

"Discuss how the findings about the role of NGOs in HIV/AIDS alleviating in Uganda contribute to the more general literature on Social Capital."

Roberts Kabeba Muriisa

Lecture presented for the partial fulfilment for the award of degree of dr. Polit, University of Bergen 24th May, 2007, Ulrike Pihls Hus, Professor Keyersgate 1

1.0 Introduction

Social capital is one of the most widely used concepts in the social sciences and one that has also dominated the development and academic discourse. In the academia, the number of articles citing social capital prior to 1981 was 20, but by March 1999, the number was 1,003 (Field 2003). Most of the discussions in the literature focus on three major key issues: conceptualisation, generation and application. This paper argues that the studies concerning social capital in general have three limitations. First, the framework for social capital and its application to developing countries is not well developed. Second, social phenomena are contextual so is social capital, yet the literature is plagued with generalisations, aggregation and universalism. Conclusions drawn from such studies however, may not be universally applied. Third, there is limited empirical research concerning social capital building and practice. For example, the linkage between social capital generation and civil society organisations¹, particularly Nongovernmental Organisations (NGOs) is contentious. The paper will highlight how the findings about the roles of Nongovernmental Organisations (NGOs) in alleviating HIV/AIDS in Uganda contribute to the literature on social capital in the identified missing aspects in the social capital literature. Without going into definitional discussions, I define NGOs as referring to all those organisations which are engaged in fighting HIV/AIDS and are neither set-up by government, although they may be funded by it, nor motivated by profit making.

The rest of the paper proceeds as follows; Section 2 conceptualises social capital and its generation. The rest of the sections discuss the implications of the findings of the study for the social capital theory and practices and their contributions to the existing social capital knowledge. Section 3 contextualises HIV/AIDS problem making comparisons between Uganda and the rest of the world, and presents the methodology which I used to carry out the study. It discusses the linkages between social capital, civil society, NGOs and HIV/AIDS. Section 4 discusses different models of social capital social capital generation, their strengths and limitations. Section 5 discusses aggregation and generalisation as significant limitations in the social capital literature, section 6 draws our attention to the limited empirical social capital research relevant for developing countries. Section 7 makes the conclusions from the discussions in the paper.

¹ Civil society includes a vast and diverse set of organisations, associations, networks, movements and groups. They are of varying strengths, governance structure, and operational scale.

2.0 What is Social Capital?

The conceptualisation and application of social capital have remained the centre of attraction and dominates much of scholarly work in many disciplines – sociology, political science, economics, public health and recently development studies. In the social sciences, its multidimensionality and the multidisciplinary nature, has made it difficult to come up with a universally agreed upon definition and measurements. The reason for this is because of its interpretations and applications in different environments and disciplines. In the social sciences, the concept has gone through many transformations. Although social capital as a concept had earlier been reflected on by people, such as L.J Hanifan 1916, and authors, such as Jane Jacobs 1965 and Loury 1977 (Putnam 2000: 19), the discussions about social capital were introduced by Bourdieu (Bourdieu 1983), Coleman (1988), but it was made “alive” by Robert Putnam’s publication of *Making Democracy Work: Civic Traditions in Modern Italy* (Putnam 1993), and *Bowling Alone: The Collapse and Revival of American Community* (Putnam 2000). These two publications opened up the discussions on the generation of social capital especially with regard to the role of the state and policy implications. Other scholars, such as Portes and Landolt (1996) introduced the idea that social capital has a down side or the negative side.

Bourdieu (1983) conceptualises social capital as the resources possessed by an individual due to the connections he/she has- “the sum of resources, actual or virtual, that accrue to an individual or group by virtual of possessing a durable network of more or less institutionalised relationships of mutual acquaintance and recognition” (cited in J field 2003: 15). Coleman defined social capital in terms of both structure and actions of individuals in relation to their social structures. “It is not a single entity, but a variety of different entities with two elements in common: they all consist of some elements of social structure, and they facilitate certain actions of actors within the structure (Coleman 1988: 98). According to Bebbington and Perreault (1999) this definition, leaves us with uncertainty as to what exactly is social capital; it can be networks, it can be norms or the relationship between them. For Putnam, (1993: 167) social capital is defined as, “features of social organisation, such as trust, norms, and networks, that can improve the efficiency of society by facilitating coordinated actions”. This definition generates controversy over what the distinction between social capital and its outcomes (see Woolcock 1998). Later in Putnam 2000, there is a shift in conceptualisation and he defines social capital as “connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them”(Putnam 2000: 19).

The wider discussion that has surrounded social capital concept has made some authors, such as Hooghe and Stolle (2003), to conclude that there might be no need for one to define the concept when he/she begins a discussion around it. Therefore, for the purpose of this paper, I am not entering the definitional discussion as to what social capital is and what it is not. Moreover, there are other concepts in social sciences whose conceptualisation is still not universally agreed upon- “power” being one of them. What is important however is that social capital is a resource and an asset that can be mobilised through social networks at the level of individual, groups, communities and nations, and this resource is important for individual, community, groups and countries wellbeing. It is for this reason that I take the structural dimensions of social capital as identified with networks. Social capital therefore, is here defined as networks and associated norms of reciprocity and trustworthiness² which benefit individuals and communities affected by HIV/AIDS. In this context, social capital is taken to include; a) micro level relationships of family and kin, indicated by regular face to face-to face interactions, mutual sharing of goods and services, collective responsibility towards taking care of the sick, orphans and working together on the farm, b) meso level relationships between communities and local government officials and, c) the macro level relationships between NGOs and central government, government and international community and NGOs relationship with international community. These relationships are associated with certain benefits, psychosocial support, information flow, financial resources, just to mention. These are considered as outcomes of social capital and not social capital itself.

Woolcock (1998) makes a distinction between three types of social capital – bonding, bridging and linking social capital, and each type is associate with particular benefits. Bonding networks are those relations in which interacting individuals are of close relation and have prior knowledge of each other, for example, relations between family and close relatives, and are responsible for social and psychological support. Bridging networks involve people of distant relations who have no prior knowledge of each other. Bridging networks may be associated with access to new information (see also, Granovetter, 1973, 1983, on this issue). Linking networks on the other hand constitute linkages to people or institutions with better

² Interpersonal trust is mostly emphasised in the study. This measures the extent to which people trust their fellows they interact with on regular basis. It increases though face-to-face contact. It is important for this study because it is one that facilitates information exchange and a basis on which open discussions about HIV/AIDS can be achieved is an environment where stigma and social exclusion are high. Therefore, increasing the level of trust becomes critical if HIV/AIDS has to be addressed.

resources, such as people who are in government, and are important for accessing financial and power resources. These types of networks have become a basis of discussions in social capital studies especially in economics, development studies and public health. Szreter and Woolcock's (2004), study which appeared in the *International Journal of Epidemiology*, is remarkable for social capital-public health studies. This study systematises social capital into public health research by explaining how different types of social networks affect people's health and by identifying a number of scholars who have used social capital, and how the usage of the concept in this area has grown over time. It is here that social capital becomes critical for the study concerning HIV/AIDS, a disease that cuts across the medical and public health as well as the social environment.

3.0 HIV/AIDS and the Growing Interest of Civil Society Organisations in HIV/AIDS

Acquired Immunodeficiency Syndrome (AIDS) is one of the human catastrophes facing the world today. The disease³ is caused by a virus Human Immunodeficiency Virus (HIV). By the 1990s, HIV/AIDS had been registered as the first global epidemic since the influenza epidemic of 1918 - 1919 (Barnett and Whiteside 2002: 27).

By the end of 2005, 63% of all the infected persons were living in Sub-Saharan Africa, and higher figures of HIV prevalence are recorded in South African countries. Elsewhere in the world, figures are increasing in former Soviet Union countries, Russia in particular is highlighted. India and China are other cases where HIV infection rates are increasing (UNAIDS 2006). HIV/AIDS has caused devastating impacts which cut across social, economic and political sectors.

By the end of 2005, over 30 million people were living with HIV/AIDS, over 6 million people became newly infected while closer to 3-4 million people lost their lives in the same year (UNAIDS 2006: 6). In Uganda, by the end of 2005, prevalence rate had stabilised at around 6.7% of adult population with an estimated figure of about 1 million people living with HIV/AIDS (UNAIDS 2006a: 17). Mortality figures available about Uganda show that almost close to one million had died and others were living with HIV/AIDS by the end of 2001

³ In the practical sense AIDS is not a disease, rather it is a condition, a state of being, in which people who become infected with HIV have lost body immunity and are susceptible to multiple infections of both infectious and non infectious diseases; diarrhoea, malaria and tuberculosis being the most prominent.

(UNAIDS 2002b)⁴. The number of AIDS orphans is equally high with over one million orphans registered in Uganda. Apart from mortality impacts of HIV/AIDS, there are social and economic impacts; poverty, declining income levels, social exclusion and stigma and a threat to national security. This multisectoral effect has attracted many actors, both local and international, both private and public, into fighting HIV/AIDS and its impacts. Of particular interest for this paper is the role of NGOs. Over one thousand NGOs in Uganda are involved in HIV/AIDS related activities. The involvement of NGOs in fighting HIV/AIDS is well recognised by both the government and international donor community. Uganda is registered as one of the countries where fighting HIV/AIDS has been successful, and this success is attributed to the involvement of many actors including the nongovernmental sector particularly the civil society organisations such as The Aids Support Organisation (TASO). In the next section a review of civil society and social capital generation is discussed and contextualised to HIV/AIDS.

3.1 A Review of Civil Society, Social Capital Generation and HIV/AIDS

Gordon White, conceptualises civil society as “an intermediate associational realm between the family and the state populated by organisations which are separate from the state, enjoy autonomy in relation to the state and are formed voluntarily by members of society to protect or extend their interests or values” (White 1994: 379). The role of civil society organisations became dominant in the development discourse in the 1990s (Bebbington and Perreault 1999). They are recognised as government partners in the provision of key services, such as education and health, civil society organisations particularly NGOs hold the governments to account when they demand improvements in the provision of key services from government and when they strengthen the capacity of citizens (Lister and Nyamugasira 2003).

In the scholarly work, social capital has become linked to civil society organisations. This linkage between social capital and civil society organisations received particular attention after Putnam’s (1993) seminal book. Putnam makes an analysis which links civil society organisations to social capital, and government’s better performance in Italian north compared to south. He argues that civil society organisations are areas through which cooperative behaviour can be attained, where norms of reciprocity and trustworthiness can be natured, and

⁴ There is limited data available for the trend of HIV/AIDS in Uganda. The ministry of health which is responsible for the update for example still displays the AIDS surveillance report of 2003 (see <http://www.health.go.ug/hiv.htm>) !

these virtues influence government performance. Since Putnam (1993), many scholarly works have been done on the linkage between civil society, social capital and government performance. Acknowledging the scholarly debate, I emphasise here that the two (government and civil society) reinforce each other (see, Evans 1997, on synergy).

The increasing dominance of civil society organisations in influencing development became visible first at the Rio earth summit in 1992 when 2400 NGOs attended, then in 1994 at the world population conference when NGOs took the lead in setting the agenda for discussions, and in 1995 when the NGOs overwhelmed the fourth global conference on women in Beijing. Here more than 2100 NGOs dominated the conference (Chandhoke 2002: 38). Since that time, NGOs have grown from strength to strength and have thus gained prominence and are invited to contribute to policy making process in different development aspects including HIV/AIDS. The world Bank for example recommended that for countries to access funding from the global fund to fight HIV/AIDS, malaria and Tuberculosis, they should form Country Coordinated Mechanisms (CCM) in which NGOs play part (Mohga 2002). Apart from the general roles of NGOs which have made them interested in alleviating HIV/AIDS, their growing interest in fighting HIV/AIDS especially in developing countries, grew out of several factors: inadequate provision of health and related services by the government, lack of social support for people with HIV/AIDS from the community and family members.

3.2 The Role of NGOs in Alleviating HIV/AIDS in Uganda

The interest of civil society organisations in fighting HIV/AIDS follows their long involvement in development and their recognition by both governments and international donor community. They have thus played an important role in fighting HIV/AIDS at the individual, family, community and even national level through influencing policy. The 2004 UNAIDS report in support of the role of civil society organisations points out that

“civil society organisations often have innovative approaches to the epidemic, and can channel funds to communities, augment state service delivery, and monitor national government policies...at the community level, governments’ administrative procedures must be flexible enough to include NGOs”(UNAIDS 2004a: 157-58).

The study *“The AIDS Pandemic in Uganda: The role of NGOs in alleviating HIV/AIDS challenges”*, is concerned with the roles played by the nongovernmental organisations

(NGOs) which specifically originated from the Ugandan environment with the sole purpose of fighting HIV/AIDS. The idea pursued in the study is that the way individuals and groups get connected, interact, and with who interaction takes place, are important for alleviating HIV/AIDS. The study advocates that central to the way individuals, groups and communities interact is the role of HIV/AIDS NGOs⁵ in facilitating interaction. The study pursues further how the different social relations formed are important especially for people affected by HIV/AIDS and more so the HIV infected. The study was done on two NGOs, The AIDS Support Organisation (TASO) and the Post-Test Club/Philly Lutaaya Initiative (PTC/PLI). Both NGOs are engaged fighting HIV/AIDS by building social relations among different individuals, groups and communities, although they have different orientations. TASO is oriented towards recruiting the infected, while PTC/PLI recruits all those who have tested for HIV irrespective of whether they are infected or not.

The study employs a variety of methods including interviews, focus group discussions, observations and existing data sources, such as government and organisational documents. To make my study clear I first explored the ways in which social capital contribute to development in different aspects (economics, politics, and public health). I also paid particular attention to the processes through which social capital is built with particular emphasis on the relationship between nongovernmental organisations, the government, and other civil society actors. The study finds that the work of NGOs has contributed greatly to the success which Uganda registers in fighting HIV/AIDS compared to other countries such as South Africa, which is also well endowed with NGOs⁶.

The study finds that the role of NGOs involve strengthening social relations at different levels, individual, community, and building appropriate mechanisms for fighting HIV/AIDS in Ugandan setting. The study finds that it is these appropriate mechanisms that account for much of the success which Uganda registered in fighting HIV/AIDS. These mechanisms put into consideration factors, such as gender, poverty, and societal cultures, which facilitate the spread and wider impacts of HIV/AIDS. The study finds that through regular contacts, social stigma and discrimination especially of the infected has been addressed, through family support services by the NGOs, knowledge about HIV/AIDS is disseminated to people in the

⁵ HIV/AIDS NGOs are NGOs which are engaged in fighting HIV/AIDS.

⁶ See for example, <http://www.tac.org.za/>

community. Such knowledge is disseminated at low cost through social networks, consequently HIV spread is minimised. It was further found that the problem of poverty is slowly being addressed through orphan support programs such as apprenticeship and student placement in skills training institutions. The study argues that the particular studied NGOs are therefore, successful in fighting HIV/AIDS, but their success largely depends on social capital which these NGOs generate and the process of generating it.

As mentioned above, the cause of AIDS is HIV. However, its spread especially in Sub-Saharan Africa has its explanations in the social political and economic environments of different communities, and countries. The role of gender, the political situation in these countries, poverty and income levels of the people, are some of the explanatory variables for the widespread of HIV and the devastating impacts of the disease (Barnett and Whiteside 2002)⁷. These conditions have made these countries to pursue more or less similar approaches, with particular emphasis on prevention. The study found that despite the more or less similar conditions for the spread of HIV/AIDS existing in Sub-Saharan African countries and the general preventive approaches to fight HIV/AIDS, HIV prevalence has declined in some countries and continued to increase in others.

In Uganda, compared to South Africa, the spread of HIV has been effectively controlled. The Uganda's HIV prevalence which stood at more than 20% of adult population in 1991 had reduced to about 5% in 2001 (MoH 2003). In comparison, South Africa's HIV/AIDS prevalence which was about 0.7% in the 1990s had risen to about 25% in 2001.

The finding is that despite a well developed medical system with a doctor-patient ratio of 56 to 100,000 in South Africa (Parkhurst and Lush 2004: 1918), compared to less than 5 to 100,000 in Uganda (Ainsworth and Teokul 2000: 56), and despite the high South African per capita GDP of about US\$ 2,941 in 2000, compared to Uganda's per capita GDP of about US\$ 249 in 2001 (Parkhurst and Lush 2004), Uganda, was more successful in controlling HIV/AIDS. It was argued that the success of Uganda depended on synergy between the state and organised civil society compared to South Africa where such synergy did not exist. It was therefore concluded that despite the existence of robust and dynamic civil society groups,

⁷ Toney Barnett and Allan Whiteside's work is quite significant because it examines the social, economic and political reasons for the spread of HIV/AIDS in Sub-Saharan Africa. It draws my attention to the policy responses from a wide range of countries including those outside Africa such as Singapore.

such as Treatment Action Campaign (TAC) in South Africa, alleviating HIV/AIDS could not take place. Similar conclusions were made by Narayan (1999), who found that despite the existence of more than 3000 farmers groups in Rwanda, a genocide that took place in 1994 could not be prevented. Narayan however, was concerned with the type of social capital that may be responsible for economic development. She however, did not discuss the relationship between these organised groups and the role played by the state in fuelling hatred and rebellion between different communities⁸.

The study concludes therefore, that the facilitating role of government in building social capital in Uganda explains the success which Uganda has registered in fighting HIV/AIDS compared to other countries. In the next discussion, I will present how these findings contribute to the existing knowledge on social capital.

4.0 The Framework for Social Capital

One of the challenges faced by the students of social capital and development is to offer guidance on how social capital can be built (Bebbington and Perreault 1999). The existing models are not universally applicable and may not offer solutions to problems facing certain countries. The literature on models of social capital can be put into three categories; the bottom-up, which follows Putnam's analysis, the top-down, which follows discussions emanating from Scandinavian and the synergy approach.

The first model which I call the bottom-up model takes up the sociological approach and associates social capital generation with the micro level institutions; family and other social organisations. This can be associated with scholars such as Bourdieu, Coleman, and Putnam. In theory and practice, social capital is often associated with robustness of civil society. Dense civil societies in which citizen engage with each other, where they voluntarily contribute, is vital for the development of social capital. For example, regular organisational meetings bringing people into face-to-face interaction and facilitates further social relations between these individuals (Putnam 2000). These social relations are beneficial in many other aspects: they facilitate interpersonal communication, they facilitate transfer of information and trustworthiness may also emerge. Tillie(2004) thus, argues that, regular interaction in

⁸<http://www.peaceworkmagazine.org/pwork/0511/051110.htm> 11/05/07

organisations, builds confidence in dealing with the other and facilitates generalised trust, cooperation and reciprocity which are utilised for individual, or group benefit.

Since Putnam (1993), the role of NGOs in generating social capital is well recognised in development discourse. Hall (1999) argues that investing in the civil society such as establishing NGOs facilitates the growth of social capital. Barr, Fafchamps, and Owens (2005) for example, considers NGOs as catalysts of social capital. Putnam (2000) presents a spectrum of civil society organisations, including the Parent Teachers Association, the Rotary clubs, religious organisations and local bowling clubs, and how participation in these clubs have declined, implicitly a decline in social capital in United States of America. This sociological perspective overshadows the functional role of the state in generating social capital. Not disregarding the contribution of civil society organisations to the generation of social capital in general, other scholars have remained sceptical about the contribution of civil society organisations to certain forms of social capital. Stolle (2003) questions the extent to which civil society organisations contributes to generalised trust since membership to these organisations follow self-selection process. Others, such as Wollebæk (2000), and Wollebæk and Selle (2003) have raised concern over the nature of participation in civil society organisation and the generation of social capital. They argue that face-to-face interactions in organisations should not be overemphasised because virtual or passive participation such as writing a cheque is equally important. The above scholars have thus proposed a different framework, which considers the role of the state in facilitating social capital generation.

The second model is one which looks at generation of social capital as a responsibility of the state –the top-down model. It takes off mainly from the Scandinavian country studies, in comparison with other countries. According to the literature, the Scandinavian countries continue to rate high on social trust. According to Rothstein (2005: 344), the World Value Survey studies 1993 to 1996 showed that 66% of respondents in Sweden responded affirmatively when asked if most other people could be trusted, compared to 48% in United States of America, 38% in Germany, 23% in Portugal, and 10% in Turkey. The role of state institutions is discussed by scholars among others, Rothstein (2004a), Rothstein and Stolle (2001) and Kumlin and Rothstein (2005). The concern of these scholars is that social capital is not dependant on the organised civil society as Putnam argues, but rather the way the state and welfare system is organised. This argument is developed further by Kumlin and

Rothstein (2005) who in their solution to the “Scandinavian puzzle” argue that it is not the size of the welfare state but the design of the welfare state that is responsible for social capital generation in these countries. The extent to which citizens are trustworthy and law abiding is not affected by the extent to which they live in a context marked by a vibrant civil society, but the extent to which central elements of democratic and bureaucratic institutions are organised, as well as the extent to which institutions perform well (Kumlin and Rothstein 2005: 343). Rothstein and Stolle (2001), also had a similar finding in Sweden and argued that where there exists impartial welfare system, trust is likely to develop. The conclusion from these studies is that the equality created by the welfare state is positively interrelated with generalised trust between the people and with bridging social capital (Hagfors and Kajanoja 2007). It should be noted that the focus on social trust as a measure of social capital and the role of state institutions in facilitating such trust have not gone unchallenged. Tillie (2004) for example, argues that interactions in organisations builds confidence in dealing with the other which in turn leads to generalised trust, reciprocity, and cooperation and these can be utilised for mutual benefit. More over, it is else where argued that trust in abstract institutions offers little help for empirical analysis, people form entry points to these institutions (Bachman 1998), they set rules, and interpret the rules according to their appropriateness and their consequences (March and Olsen 1989 on the logic of appropriate and consequentiality).

Between the top-down and bottom-up approaches, some scholars have come up with the argument that in developing contexts, the two frameworks cannot explain social capital and development adequately, they thus have come up with a model, which integrates, the roles of the state with the roles of societal institutions in generating social capital and effecting change. Peter Evans’s seminal work, *Government Action, Social Capital and Development: Reviewing the Evidence on Synergy* (Evans 1997), which first appeared in the June 1996 issue of *World Development* as a special edition, is here discernible. This model explains not only the relationship between state and society but also highlights the importance of this relationship in a developing context. This work is significant because of its geographical spread; it draws examples from Africa, south Americas, and East Asian countries, which in 1960s were very poor countries but now they have higher income growth rates. In terms of economic growth and development, the rates are incomparable with other the rest of the world.

My study does not contradict the above approaches to generate social capital. It rather appreciates that these models develop in different contexts and environments. The study however, argues that in a developing context and where prior existing forms of social capital at both individual and organisational levels are no longer in existence, and in a context where the state funded welfare is limited, we cannot think purely of societal, institutional and synergy, perspectives for the sources of social capital. We have to think of the model that does combine the three approaches. I therefore, propose that the synergy model be revisited and the role of the mediating agency be incorporated.

4.1 Synergy Model Revisited

In his discussion, Evans (1996a) conceptualises synergy as mutually enforcing relationships between state and groups of engaged citizens and argues that “state-society synergy” can be a catalyst for development. He identifies two forms of synergy: complementarity, where the state and society complement each other in the provision of certain goods and services. The relationship is a kind of partnership. The second form of synergy is embeddedness, where he considers the nature of ties that connect state and society. He identifies certain conditions for the existence of synergy: endowments or pre-existing stocks of social capital; a bureaucracy with internal coherency and stability. In Evans’s collection he highlights the importance of micro-level social capital in the construction of synergy. Ties among friends and neighbours based on trust and rooted in everyday interactions are essential foundations. He argued that, without them there would be nothing to build on (Evans 1996a: 178)”. These conditions are in short supply in most developing countries.

It is my contention that social capital in the synergy area is under theorised and little empirical work relevant for environments where stocks of social capital have declined, exists. Evans’s model offers little assistance in explaining how social capital can be reinvigorated where it has declined; where the internal social cohesion and networks which held society together such as family ties have broken down. In Uganda after HIV/AIDS disease was identified, social relations at individual, community and family declined as indicated by a decline in social support. To explain how social capital can be constructed therefore, we have to think of other perspectives in which the mediating role of NGOs is recognised.

Putnam (2000) is near to building synergy discussion, but because of his gross concentration on societal institutions and organisations and how they foster the development of social capital, he fails to pursue the synergy model further. Putnam offers little explanation on how social capital can be built with the assistance of the creation of local government institutions. He fails to develop a full discussion on the role of state institutions in facilitating social capital and how the mutual supportive relationship between the state and civil society organisations may influence social capital formation and development in general.

In the Ugandan environment, there are limited state welfare provisions and the government is characterised by a weak bureaucracy to steer development alone (Lister and Nyamugasira 2003), and therefore there is dependence on the international donor community for financial support, and the family and organised civil society for support services for mitigating certain challenges. The role of family and kin which acts as safety nets for the unemployed, the role of community networks for collective action such as women farming groups, carrying the sick to the hospital, are discernible. However, these networks, as the study found were badly affected by the emergency of HIV/AIDS. Therefore, the revival of them is vital for alleviating HIV/AIDS challenges. The study argues therefore, that NGOs focus on improving family relations and community level networks were aimed at recouping the community with resources to fight HIV/AIDS. Thus social capital can be mobilised from below through new organisational forms such as HIV/AIDS NGOs. But for this to take place, the facilitating role of the state in terms of creating an environment favourable for social relations and interaction to take place, and providing leadership roles, is necessary.

The model which, I propose therefore is the synergy model which takes from the strong points of the societal – bottom up model – one that puts into consideration the active roles of social institutions and the structural – top down model - one that looks at the facilitating role of the state, and mediating role of NGOs. This model is developed based on the needs and the social situation (context) of that environment.

To address HIV/AIDS one ought to look at the role of social institutions such as family and community and the effects the disease has incurred on to these institutions. Similarly, one needs to look at the fact that these institutions are not standalone actors in an environment where external resources are necessary for success to be registered, and an environment so vastly endowed with many actors. Families need support, they need incomes and medicine

for the sick, they need information and therefore, their roles require external connections and linkages with other actors. In particular, the state is crucial for this role not only for funding local community organisations but also for linking the civil society organisations to the international donor community.

In addition to the above linking roles, the state provides an environment in which active civil society can emerge. The state is a facilitator of community participation, it provides laws that constrain and facilitate action. In a state of limited law and order, and where state structures have broken down, shared values, and the norms of reciprocity and trustworthiness cannot develop. The likelihood of regular interactions among individuals and groups is limited. There is a state of uncertainty, uncertainty of the next course of action others might take. This uncertainty, limits interaction, reciprocal and trust relationships to emerge (see for example, (Lister and Nyamugasira 2003). Therefore, NGOs may act as mediators in reviving social capital at personal and community level, and providing linkages with the state by acting as partners in the provision of services and also, influencing government response.

4.2 Is There One Particular Network That is More Important Than Other Types of Networks?

The idea of bonding, bridging and linking social capital and their various contributions to people's wellbeing are discussed in many social capital literature (see for example, Narayan 1999a; 1999; Szreter 2002; Woolcock 1998; 2002) , but there is little discussion on how synergies between these forms of social capital may bear on people's wellbeing. In terms of economic development, bridging networks are depicted as more important than bonding networks. Bridging networks for example are depicted as sources of financial support, sources of information while bonding networks are limited on these variables (Narayan 1999a; 1999). It should be noted that acknowledging the importance of one of these relationships does not make the other obsolete. Rather, bonding, bridging and linking networks are mutually supportive. In terms of alleviating HIV/AIDS, both bridging and bonding networks were found to play vital roles. At the personal level, bonding networks of family and kin were found to be sources of psycho-social support, and at the organisational level, bonding networks were found to facilitate access to better and specialised services through the referral system.

The study, found that membership to groups of both bonding and bridging nature increases communication and information flows. Earlier studies such as, Granovetter (1973; 1983) and

Woolcock (1998; 2001), emphasised weak/bridging ties as important for information flow since membership to bonding networks would expose the members to same information over and over again.

The study developed the synergy theory further by discussing how different forms of social capital work together to alleviate HIV/AIDS. The study found that with HIV/AIDS, there is often new information regarding drug response (both herbal and modern antiretroviral drugs-ARVs) by different individuals. This information is always new for members who belong to either cross-cutting or bonding networks. This finding shows that there are new relevancies for belonging to bonding networks in contrast to earlier emphasis by scholars, such as Woolcock (1998) and Narayan (1999), bridging networks were ones responsible for the flow of new and current information. Bridging networks were found to be important for access to other benefits such as employment for the youth in addition to information flow from members of organisations to non-members of the organisations. The study therefore, found that mutually reinforcing relationships between bonding, bridging and linking were responsible for addressing social phenomena. More over, in empirical work it may be hard to maintain the distinction between bonding, bridging and linking networks (Szreter 2002). Therefore, it is argued here that, bonding, bridging and linking are not competing relationships, but rather, they reinforce each other. The study explains that the synergy approach is more appropriate for HIV/AIDS intervention. It suffices here to argue that based on the model developed above, synergies between types of networks may be important in addressing different social, economic and political challenges facing society. The above approach for example, may be applicable not only in dealing with HIV/AIDS but also other social phenomenon, such as conflict and peace management. This adds a new perspective of networks to existing social capital works. Therefore, it is not the presence of social capital but rather the creation of appropriate synergies between state and society, and between different kinds of social capital, that matter for social, economic and political development.

What has occurred in Uganda compared to South Africa with regard to fighting HIV/AIDS has been influenced by the processes of building social capital, which has focussed on strengthening social relations at individual and community level and building appropriate synergies between state and society. The impact would have been different if this process was not followed. The framework therefore, helps to elaborate the understanding of the ways

in which different forms of social relations among state, civil society, and market actors – business organisations, influence not only HIV/AIDS, but also the general development process.

5.0 Problem of Aggregation and Generalisation

The main problem facing empirical social capital literature is aggregation (Sabatini 2005). The existing country or cross-country studies on the economic outcome of social capital is based on measures of social trust, whose data is drawn from the *World Value Surveys*, and General Social Surveys (see for example, Putnam 1995, 2000). Data is gathered around the question asking people to answer a survey question, “Would you generally agree that most people can be trusted?” However, trust measured through surveys is a micro and cognitive concept that represents individuals’ perception of their social environment. Once the data is aggregated, a macro measure-social trust is created. This measure loses the linkage with the social and political environment in which social capital is located (Sabatini 2005). Such aggregations make one lose the social and historical processes that have led to increased or decreased trust (whatever the survey results might show). The findings from such studies may not be a true representation of the whole, but rather of that particular environment. As Fine (2001: 105) argues, “if social capital is context-dependant- and context is highly variable by how, when and whom, then any conclusion are themselves illegitimate as the basis for generalisation to other circumstances”. The study about the role of NGOs not only reviewed evidence about the socio, political environment and economic environment that has facilitated the transmission of HIV but, also the decline of trust relations between the infected and the rest of the community. It would be unrealistic to use data based on this question to compare Uganda with other countries for example, Western Europe which have not faced similar conditions.

Critical literature on the role of NGOs in generating social capital have argued that there is limited evidence showing that participation into civil society organisations increases trust. Rather membership to these organisations depends on the level of the earlier trust and thus belonging to these organisations follow self-selection process where by people who already are high social trusters and have already relatively high civic attitudes, are more likely to join these organisations and become more active in networks (Stolle 2003; Uslander 2002). Sabatini (2005: 25) argues that, “even though individuals who join groups and who interact with others regularly show attitudinal and behavioural differences compared to nonjoiners, the

possibility exists that people self-select into associations and groups, depending on their original levels of generalised trust and reciprocity". Kumlin and Rothstein (2005: 346) argue that many of the "voluntary organisations are of religious, political, ethnic, or nationalistic natures and base their existence in part on a logic of "distinction," that is, on the idea of exclusion, hostility, and distrust toward members of competing organisations and networks". It is therefore, emphasised that these organisations are based on distrust than trust of the outsiders/non joiners and struggle to maintain their distinct organisation.

The above arguments are bases of generalisations levied on the role of voluntary organisations in general. The study reveals that there is need to look at particular types of organisations and their relative contribution to building social capital, through the evaluation of their recruitment procedures and also the process it takes to build social capital. The discussion presented shows that social capital generation involves a process of socialisation through regular interactions, this process demystifies the argument that earlier trusting individuals self select themselves to these organisations.

The study found that organisations facilitate the development of trusting relationships between their members/clients, relationships between members and other members of the community including family members on the one hand, and between members/clients and officials of the organisations, on the other. It was also revealed that most people who have joined these organisations have no prior knowledge of others' HIV status although they might have been living in the same village. In one interview with a new recruit to The AIDS Support Organisation (TASO), she revealed that there are many people from her village who she has identified to be receiving TASO services, but she originally did not know that they were HIV positive, and that she is hoping to benefit from them through interacting with them. The relationship that develops between these people comes as a result of organisational approaches to address HIV/AIDS. I have argued in the thesis that individuals who join these organisations become trusting individuals for their fellows and their communities, yet previously they are usually faced with a challenge of stigma, social exclusion and increased distrust in the community due to reduced social support and general exclusionary tendencies towards them due to HIV/AIDS.

The above finding would indicate that these individuals are more likely to distrust others they get into contact with even when they join organised groups for support services. This is

contrary to what takes place. The founders of HIV/AIDS organisations had been faced with the challenges of stigma and social exclusion, but their mission was to create an impartial organisation, one that would try to break the walls of stigma. When the organisations were formed, the members began educating members on the dangers of self and social exclusion by designing new approaches, such as how to communicate and share their sero status with other people and communities, and giving more information on HIV transmission which had been a basis of exclusion within their families and community. Other organisations followed these footsteps. Present beneficiaries to most of these organisations are clients who through regular contacts with fellow members, sharing their own experiences and how to handle issues related to stigma, have learned to cope with HIV/AIDS and to publicly denounce false security surrounding them.

In the study it was found that people who join the Post Test Club an NGO formed to cater for people who have gone through the testing exercise are by the standard requirement of the organisation not expected to share their HIV/AIDS status since this is a private issue (AIC 2003a). However, it was found that, 61% members of Post Test Club/Philly Lutaaya Initiative (PTC/PLI) had disclosed their sero-status to others (Muriisa 2006: 237).

6.0 Relevance of the Role of Social Capital in Development is Strengthened

In his work, Putnam discusses social capital as being influential on people's health with an assertion that people's chances of dying in the next year are cut by half by joining one organisation and to a quarter by joining two (Putnam 2000: 50). This assertion is criticised that it lacks validation and empirically tested data (Sabatin 2005). Here, findings from my study, about the roles of NGOs in alleviating HIV/AIDS indicate that people's participation in these organisations improves their life conditions. The findings indicate that regular formal and informal interactions within and outside the organisation increases people's ability to deal with life threatening diseases such as HIV/AIDS. Over 90% members of The AIDS Support Organisation (TASO) and Post Test Club/Philly Lutaaya initiative (PTC/PLI) respectively reported that after joining the organisation they were confident to live with HIV/AIDS. This data is related with other data sources which found that through information obtained from the organisation about the dynamics of the disease, medical access, people were now able to deal with issues such as social exclusion and stigma which are life threatening. These findings strengthen the data showing that social capital is important for improving people's health and therefore demystifies the criticisms of scholars such as sabatin.

6.1 Social Capital, Human Capital and Public health

How does learning that take place in social networks affect people's health? Much of the literature concerning the relationship between social capital and people's health are based on self-rated responses by people about how they feel when they interact with others (Hyypa and Maki 2003). Therefore, much of the literature linking social capital and health have concentrated on the self-rated psychological and physical feelings of individuals resulting from contacts with the other. There is no linkage of human and social capital as health determinants of communities and individuals. Education enhances a sense of personal control that encourages and enables a healthy lifestyle, and therefore improving people's health. This study found that beyond building social relations, the role of NGOs in alleviating HIV/AIDS in Uganda involves training individuals, groups, families and communities on how to manage disease, and diversity in terms of different HIV sero-status. Further, as earlier mentioned, participatory a approach involving people infected with the disease is more relevant in improving people's lives. It was found that NGOs are involved in developing capacities of different people so as to deal with the disease. The skills training in handling HIV/AIDS goes along with improving social relations. For example, the training of family members in handling HIV/AIDS patients not only improves their knowledge about HIV/AIDS, but also facilitates positive attitudes towards the infected and therefore improved social relations at both the family and community levels. This linkage between social capital, human capital and health is missing in public health-social capital literature.

7.0 Conclusions

The purpose of the paper was to discuss how the findings about the role of NGOs in alleviating HIV/AIDS in Uganda contribute to the general literature on social capital. Notwithstanding the limitations of the case studies, the findings of the study contribute to the existing social capital literature in terms of empirical and theoretical relevance. The paper has argued that in the literature on social capital, there are missing links about the framework for social capital, empirical relevant data, the contextual relevance of the general conclusions and aggregated information. The paper therefore concludes that by filling these gaps, the findings about the roles of NGOs in alleviating HIV/AIDS in Uganda contribute significantly to the general literature on social capital.

The contributions of the findings of the study with respect to social capital literature can be summarised as follows: first, every social phenomenon is contextual so is social capital,

therefore to understand the contribution of social capital in addressing certain challenges new frameworks relevant to that particular context should be developed. For example, in addressing HIV/AIDS challenges, general HIV awareness messages can be inadequate for sustaining behavioural changes, while participatory methods which explore local vulnerabilities and priorities can involve people in empowering and lasting ways. It is within the light of this argument that the context of social capital should be explored before general conclusions can be made. Second, the study found that the process through which social capital is built, such as the activities aimed at bringing people and different groups together are more relevant for addressing HIV/AIDS. Third, there are different kinds of networks, however, the structure of social relations and networks does not matter, what matters is how these relations are organised and linked with each other; success is possible if synergy exists between different actors and network structures. Finally, the paper has argued that there is a missing link between social capital, human capital and people's health in social capital literature; a gap which is filled by the findings about the roles of NGOs in alleviating HIV/AIDS through training and capacity building.

References

- AIC. 2003a. AIDS Information Centre Mbarara Branch Post Test Club Charter. Mbarara.
- Ainsworth, M., and W. Teokul. 2000. Breaking the Silence: Setting Realistic Priorities for AIDS Control in Less-Developed Countries. *Lancet* 356 (9223):55-60.
- Bachman, R. 1998. Trust: Conceptual Aspects of Complex Phenomenon:. In *Trust With in and Between Organisations: Conceptual Issues and Empirical Applications*, edited by C. Lane and R. Bachman.
- Barnett, Tony, and Alan Whiteside. 2002. *AIDS in the Twenty-First Century, Disease and Globalisation*. New York: Palgrave Macmillan.
- Barr, Abigail, Mercel Fafchamps, and Trudy Owens. 2005. The Governance of Non-Governmental Organisations in Uganda. *World Development* 33 (4):657-679.
- Bebbington, Anthony, and Thomas Perreault. 1999. Social capital, Development, and Access to Resources in Highland Ecuador. *Economic Geography* 75 (no.4):395 - 418.
- Bourdieu, P. 1983. The Forms of Capital. In *Hand Book of Theory and Research for the Sociology of Education*, edited by J. Richardson. New York: Green Wood.
- Chandhoke, Neera. 2002. The limits of Global Civil Society. In *Global Civil Society Year Book 2002*, edited by H. Anheier, M. Glasius and M. Kaldor. Oxford: Oxford University Press.
- Coleman, James. 1988. Social Capital in the creation of Human Capital. *American Journal of Sociology* (94):95-120.
- Evans, Peter. 1996a. Government Action, Social Capital and Development: Reviewing the Evidence on Synergy. *World Development* 24 (6):1119-1132.
- Evans, Peter, ed. 1997. *State-Society Synergy: Government and Social Capital in Development, Reseach Series*: University of Calfonia at Berkerely.
- Field, John. 2003. *Social Capital: Key Ideas*. Edited by P. Hamilton, *Key Ideas*. New York: Routledge.
- Fine, Ben. 2001. *Social Capital Versus Social Theory: Political Economy and Social Sciences at the Turn of the Millennium*. London: Routledge.
- Granovetter, Mark, S. 1973. The Strength of Weak Ties. *American Journal of Sociology* (78):1360 - 1380.
- Granovetter, Mark, S. 1983. The Strength of Weak Ties: A Network Theory Revisited. *Sociological Theory* 1:201 - 233.
- Hagfors, Robert , and Jouko Kajanoja. 2007. The Welfare State, Inequality and Social Capital. Paper read at The ESRC Social Contexts and Responses to Risk Network (SCARR)
- Conference on "Risk & Rationalities", 29–31 March 2007, at Queens' College, Cambridge.
- Hall, Peter. 1999. Social Capital in Britain. *British Journal of Politics* 29 (2):417 - 461.
- Hooghe, Marc, and Dietlind Stolle. 2003. Introduction: Generating Social Capital. In *Generating Social Capital : Civil Society and Institutions in Comparative Perspective*, edited by M. Hooghe and D. Stolle. New York: Palgrave Macmillan.
- Hyypa, M. T., and J. Maki. 2003. Social Participation and Health in a Community Rich in Stock of Social Capital. *Health Educ Res* 18 (6):770-9.
- Kumlin, Saffan, and Bo Rothstein. 2005. Making and Breaking Social Capital: The Impact of Welfare-State Institutions. *Comparative Political Studies* Vol. 38 (No. 4):339-365.
- Lister, Sarah, and Warren Nyamugasira. 2003. Design Contradictions in the 'New Architecture of Aid'? Reflections from Uganda on the Roles of Civil Society Organisations. *Development Policy Review* 21 (1):93 - 106.

- March, G, James, and P Olsen, Johan. 1989. *Rediscovering Institutions: The Organizational Basis of Politics*. New York: Free Press.
- MoH. 2003. HIV/AIDS Surveillance Report. Kampala: Ministry of Health(Uganda).
- Mohga, Kamal, Smith. 10/10/2003. *World Health: False Hope or New Start? The Global Fund to Fight HIV/AIDS, TB and Malaria*, http://www.oxfam.org/eng/policy_pape.htm, 2002 [cited 10/10/2003].
- Muriisa, Roberts. 2006. The AIDS Pandemic in Uganda: The Role of NGOs in mitigating the Impact of HIV/AIDS. PhD, Public Administration and Organisation Theory, Bergen, Bergen.
- Narayan, D. *Bonds and Bridges: Social Capital and Poverty* <http://www.worldbank.org/html/dec/Publications/Workpapers/wps2000series/wps2167/wps2167.pdf>, 1999a [cited 30/10/05].
- Narayan, Deepa. 1999. Bonds and Bridges: Social Capital And Development,.
- Parkhurst, J. O., and L. Lush. 2004. The political environment of HIV: lessons from a comparison of Uganda and South Africa. *Soc Sci Med* 59 (9):1913-24.
- Portes, Alejandro, and Patricia Landolt. 1996. The Downside of Social Capital. *The American Prospect*, May -June, 18-21.
- Putnam, Robert D. 1993. *Making Democracy Work: Civic Traditions in Modern Italy*. Princeton, N.J.: Princeton University Press.
- Putnam, Robert D. 2000. *Bowling Alone : The Collapse and Revival of American Community*. New York: Simon & Schuster.
- Rothstein, Bo. 2004a. Social Capital and Honesty in Government: A Causal Mechanisms Approach. In *Creating Social Trust in Post-Socialist Transition*, edited by J. Kornai, B. Rothstein and R. Ackerman, Susan: Palgrave Macmillan.
- Rothstein, Bo, and Dietlind Stolle. 2001. Social Capital and Street level Bureaucracy: An Institutional Theory Of Generalised Trust. Paper read at Social Capital Inter disciplinary Perspective, 6th - 8th September, at Exter UK.
- Sabatini, Fabio. 2007. *Social Capital as Social Networks: A New Framework for Measurement* <http://scholar.google.no/scholar?hl=en&q=sabatini+fabio&spell=1>, 2005 [cited 10/05 2007]. Available from <http://scholar.google.no/scholar?hl=en&q=sabatini+fabio&spell=1>.
- Stolle, D. 2003. The Sources of Social Capital. In *Generating Social Capital: Civil Society and institutions in Comparative Perspective*, edited by D. Stolle and M. Hooghe. New York: Palgrave Macmillan.
- Szreter, Simon. 2002. The State of Social Capital, Bringing Back in Power, Politics and History. *Theory and Society* 31 (5).
- Szreter, Simon, and M Woolcock. 2004. Health by Association? Social capital, Social Theory, and the Political Economy of Public health. *International Journal of Epidemiology* 33:650-667.
- Tillie, Jean. 2004. Social Capital and Organisations and Their Members: Explaining the Political Integration of Immigrants in Amsterdam. *Journal of Ethnic and Migration Studies*. 30 (3).
- UNAIDS. 2002b. *Report on The Global HIV/AIDS Epidemic*. Geneva: UNAIDS.
- UNAIDS. 2004a. Coordination of National responses to HIV/AIDS: Guiding principles for National Authorities and Their Partners. Geneva: UNAIDS.
- UNAIDS. 2006. 2006 Report on the Global AIDS Epidemic: UNAIDS.
- UNAIDS. 2006a. AIDS EPIDEMIC UPDATES. Geneva: Unaid.
- Uslaner, Eric M. 2002. *The moral foundations of trust*. Cambridge, U.K. ; New York: Cambridge University Press.
- White, Gordon. 1994. Civil Society, Democratization

- and Development. Clearing the Analytical Ground. *Democratization*, (1):375–90.
- Wollebæk, Dag. 2000. Participation in Voluntary Associations and the Formation of Social Capital:. In *The John Hopkins Comparative Non-profit Sector Project*. Bergen: Los Senteret.
- Wollebæk, Dag, and Per Selle. 2003. The Importance of Passive Membership for Social Capital Formation. In *Generating Social Capital: Civil Society and Institutions in Comparative Perspective*, edited by M. Hooghe and D. Stolle. New York: Palgrave Macmillan.
- Woolcock, M. 1998. Social Capital and Economic Development, Towards a Theoretical Synthesis and Policy Framework. *Theory and Society* 27:151 - 208.
- Woolcock, Michael. 2001. The Place of Social Capital in Understanding Social and Economic Outcomes. *Canadian Journal of Policy Research* 2 (1):66 - 88.
- Woolcock, Michael. 2002. Social Capital in Theory and Practice: Reducing Poverty by Building Partnerships between states, markets and civil Society. In *Social Capital and Poverty Reduction*. Paris.