

TITLE: Mediating between conflicting knowledges: The critical role of local implementing partners in an HIV prevention intervention.

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ABSTRACT

The outcomes of health interventions are co-constructed through negotiation between the competing knowledges of different stakeholders. In such a context, local implementing partners – who mediate between international donors/program managers and local beneficiary communities – have a critical ‘knowledge brokering’ role to play. With appropriate support, they can facilitate integration of internationally established knowledge with local beliefs and practices in ways that support health-enhancing behaviour change.

This paper focuses on the local field officers of an HIV prevention program with Cambodian military couples. The paper asks: 1) what are the outcomes of knowledge encounters, as expressed in field officers’ interpretation of program goals, strategies and messages? 2) To what extent does the intervention context support their knowledge brokering efforts? Data collected includes semi-structured interviews, observations of program meetings and activities, and textual materials. The findings demonstrate that field officers privilege international knowledge, particularly in interactions with international manager-partners. However, in the field, they both hybridise program messages and struggle to resolve dilemmas provoked by conflicting international and local knowledges. Material and symbolic asymmetries within the intervention context are shown to undermine their knowledge brokering efforts, as field officers attempt to claim identities and futures as health development professionals. Implications for program practices and accountability systems are discussed.

Key words: HIV/AIDS, partnership, Cambodia, local knowledge, knowledge broker, behaviour change

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Introduction

Traditionally, health development interventions have been conceptualised as a linear process, reflecting a “bureaucratic mode of organisation that quintessentially favours clarity, order and predictability – heading straight for the target on the assumption of cause-effect linearity” (Eyben, 2005: 99). However, in an era in which partnership-working has become the *sine qua non* of international development (Fowler, 2000), health interventions depend on collaboration between multiple stakeholders; for example, international donors and non-governmental organisations (NGOs), local NGOs, beneficiary communities as well as national or local state agencies. Thus project outcomes are the result of interactions and negotiations between multiple stakeholders and their “competing representations, practices and views of the world” (Jovchelovitch, 2007: 128). In the case of HIV/AIDS interventions, these include not least internationally established knowledge about HIV/AIDS and its allied areas of applied management expertise (Pigg, 2001), and local knowledges (e.g. ‘traditional’ health beliefs and practices).

Such ‘knowledge encounters’ (Jovchelovitch, 2007) amongst stakeholders are not a linear exercise in translation and information transfer, but an agentic struggle over meaning for all involved: at each stage of the intervention process, partners are agentic in interpreting, appropriating and potentially transforming knowledge in accordance with their own experiences and interests, and the constraints of the context (Mosse, 2005). Program outcomes therefore arise from a developmental, *co*-constructive process of negotiation between competing knowledges.

In such a context, local partners sub-contracted to implement programs play a particularly pivotal role. These intermediary actors operate at the interface between the knowledge of international organisations and local beneficiary communities, between the ‘office’ (and its institutional structures and systems) and the everyday life of beneficiaries in the ‘field’. These actors are charged with translating policies and guidelines on paper into practices on the ground, and back into accountability reports. They are social actors who belong, however ‘partially’ (Latour, 1986), to both groups: they are at once agents of development *and* members of local communities.

Indeed, this positioning is a central part of the rationale behind delivering health interventions through partnerships. Where program messages are seen as ‘other’ and the property of experts outside the community, it may be difficult for beneficiaries to accept, retain and apply them in their everyday lives (Campbell, Nair, & Maimane, 2007). Hence Higginbotham, Briceno-Leon and Johnson (2001) point to the importance of a ‘culturally compelling’ health intervention design if the oft observed gap between awareness of risk and actual changes in behaviour is to be bridged. The skilled mediation by local implementing agents between competing knowledges is thus crucial to these goals. As ‘cultural mediators’ or ‘knowledge brokers’ (Mosse, 2005), they have the potential to facilitate integration of a health project designed by international organisations with local beliefs and traditions in ways that support changes in behaviour (Scott & Shanker, in press).

However, such knowledge brokering is no easy task. Where local knowledge still holds value for implementing partners, efforts to negotiate or integrate contradictory knowledges may

provoke tension and dilemmas. Equally, while it is important to acknowledge and engage with local knowledge and beliefs, these are not to be idealised at the expense of the technical expertise that international actors may bring (Jovchelovitch, 2007). Thus as international organisations themselves frequently argue, where local partners lack expertise or experience, international partners can play a valuable role in building the capacity of local partners to manage and implement health interventions (Sherry, Mookherji, & Ryan, 2009).

However, as the above discussion suggests, it is essential that this capacity building *supports* local implementing agents' capacity to flexibly draw on, and integrate, divergent knowledge systems, rather than seek to substitute one knowledge system for another. Yet international development has historically been dominated by institutional and cultural contexts that have supported the privileging of international over local knowledges (Escobar, 1995), even within approaches explicitly intended to incorporate local knowledge (Cooke & Kothari, 2001).

This paper focuses on one such group of local implementing partners: the Cambodian field officers of an internationally funded HIV prevention program with military families. Drawing on an ethnographic case study of the intervention, the paper examines field officers' knowledge brokering efforts as they mediate between the international organisation which designed and manage the project, and the beneficiary community. The analysis asks, first, what is the *outcome* of the knowledge encounter as expressed by field officers? Second, how does the institutional and cultural context of the intervention support or undermine their knowledge brokering efforts? The analysis focuses in particular on interactions with the international NGO and the nature of capacity building that takes place.

Theoretical framework

To examine the outcomes and dynamics of knowledge encounters, I draw on social representations theory as a theory of social knowledge (Jovchelovitch, 2007; Marková, 2003). The aim is thus to examine which representations (associated with which groups) are dominant, suppressed or synthesised in the outcome of knowledge encounters, and the social-psychological processes shaping these outcomes. A significant influence on the dynamics of knowledge encounters is the recognition granted to interlocutors and the knowledges they bring to the encounter. Building on Freire's (2003/1973) distinction between dialogue and anti-dialogue, Jovchelovitch (2007) makes an analytical distinction between 'dialogical' and 'non-dialogical' knowledge encounters: "The central feature of the dialogical encounter is the effort to take into account the perspective of the other and recognize it as legitimate." (p.144). The outcome, Jovchelovitch argues, is likely to be the co-existence, inclusion and eventual hybridisation of different types of knowledges. In contrast, non-dialogical encounters are characterised by a lack of mutual recognition and the denial of the knowledge of the other, and are more likely to lead to the substitution or imposition of one knowledge for another.

While I draw upon the substance of Jovchelovitch's distinction, in place of 'dialogical' and 'non-dialogical', I will use the terms 'monologising' and 'transformative'. I use these terms because, regardless of the asymmetries that may exist between self and other, all symbolic activity is achieved through the dialogical relations between self and other (Marková, 2003). I use the term 'monologising encounter' to reflect the movement towards subsuming one way of knowing with another. I use the term 'transformative' with the intention of referring to the potential for transformation on the part of *both* interlocutors. Thus it is transformative knowledge encounters with the INGO that are most likely to develop field officers' capacity for knowledge brokering.

As this distinction suggests, knowledge-holders' ability to influence the outcome of knowledge encounters is bound up with "the positioning of the knowers in the social fabric and their ability to have their knowledge recognised" (Jovchelovitch, 2007: 146). As such, representations of self and other play a central role in shaping knowledge encounters: transformative encounters are more likely to arise where representations of self (e.g. the field officer) and other (the INGO or the beneficiaries) position partners in ways that grant recognition to the knowledge *both* bring to an encounter. In addressing the second research question, the analysis will therefore consider representations of field-officer-self and INGO- and beneficiary-other. In addition to symbolic power, the distribution of material power (e.g. the ability to control resources) needs to be considered.

However, non-recognition of the other does not necessarily imply that the other *cannot* be recognised or understood (Jovchelovitch, 2007). In some cases, competing interests and institutional or cultural demands may encourage actors towards strategic action, even while aware of the reality and knowledge of the other (Habermas, 1984). Thus an individual may 'ventriloquate' the representations of others – that is, repeat them but with only a shallow internalisation (Valsiner, 2002).

The interests that the expression of a particular representation serves may be a material goal or activity, such as securing funding or the 'successful' implementation of the intervention. In addition, we need to consider the *symbolic* functions of knowledge, which are tied to its sociogenesis (Jovchelovitch, 2007). Representations emerge through the communicative interaction of social groups. Since the social world is structured by heterogeneity both within and between groups, different representations may be elaborated amongst different groups and in disparate contexts (Bauer & Gaskell, 1999). For example, different representations of gender. In turn, the distinct understanding of social phenomena by different groups comes to be constitutive of their social identity (Wagner & Hayes, 2005). Sharing a group's social representation is thus an expression of group belonging. Equally, rejecting it risks censure or even rejection by the group (Breakwell, 1993). Understanding the contextual constraints on field officers' knowledge brokering efforts also requires that we consider what interests – material or symbolic – it serves for field officers to privilege (or otherwise) the expression of representations associated with particular groups.

Returning to the research questions, then, first this paper asks which representations, associated with which groups, are privileged, ventriloquated, suppressed or hybridized in field officers' explanations of program goals and messages, particularly in interactions with the international NGO? Second, how do the distribution of material and symbolic power and field officers' strategic interests shape these outcomes?

HIV/AIDS in the Cambodian development context

Since the late 1980s, Cambodia has been working to repair the damage wrought by forty years of violent conflict to its societal environment, economic and political infrastructure. Much of this rebuilding has been undertaken with the assistance of international donors and NGOs, who occupy an influential position in Cambodian society. They have played a key role in its political and cultural transformation, and are an important, and desirable, source of employment. While a nascent civil society is emerging, local NGOs tend to be donor driven and reliant on international assistance (Landau, 2008). Coupled with a society characterised by deeply-engrained socio-political hierarchies, and a history of authoritarianism, these international-local NGO dynamics exert significant constraints on social relations between intervention partners (Shutt, 2006).

With regard to HIV/AIDS, civil society organisations have taken on the main share of implementing the response, over 90% of which is financed by external donors (NAA, 2008). Prevention efforts have focused mainly on ‘high risk’ groups (e.g. the military, sex-workers). Extra-marital sex amongst men has been linked to recent data indicating almost half of all new infections occur in married women (UNAIDS, 2009); thus women are increasingly a focus of HIV prevention efforts. The case study program is one of the first in Cambodia to focus on married *couples*.

The case study program

The Military Couples Program (MCP)¹ relies on collaboration between a multiplicity of interdependent, international and local actors (see figure 1). It is a peer education HIV prevention program for approximately 2000 Cambodian military couples. The MCP was designed and is managed by an international NGO (INGO). The INGO previously ran a peer education program for soldiers only, and is one of very few organisations to work directly with the military. The INGO subcontracts implementation of the MCP to two local NGOs (LNGOs), and provides the necessary financial and technical support – e.g. training, monitoring, program guidelines and resources. For the INGO, this support is not only to ensure the success of the MCP, but part of their “mission” to “strengthen the capacity of resource-constrained countries” (INGO promotional literature).

While the LNGOs report to the INGO, the INGO in turn is accountable to the Global Fund – the donor which funds the MCP. Reflecting international target-driven accountability trends (Eyben, 2006), Global Fund monitors fund use through ‘Performance Based Funding’, wherein further allocation of funds depends on using the allocated money to match the quantified inputs and outputs set out in the proposal.

< INSERT FIGURE 1 ABOUT HERE >

The MCP aims to reduce unsafe sexual behaviours amongst the military through: increasing knowledge of HIV/AIDS and selected health topics; promoting discussion of reproductive health within families; increasing condom use; and promoting access to health services. The program also places significant emphasis on challenging gender norms, reflecting an extensive literature linking Khmer gender norms to patterns of HIV transmission, and the INGO’s view that reproductive health knowledge may not be applied where this transgresses local norms and values. Thus the peer education curriculum also includes topics on gender-related issues such as the meaning of ‘gender’, domestic violence and ‘being faithful’. The main component of the program is monthly education sessions run by peer educators – soldiers’ wives – for wives alone; quarterly, husbands are also invited to attend. In addition, the program finances referrals to reproductive health services and holds quarterly entertainment events for a larger military audience.

The field officers employed by the LNGOs – the focus of this analysis – are Cambodian staff who work directly with the military families. All field officers are Cambodian nationals, and ages range from mid twenties to late thirties. Most have professional medical training, while others received reproductive health training through NGOs. Each month, field officers conduct ‘mentoring sessions’ for peer educators on a different topic, and attend subsequent peer education sessions. Field officers then report back to INGO managers, through monthly

¹ All names of individuals, programs and institutions (with the exception of Global Fund) have been changed to protect the anonymity of those involved in the research.

INGO-LNGO meetings and written reports. Thus as is highlighted in figure 1, field officers occupy a unique position at the interface between international NGO/donor groups in the 'office' and the beneficiary community in the 'field', translating policies and guidelines into practices and back into accountability reports.

Methodology

This paper uses a subset of data from a larger ethnographic case study involving documentary analysis, interviews with and observations of stakeholders at all levels of the MCP. The current analysis focuses on data generated from three sources: interviews with the Khmer field officers; observations of mentoring sessions, peer education sessions and monthly INGO-LNGO meetings; and selected textual materials (see table 1). All analyses were supported by the qualitative analysis software ATLAS/ti.

<INSERT TABLE 1 ABOUT HERE>

Data collection

Interviews

The selection of interviews for this analysis was based on two criteria: 1) interviewees were Cambodian nationals; 2) interviewees were engaged in both direct implementation with beneficiaries and office work. This sample includes eight of the ten Khmer MCP field officers. Three of the nine interviews were conducted in English, the remainder through an interpreter. Interviews asked about field officers' understanding of their role, the aims and strategies of the MCP, working relations with other stakeholders and their views on 'development' in Cambodia. All were recorded and transcribed, and the original Khmer from interpreted interviews translated by a professional translation company. Interviews with the three INGO staff directly involved in the MCP will also be drawn on for triangulation, as explained below.

Observations

The aims of monthly INGO-LNGO meetings were 'problem solving', reporting on the month's activities and budget use. Meetings are attended by the INGO manager and program coordinator, and the program manager and one program officer from each LNGO. Meetings were conducted in English, since the INGO manager speaks no Khmer.

The topics of observed mentoring and peer education sessions were dictated by the MCP schedule, and included: gender, domestic violence, AIDS discrimination and contraceptive methods.

Textual materials

Textual materials selected were those most directly relevant to the work of field officers. All documents were in English, as required by the INGO and donor. These documents – all written/produced by the INGO – were used to identify how the problem to be addressed, program goals, strategies and means of determining success were defined by the INGO.

Data analysis

The data were analysed using thematic analysis (Attride-Stirling, 2001). Global themes were derived from the research questions and the theoretical framework described above:

- Representations of the MCP: This was divided into goals and strategies.

- Representations of gender: This theme was included for two interrelated reasons: 1) the centrality of gender/cultural issues in the program messages to be delivered through peer education; 2) the importance of knowledge brokering concerning the representations of gender that underpin sexual behaviours (Campbell & MacPhail, 2002).
- Representations of field officer-self and INGO- and beneficiary-other: These themes were included in order to explore the relative positioning of self and other, and their associated knowledges.

From these initial codes, sub-themes were abstracted, and the relationships between themes explored through the construction of thematic networks. Sub-themes were not mutually exclusive, reflecting the nested and interrelated nature of social representations themselves.

The outcome of knowledge encounters as expressed by field officers is revealed in their representations of the program goals, strategies and gender-related messages. Identifying the relative influence of different groups on these outcomes relies on the rich potential for triangulation furnished by ethnography (Bauer & Gaskell, 2000). Field officers' expressions were compared with the INGO's view of program goals, strategies and messages (as expressed in program documents and INGO staff interviews) and, in relation to gender, local constructions of masculinity and femininity (widely documented in previous research, e.g. Derks, 2005). In addition, patterns of dominance in the privileging or suppression of representations across different *contexts* (e.g. when interacting with INGO managers or during field activities) were examined, and inconsistencies in field officers' accounts across contexts interpreted as reflecting dilemmas in negotiating conflicting knowledges. Finally, the analysis sought to relate these patterns in the expression of knowledge encounter outcomes to the field officers' interests, based on their representations of self, others (the symbolic context) and the nature and distribution of material power.

Findings

The first sections presents field officers' (FOs') understanding of program goals, strategies and gender-related messages – which on the surface appear to be consonant with INGO views. However, the second section highlights more subtle contradictions and hybridisations. The subsequent section then focuses on how these are dealt with in interactions with the INGO. In the discussion, these findings are interpreted with respect to the institutional and cultural context of the MCP in which knowledge encounters are negotiated.

Field officers' understanding of the aims and strategies of the MCP

FOs describe the overall goal of the MCP in terms of improving military families' reproductive health and enhancing the quality of intra-family relationships. For example:

Interviewer: So as a field officer for the MCP, what are you trying to achieve?

Theara²: My goal is that the people, the men and women know, they can understand about the primary health care, can prevent HIV/AIDS and can use a condom when they have other partner I hope one day the family that have domestic violence can be stopped. ... And also I always explain to them about the aim of the MCP. 'We want all of you [to be] happy in your family, yeah'.

Ultimately, the main health goal is to reduce HIV transmission. However, reflecting the curriculum, FOs describe a broad understanding of reproductive health, to include not only

² Unless otherwise stated, named individuals are Khmer field officers

condom use, STIs or contraception, but also issues such as the reduction of domestic violence.

Strategies

These goals require changes in behaviours. The main behaviour change strategy FOs describe is to transfer knowledge (e.g. biomedical knowledge) from the NGOs to beneficiaries, via peer educators. Once military families have this knowledge, FOs explain, they will adopt more health enhancing behaviours:

“Before they did not understand about the advantages of condom use. ... Then we taught them how to use condoms and things like that, and they started to use condoms.” (Da).

However, as Arun explained, achieving program goals requires “not only behaviour change on reproductive health, but also the culture norms as well have to be changed”. Thus across many topics, from domestic violence to menstruation and condom use, FOs work hard to explain to beneficiaries the links between Cambodian ‘culture’/ ‘tradition’ and poor reproductive health, offering as an alternative new knowledge about ‘gender equality’.

Gender-related messages

Central to the ‘problem’ with ‘tradition’, as FOs describe it, are the gender norms it supports. As Ratha explained:

Ratha: In Khmer culture, the woman has less power than the man. This is the Khmer culture. [*chuckles*]. So, need to change.

Interviewer: Why?

Ratha: Because ur some, the soldiers, they don’t let their wives access the health centre, to check their health. We want urm the military family to, especially the man, to know about women’s rights. Because when there is domestic violence, we cannot smile, this is important. When we understand gender we can make opportunities for the family to be happy and smiling.

For FOs, ‘understanding gender’ means recognising equal rights for men and women: “women also can do what men do and men also can do what women do” (Pha), and husbands and wives should have equal power within the family. Thus FOs try to persuade beneficiaries to reject ‘traditional’ cultural prescriptions by transferring knowledge about gender equality. For example, according to the *Chpab Srey* (traditional code of conduct for women), women should accept what their husbands say, without questioning or challenging his authority. Champey tries to persuade military wives to reject this by explaining that they have ‘rights’:

I just tried very hard to go to the community to tell them so that they should not be under men all time. They have to stand up and claim their rights, especially they should know how to negotiate with their husbands. Now they realise that, ‘Oh! We can negotiate with our husbands. We do not give in all of the time.’

Representations of the military

This information-transfer model of behaviour change is tied to a particular representation of military families. Although (as will be discussed) FOs’ view of the military is more complex and contradictory than this dominant representation suggests, it is nonetheless central to their interpretation of program strategies.

First, FOs describe military families as ‘traditional’ in various ways; for example, wearing talismans in battle, visiting *kru Khmer* (traditional healers), or adhering to the traditional codes of conduct (*chbap*). Thus wives are said to obey their husbands, suffer in silence, and be afraid to talk openly about sex, while soldiers are characterised as patriarchal and frequently unfaithful, in accordance with ‘traditional’ masculine norms. Second, FOs represent military families as “low knowledge” people. Within FOs’ descriptions, ‘low knowledge’ is causally linked to a number of characteristics: poverty, lack of education and lack of access to health information from health centres, mass media campaigns or NGO interventions. Thus ‘knowledge’ refers to knowledge gained through formal education and NGO education campaigns, and – implicitly – *not* to ‘traditional’ knowledge.

The dominance of INGO knowledge

Field officers’ explanations of the nature of the problem (military families’ lack of knowledge and Khmer gender norms) and the strategy for addressing it (transferring biomedical information and knowledge about gender equality) closely echo written and oral accounts of the program produced by the INGO. For example, one INGO program manager explained:

The main objective of this program is really to increase the level of knowledge of the military families about issues of reproductive health, STI and HIV/AIDS. Of course integrated into that are issues of how to address other concerns like gender, violence issues within the military.

Similarly, the INGO’s program proposal emphasises poverty, isolation from services, “knowledge gaps” on reproductive health knowledge and “Cambodian behavioural norms” in explaining soldiers and wives’ heightened vulnerability to HIV/AIDS.

However, further analysis reveals that there are also contradictions within FOs’ representations, and suggests that the privileging of INGO knowledge about Khmer culture and ‘high risk’ groups described above are acts of ventriloquation.

Hybridisations and contradictions within knowledge brokering efforts

Despite FOs’ insistence that they aim to transfer “correct” knowledge according to the INGO’s curriculum, interviews and observations in the field also reveal some creative hybridisations with local knowledge. For example, the strategies FOs give wives for negotiating with their husbands to avoid unwanted sex, to use condoms or to avoid domestic violence indicate a hybridization of international rights-based health messages and traditional codes of conduct for Khmer women. For example, rather than urging wives to refuse sex outright based on their own desires, FOs advised wives they can refuse sex if they are in poor health or by sexually satisfying their husband in some other way:

When their husbands asked them to have sexual intercourse, they [wives] have to know how to negotiate or help them to achieve their sexual desire, by giving their husband a hand job. When their husband ejaculates, everything is successful I told them, ‘You should negotiate with your husbands. You should tell them how good or bad your health condition is.’ (Champey)

FOs also urge women only to “use sweet words” with their husbands, not to try and talk to him when he arrives home, but first to attend to his needs, prepare him food or a bath – advice that echoes the *chbap srey*.

Similarly, many Khmer staff and participants I spoke to thought trying to stop a husband being unfaithful was like trying to “stop a river from flowing.” In response, an alternative, Khmer interpretation of ‘being faithful’ was mentioned during peer education sessions.

It’s very very hard to explain to being faithful. If we talk about the lesson, the curriculum says ‘love only one’. But practical, I go outside³, I have [another] partner, but I use condom, when I come back I tell I have another partner but I use condom - this means being faithful also. (Ratha)

In such ways, FOs attempt to synthesise program messages about gender equality with what is more widely considered acceptable – or possible – behaviour for Khmer couples. However, often the contradictions between program messages and local knowledge provoked dilemmas and tension for FOs.

Dilemmas and contradictions

Despite their ventriloquation of gender equality messages and the problem with damaging ‘traditions’, on many occasions, it became apparent that FOs themselves struggle with the implications of such program messages. For example, although Pha had previously told me “we don’t believe in tradition”, she would still want to teach her daughter some of the *chpab srey*. Moreover, she hoped her first child would be a girl, “so that she can help me with the house work and the next children” – contradicting her previous assertion that housework is not only for women. Other female FOs also related stories illustrating their own difficulty ‘negotiating’ with their husbands, or contradicting those in their community who exhort women to follow the *chbap srey*. There were similar tensions for male staff members in rejecting the view that it is acceptable for Khmer men to have other partners. According to his staff, one married, male LNGO staff member “has many girls!” – despite his vociferous advocacy of ‘being faithful’ messages. Thus, despite assertions that FOs “don’t believe in tradition”, it is clear that ‘tradition’ and ‘Khmer culture’ still hold some value for FOs.

In addition, despite representing military families as ‘low knowledge’ people, all FOs also admit at other times that in fact on many topics “they know some already”. For example, program messages about condom use, being faithful and domestic violence were “not new, heard before” (Socheat). These contradictions undermine confidence in the information-transfer behaviour change model: on the one hand, FOs acknowledge that tradition is not *only* ‘damaging’; on the other, military families do not completely lack all relevant knowledge. Thus, although at times FOs imply knowledge transfer can lead to relatively quick changes in behaviour, at other times they express frustration and powerlessness with their efforts to change behaviours. For Theara: “It’s very very hard ... sometimes we feel really depressed.”

Given the INGO’s mission of ‘strengthening local capacity’, how does the INGO respond to these dilemmas and contradictions for intermediary implementing partners? In the INGO-LNGO partnership, is there space for recognition and discussion of the dilemmas intermediaries experience? Do INGO-LNGO interactions support and develop the knowledge brokering efforts described above? It is to these questions I now turn, in examining the interactions between the LNGOs and INGO.

³ To ‘go outside’ (*dow krow*) is a euphemism for having sex with someone other than one’s wife/partner – most commonly a sex worker, entertainment worker or ‘sweetheart’ (*songsaar*).

Dialogue with the INGO: Reporting and capacity building

Triangulation of interviews, observations of field activities and monthly INGO-LNGO meetings suggests there is little feed-back concerning program adaptations or the dilemmas FOs experience. Rather, FOs emphasise the achievement of targets and successful transfer of program messages. For example, in field activities there had been lengthy, sometimes confused, discussions about what gender means and how to apply it. However, in the subsequent INGO-LNGO meeting, these difficulties were barely elaborated. The following is an excerpt from the meeting:

FO: In the isolated area, they don't understand the word gender. [Others present show agreement] When we write the word gender they always ask 'what does gender mean?'. After our explanation they can understand clearly.

INGO Manager: What reflections can you share, for example, what did the participants express after the couple session?

FO: For example, we have example, a lawyer or doctor, when we write doctor or lawyer they discuss only the men can be doctor or lawyer, the woman cannot. But now they see the women can.

Emphasising that now participants are "clear" about 'gender', FOs simply re-iterate what is written in the curriculum – the 'example' he gives is a description of the sorting activity used in the lesson.

Interviews with INGO staff reveal that they are aware of the difficulties Khmer staff may have "internalising" notions such as gender equality. Moreover, they felt it was part of their role to help Khmer staff address these difficulties. However, notwithstanding an initial course on 'training of trainers', and occasional INGO visits to the field, the majority of 'capacity building' is oriented towards management capacity. While mistakes and errors in reporting command immediate attention and feedback from managers, feedback from monitoring visits is often limited, based on a short 'check list', and in one or two cases observed not given at all. Far more time is spent clarifying reporting procedures and strategies to meet high, quantitative targets than is spent discussing strategies to achieve behaviour change. For example, in one meeting, forty minutes was spent explaining how to count the 'number of people trained'. In contrast, in the previous meeting when a field officer raised the problem of peer educators' "low capacity", only a few minutes was spent discussing the issue, and no solutions or suggestions were proffered. The manager concluded the brief discussion by saying, "Well, that is a challenge for you then", and moved on to the next item on the agenda.

Observations of INGO-LNGO interactions reveal little evidence of transformative dialogue that would support FOs' capacity to mediate between conflicting knowledges. In part this reflects the focus on management skills and meeting targets. Yet equally, FOs themselves are reluctant to raise concerns even when given the opportunity to do so; rather, they ventriloquate INGO knowledge and do not share with managers the pragmatic accommodations to program messages evidenced in other contexts. In the following section, the analysis turns to the question of *why* this is the case.

Discussion: Contextual constraints on transformative knowledge encounters

In this final section, I consider how the symbolic and material intervention context shapes the outcomes of knowledge encounters and the nature of interactions with the INGO.

Asymmetries in material power

The transfer of material resources from the donor, to the INGO and in turn the LNNGO inevitably creates material dependencies. As one FO put it, “if we don’t do a good job, they will not assign any more work for us”. LNNGO staff are therefore motivated to demonstrate they have the ‘correct’ understanding of the nature of the problem and its proposed solution from the INGO point of view.

However, equally important is the need to satisfy Global Fund demands for accountability. ‘Doing a good-job’ therefore also means providing accurate reports on the use of funds and program outputs – hence the bias towards building management skills. Any impetus to focus on FOs’ perceived limitations of their behaviour change strategy is further undermined by the nature of targets – quantitative targets which almost exclusively describe participation and delivery of activities rather than their impact on behaviours. Given the considerable demands on all staff’s time – administrative demands, the distances they travel, the magnitude of targets, the long hours they work and the packed agenda for every monthly meeting – it may be difficult to prioritise addressing the difficulty of changing behaviours where these are not included in Global Fund’s accountability demands.

Asymmetries in symbolic power: representations of self and other

Together with these material asymmetries, socio-cultural hierarchies within the local Cambodian context perpetuate hierarchical representations of field-officer-self and INGO-other. Cambodian partners “often do not accept that they have anything of value to offer in the learning relationship” (O’Leary & Meas, 2001: 107); in the context of sustained reliance on international development assistance, what *is* perceived as valuable is the knowledge brought by international NGOs and donors. FOs’ represent the INGO, and international organisations more generally, as bringing “high level” knowledge and the resources needed to develop Cambodia. Talking about his INGO expatriate manager in particular, this field officer explains:

Jessica is the high person, yes, I respect. ... if I misunderstand or I do it wrong, then Jessica checks, she tells me. Ok! I say, “this is my mistake”. But then Jessica tells me the knowledge, I can on-job-training.

This hierarchical representation of self and other underlies FOs’ unwillingness to challenge the view of the INGO as to the situation of military families or what is the best response. Hence ventriloquations of the ‘problem’ with ‘Khmer culture’ and the introduction of Western notions of gender equality as the solution. I do not wish to challenge whether or not these are accurate or useful depictions of the military or the relationship between culture and reproductive health, but rather to highlight that in order to stay enrolled in the MCP, LNNGOs feel they must demonstrate competence in the language of the more powerful other who controls their contract and employment.

Securing field officers’ interests in the context of asymmetrical relations.

Most FOs are seeking a career in the NGO sector, preferably with an international NGO where better salaries and working conditions can be expected. The dominant representations FOs privilege are not unique to the MCP, but echo representations that circulate within the wider Cambodian development context. Similar representations of ‘high risk’ groups and of the links between gender inequality, Khmer culture and HIV risk form part of a national narrative about HIV/AIDS (Bühler, Wilkinson, Roberts, & Catalla, 2006; NAA, 2005). Thus for local NGO staff, ventriloquating the knowledge of more powerful (international) groups

offers a strategy for dealing with more powerful others which, while nonetheless provoking tension, supports their efforts to claim professional identities and future projects within the wider NGO sector.

Yet this creates a paradox for those positioned as FOs are – simultaneously ‘backwards’ as part of the to-be-developed country, yet also seeking membership of the symbolic group whose role it is to ‘develop’ others. A second interest served by ventriloquating dominant representations of military families is thus to implicitly position FOs as more ‘modern’, and so differentiate FOs from the *subjects* of the intervention and legitimise their authority within a hierarchical local context. Thus it is the asymmetrical relations with both those *above* and those *below* them in the aid chain that undermines the full potential of their knowledge brokering efforts.

Conclusion

Knowledge associated with international organisations funding and managing the MCP is the dominant influence shaping FOs’ understanding of the aims, strategies and messages of the MCP. In a context permeated by asymmetrical relations, ventriloquation reflects not only the greater material and symbolic power of these groups, but FOs’ strategies for securing their own interests. However, the analysis also demonstrated FOs’ recognition of the value of the knowledge shared with beneficiary-other, and their commitment to improving military families’ lives through hybridising messages in ways that facilitate their application in everyday life. These pragmatic accommodations thus highlight the skill in integrating conflicting knowledges that FOs are capable of.

However, that neither FOs’ difficulties nor pragmatic adaptations are shared with international partners is problematic. This is not least because it threatens to undermine the very rationale behind delivering interventions through local-international partnerships. While management skills are undoubtedly important, this research suggests that insufficient attention is paid to developing FOs’ capacity for overcoming the difficulties and dilemmas encountered in the field when trying to change behaviours. Moreover, the monologising nature of INGO-LNGO interactions suggests that FOs knowledge brokering efforts may be undermined, rather than nurtured and developed. Second, FOs’ reluctance to feed-back to managers curtails opportunities for organisational learning on the part of the INGO and for adaptation of program design in response to the contingencies of the local context. Equally, it limits the reciprocal input from the INGO whose experience and expertise – as Freire (2003/1973) himself emphasised – should not be discounted: both partners need to be *co*-agents. The result is to limit the potential for co-construction of the program in ways that could lead to program success and the desired changes in health behaviours.

As others have argued, local socio-cultural dynamics and the history of international involvement in Cambodia represent a significant obstacle to transformative encounters (O’Leary & Meas, 2001; Shutt, 2006). These will take time and committed effort from international actors to change. However, what this research highlights, is that the institutional context – which international actors arguably have the ability to change, more quickly – is no less significant. More time and effort needs to be devoted to creating ‘safe’ spaces in which local partners feel confident to raise dilemmas and concerns. There could be more explicit recognition from international partners that local partners’ ‘proper’ role should include input into more effective ways of communicating program messages, e.g. by consulting local staff during curriculum development. However, it is important to remember that local implementing partners are not the only intermediaries, nor the only actors keen to secure

professional identities or future projects: the INGO too is subject to the pressures and demands from donors *above them*. Thus in addition, targets should be altered to include not only *delivery of inputs*, but also to capture quality issues in the field in order to legitimise – indeed necessitate – time and resources being devoted to the development of skills for knowledge brokering and changing behaviours. Such changes would contribute to developing an institutional context in which the committed concern and recognition of the other demonstrated by *all* partners can come to fruition.

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Data collection method	Source of Data	Details
Semi-structured interviews with field officers	6 (of 8) LNGO program officers	5 (of 7) females, 1 (of 1) male, Cambodian nationals
	2 (of 2) LNGO MCP managers	2 female Cambodian nationals
Observation	4 INGO – LNGO monthly meetings	Attendees: LNGO program managers, 1 program officer from each LNGO, INGO program coordinator, INGO provincial manager (expatriate)
	5 Mentoring sessions	5 different field sites
	19 Peer education sessions	5 different field sites
Textual materials	Peer education curriculum	Produced by INGO for use by LNGO and peer educators
	MCP monitoring and evaluation tools	Produced by INGO, in some cases derived from Global Fund formats; for use by INGO and LNGO staff
	MCP indicator matrix	Produced by INGO in collaboration with Global Fund
	MCP overview	Produced by INGO

Table I. Summary of data used in the analysis

Figure 1: Overview of the Military Couples Program.



