardly anything that I could change or implement in the existing program. I felt a

⁵⁷ *HIV/AIDS Policy 2004, Pg 7.*

dramatic decline in my enthusiasm and my purpose for entering a humanitarian organization established to serve the neediest. To my dismay, I wasn't alone in this; I met many social workers, in and out of LWF Nepal, who felt the same way.

Funds Misappropriation: Compulsion or Choice?

LWF Nepal described itself as a humanitarian organization that used a needs-based approach to ensure that the neediest received appropriate services. One of the crucial parts of my work in the organization was attending the senior staff meeting (SSM) that happened once every year to finalize the budget for the coming year and to allocate the surplus budget of the previous year. We had this meeting in the last week of November 2005. We found out there was a considerable budget surplus that would have to be returned to Geneva, if not spent before the end of December under a contingency plan. I worked hard at finding ways to spend the money. We finally decided to spend some of it on new chairs and tables for several schools, on field visits for some social activists, and on a contribution to the national celebration program marking World AIDS Day. Everyone knew that the excessive expenditure was not warranted at the end of the year, but we had no choice.

Though LWF Nepal's Kathmandu office is the highest body in the country to oversee the Lutheran World Federation Nepal's fieldwork, it was also accountable to donors located in Geneva. Not being able to spend the allocated money would reflect its inability to conduct its programs effectively in Nepal. However, life during an insurgency was unpredictable and dangerous. Given the

Maoist insurgency and other political and social instability in Nepal, to be able to spend all the allocated money on planned programs was difficult. The lives of field workers were threatened, their offices were destroyed, physical amenities were looted and money was extorted. But for the sustenance of the employees and the organization, the donors in Geneva had to be convinced that we were doing our best. If they were not convinced, the programs in Nepal would be decreased, resulting in lesser funds and fewer staff. To ensure our future with the organization we had to keep on working and demonstrate that we were working and achieving the goals set for normal situations, but in a situation that was itself very abnormal.

The SSM also decided on future endeavors, which required that we be able to project the exact budget for the coming year. It showed professionalism to be able to assess needs a year ahead, but it was not feasible in a situation as unpredictable as ours in Nepal. If the programs were needs-based, why were they made a year in advance? How could the organization ever know exactly how much or for what purpose it would require funds a year later? Many times, I encountered local NGOs or the community-based organization representatives asking me if they could change their activities and the number of people in the field, but the answer would be 'no' because we would again have to go through a long process of drafting lengthy reports justifying the change. Again, that would reflect our inability to plan. When the activities were not completed, the surplus budget had to be re-allocated in haste, such that deserving programs remained unfunded, whereas less important activities received money.

Numbers: Representative of Achievements?

The partner organizations presented monthly reports to us based on an analytical framework and strategies required by LWF Nepal. Their reports cited their monthly objectives and achievements. They cited any outstanding issues and some remarkable achievements, always followed by a case study.

As health and HIV/AIDS program manager of LWF Nepal, I was required to compile achievements of all the partner organizations and present a monthly report to LWF Geneva. Our future funding would be based on our achievements in the field. This increased the stress of having to produce a report that each time claimed increasing accomplishments. As I reviewed my reports and those of other program officers, I found too much emphasis on quantitative achievements and a corresponding lack of qualitative analysis. The following table is an excerpt from one annual report.

Table 1: Gender Sensitive HIV/AIDS Empowerment Project- Activity Progress Report, LWF Nepal, Jan-Dec, 2004

Activities	Annual Plan	Progress	Description
TOT for resource group	60 person	42 person (Male 21, Female 21)	SADG and AMDA developed the resource group
PE sharing/Interaction workshop	680 person	854 person (Male 399, Female 455)	Outstanding results achieved
HIV/AIDS orientation to TBA, FCHV, teacher, CBOs, NGOs of 6 districts	1200 person	61 person (Male 31, Female 30)	Conducted by STEP
HIV/AIDS orientation for religious leaders	200 person	47 person (Male 36, Female 11)	National Level workshop was organized

PE = Peer Educators

TOT = Training of Trainers

TBA = To be arranged

FCHV = Female community health volunteer

The number of training sessions and the number of people was always a highlight of any report. It was easier to measure outcomes in numbers, but quantity, many times, did not reflect the quality of the training conducted. The resource materials were very technical and failed to explain the infection in an appropriate way to people who had never heard of HIV and the people who were hesitant to talk and hear about issues related to sex and sexuality. Many of the participants of such training did not even know Nepali words related to sex and sexuality. New words had to be invented and defined with precision. There was no Nepali word for HIV/AIDS and the rural people repeatedly complained to me that they had difficulty pronouncing it.

I attended many interaction programs organized by our partner organization, STEP Nepal, for drafting a plan of action for 2006. One among many was an interaction/discussion program for about thirteen teachers (both male and female) and a few religious leaders who were selected by STEP. The goal was to develop capacity to assist students (through teachers) to better understand HIV. The one that I attended was for teachers who had at least a year of experience working in the field of HIV.⁵⁸ The organizers had also invited representatives from *Prerana*, an association of HIV-infected in Nepal and from gay communities. The STEP chairperson told me that she wanted the infected to take part in the discussion because that would give teachers an opportunity to interact with HIV-infected people and understand the issue from their perspective. Also, the

⁵⁸ The program was organized by STEP Nepal in Kathmandu on Oct 17, 2005.

organizers believed that this would help the teachers and religious leaders regard HIV/AIDS not as an infection of 'others'.

The program started normally, but when HIV-infected and gay people addressed a session, the tone of the session changed completely. The HIV-infected shared their personal and their friends' experiences of contracting HIV and being discarded by the society. The gays on the other hand tried to describe different types of gays they had in their association and the day-to-day problems that they faced. The teachers and religious leaders verbally abused the infected and gay people as "sinners" and called them "culprits" and "people trying to contaminate society."⁵⁹ They even argued that the teachers "had the responsibility to maintain the norms and values of society. If one sins, he/she has to bear the consequences. The infected can ask for our sympathy but cannot demand rights. The gays had gone against the norm of nature, therefore, they were punished." Some of the teachers had no knowledge or awareness of homosexuality and appeared amused. The situation calmed when the HIV-infected walked out of the program. To my dismay, even social workers of STEP Nepal were pleading to the participants for little "mercy" towards the infected, suggesting that HIV was transmitted through people's immoral behavior. When I talked to the chairperson of the NGO, she defended the teachers saying "we cannot bring about change overnight and this is just a start." I wondered if such a start would be able to put the program in the direction of alleviating stigma and discrimination. The LWF

⁵⁹ The quotes used in this paragraph are documented in my diary as the participants used them against HIV-infected and the gay people in the one-day program.

Nepal also acknowledged the problem in its numerous reports. The following is just one example.

It is a challenge to bring about change in people's behavior in the area of stigma and discrimination because people in the community believe that HIV/AIDS/STI infects only the immoral; explicit acceptance of people with HIV/AIDS/STDs by the community is a taboo.⁶⁰

In 2004, LWF Nepal and another non-governmental organization - Sakriya Sewa Samaj - initiated a program to raise awareness of HIV/AIDS among faith healers and religious leaders. Most of the people in Nepal rely on these healers and religious leaders to solve their physical and emotional problems. This program was the first of its kind in the country and cited by international development agencies as one of the success stories in promoting HIV public awareness. In November 2005, a well renowned international organization requested me to participate and provide few participants from my office for its one-day National Interaction Program to draft their plan of action for 2006 for involving religious leaders and faith healers in raising awareness on HIV/AIDS. The program, with participation of more than one hundred religious leaders and social activists, was officially inaugurated by the then Minister of Health in a four-star hotel in Kathmandu. By the time the formal inauguration concluded, it was lunch time. When we sat to draft the plan of action after lunch only about twenty-five religious

⁶⁰ *Gender Sensitive HIV/AIDS/STD Empowerment Project Nepal, Semi Annual Report, January-May 2005.*

leaders were left. Towards the end, there were fewer than a dozen. I realized there was a lack of commitment not only from the government but also from the activists. I collected the draft prepared by the few remaining participants and turned it into a highly regarded and influential report of remarkable success and presented it to the organizer. It was rated as outstanding achievement in the process.

Development: Sustenance for Many

Employment opportunities in Nepal are rare and highly competitive. Although government jobs provide many perquisites, they do not compare favorably to working for an international development agency. Officer-level staff in government earned about US \$1440 a year inclusive in 2005, whereas the same level of work in any international development agency would pay around US \$ 5000 annually. Working for an INGO was not only prestigious but also offered financial security. The only disadvantage to working in projects run by INGOs was that they might be ended after meeting their objective. This had lately become more apparent as these agencies were adopting a 'sustainable' approach in which the ownership of projects was handed over to local people after a period of time.

I spoke with many people at different levels, not necessarily from LWF Nepal alone, and they all echoed the same fear of projects closing down after meeting their objectives. The most striking incident was a conversation with our project manager in Ramechap, a rural village east of Nepal. Although it was situated

only about 120 kilometers from the country's capital, the district was deprived of clean drinking water, had very limited electricity, a minimal health care system, and undependable transport services. During a conversation as we were leaving for Kathmandu, the project manager said he had been approached earlier by another NGO worker and asked how the situation in Ramechhap was. After his elaborate description of how bad the situation was, the other person commented, "it's so good to hear that things are bad, if everything was good and turns out to be good, we would be jobless." The project manager and I talked for a long time about such circumstances and his reaction to them. He admitted that he had not realized that he felt the same way. A problem needed to continue for the funds to continue and for thousands of INGO and NGO employees to be able to continue working in one of the most lucrative occupations in Nepal. I asked a high-level officer at the UN why there was such a disparity. He said that it was inevitable because the UN system had a chart of remuneration that must be followed worldwide. It was the same with all the other INGOs. When the US dollar remuneration chart is converted to Nepali currency, the salary sweeps sky high.⁶¹ The cost of living in Nepal is very low. Therefore, working for development agencies can provide a comfortable life for any family.

I attended a program in Kathmandu organized by an international development agency to discuss human rights violations in Nepal. A representative from a well-established human rights organization in Nepal made a presentation, after that followed a discussion. A person from the floor noted sarcastically, "It's good that

⁶¹ According to the Foreign exchange, April 25, 2006, the exchange rate for one US dollar was 72.99 Nepali rupees.

the situation in the country is very bad. You all have found jobs because of it." The normal reaction to such a remark would be a frown or a sharp retort. To my dismay, the presenter responded with an amused giggle, and everybody laughed. I was both stupefied and disappointed.

I personally felt that working as a HIV/AIDS manager would open many avenues for me to plan and execute activities that I thought would be instrumental in bringing about changes in peoples' behavior. However, eight hours a day seemed inadequate. Having to spend most of my time in front of the computer writing reports, responding to people, and attending seminars and conferences left insufficient time to spend on things that really mattered. All that mattered ultimately was what we did that was easily quantifiable; quality was compromised.

Social Empowerment

LWF Nepal used to be an implementing agency. Over the past decade, it had assumed the work of supporting local bodies and organizations to achieve development. The only function of the organization was to assure that the agreed plan of action was implemented effectively by partner organizations. Altogether, there were about six local non-governmental organizations working, primarily, for prevention of HIV/AIDS. These NGOs had formed smaller groups and community organizations that took the activities forward. The intent behind this arrangement was to reach the beneficiaries (i.e., the local people) directly.

The activities for the coming year were drafted in direct consultation with or by the community-based groups and organizations. When these draft programs got into the hands of partner organizations, they made 'necessary' changes and allocated budgets for each activity and then submitted the amended plans to the donors (in this particular case to LWF Nepal). People wanted more activities under care and support, but LWF Nepal had a policy to spend more on prevention activities. Being HIV program manager, I knew that funds used for HIV prevention activities by LWF Nepal were provided by American Church Aid. It was the policy of the Church Aid not to invest on something that they considered immoral and unnatural. I find it ironic because the funds could be used for HIV prevention activities but not directly for the treatment or care of HIV-infected. The policy of the donor limited the ability of LWF Nepal to break down stereotypes and discrimination because of the lack of direct involvement with people living with HIV/AIDS. The programs funded by LWF Nepal had to involve only the general population who did not know anything about HIV infection and were presumed vulnerable to the "contamination". Due to stringent policies, activities deemed necessary by the locals got mutilated in the process of "negotiating" agreed objectives.

The partner organizations submitted their revised activities, with a budget, to LWF Nepal for 'necessary' changes. As an HIV/AIDS program manager, I was required to go through all these activities one by one, make 'necessary' changes and submit the result for approval first to the coordinators and then to the country representative. Although the process of selecting the activities seemed people-

oriented, the final activities were always the ones that were approved by the donor organizations. There were some programs under care and support, but more activities were definitely for prevention because that was the policy of a donor (for us LWF Geneva).⁶² The locals depended on community-based organizations (CBOs) for conducting their programs. CBOs, in turn, depended on partner organizations, and partner organizations on the final approval from LWF Nepal, while LWF Nepal sought approval from 'Geneva'. I remember people from our partner organizations asking me "not to change the programs because the people will be disillusioned." Recent evaluations of projects showed that the activities that were implemented as they were conceived by the locals were typically successful. However, this did not happen every time, because its own policies and programs bound the LWF Nepal.

As an HIV/AIDS program manager, I was to ensure that projects came from the locals but, at the same time, that they were in consonance with the LWF Nepal's policy and programs. I found that these goals were incompatible; one had to be compromised, at least to a certain extent, in deference to the other. As an employee, my hands were tied by the organizational policy, and I had to make decisions accordingly. Although I thought some activities were innovative and impressive, I had to turn them down because "it was just not in our policy." During my six months' work at the office, I realized that LWF Nepal was uncomfortable with providing more care and support for people living with HIV/AIDS and the homosexuals because the management feared that it might be

⁶² Other INGOs had similar policy bias with a similar impact on the work of local NGOs or CBO partners in Nepal.

construed as promoting an immoral lifestyle. During my interview, one of the most prominent social activists (working for social justice for HIV-infected) in Nepal, Rajeev Kafle who is also HIV-infected, informed me that they had been struggling for the past few years for their active involvement in the formulation and implementation of HIV/AIDS activities in Nepal. He said, they perceived their participation in such programs as a right whose realization would benefit everybody. After my research on the HIV/AIDS awareness programs of LWF Nepal, I realized that programs run in the direct absence of people living with the infection was just a claim to sympathy in the face of their suffering.

As I was reviewing the Plan of Action for 2006 of our partner organization, STEP Nepal, I came across their proposal to set up a Voluntary Counseling and Testing Center (VCT). This would not only act as a bridge to treatment for HIV-infected people but would also provide confidential counseling to those fearing infection. I personally liked their proposal because the organization had a good rapport with the locals, and this would encourage people to get tested and treated in case they tested positive. It was a good start towards something new for the people. However, I had to disapprove the budget for opening a VCT, pointing out that it was against the policy of LWF Nepal to support treatment because it came under the category of care and support.

The goal of LWF Nepal was “[to] empower communities and create an enabling environment to combat HIV/AIDS and to ensure that rights of those infected and

affected are respected and protected.”⁶³ The tools to achieve these goals were prevention, support and care. Although there were many activities for prevention, providing bus fare to a testing center was the only activity allowed under care and support. It was ironic that LWF Nepal did not consider treatment to be an integral part of care, even though it is the right of HIV-infected to have access to health services.

Many times I found the locals reluctant to get tested for HIV infection or to seek treatment for sexually transmitted infections. They said they were afraid of being ostracized by their community and that they would rather not know their status. The need to have a VCT at a community level was crucial for instilling the confidence that people could be cured of STDs and that there were places where they could go to get treatment for HIV/AIDS.

On the other hand, I personally did not see the effectiveness of some programs, although they continued because they complemented LWF Nepal’s policy very well. There were excessive training sessions and interactions. I went to a few and realized that the participants were unable to use their training in their everyday lives. They knew all about HIV, but it was something that they did not encounter in their own life. I felt a need to have something that was more than just theoretical training. I was talking to children between the ages of thirteen to eighteen in Ramechap about what they learned from HIV/AIDS training. They were very smart and repeated by rote everything that could be said about the infection. When I asked them if they knew it was possible to transmit HIV by

⁶³ *HIV/AIDS Policy, LWF Nepal, 2004.*

sharing nail clippers, the children were confused. These children had extensive training and were working for a year to raise awareness among fellow students regarding HIV under our HIV/AIDS awareness peer education program. These children could parrot everything that was said in the training, but they did not understand any of it. However, our indicators showed that these children were empowered because they had all the 'knowledge' about HIV infection. They could easily say what were the causes and how to prevent the transmission of HIV infection as stated in their documents.

Advocacy in a context of Insurgency

Activities of all development agencies in Nepal were hampered by the growing Maoists' insurgency in Nepal, and LWF Nepal was not an exception. Since its inception, LWF Nepal had worked for the most underprivileged communities in the country. Apparently, most of these communities were in the Maoists' strongholds. The increasing unrest was causing problems not only for formulating programs for these areas, but also for their effective implementation and continuation. One of its regional offices was bombed by rebels who said "LWF was funded by America." LWF is an international church organization active in humanitarian work, and its program in Nepal is supported by a wide range of partners around the world, including American Church Aid.⁶⁴

With changing circumstances, LWF Nepal shifted to a very low-profile strategy to carry out its programs. The regional offices were downsized; the size of their

⁶⁴ LWF Regional Office in Nepal Damaged in Bomb Explosion. Retrieved on June 21, 2005 from <http://www.wfn.org/2004/04/msg00250.html>

operation was cut radically, with two thirds of the workers laid off. One successful effort to raise HIV/AIDS awareness had to be discontinued in Rolpa district because of increasing rebel activities. However, working in a turbulent situation equipped regional and local staff with skills to survive and carry out the activities in the best way possible. Staff were implementing activities that complemented the government's endeavor to control HIV in rural parts of the country, while also not aggravating the rebels. The work of local CBOs in the west of the country was one good example; activities carried out by the villagers raised less suspicion among both the government officials and the rebels. The CBO members were young people of a village who were able to share their learning with others. These activities were made very transparent so that anyone who wished to enquire could freely get all the information, even information regarding funding.

I was personally intrigued by the Maoist's three-point condition for letting international development agencies (including LWF Nepal) work in their strongholds. I was informed that the conditions applied to any parties who wanted to work in 'their' area. (Due to the confidentiality of my respondent, I am unable to cite the source for this document.) They were the following:

1. Wanted young people in the community-based Organizations;
2. Wanted LWF Nepal (or any development agency) to work in tangible activities;

3. Wanted the focus of development programs to be on all castes of a community, not only on dalits (so called untouchable castes)

It looked promising at first, but I came to understand that there were many hidden meanings attached to these conditions. The Maoists wanted the program activities to be run by young people so that they remained in the village and could be used in the 'war against the regime'. There were thousands of instances in which students were abducted and forcefully recruited into the Maoist army. The Maoists always stressed tangible development activities like infrastructure development (e.g., roads, buildings) because it was easier for them to monitor progress. They wanted the local youths to work only in the village and be engaged in something that was easy to assess and would not harm the Maoists in the long run. This directly hampered the HIV/AIDS advocacy programs of LWF Nepal. The Maoists were now making efforts to expand their reach to other communities besides the dalits. The rebellion started with the suppressed and the underprivileged groups such as the dalits. Although the conditions imposed by the Maoists definitely impeded the smooth operation of LWF Nepal projects, the programs were continuing. This reflected the capacity of the staff of LWF Nepal to negotiate and reach a workable understanding under adverse situation.

LWF Nepal was preparing to implement a rights-based approach in its activities. Instead of humanitarian work, the rights-based approach aimed to train the locals so that they were empowered enough to demand information. This is an effort to empower the locals so that they do not rely passively on getting information, but

demand it if they deem it necessary. This is reflected in the Country Profile of LWF Nepal.⁶⁵

LWF Nepal takes a rights-based approach to development, with the belief that people should be able to organize, speak out and take part in decisions which affect them. LWF Nepal, through its empowerment projects, aims to facilitate the disadvantaged and marginalized households and communities to organize them into groups and Community Based Organizations so that they might gain better access to the opportunities they need to improve their livelihoods and govern their own lives.

The rights-based approach to advocacy in HIV awareness raised questions among government officials, rebels and the public. This new approach stressed organizing, forming pressure groups and fighting for people's rights. It was apparent that it posed a threat to both the government and the Maoists. The local staff of LWF Nepal in the center had developed their own way of working in the villages in conflict situations. They were also prepared to integrate the rights-based approach to their existing programs and they seemed to have some clever techniques for achieving this. In villages, all those concerned wanted to know the intended content and outcome of such a new approach. For varied reasons, both government and rebels saw this approach as a threat. Instead of carrying out an HIV rights-based approach in solitude, the local staff of the central region in

⁶⁵ *Country Profile, LWF Nepal*. Retrieved on 3 February 2006 from <http://www.un.org.np/agencyprofile/profile.php?AgencyID=43>

Ramechhap integrated the program with other livelihood programs such as vegetable farming, reproductive health groups, and income-generating activities. During my visit to Ramechhap, I found the villagers were very skeptical of the content of the HIV awareness project. They were not aware of their own rights, and they did not know the power of being informed. They always wanted to know the monetary outcome of any event, which for HIV awareness, would be nothing. This also discouraged them from participating actively in the organizations' activities. The staff of the local office was in constant search for new ways to bring these groups to HIV programs because LWF Nepal saw prevention of spread of HIV infection as one of its development goals. Integration of HIV awareness with other income-generation programs was one of the most effective strategies. Now the staff were thinking of integrating the rights-based approach to these integrated programs. Provision of access to confidential testing and treatment would be a logical component of a "rights-based" approach to HIV programs, but due to policy constraint, LWF Nepal won't be able to include this even in its improved approach.

Survival of the Fittest: Democracy in CBOs

LWF Nepal always stressed peoples' participation as important for the effective outcome of any of its projects. Its activities were carried out by local groups that were formed by its partner organizations. The partner organizations provided the local groups with guidance and helped them carry out the activities by empowering them. This was indeed a unique way of working in Nepal. Most

NGOs worked directly in the remote areas making the locals the mere recipients of services.

The objective behind working with various CBOs was to empower the locals. The members and the leaders of CBOs were nominated/elected in a democratic manner, so that a sense of leadership grew among all its members, and the groups interacted with one another. Time and again, the evaluation by LWF Nepal of the CBOs suggested that democratic CBOs were not strong. However, groups that had a strong leadership and were undemocratic were successful in carrying out all the activities in the communities. This had been a concern; LWF Nepal was searching for a way that all members of such community-based organizations could be equally aware and active. At the same time, LWF Nepal had to trust its partner organizations. After all, LWF Nepal chose these organizations on the basis of their successful work performance in other activities for other international organizations. During the annual SSM in 2005, this was a serious concern expressed by an evaluator following a recent assessment of most of the projects in the country. The evaluator also observed that the intermediary partner organizations might have been afraid of being replaced by the CBOs. Therefore they were not keen on empowering the CBOs in any real sense. Senior staff of LWF Nepal admitted that they feared from the beginning that the CBOs were not being empowered. In fact, too-active CBOs invited their own elimination. The auditor of LWF Nepal was back with information from his visits to all the working areas. I was intrigued by his statement that, "we boast about CBO institutionalization. When I went to the Western region, they didn't

know anything. A few educated NGO people control everything. Where is our objective?"⁶⁶

The relationship between LWF Nepal and its partner organizations was based on trust. LWF Nepal should trust its implementing partners. It is required to believe that the partner organizations are also committed to institutionalization of CBOs. At the same time, it is ethically correct for it to expect the NGOs to be more accountable for their actions. However, ethics are subject to interpretation. Although LWF Nepal sometimes questioned the irregularities of partner organizations, it had an obligation to trust them. Though there were many instances where it was evident that the partner organizations could have done better to empower the local people and organizations, LWF Nepal had the compulsion to stay away from interfering. LWF policy on working with the intermediary partners was always blamed for this shortcoming.

⁶⁶ Arjun Dhital, Auditor, LWF Nepal, November 28 2005.

CHAPTER 4: DEVELOPMENT A PARADOX?

Introduction

When I was preparing for my research, I believed that development was a term that best stood for a condition in which a person/community thrived the most; a condition where diversities coexisted with mutual respect and prosperity was determined at all levels and by many aspects. By the time I finished the research, the term *development* confused me the most; it turned out to be enigmatic. Is development a magic stick that solves all problems or the one that causes them? Is it the beginning, or the end? In my conclusion I will try to explore different aspects of *development* as I perceived them in Nepal. Based on my research, I hope to explain the dichotomy between what *development* ideally stood for and what it actually represented.

It is extremely difficult to define *development*. Wolfgang Sachs notes that, "Development' is, above all, a way of thinking. It cannot, therefore, be easily identified with a particular strategy or program, but ties many different practices and aspirations to a common set of assumptions."⁶⁷ This means that although development projects are relative and differ based on time, place and situation, the common set of assumptions is shared and encompassing. Most of the development projects run by LWF Nepal were confined within a rigid framework.

⁶⁷ *No Sustainability without Development*, Wolfgang Sachs, 2005.

The Nepalese development professionals were relentlessly trying to confine development into a rigid, scientific structure. Development was an all-embracing term: something that inspired constructive activity and a uniting force to link together people of different ethnicity, caste, class, gender and ages. With development, a community/society achieved social, physical, political and economic satisfaction. In other words, it was usually depicted as a driving force for attaining an ideal state of existence.

The Lutheran World Federation Nepal says its development mission is “to challenge and respond to the causes and consequences of human suffering and to the alleviation of poverty through addressing basic needs and promoting the empowerment of the displaced, disadvantaged and vulnerable within Nepali society.”⁶⁸ It didn't surprise me that, like every development organization, the mission and vision statements of LWF Nepal looked unproblematic. When translated into action, however, these statements lost their meaning because set objectives had to be achieved strictly, following the specific policy of the organization. The guidelines and policies, instead of facilitating success, ended up becoming the biggest impediment to reaching objectives. I realized it was not the intention, but the processing of that intention that caused this change. Instead of trying to fit a planned program to a specific community, development professionals, most of the time, tried to fit a community to the already decided programs. The local people of the project area gained very little in the

⁶⁸ *HIV/AIDS Policy*, LWF Nepal, 2004, Pg 3.

development process, but they did become more “manageable’, better adapted to the operations of planned development.”⁶⁹

Based on what I observed working at LWF Nepal, development professionals, over a period of time, had a tendency to become insensitive to the realities of the communities that they were working for, as they became engrossed in routine work and quantitative outcomes. Instead of being a means to make a difference in the lives of others, development work became merely a way for development workers to earn a living. These workers had to convince ‘others’ that they were doing their best and bringing about dramatic changes in communities. They were accountable for the funds that they received from donors, and it became easier for them to convince the donors if the outcomes from development activities were measurable. Following the research, I was compelled to ask myself whether development professionals had the capacity to mould circumstances, or were they too victims of circumstance?

Development and Science

Scientific management of ‘development’ might have helped development professionals produce commendable reports of their activities, but it did not produce a positive change in communities. Development should not be about managing, but rather about helping communities to grow, when people say that ‘they have done it themselves.’ However, the reality in Nepal was different. The programs and activities were redesigned by the donors to meet their policy

⁶⁹ St-Hilaire, 1993, Pg 58.

objectives. Often, what a community wanted did not fall within the priorities of the donor, and crucial activities were consequently never funded. The local people were left frustrated, with nowhere else to turn.

From what I perceived in Nepal, development professionals never had enough time to closely study their field and learn from the community in order to assess whether their programs synchronized with the lives of the people. There were very few instances in which a community was studied closely before a program was introduced. Even when field visits were made, they were brief. Visits were, almost always, to monitor if the activities were proceeding as planned and if explicit results were achieved. Most of the time what a donor wanted was not what people of a specific community were looking for. In such situations, only one side compromised: the people.

LWF Nepal had an annual vocational training program for two outstanding peer educators selected from students belonging to the untouchable caste. The training ran for almost half a year and was intended to be instrumental in shaping the students' career path. In 2005, there were no trainees from this specific group. The students from other castes asked me if the training opportunity could be transferred to some other deserving peer educators instead of 'leaving the seats vacant.' As directed by my supervisor, I had to decline stating "there was no policy for letting students other than those from untouchable groups take part in that training." Untouchables were the most underprivileged section of Nepalese society. In this context, such a policy was intended to assure that there was no foul play and that untouchables benefited. However, I believe that all

policies should be flexible enough to accommodate alternatives in situations like this. LWF Nepal's policy could not be altered, regardless of how rigid it might appear. I regard this as characteristic of the influence of the philosophy of scientific management in development. It promoted only one way of thinking and killed the other possible alternatives. It was rigid and uncompromising, and strongly oriented to homogeneity. This kind of science is mechanical, irresponsible and shortsighted. It opposes natural development. Development should unfold like nature: based on regeneration, continuity, interconnectedness and reciprocity. However, development, when dictated by scientific management, is based on *reductionism*. Vandana Shiva probes the concept of reductionism, arguing that "the ontological and epistemological assumptions of reductionism are based on homogeneity" that "sees all systems as made up of the same basic constituents, discrete, unrelated and atomistic, and it assumes that all basic processes are mechanical. The mechanistic metaphors of reductionism have socially reconstituted nature and society. ...[The] metaphor of nature as a machine was based on the assumption of separability and manipulability."⁷⁰

Western civilization made a massive investment in modern science because it gave every opportunity for control and, therefore, had a political base. Nature, on the other hand, is based on diversity. Each community is different, especially in a country like Nepal where hundreds of indigenous communities live oblivious of each other. Within a few kilometers one could find people speaking different languages and practicing totally different cultures. However, for the development

⁷⁰ Shiva, 1989, Pg 22.

professionals, figures were all that mattered, whether in funds or people. As a result, programs that worked well for one part of the country were mis-applied to other parts in the hope they would have the same results.

Development organizations should adopt a truly participatory approach. Instead of prescribing programs, they should begin by reflecting on the strengths and weaknesses of a community. Brainstorming with the local leaders on basic issues would surely lead development endeavors in better directions. However, the targeted beneficiaries of a study were not empowered enough to brainstorm with the development professionals. A community's strengths were always undermined and its weaknesses always highlighted. While making new programs, development professionals (in Nepal) undertake a series of "negotiations" with local staff. The management at LWF Nepal presumed that a social worker/local staff would be the true representative of the whole village he/she came from. Working as one of the employees at LWF Nepal, we hardly got to meet the real beneficiaries. Even when we had a few meetings, it was amidst social workers, representatives of partner organizations and development professionals. The setting of such meetings, I thought, was intimidating for the villagers. For example, if development professionals were sitting on chairs, the villagers would be sitting on the floor. In many such "negotiations", I've seen senior staff of LWF Nepal trying to give long lectures instead of listening. Even before leaving for meetings, I was asked to prepare a note of things that I wanted them (the beneficiaries) to do for us. Thus, from the initial stages of program implementation the hierarchy was already established. Consequently, an

arbitrary order was created that had its own correspondingly arbitrary power structures. However, there were several instances where the local people were heard, but nothing was done about it. The problems of a community were important only if they corresponded with the donor's policies and priorities. I wondered at times if that was listening in the true sense.

This new reality seemed to solve some of the existing problems, but it ended up creating new ones. Following my research I believe that the communities should not be changed, but our programs should be organic enough to be adapted in each community to enable positive changes. Its also possible that change is not what people in community want. They might want to stop changes over which they have little control including development projects imposed by INGOs and government authorities. However, development organizations undermined the uniqueness and diversity of the communities in which they worked. Scientific management of development closes doors to heterogeneity and frames everything in abstraction. "Abstraction increases control by homogenizing its subject matter. It eliminates the basis of diversity, the personal and the historic, creating an artificial reality which can be completely controlled."⁷¹

There are various types of knowledge systems: shared by many cultures, practiced by a particular group or community, contextual or general. Knowing and respecting these unique knowledge systems helps one to understand the specific behaviors and practices of a community. Such knowledge not only enriches one's understanding, but also helps one to formulate and implement appropriate

⁷¹ Alvares, 1988, Pg 10.

approaches to enable self organization and community development to occur. For example, some local community-based organizations in Nepal encouraged the local people to develop their own programs. They knew the capacity of the locals; they conducted training sessions and held discussions with the local leaders. This enhanced the sense of ownership of the program, but this method of working was not acceptable to most of the huge international development agencies. They had a different agenda: to have as much measurable outcome in as little time as possible. This left them with no alternatives but to apply global “scientific” strategies that were totally irrelevant to local communities. The paradigm of this reductionist management science perceived Nepalese society in fragments and undervalued all the other ways of knowing other than the dominant one. Long-term positive achievements could have been achieved if the programs were more homegrown and autonomous. Scientific management of development becomes social engineering, enforced, irrelevant and autocratic.

Development and Economy

The 1950s and 60s brought about massive changes in the mindset of people, especially North Americans and Europeans; physical prosperity became a preoccupation at the expense of mental and spiritual wellbeing. There was a vast and widening gap between the “haves” and the “have-nots”. Suddenly, things that were invaluable became valueless. Material wealth superseded local knowledge; money prevailed over land as “[p]roduction could now be understood as a purely human creation - resulting in exchange value and its expression in

money - on which everyone would be dependent for survival. The economy is then the dependence of man's concrete subsistence on abstract value."⁷²

From this perspective, which dates back to Ricardo, the traditional way of sustenance in Nepal appears worthless, as making some money and contributing to the GDP has become all important. This way of thinking transcended all geographical boundaries. The perceived magnitude of HIV infection in Nepal increased many-fold when it was revealed that the 'most productive group' was in danger, that is, among people between the ages of fifteen to thirty-nine. This was the group that contributed the most to the GDP of Nepal. Therefore, tackling the problem of HIV/AIDS became an economic imperative. As described by Pat Howard, the development models held up for emulation for the "underdeveloped countries" are presented as apolitical and focus on developing the economy. The preferred model is not based on examination of all choices, but based on the "technical feasibility of the choices available."⁷³ During my research, I discovered that most of the political and social agenda regarding HIV awareness in Nepal was governed by economic ideology. I perceive this as "economic reductionism" as discussed by Howard. She argues that reductionism is "reflected in the domination of economic reason in modern life and in social science discussions of underdevelopment and prescriptions for solutions. Furthermore, Western economics is a peculiar subset of possible ways of conceptualizing economic

⁷² Robert, 1992, Pg 181.

⁷³ Howard, 1994. Retrieved from <http://info.wlu.ca/~wwwpress/jrls/cjc/BackIssues/19.2/howard.html>

relations and practices that is being used to delegitimize and drive to extinction alternative approaches.”

Nepal was experiencing a transition from a predominantly agrarian economy to one in which nonagricultural income opportunities were increasingly important. The significance of wage labor in (semi)industrial production and in the service sector was growing rapidly. Along with these changes, there was increasing labor migration as part of the population sought work in labor markets in urban areas, both in Nepal and India, or further abroad. More than 700,000 people were working abroad as migrant laborers in 2003 and 2004.⁷⁴ Apparently, this figure has dramatically increased due to impacts of Maoist insurgency. This data, however, does not include the overwhelming increase in internal displacement and migration due to the rebellion. Currently, Nepal's economy is based primarily on migrant labor and the remittances.⁷⁵ The definition of *development* has changed for Nepal; the only way to improve one's life is by increasing personal and household income. Earning money was only possible by migrating to the 'other land.'

When I visited villages during and after my research, they were commonly without any men between the ages of fifteen to forty. They were all in cities pursuing their 'dreams.' I realized that the struggle to achieve the American dream was prominent even in the ideals of thousands of young men and women

⁷⁴ *Migration of Nepalese Youth for foreign Employment: Problems and Prospects*. Retrieved on November 20, 2005 from <http://www.youthaction.org.np/download/YOAC's%20Study%20Report%20Labour%20Migration.pdf>

⁷⁵ The Government speeches revealed this during the Nepal Development Forum held in Kathmandu in 2004.

in Nepal. I saw empty, uncultivated lands, overworked women and children and unhappy faces in the villages. Men were probably in cities struggling to make some money to send back home. Away from home, they were prone to many risky relationships and risky situations. More importantly, they were prone to HIV infections. The best solution in these cases would have been to help young people return to their villages, reconstruct the social structure, and help them find jobs in their own places. If this was done, men and women could share work and children would get some time to play and study, and above all, men could be saved from high-risk situations. However, this solution does not fit with the prevailing *development* mindset in which “[d]evelopment ideology redefines the classical political demands: freedom becomes the free market; equality becomes equality of opportunity; security becomes job security; consent becomes consumer sovereignty; and the pursuit of happiness becomes a life-time of shopping.”⁷⁶

This way of measuring *development* in terms of physical abundance and quantifiable outcome shares the engineering mindset of Frederick Winslow Taylor’s “one best way” to achieve progress through – what he termed – “scientific management” of labor. This approach not only *technocratizes* development, but also defines a person’s value in terms of GDP. One’s importance is measured by the amount of money one makes and contributes to the GDP. In Nepal, HIV is generally believed to be infecting primarily sex workers, migrant laborers and homosexuals who make little or no contribution to

⁷⁶ Lummis, 1991, Pg 34.

the GDP. HIV infection was, therefore, described as an issue for a marginalized "minority". Once it was revealed that vulnerability to HIV infection was not limited to these groups and can affect any person who is sexually active, everything changed. This new revelation increased panic as people at the most 'productive' age (fifteen to forty-nine) are most vulnerable to the infection. This panic resulted in unplanned implementation of irrational preventive measures that it was hoped would have a trickle-down effect on the general population. Scientific development has a paradoxical effect in Nepal; on one hand it stressed economic achievements, and on the other, preoccupation with contribution to GDP devalued and undermined existing modes of subsistence, resulting in massive migration to cities and abroad to find work, increasing susceptibility to HIV infection. Sachs says it very well, "Development has come to be seen as the therapy for injuries caused by development."⁷⁷

Development and Knowledge Systems

Local values and beliefs evolve over centuries of traditions and practices. There always lies a hidden meaning to their practice on a day-to-day basis. This local knowledge is embedded in a larger context and has to be understood in relation to that context. However, working in the *development* field tends to make a social worker insensitive to local knowledge, perspectives, needs and aspirations. Development professionals in Nepal worked more with ideas, books and reports than with people. There was little to no mutual participation, reflection or brainstorming with the locals about programs to be launched or the programs

⁷⁷ Sachs, 2005.

completed. Even when there was, such activities were always dominated by the funding partners and their agendas. Failure to understand local knowledge and perspectives is one of the biggest limitations of the homogenizing scientific management approach.

Locally-based knowledge is not backward; rather, it contains the basic ingredients to preserve continuity in a community. Every cultural practice has its own unique value and should be appreciated for it because “[m]an did not weave the web of life; he is merely a strand in it. Whatever he does to the web, he does to himself.”⁷⁸ Therefore, finding local people worshipping different plants and animals may seem absurd to an outsider, but it is a part of life for the ones that are living it. Everything is symbolic; everything is interconnected. Based on my research in Nepal, the emerging *development* approach was disruptive to this very chain of life, resulting in people's confusion and social chaos. The emergence of the Maoist insurgency in Nepal was one result of this chaos.

There were some incredible success stories of some development endeavors that involved local knowledge in Nepal. Although the situation in the Western region of Nepal was especially dangerous and most of the development activities were stalled, there was a CBO in the region, Sahakarmi Samaj, that was able to work extremely well. It attributed its success to the fact that it was able to implement activities according to the exact plans of the local people.⁷⁹ When communities formulate their own programs, they succeed best. Development

⁷⁸ McLaren, 2003, Pg 3.

⁷⁹ Evaluator of LWFN Western Region Programs, SSM Meeting, November 26, 2005.

professionals tend to get arrogant due to their positions or knowledge, thus ignoring perspectives of local people. Instead of seeing a local community as a source of inspiration, "they see it as an inferior that needs "'systematization' and 'rationalization' according to the logic of the superior 'real'."⁸⁰

Real development could be achieved through cultural dialogue that embraces diversity. A two-way negotiation, with mutual understanding and respect as a basic component, was the only solution to improve the prevailing concept and practice of development in Nepal. From what I observed during my research, years of working for development organizations made development professionals more prescriptive and less open to learning. As an HIV/AIDS manager, I was required to attend many local activities carried out by LWF Nepal's partner organizations. I specifically remember attending a Teej (women fasting) festival organized in the remote village of Lalitpur district. The subject for the day's gathering was to carry out HIV/AIDS awareness activities. As I reached the village, I saw about two hundred women gathered with their best red saris, sitting on the ground to begin the program. I was surprised to see a row of neatly placed chairs just a couple of meters away opposite them with a public address system. I was amused and amazed at the ignorance of the development partners who had worked in the field for so long. I had to tell them that such a seating arrangement would impair our free dialogue with the local women. The program started with long and tedious speeches from all the officials: deputy chief officer of the village, others, representatives from partner organizations and me. The

⁸⁰ Howard, 1994, Pg 8.

local women were like mute spectators expecting some interesting activities to start. I saw many women yawning and others trying to grasp what was being said. The program ended with a song on women's rights to information on HIV. On my way back, I told the officials that such a formal arrangement would not improve the quality of their awareness activities. I doubt they took heed; it was a topic about which everybody was aware, but they too were victims of the scientific management system. In the end what mattered was that one more awareness program was organized and about two hundred local women participated. "True connection with people that provides richness not only in the work but also in the life of development professionals is undermined in the race to achieve unrealistic paper targets that brings neither joy nor satisfaction to anyone."⁸¹ Following my research, I've come to understand that there is a need for role reversal between development professionals and local people. The "shift of power" to the local people from the development professionals and respect for local knowledge would produce better outcomes for the development projects. The first step to achieve this outcome is "for outsider professionals, the bearers of modern scientific knowledge to step down off their pedestal, and sit down, listen and learn."⁸²

Over the years *development* has evolved into a rigid reductionist approach to solve an array of problems around the world. In real terms, *development* is directed towards restricting diversity and encouraging homogeneity. It has given

⁸¹ Vidyarthi, 2001.

⁸² Chambers, 1983, Pg 101.

rise to violence through scientific management. Although they are not at war literally, countries are competing in an economic war of sorts. There is no justification for fragmenting and exploiting natural systems for profit, but only a few are able or willing to perceive the reality behind the images and violence that are inherent to modern *development*. This version of development is perpetuated by people trained in reductionist scientific methods. They have become the agents of the West who impose a 'majority' knowledge over the 'minority' local knowledge system. This concept of development, popularized by President Harry Truman in his 1949 inaugural address as assisting "the free people of the earth, through their own efforts, to produce more food, more clothing, more materials for housing and for mechanical power to lighten their burdens"⁸³ does not appear to be about to disappear anytime soon. We can only hope that realization comes soon enough to rectify the problem before it becomes fixed in its culturally inappropriate and ineffective ways.

⁸³ As quoted in Robert, 1992, Pg 176.

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