More than telling stories:

Learning practice in HIV&AIDS work in sub Saharan Africa

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Certificate of Authorship/Originality

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I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

Research work and the preparation of the thesis itself have been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Candidate

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Abstract

This thesis is an empirical study of how HIV&AIDS program managers and staff in faith-based programs in community settings in sub Saharan Africa learn in the context of challenging and changing work conditions. An integrated narrative-practice inquiry approach in the interpretive tradition is used to co-create narratives of the experiences of program managers and staff learning HIV&AIDS prevention, home-based care of people living with HIV&AIDS, and the support and care for orphans and vulnerable children. These are generated using a two-stage process over two years, involving interviews, focus groups, document analysis and observing practitioners in their workplace.

Drawing on practice theory and the work of Schatzki and Kemmis, this research empirically demonstrates key features of learning practice: embodied, relational, materially mediated, situated and contextual, and prefigured and emergent. Learning is activity and action. Whilst "involving yourself" seeking and giving advice, modelling and mentoring, and "having a go" through trial and error are primary learning activities, learning HIV&AIDS work is shown as more than an aggregation of these. Learning activities are dynamically organized and shaped around "walking the talk", rules, and making skills and experience count. The integrated and value-permeated nature of learning is highlighted. Relationships of space, purpose and intentionality between learning and other practices are explored along with relationships between learning and material objects. In addition, contextualization to the past, present and future are addressed.

Workplace learning in sub Saharan contexts is shown here to be always integrated through the interconnectedness of people, learning activities, relationships, other practices and material objects. In addition values including ethics, morals and matters of faith – under-theorized in learning and practice literature – are shown to permeate and shape learning practice. Commonly assumed learning dichotomies are found to be inseparable and mutually constituted rather than distinct forms of learning. Learning is shown to emerge in unanticipated and unpredictable ways, persisting yet transformed through rhythms and cycles, and going beyond

metaphors of acquisition and participation. This has particular implications for practitioners learning to transition from HIV&AIDS exceptionalism to the integration of HIV&AIDS into normal health services.

Chapter 1: Introduction

1.1. My interests and central concerns of this thesis

This investigation examines how HIV&AIDS (Human Immunodeficiency Virus, Acquired Immune Deficiency Syndrome) program managers and staff in four faith-based programs in sub Saharan community settings learn to do their work. It is about everyday, embodied learning activities and how these are organized as practitioners make sense of, and learn through, their experiences in particular contexts in order to improve the well-being of people and communities impacted by HIV&AIDS. I highlight the critical ways in which learning practice hangs together with other practices and bundles with the material world. It is not about clinical processes for treating AIDS or caring for the sick, the mechanics of doing prevention, or the politics of engaging in policy making and global fund raising. Furthermore I do not enter moral debates about stigma and discrimination, nor ensure that practitioners have the "right" knowledge and are engaging in what is commonly called "good" or "best practice".

This study has grown out of my experience of nearly three decades as a member of an international Christian faith-based organization (FBO) working in partnerships in sub Saharan Africa, Asia and South America and, during the years 2000-2012, my work as an HIV&AIDS consultant in capacity building. The latter involved working with HIV&AIDS program managers and staff in 14 countries engaged in community and church-based programs for those living with and impacted by HIV. The foci of these faith-permeated and centred responses lie in home-based care (HBC), care of orphans and vulnerable children (OVCs), prevention or a combination of these. Income generation activities (IGAs) have been added in response to the availability of treatment, as people living with HIV&AIDS (PLWHA) are now living longer and needing to return to everyday work. These programs all operate through projects, aiming to empower and build the capacity of individuals, churches and communities.

My interest in learning arises from my observation that learning and openness to change are always present in effective HIV&AIDS programs. Understanding how HIV&AIDS program managers and staff learn to plan, undertake, and change the things they do has theoretical,

professional and social implications, given their responsibilities to design and implement HIV&AIDS programs in community settings. My aims for this research are to contribute:

1. Empirically to the growing body of research on understanding learning in the workplace through a practice lens. My focus on faith-based HIV&AIDS programs in sub Saharan Africa as the site of learning provides rich opportunities for new research
2. Theoretically by bringing together four distinctive literatures to expand current thinking about embodied learning, learning activities and relationships in learning, such as with the material world and other practices. In addition I anticipate adding weight to the argument for a new metaphor of emergence beyond that of acquisition and participation. By challenging the under-representation of values including ethics, morals and matters of faith, in predominately Western-framed learning and practice literature, I anticipate important new insights into learning as practice in sub Saharan Africa
3. Professionally to understand how program managers and staff learn in faith-based HIV&AIDS programs
4. Socially to improve services provided through faith-based programs in sub Saharan countries as practitioners learn to work in appropriate, relevant and effective ways

We see a number of converging contextual issues intertwined in this process: the changing nature of the HIV&AIDS epidemic; new directions in prevention, care and treatment; the transition from “AIDS exceptionalism” to mainstreaming HIV&AIDS; the impact of donor strategies; and the critical role of FBOs (England 2010; UNAIDS 2013b). AIDS exceptionalism is the concept that HIV&AIDS is an exceptional illness requiring responses above and beyond normal health interventions. At the popular level we hear of the need to build the capacity of individuals and communities to take action against HIV&AIDS, and for FBOs to become “learning organizations”. My expectation is that this study will be of particular significance to: scholars in the fields of workplace learning and education; leaders and policy makers in FBOs; non-government organizations (NGOs) and governments charged with designing appropriate and effective responses to HIV&AIDS and professional development of staff; and program managers who plan, implement and evaluate HIV&AIDS related projects in community settings.

1.2. My research questions

My interests, central concerns and aims, as described above, have guided my investigation in the context of working with HIV&AIDS program managers and staff. My overarching research question is:

How does learning occur in faith-based HIV&AIDS programs in community settings in Africa?

I assume throughout this research that practitioners reflect their understandings of learning practice through narratives of past, present and anticipated experiences. Given that their narratives provide rich descriptions of the activities through which learning is happening, how learning is organized, and how this interacts with context, my interactions with these practitioners and subsequent analyses of their stories of learning have been guided by my three sub questions:

a. What activities uphold learning practices in this setting? How might they be described through a practice perspective?
b. How are these practices organized?
c. How do learning practices hang together and bundle? What makes learning possible?

In the following section I introduce my research methodology and design, to be more fully developed in chapters 5 and 6.

1.3. My research methodology and sites

I consider myself "a stranger among friends". I am a colleague, researcher and concerned "participant friend" engaged in questions of well-being and social justice surrounding HIV&AIDS. I am also very much a learner, as I observe with respect how practitioners in faith-based programs in community settings across Africa often "know what works" and rely heavily on workplace experience to develop ongoing strategies and interventions designed to bring about the good of individuals and communities. However learning is much more than an individual experience. In keeping with Trahar's (2006b, p. 217) perspective on the practitioner-researcher as narrative inquirer in an international education community:

> I believe that I have a responsibility to bring about climates within which all people feel they want to make relationships with each other, learn from each other and be explicit about the complexities that we all encounter in an international learning community. I am coming to believe that it is only in dialogue about difference and similarity that we can learn from and about each other.

It is through the storying process of narrative inquiry that I have been able to appreciate the importance of my colleagues' experiences, and to foster relationships in which we can learn from each other.

Learning narratives may be small or large, short or long, simple or complex, ambiguous, even contradictory. Practitioners make sense of their learning experiences by integrating these into the network of life narratives of colleagues, beneficiaries, family, community including faith communities, civil society and government, together with broader social, cultural, linguistic and institutional space. Because these experiences are intertwined with and embedded in time – past, present and future – I chose to use three dimensional narrative inquiry (Clandinin 2013; Clandinin & Connelly 2000). This approach attends to the backward and forward dimensions of people's experiences pointing to: "the past, present, and future of people, things and events"; to the outward dimension situating the stories within specific places or sequences of places; and to the personal-social dimension of "feelings, hopes, desires, aesthetic reactions and moral dispositions", and to the "conditions under which people's experiences unfold" (Clandinin 2013, pp. 39,40).

Narratives must be heard, interpreted, critiqued and judged within their setting: historically, culturally, and socially. Readers of this research who are removed from its immediate setting may find some narratives hard to "enter". Some may even find that stories "grate", especially if read from a very different worldview. This might happen, for example, where listeners value the individual over the collective, separation of the sacred and the secular, political correctness, and narrow attitudes towards sexuality.

My four research sites are all faith-based HIV&AIDS country programs and their associated projects, one each in Kenya and Malawi and two in South Africa, each located within high HIV prevalence areas. These programs address issues related to stigma and discrimination,

prevention, OVCs, HBC, training church and community leaders, and program management. Details of these programs are available in appendices B and E, and of the storyteller-practitioners in Appendix C.

1.4. Terminology and how core terms are used

Having outlined and shown the relationships between my concerns, research questions, methodology and sites, in this section I introduce four key terms that intersect and together constitute the essence of this investigation: practice, learning, HIV&AIDS and FBOs.

1.4.1. Practice

Within this investigation I clearly align myself with the “practice turn” (Schatzki, Knorr Cetina & von Savigny 2001). This calls for a vocabulary of practice, and I begin by acknowledging the limitations of language in distinguishing between “practising”, “practices” and “practice”, as the term “practice” is used in distinct ways:

1. Practising – repetitive action in order to improve at something. “To practise” is an approach to learning in the sense that “practice makes perfect”
2. Practices – everyday performances and routines, often habitual. “A practice” is the way that something is done
3. Professional practice – a block of activities associated with specific professions, such as medical practice or veterinary practice. For example, whilst practitioners in both settings may perform artificial insemination, there are distinct practices associated with each profession, or at least there should be! Associated with professional practices are codes of practice
4. Good practice, best practice, and effective practice – these terms relate to the “evidence-based” practice movement focusing on measurable results, quality and effectiveness. In the HIV&AIDS world, “best practice" guidelines are frequently seen as a means of addressing consistency and quality control in HIV&AIDS intervention programs. According to Kemmis (2007, p. 159) “the evidence-based view makes practice almost unrecognizable from the perspective of professional practitioners whose

intentions, values and commitments are crucial in the conduct of their work". In this study I do not use the terms "good" or "best" practice, nor do I enter the controversial debate over the validity of "best practice" as a concept. Instead I simply acknowledge the wide use of this term in the field of HIV&AIDS

5. Practice theory – A diverse group of approaches that view practices as the fundamental social phenomenon through which other aspects of society can be understood. Practices are social in that to participate in them "entails immersion in an extensive tissue of coexistence that embraces varying sets of people" (Schatzki 2002, p. 87). A practice is both a co-ordinated entity and a performance made concrete and sustained through its reproduction. Practice theory thus provides an alternative to dualistic structural and individualistic approaches to social theory, and contrasts with accounts that privilege the individual, language, role, institution or system (Green 2009b; Schatzki 1996, 2001a).

Each of the above definitions has its particular usage and set of understandings, hence the importance of clearly distinguishing between the different terms. In this research I consider numbers 1 – 4 as "elements of work" in order to distinguish them from the theoretical notion of practice in number 5. Taking examples from HIV&AIDS settings: volunteers from the community who make themselves available to neighbours through a community organized HBC project may be "practising" washing a client in bed as part of an orientation or training workshop. By repeating the act of washing and changing bedclothes while the client is in the bed, they are becoming more proficient and better able to care for a terminally ill patient. It is the volunteers' work. Again, as an everyday "practice", the HBC volunteer may call on her sick neighbour every morning on the way back from walking children to school. She may simply ask her neighbour how she is feeling and if anything is needed. It becomes a habitual "practice" requiring little thought. However these two meanings of "practice" are part of a wider field of HBC practices for people living with HIV, and illustrate how every practice is located within a broader field of practices.

Associated with volunteers caring for the sick are professionals who provide various related services, such as nurses, doctors, social workers, paralegals and religious leaders. Each of these carries out their "professional practice" according to sets of understandings and rules, and in some cases formal codes of practice, aiming to meet certain standards of quality and effectiveness often based on "best practice" as set by professional bodies. In their work they might strive to adhere to an International Labour Office "Code of Practice on HIV/AIDS and the World of Work" covering "key principles, such as the recognition of HIV/AIDS as a workplace issue, non-discrimination in employment, gender equality, screening and confidentiality, social dialogue, prevention and care and support" (ILO. 2001, p. iii). In each of these "common" understandings, "practice" implies doing something. In the context of HIV&AIDS, these are elements of work.

I have shown here that the term "practice" as commonly used is different from the fifth category of practice theory above. I therefore take particular care to clearly distinguish between these meanings in my research. I further develop my conceptual understanding of practice in the following chapter as the primary social phenomenon, along with the way in which practices hang together in HIV&AIDS work.

1.4.2. Learning

Throughout this research, learning HIV&AIDS work in sub Saharan Africa is to be understood in the context of histories and cultures, social and political structures, discourse and language, and the material conditions in which the epidemic has unfolded. For this reason I devote chapter 3 to the development of theoretical understandings of learning significantly influencing HIV&AIDS programs in sub Sahara and move towards developing a framework of learning practice. This includes "the learning society" (Fauré et al. 1972; International Commission on Education for the Twenty-First Century & Delors 1996) with its concepts of lifelong learning and the push for learning associated with individual, organizational and economic successes, strongly influencing educational expectations, policy and direction in the countries in which my research takes place. The development sector, having largely assimilated the concept of the learning organization, is likewise influential (Örtenblad 2013; Vincent & Byrne 2006).

This investigation is situated in the workplaces of faith-based country programs and projects in community settings. According to Hager (2012) theories of workplace learning have developed dramatically under the influence of psychology and behavioural sciences (Marsick & Watkins 2001; Schön 1973, 1983), socio-cultural theories (Lave & Wenger 1991) and postmodern theories (Fenwick, Nerland & Jensen 2012). A wide range of assumptions about learning are reflected in the narratives of practitioners taking part in this research, together with assumptions about African knowledge and learning merging individual and common interests (Avoseh 2001; Bangura 2005; Nafukho 2006).

By viewing the learning of HIV&AIDS work through a practice lens in this research, I begin from the perspective that knowledge is not an acquired, banked or consumable commodity, and that knowing cannot be undertaken by a "brain in a vat" dissociated from its social, historical and cultural context (Barnacle 2009). Nor is the individual the focus of learning; rather learning is embodied and entwined in social practice and material arrangements embedded in time and space. Understanding is always interpreted through experience and is socially constructed and communicated. Five important dimensions that I take forward through my framework of learning practice are: embodied; relational; materially mediated; situated and contextual; and prefigured and emergent. These provide a focus of theoretical discussion in chapter 4, are taken forward in my analysis in chapters 7-9, and shape my conclusions. In storytelling, these are particularly highlighted when practitioners are dealing with change.

Having introduced practice and learning, I now present HIV&AIDS and FBOs as the context for this research. Taking a Schatzkian (2002) perspective in which practice comes together in space, place, time and common paths, I describe the common paths that HIV&AIDS and FBOs share with learning practice.

1.4.3. HIV&AIDS

A function of the following section is to bring non-HIV&AIDS specialists into the world of HIV&AIDS. I first locate my research within globalized narratives of the HIV&AIDS epidemic, involving epidemiological, historical, cultural, social and economic contexts. Important to note

from the outset is the significance of positivism with its impact on understandings of both HIV&AIDS and research methodologies. Secondly I describe cross-cutting issues common to HIV&AIDS responses in sub Saharan Africa: stigma and discrimination, prevention, HBC and the support and care of OVCs, with general reference to Kenya, Malawi and South Africa.

Globalized narratives of the HIV&AIDS epidemic

Since the 1980s when HIV&AIDS first appeared before the public eye, we have seen widespread concerted efforts to understand and mitigate its spread as well as to provide appropriate treatment and care. While carrying out this research, nearly three decades into the epidemic, I was constantly reminded that HIV&AIDS remains a major public concern. In Africa, where the epidemic began and where it has had the most devastating impact, incidence peaked in the late 1990s. In spite of real but fragile success with stabilization of the epidemic in this continent and beyond, while collecting my data, globally over 33 million people were living with HIV (UNAIDS 2010). Even with significant reductions in mortality and some measures of success in the hardest-hit regions, overall levels of new infections have remained high, and for every person commenced on treatment two others become infected (UNAIDS 2010). The absolute number of people living with HIV has increased, in part because the number of AIDS deaths has declined and more of those requiring antiretroviral drugs (ARVs) are able to access them (UNAIDS 2012).

Significant financial investments in HIV&AIDS continue to be made through the President's Emergency Plan for AIDS Relief (PEPFAR) created in 2003 by U.S. President George Bush and expanded by President Barack Obama, and by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the latter receiving funds from resource rich countries (UNAIDS 2013a, 2013b). Yet in spite of large injections of funding, particularly in the 2005-2006 period, the devastating persistence of HIV&AIDS in an era of ARVs and improvements in quality of life has been deeply concerning (Olivier & Wodon 2014b; Over 2010). The impact continues to be highly visible in weekly funeral processions, AIDS patients occupying the majority of hospital beds, child-headed households, and orphaned children moving in with extended family where resources are already stretched. It is in this context that HIV&AIDS practitioners in faith-based

programs participating in this research, along with community volunteers, aim for sustainable and appropriate prevention efforts and care that they “know works”.

Stigma and discrimination

Stigma and discrimination continue as major obstacles to universal access to prevention, treatment, care and support. They lower the uptake of HIV prevention, testing and counselling services, they reduce and delay disclosure, and they are a factor in treatment and support being rejected. Because of stigma and discrimination, women and girls are disproportionately affected, and the impact of HIV on vulnerable groups is magnified (Deacon, Uys & Mohlahlane 2009; Otolok-Tanga et al. 2007; UNAIDS 2007a). Religious entities including FBOs have been widely challenged for supposedly promoting stigma and discrimination especially around truth and discourse, sex and sexuality, and marginalization (Deacon, Uys & Mohlahlane 2009; Haddad 2011; Otolok-Tanga et al. 2007; Wilson et al. 2009). Stigma is deeply rooted within values of everyday life, and recurs frequently in the narratives of learning HIV&AIDS work, as noted in chapters 7-9.

Prevention

Prevention is a major priority for the HIV&AIDS program managers and staff involved in this research. Although the global response to HIV offers tools to prolong the lives of people infected with the virus and to prevent others from acquiring it, very few interventions have proven highly effective with the exception of partner reduction campaigns, male circumcision and antiretroviral therapy (ART) (Bailey et al. 2007; Cohen et al. 2011; Glick 2010; Halperin & Epstein 2007). While behavioural and structural approaches to prevention were dominating prevention strategies in sub Saharan Africa at the commencement of this research, biomedical interventions are now significantly reducing HIV transmission (UNAIDS 2013b). However HIV counselling and testing, the control of concurrent sexually transmitted infections, microbicides, condom promotion and programs targeting youth remain vital in comprehensive, multi-pronged approaches (Glick 2010). Pisani (2011) emphasizes that “prevention tools must work in four major ways in order for them to succeed: behaviourally, technically, politically and financially. If one is absent then prevention is not possible”. Prevention programs which only dispense

information are not successful (Rule 2007). In chapter 8 I draw extensively on examples of prevention to show how learning is organized in faith-based HIV&AIDS programs, certainly around prevention guidelines and directives but also around what matters: “walking the talk” and making skills and experience count.

Treatment and care

Dramatic changes in treatment and care have had significant implications for all practitioners learning HIV&AIDS work. In 2012, 61 percent of *eligible* people were receiving life-extending ART in low and middle income countries; however this figure was revised down to only 34 percent under the 2013 World Health Organization (WHO) guidelines (UNAIDS 2013b). Studies show that ART dramatically reduces transmission of HIV to an uninfected person by 96 percent, to greatly mitigate the spread of the epidemic through a community (Sweat et al. 2011). The cost and logistics of treatment are formidable however, as are challenges to achieve universal access to treatment, especially for children and women. In my observations, managers and staff in all three countries under consideration, along with volunteers – frequently family members, local parishioners, catechists and village health workers – actively engage either directly or indirectly with HBC programs to complement over-stretched health care systems.

Orphans and vulnerable children

On the positive side, prevention of mother to child transmission is now hailed as one of the greatest success stories in HIV prevention in sub Sahara (Wilson et al. 2009). Yet considering morbidity and mortality among parents of young children, “The social implications of this high young adult mortality rate are manifold, including increasing numbers of orphans and child-headed households, reduced household income and care, leading to increasing household impoverishment as well as consequences at a macro-economic level” (Rule 2007, p. 78). Children may be personally infected by HIV; children may be affected by family members living with HIV and dying, or both; and children disproportionately shoulder the burden on households, communities, and educational and health services. From the start of the epidemic, families have been responding to the needs of children as best they can, taking in children, caring for sick relatives, diversifying livelihood options to meet expenses, and cutting food and educational

costs (Richter et al. 2009). More positively, FBOs firmly planted in communities with strong existing networks have enabled those families and communities to mobilize and create a continuum of compassionate care (Foster 2004; U.S. Department of State 2012).

1.4.4. Faith-based organizations

Having considered HIV&AIDs, I now consider the term “faith-based organization” as a critical contextual consideration in my research. FBOs play a key role in civil society in sub Sahara where they provide a large proportion of the health and education services (Chikwendu 2004; Clarke 2005, 2007; 2008b; Foster 2009; Liebowitz 2002; Sachs 2008; UNAIDS 2009c). A study of African religious health assets for WHO (ARHAP. 2006) concluded that religion, health and well-being are locally and contextually driven, and that religious involvement in health and HIV&AIDS is increasing, particularly since 2000.

FBOs were among the first and most prominent NGOs working in AIDS, being uniquely positioned to spread HIV&AIDS education and prevention messages through extensive networks that were able to reach even the most remote areas (Green 2011). Thomas and others (2006, p. 12) describe the difference between religious health assets and other health associations, institutions and structures in terms of “what is not visible – the volitional, motivational and mobilizing capacities that are rooted in vital affective and symbolic dimensions of religious faith, belief and behaviour”. According to Sachs (2008, p. 80) “faith often does not exist as a privatized and distinct realm set apart from social, political, and scientific matters. Instead the realm of faith often suffuses all of society and is both public and pervasive”. This is illustrated by Foster (2009, p. 389):

> The concept that religion is somehow removed from other areas of life, such as health and education, is a Western, post-Enlightenment construct that is unrelated to much African thought and practice. Although religion and health are two distinct entities in most Western thought, that notion is foreign to the language and beliefs of many cultures in Africa and elsewhere. For example, the Sesotho people of Lesotho consider that faith and health are inextricably entwined in the single term *bophelo* (wholistic well-being).

Potgieter and Nadar (2010) however highlight a growing body of research signalling that while “the Global North has entrenched secularity, Africa is leaning towards conservative interpretations of religion discourses”. What is widely agreed is the importance of values in sub

Saharan Africa. Values including morals, ethics and matters of faith pervade cultural and social contexts.

In the literature a wide diversity of conflicting conclusions is expressed concerning religious responses to HIV&AIDS in Africa (Olivier 2010). For example, the poor have tended “to use the idioms of faith to interpret and respond to the world in which they live, much moreso than the language of development”, and suspicions have been ongoing between the worlds of faith and development (Clarke & Jennings 2008, p. 3). Marshall and Keough (2004, p. 1) described the actual connections between the two as “fragile and intermittent at best, critical and confrontational at worst”. Clarke and Jennings (2008, p. 1) claimed that:

> Western official donors have traditionally been ambivalent about the relationship between faith and development and the activities of faith-based organisations (FBOs). Heavily influenced by the legal separation of church and state in liberal democracies, they felt that religion was counter-developmental, that religious discourses with strong historical resonance were inflexible and unyielding in the face of social and political change. Reason and faith were constructed as oppositional, mutually incompatible spheres. This antipathy was frequently reciprocated.

This separation is commonly ascribed to a disconnect between the discourses of spirituality and of technical, economic and financial approaches to development practice, with emphasis by development institutions on the material, and by faith leaders on spiritual well-being. Secularization theory, the belief that “religious institutions, actions and consciousness lose their social significance over time as societies modernise” has played a significant role in this rift (Wilson 1992, p. 42). More recently however we see considerable evidence of movement from these divisions of the past to direct engagement between the worlds of faith and development, including within the HIV&AIDS sector. Many FBOs actively seek dialogue with donor agencies, and often this is reciprocated (Marshall & Keough 2004; U.S. Department of State 2012).

I begin therefore with the premise that FBOs must be intentionally included in global research agendas, given the resurgence of religion in public life and the emergence of faith-based discourse (Haddad 2011; Herbert 2003). While Oliver and Woden (2012a, p. 11) warn that “the assessment and gathering of systematic evidence of religious community response to HIV/AIDS may be particularly hazardous, given the historic neglect of the research field followed by a rapid

resurgence of interest", I have utilized a theoretical practice framework which aligns with multiple cultural, social and value systems, making values including faith visible.

Limited scholarly attention has been given in organizational literature to organizations and programs that base their identity in faith, owing in part to the wide range of definitions of "faith-based". There is no one fixed definition of faith-based nor its shared value system, form or structure, although being faith-based is linked intrinsically with religion (ARHAP. 2006; Clarke 2008a; Foster 2009; 2003; Olivier & Wodon 2012a; Schmid et al. 2008). The Joint United Nations Program on HIV/AIDS (UNAIDS) (2009c, p. 7) defines FBOs as "faith-influenced non-governmental organizations. They are often structured around development and relief service delivery programmes and are sometimes run simultaneously at the national, regional and international levels".

Having introduced the plethora and importance of FBOs, particular in sub Sahara, I now turn to the historical emergence of faith-based discourse and position my research. Although religious entities and organizations "connected to religion" have a long history of involvement in social service provision, the term "faith-based" in reference to organizations and programs is a recent phenomenon. In the first two decades of the HIV&AIDS pandemic, when the biomedical perspective dominated research, matters of faith and religious entities working in development and health were largely invisible to the majority of scholars and international policy makers (Melkote and Steeves 2001). Faith-based terminology is considered by some a by-product of the U.S.1996 Welfare Reform Act with its debate on Christian FBOs and funding in the American context (Clarke 2007). In 1997 the World Bank and the United Kingdom Department for International Development (DFID) were engaging in faith-based dialogue with diverse Christian, Islamic, Hindu, Jewish and other religiously inspired organizations (Clarke 2007; Clarke 2008b). This included FBOs recognized for their influential role in social service provision and community development in resource-poor settings, particularly in sub Saharan Africa.

The launch of the Millennium Development Goals in 2000 and the global resurgence of religion after September 11, 2001, leading to increased interactions between faith communities and

government bodies, have been significant for FBOs responding to HIV&AIDS (Liebowitz 2002). Religion has re-entered the public space as influential discursive and symbolic systems beyond the control of either traditional religious authorizing institutions or governments (2003; Hoffstaedter 2011; Lunn 2009; Olivier & Paterson 2011; UNAIDS 2009c; Ward, Kaybryn & Akinola 2010). The United Nations commenced dialogue with FBOs (UNAIDS 2009c; UNFPA 2009) and a UNAIDS-FBO strategic framework was instigated by UNAIDS in 2009 with the "goal to encourage stronger partnerships between UNAIDS and FBOs in order to achieve universal access to HIV prevention, treatment, care and support" (UNAIDS 2009c, p. 11). This envisaged the integration of FBOs into comprehensive national AIDS responses:

> Many religious communities have found HIV-related issues challenging, particularly HIV prevention, as it touches on sensitive areas such as morality and religious standards for 'holy living'. There have also been polarized public debates over issues such as condom promotion, which have exacerbated tensions and prejudices.
>
> The world religions share many common values, for example compassion for the sick and vulnerable, belief in the importance of faithfulness in marriage and the rights of the most marginalized. At the same time prejudice is common among FBOs and between FBOs, governments, international organizations and other AIDS actors. (UNAIDS 2009c, p. 15)

This process of dialogue has been significant in helping FBOs move towards agreed "do no harm" standards of practice. In June 2011, heads of state reviewing progress in realizing the "2001 Declaration of Commitment on HIV/AIDS" and the "2006 Political Declaration on HIV/AIDS" noted the contribution of FBOs in the global response to HIV&AIDS, affirming the importance of cultural, religious and ethical values, including the vital role of the family and community (United Nations General Assembly 2011). This historical and discursive global perspective is important in understanding the context for this investigation and the narratives of faith-based program managers and staff learning HIV&AIDS work.

1.5. Locating my research in the literature

This study is located at the nexus of four main fields of academic literature: practice, workplace learning, HIV&AIDS and FBOs. My focus is on sub Saharan Africa. In this section I draw attention to empirical research in these four fields related to my investigation. Theoretical perspectives are elaborated in detail in chapters 2-5.

I first highlight how research in work and learning has recently shifted from psychological and socio-cultural theories of learning to postmodern theories including practice theory, in which learning cannot be predetermined and emerges from context in generative ways (Hager 2011). Works edited by Hager, Lee and Reich (2012a) and Green (2009c) elaborate this shift, presenting particular forms of workplace practices and learning in diverse settings, all within Western contexts. My research aligns with studies stressing the importance of action, talk and dynamic interactions, and relationships for learning in the workplace. Although their context is "a world apart" from HIV&AIDS community settings in sub Saharan Africa, Fejes and Nicoll (2012) examine the rhetorical work of language as learning activity through the interactions between manager and workers in an aged-care facility in Sweden, concluding that language is a way to refine problems and propose solutions. Likewise a three year Australian study identified the critical role of talk in the informal spaces of everyday work in a large public sector organization (Boud & Middleton 2003). One large study involving the analysis of workers' experiences in a public utilities company where there was no educator, trainer or explicit learning agenda, highlighted learning to know and learning to do, learning to become and learning to be together (Boud, Rooney & Solomon 2009; International Commission on Education for the Twenty-First Century & Delors 1996; Scheeres et al. 2010).

Various studies on workplace learning highlight the relational nature of learning. Manidis and Sheeres (2012) found learning by junior doctors in a major hospital emergency department in Australia, to be complex, generative, collective and emerging, from the interactional dynamics between medical staff and an elderly patient. Such complexity is characterized by multiple disciplinary practices and paradigms as well as the learning potential afforded and constrained by practice. Another study of learning professional practice through education, by shifting from a cognitive learning perspective to practice, pointed to alignment between connections, set-ups, doings, sayings and relationships (Dahlgren, Dahlgren & Dahlberg 2012). Hager and Johnson (2012, p. 259) have shown from a study of how musicians, chefs and corrections staff learn practice collectively, that learning practice is a holistic relational complex of talk, actions and observations feeding into "moment-by-moment inferential judgement-making about 'how to go on'". They also expose relations of power in this study as pertaining to patterns of interactions

which are responsive to everyday working life; however the authors of these empirical studies give limited attention to values, including beliefs, morals, ethics and faith.

I also situate this study among those emphasizing the notion of embodiment. Sommerville (2006, p. 49) concluded from ethnographic studies of safety in coal mining and aged care workplaces: “Despite these changed work practices, workers learned to work safely through their embodied learning in the work place and mandated safety training contributed little to that learning”, and “that a consideration of bodies and spatiality was crucial to understanding that learning”. Likewise a study in a child and family health service unit showed that pedagogies and practices must be understood as bodily performances and that materiality and learning space are critical considerations (Hopwood 2013; Hopwood & Clerke 2012).

Other “close neighbours” to my research include those highlighting the contextual, prefigured and emergent nature of learning. In a study exploring doctors’ transitions to new levels of medical performance, Kilminster and others (2010) have shown that learning clinical practice involves different pragmatic regimes: familiarity, regular action, and justification. Learning is not a linear process. Johnsson & Boud (2010) show how learning emerges from work by comparing and contrasting work practices in two case studies: a local government council and the utility organization referred to above. Here complex contextual and relational resources jointly determine the practical matters of work, and can shape the conditions of emergence and invitational opportunities that expand what is possible to learn. My research also sits alongside studies in which learning is understood as past, present and future, together with studies acknowledging rhythms of learning (Hopwood 2013; Johnsson 2009; Price 2013).

In my thesis I have intentionally chosen to focus on more recent empirical studies of workplace learning through a practice lens rather than contributions to the understanding of learning through approaches such as cultural-historical activity theory (CHAT) as in Engeström (2001, 2004) and actor network theory (ANT) as in Fenwick and Edwards (2010). In doing so I acknowledge common themes of taking the unit of analysis as the whole, materiality,

embodiment, non-linear dynamics and interactions, emergence, and challenges to learning binaries.

Although organizational and management literature is extensive, as are studies in religion and theology, “faith-based” terminology has only appeared in the 1990s. Over the last decade we have seen a major increase in the literature related to FBOs, in particular faith-inspired health care in the sub Saharan region. Olivier and Wodon (2012b, p. 3) suggest that the intense emphasis in literature on “the religious response to HIV/AIDS in Africa, has been at the cost of a better understanding of the daily and holistic, health and development activities of faith-inspired institutions and initiatives, and especially of local faith communities”. They subsequently note that “while encouraging, these new pockets of literature do not yet generate a sudden wealth of evidence” (Olivier & Wodon 2014a, p. 3). Clearly more empirical research and theoretical structuring are needed. To date, HIV&AIDS literature largely centres around biomedical and scientific research and in behavioural, educational, development and community approaches, along with interventions in the areas of prevention and care.

In development work in sub Saharan Africa, FBOs are commonly included as players, as discussed in chapter 3. Lunn (2009, p. 937) observes that:

> For decades, religion, spirituality and faith have been consistently marginalized or avoided in development theory, policy and practice. In the past few years, however, they have begun to be acknowledged by some academics, international institutions and NGOs as factors with which development must engage if it is to be viable and successful in the coming decades.

A key international research project from 2008-2011 entitled the “Cartography of HIV, AIDS, Religion and Theology” (Olivier, Leonard & Schmid 2012) has established an annotated bibliographic database on the interface of HIV&AIDS, religion and theology (Haddad 2011). Trajectories for further empirical research identified through this study include inter-faith collaborative initiatives, particularities of context, new frameworks to understand culture and tradition, and relationships between the religious and non-religious sectors. However no consideration has been given to how program managers, staff and volunteer workers in faith-based programs might learn their HIV&AIDS work.

Peer reviewed literature at the intersection of workplace learning and FBOs is rare, with donors reluctant to channel resources to learning. In essence, learning is frequently viewed as less valuable than “doing” (Prince & Wrigley 2007). One exception in the field of development and environmental work is that of Moyers (2012) addressing learning, faith, and sustainability in case studies of FBOs in Kenya. Using transformative learning theory (Mezirow 2008), Moyers identifies embodied meaning-making processes, although learning is restricted to individual practitioners. In contrast, my research on learning HIV&AIDS work adds a new perspective on learning in the context of HIV&AIDS, FBOs and sub Saharan Africa.

1.6. Organization of my thesis

Having introduced practice theory, workplace learning, HIV&AIDS and FBOs as key fields in this research, I conclude this chapter with an overview of how I organize this thesis. Its length reflects the appropriate depth across these fields and, consistent with narrative approaches, the value of incorporating numerous extended excerpts from the narratives. The order and linear structure of the final product do not do justice to the non-linear, iterative nature of the narrative inquiry undertaken.

In chapter 2 I begin by outlining my conceptual framework of practice in considering: firstly, a relationship between HIV&AIDS, work and practice; secondly, the practice turn in contemporary theory; and thirdly, the different streams within practice theory. I show the value of using practice concepts from Schatzki and Kemmis in contrast to other theoretical frameworks, and identify the five key features of practice that are important in this study: embodied; relational; materially mediated; situated and contextual; and prefigured and emergent. Drawing primarily on Schatzki (1996, 2001a, 2002, 2006a, 2010b) and Kemmis (2009; 2014), I work towards a robust practice framework appropriate for empirical research in learning in faith-based HIV&AIDS programs in Malawi, Kenya and South Africa.

In chapter 3, I examine how learning is understood within the learning society, the development sector, the workplace, and in theoretical situated learning approaches including communities of practice. I then explore knowledge and learning from two distinct paradigms, as well as common

research assumptions about learning influenced by psychological and socio-cultural theories of learning. I follow this up in chapter 4 discussing learning as practice, showing how the key features of practice are also attributes of learning, and examining learning as doing, saying, and relating. This evolves into a practice framework for conceptualizing and examining learning HIV&AIDS work.

Chapters 5 and 6 argue for an interpretive approach to this empirical research – in contrast to the dominant positivist approaches widely used in HIV&AIDS research – developing narrative inquiry as an appropriate research design. In chapter 5 I consider how understanding is interpreted, constructed and communicated through experience in a particular time and place, taking care to acknowledge the limitations of this approach. In order to align my choice of narrative methodology, research design and purpose driving this research, I then address sense-making, story and narrative as culturally, socially and historically determined and relational. In chapter 6 I elaborate my research design using Clandinin and Connelly's (2000) three dimensional narrative inquiry as a multidisciplinary tool for data generation. Details of how to merge this with my theoretical framework of practice for analysis are further elaborated in appendices. I also address matters of co-production, representation, voice and authority, and anonymity.

Chapters 7-9 are dedicated to exploring my research question and presenting my analysis and findings. Chapter 7 examines how learning activities in faith-based HIV&AIDS programs happen:

- "Involving yourself" seeking and giving advice – relating with material things, engaging bodily, situated and integrating past, future and present
- Modelling and mentoring – engaging relationally, entwining with materiality, and integrating with "nets of practice"
- "Having a go" through trial and error – as coming to know; a meeting of mind, body, and individual and social learning activities; and creating learning spaces

Chapter 8 explores how learning activities are organized:

- What matters: “walking the talk” including what is deemed “acceptable purpose”, and concerns for integrity shown by doing the “right thing”
- Rules including formal instructions and silent rules
- Making skills and experience count, taking into account relationships and tradition that mutually influence and modify learning

In this chapter I also highlight values permeating the organizing structure of learning, learning activities and relationships.

In chapter 9 I demonstrate how learning is possible when learning practice hangs together with other practices in particular ways through common space, purpose and orchestration. In addition I examine: how learning bundles materially through the physical bodies of practitioners; mutually constituted space for learning; and the importance of ascribed meaning, values and relational distance. Here I also show learning as situated and contextualized, as when practitioners act on “the way things are around here”, thereby integrating past, present and future. The chapter concludes with a discussion on the relationship between learning and change: learning persisting yet being transformed through rhythms and cycles; learning emerging in unanticipated and unpredictable ways; and learning subsiding.

I devote my concluding chapter to revisiting my research question and the issues explored in this thesis, reaffirming the findings of this study, and outlining some of the contributions this research makes to learning, practice, HIV&AIDS work and FBOs. I discuss ways in which this research has contributed: (1) methodologically – to an integrated narrative-practice inquiry approach; (2) empirically – to the growing body of research on understanding learning in the workplace through a practice lens, supporting the need for a metaphor of emergence, and making visible permeating values largely under-described, analysed and theorized in current practice literature; and (3) professionally. I reflect on my own story as an HIV&AIDS researcher-practitioner and on the limitations of this research, concluding with implications for future research.

Chapter 2: A theoretical framework of practice

I begin this chapter by situating the everyday work of HIV&AIDS program managers and staff within social practice. I outline the "practice turn" in contemporary theory and various traditions in practice theory in which practice is central to the organizing of social life. Five key features of practice evident across the literature are discussed: embodied; relational; materially mediated; situated and contextual; and prefigured and emergent. Drawing strongly on the work of Schatzki (1996, 2001a, 2009, 2010b, 2013) and Kemmis (2005, 2007, 2009) I propose a best fit framework for my research examining how learning as practice occurs in faith-based HIV&AIDS programs in community settings in Africa. While Schatzki did not intend his practice theory for analysing data, so for pragmatic reasons I move towards complementing his framework of practice by adding "relatings" as described by Kemmis (2009; 2014), alongside "doings" and "sayings" as core dimensions of practice.

I describe practice as embodied, materially mediated arrangements of doings, sayings and relatings, dynamically intertwined in time and space. Doings, sayings and relatings are each performed bodily actions and are always present together, although at any given time one or two may be more overt as a dimension of practice. Relatings are more than connections between what is done and said within and between practices. Indeed just as doings and sayings continually reconstruct the very character of activity, so do relatings. Whilst doings and sayings are prominent in worldviews that highly value visible activity and production, relatings between people take a more prominent role in the African contexts in which my study is conducted. This is particularly evident in my data in the context of HIV&AIDS, where the epidemic is frequently referred to as a "disease of relationships".

Since my earliest engagement with participants in this study I have become aware that relationships between people are highly valued. Their stories of work and how they learn to work are also predominantly about relationships between people and how people relate to material objects. For pragmatic reasons I therefore include "relatings" between people, and between people and material arrangements, as a key dimension of practice alongside "doings" and "sayings".

Using Schatzki's terms of understandings, rules and teleoaffective structure I then describe how doings, sayings and relatings are organized or "hang together" to make characteristic practices in a particular community, place and time. I conclude this chapter by visually representing my framework of practice drawing on Schatzki's and Kemmis' notions of practice that will enable me to empirically make sense of narratives rich in information about what it means for HIV&AIDS practitioners in four African community settings to learn HIV&AIDS related work. I address the practice of learning in chapters 3 and 4.

2.1. HIV&AIDS work, learning and social practice

The boundaries between everyday life, work and learning are blurred for many program managers, staff and volunteers working in the field of HIV&AIDS in sub Saharan Africa. HIV&AIDS emerged historically during escalating social, economic and technological change (Sahn 2010). From these changes have come new responses to HIV&AIDS. Practitioners can no longer confine work and learning to traditional sites, institutions, rites and blocks of "know-able" information (Boud, Solomon & Rooney 2006); rather HIV&AIDS work and learning are dynamic and integral parts of "the everyday" (Epstein 2008; Iliffe 2006). This is illustrated by Pisani (2008, p. 10) in her personal journey of HIV research as an "accidental epidemiologist":

> I learned a lot about the warts that exist on the underside of all those health statistics you see in your newspapers every day. They make things seem so simple, those numbers, but they're boiled up out of cauldrons of uncertainty, of best guesses, of spilled samples, of errors corrected on the fly . . . Bit by bit, we got a better idea of what was really going on.

The blurring of boundaries between everyday life, work and learning also contributes to and is the consequence of how practitioners conceptualize and organize what they do in the everyday. Practices are more than technical undertakings and effective, efficient performances. Instead the challenge practitioners face in the everyday is to make wise judgments and to flourish in the situations in which they find themselves. They are engaging with values and making sense of what is being undertaken with others in a particular situation at a particular time (Green 2009a; Schwandt 2005). Schwandt highlights the limitations of scientific-based or evidence-based knowledge traditions that dominate much professional practice:

> The practices of teaching, counseling, social work, administration and so on are not simply organized delivery mechanisms that provide services to clients seeking utilitarian ends. They are sites of human flourishing: it is in the interaction between teacher and student, counselor and patient, social worker and client that we become aware of what it means to be human, to live together, to prosper (and not just function). (Schwandt 2005, p. 330)

By viewing HIV&AIDS work as a social practice, I therefore assume that it is always embedded theoretically and empirically within everyday experience in a specific context, rather than as disconnected bodies of knowledge, techniques and strategies that are generated externally and then applied.

2.2. The practice turn in contemporary theory

The term “practice turn” is used to express the major shift in contemporary theorizing about social life that has occurred in the past two decades. This term “embodies a certain way of understanding what is (ontology) and what it means to know (epistemology)” (Crotty 2003, p. 10). Practice theory grew out of social theory (Bourdieu 1990; de Certeau 1998; Heidegger 1962/1995). Practice theorists view practice as the primary social phenomenon through which other aspects of society such as actions, institutions, structures and orders can be understood. Practice rather than knowledge, structure or agency, or subject or object, is the central conceptual organizer for understanding (Antonacopoulou 2008; Green 2009b; Kemmis 2005; Kemmis et al. 2012; Nicolini, Gherardi & Yanow 2003; Schatzki 1996, 2001a, 2006a, 2010b, 2012; Schwandt 2005). Because of the diversity of traditions and approaches utilizing practice theory, practice is often defined by listing common features and challenges that practice theorists find important and relevant.

This practice turn has manifested across a wide range of disciplines including philosophy, sociology, anthropology, cultural studies, business and organizational studies, education and technology. It has coincided with a refocusing on the everyday and the “life-world” influenced by “the interpretative or cultural turn in social theory” and the philosophies of late Wittgenstein and early Heidegger (Reckwitz 2002, p. 244). In philosophy, the focus has shifted to non-propositional knowledge. In sociology, the actions of individuals and groups are considered fundamental in social organization. Miettinen, Samra-Fredericks & Yanow (2009, p. 1313)

conclude that “practice has been found to supply a solution to the perennial problem between agency (the free initiation) and structure (determinism): through actions, structures are both reproduced and transformed”.

The notion of “community of practice” which first arose out of anthropological and educational studies and spread widely through the influence of Lave and Wenger (1991) marks the shift from a cognitive and individual understanding of learning to a situated and social one. Activity rather than representation has become a focus in technology and human-computer interaction studies (Kaptelinin & Nardi 2006). Within organizational studies, practice approaches have been adapted to explore organizational learning by constructing learning as a social and situated activity dependent on the social interactions between members (Brown & Duguid 1991; Gherardi 2006; Nicolini, Gherardi & Yanow 2003).

In addition to traditional disciplines, contemporary workplace environments have fostered new expressions of professions across and within disciplines, and traditional boundaries between professions have become less defined (Green 2009a). This is particularly evident in resource limited settings such as those in which this study takes place: the teacher might become a counsellor, the social worker a community development consultant, the nurse a child psychologist, and the religious leader a program manager. These forms of practice are multi-disciplinary and inter-disciplinary with porous professional boundaries. Practice theory is therefore an important tool that provides a contextualizing approach to understanding work, and learning in work, in shifting environments.

Early in my research journey to understand how managers and staff in faith-based HIV&AIDS programs learn HIV&AIDS work in community settings in Africa, I was intrigued by the way these practitioners make sense of their work and what it means for them to learn at work. I documented the following observations in a journal entry at the end a five day live-in participatory workshop in which twenty-five managers and staff from twelve countries met to discuss “what is working” in their particular context and to learn skills in program management:

> I feel like I am saturated in the stories of very committed people giving all of themselves to make a difference in the lives of those living with HIV&AIDS. It is five years now that

> we are working together in the HOPE [see Appendix A] team. Although each of the program managers talks in depth about how they do specific programs targeting prevention, home-based care, the care of orphans and vulnerable children, and empowering communities and churches, their work is much more than simply "doing" prevention or care. Much of their work *is* "talk" and "relationships". If it were not for their very strong sense of calling, their values and beliefs, that are so central to their work, then none of this would happen. These are more than motivation but are in essence a component of their very work and being. This week conversations, even over tea and meal breaks, were about new approaches to holistically engaging with people in ways that align with their worldview, not about information you must know or knowledge as an abstract concept. Rather than concentrate on what knowledge these practitioners consider necessary, I need to further explore frameworks of practice. (Journal entry 25 August 2007)

Although I considered how recent developments in practice theory provide new perspectives from which to conceive and conduct empirical work, a major challenge I faced concerned how to fully realize the potential of practice theory. In my context a practice framework for the world of HIV&AIDS would need to engage fully with what practitioners do, their talk and their relationships, strongly permeated with morals, ethics, values and beliefs.

2.3. Streams in practice theory

I now describe the diverse ways in which practice streams have developed with significant differences and even controversies. While acknowledging that each of these approaches may contribute to understandings of social order under certain conditions and situations, I adapt a practice framework drawing on Schatzki and Kemmis that best suits the context of my empirical research. I focus on Schatzki's definitions of practice and later describe key features common to all practice streams and evident in my research.

In response to the development of "practice-based studies" Gheradi (2006, 2008) identifies empirical categories commonly found in organizational and management literature:

- Cultural and aesthetic approaches (Swindler 2001)
- Situated learning theory (Brown & Duguid 1991; Lave & Wenger 1991; Wenger 1999) built around the work of Lave and Wenger (1991, p. 98) who first described a community of practice as "a set of relations among persons, activities and world, over time and in relation with other tangential and overlapping communities of practice"
- Activity theory (Engeström, Miettinen & Punamäki-Gitai 1999) drawing on the works of Vygotsky (1978)

- Actor network theory (Latour 2005)
- Empirical grouping of workplace studies (Luff, Hindmarsh & Heath 2000)

Although Gherardi (2006, p. 18) includes these five very broad traditions of research as part of the "practice turn" because of their "shared focus on situated practice, on practical rather than abstract and decontextualized forms of knowledge", only situated learning theory is firmly located within practice theory. Corradi, Gheradi and Verzelloniheading (2010, p. 268) challenge the "bandwagon" of "practice-based studies", dividing them into two distinct streams: one in which researchers approach practice as an empirical object and use conceptual labels such as "practice standpoint", "practice-based learning" and "work-based learning", and a second stream in which practice is "a way of seeing" with conceptual labels such as "knowing-in-practice" and "the practice lens". I position my study within the second stream, viewing HIV&AIDS work and learning in this context through a practice lens. While such widely diverse perspectives and applications legitimize ways in which practice might emerge and contextualize in specific environments rather than conform to fixed definitions, I do engage with these streams of practice although adapting them for the purpose of my empirical research.

Kemmis and McTaggart (2000) have drawn on Aristotle, Habermas and Schatzki to distinguish the different practice streams based on whether practice is approached from an individual, social, objective or subjective perspective. My experience in HIV&AIDS consultancy has alerted me to the inadequacies of single-pronged approaches that focus on one of these perspectives to the exclusion of others. Kemmis (2009) describes four traditions of viewing practice and a fifth being a combination of these:

1. Individual behaviour – the behaviour of individual practitioners including individual performances, events and effects which constitute practice as it appears to outside observers
2. Social interaction – the wider social interactions between practitioners which constitute practice as it is appears to outside observers
3. Intentional action – the intentions, meanings and values which constitute practice as it is viewed from the perspectives of individual practitioners

4. Shaped by tradition – the language, discourses and traditions which constitute practice as viewed from the social perspectives of members of the participants' own community of practice as they represent themselves to others

Kemmis argues that any one of these four traditions alone cannot be foundational in understanding practice. Nor can discourse, action or social connection be epistemologically privileged as the bedrock on which the truth about practice and professional practice can be constructed. Instead he presents an alternative fifth "reflexive-dialectical" tradition incorporating all four of these streams of practice, thereby enabling practice to be understood as constituted and reconstituted by human agency and social action (Kemmis 2009). This takes an evolving and dynamic social form that is reflexively transformed and restructured over time. Whilst particular examples that I later use may appear to draw more strongly on one aspect or another, no one aspect stands alone as being more foundational in my understanding of practice.

Given that in the world of HIV&AIDS much debate surrounds the relationship between individual versus social and objective versus subjective responses, I have needed to be alert to how this impacts my understanding of practice. Examples of individual-social and objective-subjective tension, such as those italicized below, appear throughout my research journal:

> Today in the car I listened to *Radhi and Chisulo argue about how much of their learning to work with volunteers is something they have learned individually and how much they have learned together collectively as a team. Radhi reckons it is seventy percent individual!* Yet as I listen to their stories about selecting volunteers and issues related to conflict and retention, they are always talking about how *they are constantly relating to church and community leaders*. *It appears to me that these dichotomies are not relevant.* It is not a case of the individual or the social; both are shaping each other. (Journal entry 12 November 2009)

> Today Chuma was super excited telling me about her plan to march against teenage pregnancies and how she is using ideas from the advocacy workshop she recently attended. *It is a great example of how the socially deprived community in which she is working is shaping her as a person and how she is shaping the community.* (Journal entry 7 July 2010)

> Measuring the effectiveness of PPR's home-based care program was a big focus of today's stories. Both Abraham and Jabulani were expressing their frustration on how PEPFAR uses numbers of people in the program as an objective measure of effective service delivery. But what do program numbers mean? It doesn't tell anything of very sick people coming into the program and dying before they can access ARVs, or how people are now living longer on ARVs and are well enough to no longer need the program's services. The practice of program monitoring and evaluation is better understood from how things appear from both inside and out. (Journal entry 20 July 2010)

These observations and reflections highlight the inadequacy of an individual-social learning dichotomy which dissolves within everyday entanglements of HIV&AIDs work practices, with colleagues, other practices, and the material world in time and space.

The stream of practice theory which I believe has the appropriate fit for my research in such contexts, and one which been widely taken up across multiple disciplines, is that elaborated by Schatzki (1996, 2001a, 2002, 2006a, 2010b, 2012). Schatzki (2001a, p. 12) defines practice as "embodied, materially mediated arrays of human activity centrally organized around shared practical understandings". While this definition is expanded in various forms throughout his writings, I base my discussion on practice as a set of doings and sayings governed and organized by four components: practical or action understandings, general understandings, rules, and teleoaffective structure. Firstly, practical understandings combine abilities to perform actions, to recognize others' actions and to respond to those actions. They involve knowing which bodily actions to perform in which circumstances. Next general understandings include a sense of what matters and is relevant to the practice. Then rules prescribe how things should be done and include formulated directives, instructions, edicts and admonishments. Lastly, but especially important for this research, is teleoaffective structure knitting together, governing and organizing the doings and sayings of practice. Schatzki (2001b, p. 61) describes teleoaffective structure as:

> A range of acceptable or correct ends, acceptable or correct tasks to carry out for these ends, acceptable or correct beliefs (etc.) given which specific tasks are carried out for the sake of these ends, and even acceptable or correct emotions out of which to do so.

Practice in this sense is always purposeful. In Schatzki's (2002, 2006a) analysis of Shaker practice, he concludes that religious faith is enmeshed in teleoaffective structure. Although this positioning is consistent with the tenets of practice theory – to eliminate dichotomies such as structure and agency – his dealings with matters of belief and spirituality appear inadequate, leaving much to be explored. Given the well-recognized place of values including morals, ethics and beliefs in both programmatic responses to HIV&AIDS and FBOs, my long term experience in such settings and the data obtained from my research anticipate these major elements in the governing and organizing structure of practice. However even within this understanding of

practice we are challenged to adequately explain the large emphasis given by HIV&AIDS program managers and staff to the relational aspects of their everyday work with people and material objects. In order to address this, I supplement Schatzki's theory of practice with Kemmis' (2009, p. 26) understanding of professional practices as always being a "composite of 'doings', 'sayings' and 'relatings' . . . These 'sayings', 'doings' and 'relatings' form compound structures that are characteristic of different forms of practice". I refer to relatings as embodied relationships between people and with material objects in social space; I further develop this notion throughout the remainder of this chapter, including extending it to a dimension of the practice of learning.

According to Schatzki (2002, p. 87) "doing and saying belong to a given practice if it expresses components of that practice's organization". Likewise we might argue that relatings belong to any given practice if they express components of that practice's organization. Kemmis (2014, p. 31) describes relatings as "when the people and objects involved are distributed in characteristic arrangements of relationships". Embodied relatings not only shape human practice, they are practice in the same way as embodied doings and sayings. Human practice is as much made up of relatings as it is of doings and sayings. Doings, sayings and relatings therefore do not exist as three separate components; rather they are always entwined in configurations that constitute practice (Kemmis et al. 2014).

Where practices are present we always have doings, sayings and relatings. However particular relatings might also belong to multiple practices by expressing components of these different practices. This theoretical positioning enables me to highlight the peculiarities of my research setting and to address ways in which practice is not only constituted and reconstituted through doings, sayings and relatings, it is hanging together between practices and bundling with materiality. Other theorists do not develop this aspect of practice adequately for the purposes of my research. In the remainder of this chapter I elaborate on this model of doings, sayings and relatings as fundamental elements of practice.

The variety and complexity of ideas inherent in my approach to practice also open up opportunities to impact directly on contemporary practice. Cherry (2010, p. 11) suggests the following range of possibilities: to study the dynamics of practice that are the focus of people's energy in certain settings; to work with practitioners in constructing models and tools which enable differing or paradoxical approaches to be held in tension; to explore how practice develops over time and in complex conditions; to explore decision-awareness in such environments; and to help practitioners construct theories of and for their practice that actually work. My focus in this research is to view learning through a practice lens in order to generate an understanding of the everyday learning experiences of HIV&AIDS practitioners, usually operating in environments characterized by uncertainty, ambiguity and change.

2.4. "The social", hanging together and HIV&AIDS work

I understand practice to be about engaging with the world in the everyday of life as it holistically integrates: what people do and with whom, what they do it with, how they do it, for what purpose, and where. Although my research with practitioners focuses on their everyday experiences of learning, I find much in common with broader social practice. With the practice turn, practice theories offer alternatives to the earlier individualistic and structural approaches of social theory (Schatzki 1996). According to Reckwitz (2002, p. 259):

> Practice theory revises the hyperrational and intellectualized picture of human agency and the social offered by classical and high-modern social theories. Practice theory "decentres" mind, texts and conversation. Simultaneously, it shifts bodily movements, things, practical knowledge and routine to the centre of its vocabulary.

As stated earlier, practice is therefore the primary social phenomenon. Using Schatzki's (2002) practice approach, "the social" is composed of nexuses of practices and material arrangements, as distinct from individual doings and sayings (and relatings included for my research purposes). These nexuses are significant in that "human lives hang together not just through social orders, but also through social practices" (Schatzki 2002, p. 60). The implications of this are subsequently developed by Schatzki (2010b, p. 66) arguing that "because the hanging together of human lives is basic to society, social affairs exist, at least in part, through the ways lives hang together". Practices are not limited to the individual but are connected into social practice. Humans, activities and actions are embedded within practice. To participate in practice

assumes networking amongst wide-ranging sets of people. Price, Scheeres and Boud (2009) argue that as practice connects the individual and the social, dualities such as structure versus agency and individual versus social disappear. Social structures and institutions are the results of practice.

To consider HIV&AIDS work and learning as social practices for the purposes of empirical research is complex and challenging. Schatzki (1996, 2002) helpfully narrows “the social” into more manageable units: concepts of bundled practices, and dispersed and integrated practices:

> Social phenomena are either bundles of practices and material arrangements or aspects of such bundles. Practices and material arrangements “bundle” in the sense that practices transpire amid particular arrangements and are moulded by them in various ways, while arrangements anchor the specialities of practices and are set up and altered to varying degrees by the actions that compose practices. (Schatzki 2010b, p. 73)

Reckwitz (2002) speaks of nested or constellations of practices to emphasize immersion in sets of people and shared understandings. In this sense routine practices are highlighted such that “mental activities do not appear as individual but as socially routinized” (Reckwitz 2002, p. 257). However Schatzki’s bundles of practices, which I take up in my understanding, are different to nested practices. According to Schatzki (2010b) when practices overlap such that actions are part of more than one practice, or are linked with the past through chains of action, they can be said to “bundle”. Each particular practice has a distinct arrangement of relationships and material objects, along with circumstances that characterize it. Integrated practices are those which overlap, weave and even conflict in the process of joining multiple actions, projects and ends. In contrast, dispersed practices such as general, non-specific questioning and problem reporting retain very similar shapes in different contexts while taking on distinct forms in certain integrative practices (Schatzki 1996, 2002).

In my research I draw on Kemmis’ (2014) intersubjective spaces encountered in language, in space-time and in social relationships that are always present in any social situation. Cultural-discursive, material-economic and social-political “arrangements ‘hang together’ in places, in practices, in human lives, and in practice landscapes and practice traditions of various kinds” (Kemmis et al. 2014, p. 4). While Kemmis refers to the way this is organized as “hanging together”, I reserve this term for relationships between practices to describe how practices

relate to each other in dependent rather than coincidental ways. I show how learning practices hang together with other practices by sharing the same space, sharing the same objects, common ends, happening sequentially in a chain of action, one practice causing others, or through orchestration. The products of “hanging together” are nets and meshes.

I also use the Schatzkian term “bundling” in this research to describe the links between material things and doings, sayings and relatings (Schatzki 2002). Practices relate to material arrangements by bundling to create the site. I show how learning practices bundle with material arrangements in ways that the material world forms a space for learning activities (spatiality). We see people reacting to material events, materiality defining the ends and purposes of learning, and learning practices responding to material opportunities and the restraints of the material world. As practices involve bodily doings, sayings and relatings, I consider HIV&AIDS program managers and staff as “a given” in learning practice-arrangement bundles.

This social ontology has implications for my study located in HIV&AIDS programs. For example, everyday work associated with the care of PLWHA consists of practices grouped and linked in characteristic ways. Activities involved in HBC, prevention of HIV and the care of OVCs overlap with each other, and they are linked with general understandings such as living positively and dealing with stigma and discrimination. Practices such as HBC, palliative care, counselling, community health education, kitchen gardening, cooking and domestic cleaning hang together. Such responses have developed over the epidemic’s 30 year history. However we may see tensions when newer practices such as HBC hang together with longstanding practices such as community participation, while bundling with a mix of old and new material arrangements such as treatment and adherence regimes. Consequently, with changing social and environmental conditions, we can expect to see both the perpetuation of (old) practice and maintenance of arrangements, and the emergence of (new) practice. We therefore need to identify the diverse activities that compose a practice, the bundle(s) of practice of which these activities are part, and other meshes of bundled practices to which these HIV&AIDS programs being researched are closely linked.

Schatzki (2013, pp. 9,10) also identifies specific ways in which the social, practice and the material are directly linked. These include:

- Common and shared spatialities anchored in arrangements
- Activities that compose practices altering arrangements
- Activities reacting to events
- Causal relations among elements of arrangements affecting the progress of practices
- Material arrangements prefiguring the progress of practices
- The impossibility of carrying on certain practices in the absence of certain arrangements
- The dissemination of certain arrangements as particular practices spread
- Participants in particular practices making sense of the elements of arrangements in specific ways

In chapter 9 I discuss the empirical evidence of these relationships in my research.

Before describing key features which are common across different approaches to practice theory, I present two additional examples from the world of HIV&AIDS to show how “human activity is inseparable from material arrangements, practice-arrangement bundles, and social phenomena” (Schatzki 2013, p. 12). Firstly, such relations between practices and arrangements, together with the situated and contextual nature of practice, can be illustrated from within an HIV prevention program included in my research. This program in a semi-rural environment involves a cooperative venture with the local government health services to provide HIV testing in high schools. In this example, HIV testing practice consists of bundles of particular arrangements of counselling, taking blood, reading test sticks and reporting, together with relatings between students, educational staff, nurses and government surveillance officers. The testing is offered free to clients and has a high rate of uptake. However only several years prior to this research, such HIV testing practice was prohibitively expensive and available only through government hospitals or private physicians. The particular arrangements for counselling, testing and giving of results have changed dramatically over a relatively short period of time, due to political and socio-economic changes along with general understandings of stigma, disclosure of status, and HIV prevalence among young people. So materially

mediated arrangements of sayings, doings and relatings characteristic of counselling high school students and staff, testing them and providing them their results make up the practice of HIV testing in this particular setting.

We see a similar mesh of practices and material arrangements in a related example: the practice arrangement bundle of providing day care for pre-school children impacted by HIV. The day care centre may be a place to teach, to hold grief counselling for children or a community meeting, or to eat a midday meal. These activities may be connected to clean mats on which the children sit, desks, cooking utensils, posters, and a bare dirt playground with trees for shade. The setting is connected in turn with other material arrangements such as the neighbourhood, a nearby primary school and a church, which are each relevant to providing day care for these children impacted by HIV. In the same overall setting as the day care centre, volunteer HBC workers and clients coexist in the context of community, clinic and church networks of care, the layouts of homes, and the use of medications and adherence regimes. These networks, layouts, raw materials and resources are arrangements of material entities meshed together to form the social life of this particular rural setting. Additional material circumstances for consideration may include environmental factors such as climate (as heat and humidity are detrimental to anti-retroviral medications) and mobility and transport infrastructure (as poor infrastructure limits travel). However if pain relief medications such as morphine are not available for the palliative care of HBC clients in this particular setting, then these drugs will not be material features of practice in this context.

Having positioned my research within a practice perspective in which social phenomena, human activity, material arrangements and practice-arrangement bundles are inextricably joined, I now consider features of practice. In chapters 3 and 4 I develop this further, describing these features in the practice of learning.

2.5. Features of practice

In this section I outline in greater detail five key features of practice from current approaches to practice theory: embodied; relational; materially mediated; situated and contextual; prefigured

and emergent. Note however the limitations of describing these in a linear manner since this in no way reflects their importance or priority.

Practice is activity often labelled by practice theorists as “doing-ness” or “doings” (Green 2009b). As highlighted earlier in this chapter, Schatzki points to the significance of doings and sayings as central features in his definitions of practice as “a temporary unfolding and spatially dispersed nexus of doings and sayings” (Schatzki 1996, p. 89) and “a set of doings and sayings governed by understandings, general rules and teleoaffective structure” (Schatzki 2001b, p. 58). For Schatzki activity is the performance or doing of an action. This distinguishes Schatzki from cultural-historical activity theory that views activity as collective and action as individual (Vygotsky 1978).

The organization of practices is social, being expressed in the connections of doings and sayings that compose them, in contrast to individual doings and sayings. Here practice is inherently dialogical and activity focused. Kemmis (2009, pp. 23-14) in his account of 14 characteristics distinctive of social practice argues that practices are discursively formed and structured. Doings are what people do together, and these interact with what people say. Both are done with people’s bodies. Although sayings do consist of speech, they extend beyond this to include verbal and non-verbal communication, characteristic discourse, language and thought. Sayings are differentiated from doings of practice in that a saying conveys meaning and has a semantic function whereas doings may not (Schatzki 2002). In this sense sayings are anything that is communicative. This perspective stands in contrast to that of conversational analysts whose focus is almost exclusively on words or symbols in particular discourses, and for whom context does not go beyond the micro-interactions of talk (Drew & Heritage 1992; Ochs, Schegloff & Thompson 1996).

In more recent thinking, Schatzki (2010b, 2013) terms activity as doings and sayings, the performance of an action and a temporal-spatial event. Life is a continuum of activity or series of overlapping events, and it is this that creates a sense of continuity. Although Schatzki considers activities to be different to practices, they have the same characteristics and are

organized in the same way, simultaneously upholding practices and their organizing structure. Activities are occasions in which practices are carried out with actions being performed in activity and woven together with thinking.

As practitioners discuss, learn and make judgments about their work, practice continually emerges and re-forms. “Action is both spontaneous and purposeful . . . action is not simply an individual achievement but always other-regarding” (Schwandt 2005, p. 327). However, a word of caution by Kemmis (2009, p. 22) is salient:

> Practice is not just “raw activity” – it is always shaped and oriented in its course by ideas, meanings and intentions. Practice always involves values – it is always value laden and it always raises moral questions about the responsibility of practitioners for their own actions and for the consequences of their actions for others.

This is important with respect to my research and is developed further in chapter 8. For example in HIV prevention and the care of OVCs, activities involve the performance of actions that are overtly moralizing and involve “other-regarding” ethical choices, such as a volunteer family support worker is respecting and valuing the life of an orphaned 14 year old girl in the act of informing the tribal chief that this girl is being denied the right to attend school because of excessive demands by her guardian aunt. Although in this example the activity happens to the individual support worker, and this activity presupposes social practices, this does not mean that the individual has “ontological supremacy” (Schatzki 2013, p. 12). I now continue with a discussion of the key features of practice:

2.5.1. Embodied

In practice theory, the principal focus of study is the embodied, engaged dealings with the world. Being a body is a fundamental human condition (Schatzki 1996, 2001c). Embodiment eliminates the Cartesian dichotomy of mind and body, subject and object, and the mind distinct from the external world. Although bodies enable possibilities for action and constrain what action is possible, “the body is thus not a mere ‘instrument’ which ‘the agent’ must ‘use’ in order to ‘act’” (Reckwitz 2002, p. 251). Actions including routine mental and emotional activities are themselves bodily performances. For Schatzki (1996) common mental expressions are evident in bodily doings and sayings distinguished respectively on the basis of non-discursive and discursive actions. Likewise verbal interactions and communications described as sayings are

bodily practices. Because practices are performed, they are therefore potentially open to observation.

Practice theorists promote the concept that bodies and activities are "'constituted' within practices" (Schatzki 2001a, p. 11). This concept encompasses aptitudes, skills, bodily experiences and physical structure. The embodied capacities that practice theorists emphasize are "know-how, skills, tacit understanding, and dispositions", over "beliefs, desires, emotions and purposes" (Schatzki 2001a, p. 16). For Kemmis (2009, p. 23) practice is "always embodied (and situated)" encapsulating "what particular people do, in a particular place and time, and it contributes to the formulation of their identities as people of a particular kind, and their agency and sense of agency". Antonacopoulou (2008) describes intentional engagement with the world through our bodies as a source of meaning and purpose. This is the way in which we both understand the world and shape it. By the very nature of being bodies, having bodies, and bodies being instrumental, it is possible for people to "hang together" and it is this hanging together of human lives that is basic to society (Schatzki 2010b).

Associated with embodiment is the notion that practice is materially mediated. Although emphasis may be given to what people do with their actual bodies, this also extends to include what the body can do mediated by artefacts, tools, resources, physical connections and the like (Schatzki 2002). Bodies cannot function irrespective of material arrangements, and a mind cannot take part in material practices outside of the body. This becomes an important consideration later when I view the practice of learning through a practice lens.

2.5.2. Relational

Relational entanglements exist between people and the everyday world around them. To be human is to relate. As Shotter (1996, p. 385) has observed:

> Unlike computers and other machines, as living, embodied beings, we cannot not be responsive to the world around us. We continuously react and respond to it, spontaneously, whether we like it or not; that is, we respond directly and immediately,

> without having "to work it out". And in so doing, we necessarily relate and connect ourselves to our surroundings in one way or another.

These are not only relationships between people and objects in the environment; they are the "goings on" with one another in the everyday. According to practice theory, people, artefacts, social groups and networks develop characteristics in relation to other subjects, social groups or networks such that they are formed and structured socially (Kemmis 2009; Østerlund & Carlile 2005). Practice is relational in various ways: in "the social" between practice bundles, between practices, and within practices. These are the connections that constitute social practice. "Over any period of time, human practices link and form gigantic nets, just as arrangements are connected into immense material structures and practices and arrangements relate in myriad ways" (Schatzki 2010b, p. 209). Thus practice is embedded in sets of dynamic social interactions, connections, arrangements and relationships.

I use the term "relatings" when I describe relationships between people, and people with material objects. Relating activity is an occasion or event in which the action of relating is performed (Schatzki 2013). I refer to the Schatzkian terms "hanging together" when I am describing relationships of practices bundled with other practices, and "bundling" for the relationship between practices and material things.

To illustrate how relations exist within practice, I give two examples from HIV prevention. In life-skills education in primary schools, certain common "doings" such as dramas, dance, songs, drawing and games are used to tackle HIV-related stigma. These "doings" link and overlap with "sayings" as messages are conveyed through storytelling, proverbs, body mapping and debating. We also see networks of relationships between people that are critical for this practice to unfold: the prevention program manager must relate to the head of the school, to teachers and to the volunteer educators involved; the volunteer educators must relate to the teachers and to the students who participate; and the head teacher may be required to keep both the traditional authorities and the government education officer in the district informed. Saltmarsh (2009, p. 158) notes that understanding context relationally, as in this example, "takes into account how social practices transform, in an ongoing way, the spaces of everyday life".

HIV prevention might also consist of relationships between various types of targeted activities such as life-skills education in primary schools, HIV testing, seminars for church leaders, a community advocacy against domestic violence, and pre-natal care for pregnant mothers. While each of these is a practice in itself, they might be arranged together, intersecting and overlapping to make prevention practice. Activities in one particular village setting might relate to similar activities in a nearby peri-urban neighbourhood with these, in turn, part of a larger network of activities being implemented by a partnership of programs in a particular geographical area. This creates the very character of HIV prevention. So too is prevention (re)constituted as it relates to the existing transport, education and health infrastructure, including access to ART. The result of these multiple ways of relating between various prevention practices, and between actual prevention practice bundles, creates practice specific to the particular context.

One disturbing weakness in current practice theory is the minimal attention attributed to relational issues of power. This contrasts with critical tradition theorists who tend to frame power as a play of domination and resistance (Freire 1972, 1974) while others in the pragmatist tradition understand power as a capacity to act and therefore as agency (Latour 2005). However Schatzki (2010b) positions conflict and power as temporal-spatial phenomena and not necessarily of concern in the organizing and linking of doings and sayings. He states that “conflict always evinces or is rooted in, and power always shapes or consists in, interwoven timespaces. It is too strong, moreover, to aver that my discussion ‘shows’ these things” (Schatzki 2010b, p. 88). In his view, harmony in social order is achieved when people’s activities seamlessly interlock as they continuously adjust to what others do, while conflicts arise from breakdowns in smooth mutual adjusting by people pursuing the same ends, reacting to the same events or states of affairs, and acting in the same place-path arrays. For Schatzki (2010b, p. 89) conflict in the widest sense is the “breakdown in harmonization” as people adjust their activities to what others do and this always occurs in common and shared spatialities and temporalities. Consequently care must therefore be taken by Western oriented theorists and

researchers to not neglect, minimize or ignore aspects of power in practice which are situated at the core of everyday life and identity in this sub Saharan context.

Aspects of power, harmony with others and social control are important concepts in my research. For Wolfensberger-Le Fevre, Fritz and Van der Westhuizen (2011, p. 569), we therefore “learn through others too, and only then best serve the communities in which we function”. In sub Saharan Africa the holistic concept that “a person is a person through persons” is an all-pervading social ethic (Bangura 2005; Higgs 2008; Mbiti 1970; Merriam & Kim 2008; Metz 2013; Nafukho 2006). To be human is to be a social being who prefers being with others. In the Nguni language family (Ndebele, Swati/Swazi, Xhosa and Zulu) this is known as *ubuntu*, as *omundu/muntu* amongst Eastern African Bantu speakers, and as *mtu* for Swahili speakers (Nafukho 2006). According to Bangura (2005) three major tenets of ubuntu are (1) spirituality focusing on character formation and a deep respect for religious belief and practices to guide the everyday including work and learning; (2) consensus building, group cohesion, togetherness, peace building and unity; and (3) dialogue.

> For the Westerner, the maxim, "A person is a person through other persons," has no obvious religious connotations. He or she will probably think it is nothing more than a general appeal to treat others with respect and decency. However, in African tradition, this maxim has a deeply religious meaning. (Bangura 2005, p. 32)

A practice framework capturing these differing or even paradoxical aspects of embodiment and relating has the potential for enriching empirical research particularly in cross-cultural professional practice. Further, “it is not sufficient that we identify the various elements of practice and draw attention to their interconnectedness . . . we need to explain how the interconnectedness between various aspects of practice are to be studied empirically” (Antonacopoulou 2008, p. 116).

2.5.3. Materially mediated

Practice is shaped by the material world. When a person carries out a practice by an act of the body, it is never isolated. Rather they do so in a setting that is composed of material arrangements in the physical world. These arrangements may include objects such as raw

materials, resources, artefacts and tools, physical connections, communication tools, organisms and material circumstances (Kemmis 2009; Schatzki 2002, 2005). Practices and materiality go together. Schatzki (2002, p. ix) acknowledges that his earlier writings “slighted the role of materiality in social life”:

> The material arrangements amid which humans carry on embrace four types of entity: human beings, artefacts, other organisms, and things. The site of the social is a mesh of practices and material arrangements. This implies that human coexistence inherently transpires as part of practice arrangement bundles. (Schatzki 2005, p. 472)

In his more recent writing Schatzki clearly affirms the importance of the material by stating that “social phenomena are bundles of practices and material arrangements” (Schatzki 2013, p. 1). He then uses the term “spatiality” to describe the interconnected places and paths in which action occurs, with spatiality having to do with the kinds of material things that are at hand and relevant to activity. He concludes that “activity inevitably transpires in a material world that it appropriates as its setting” (Schatzki 2013, p. 5). People also react to what has happened, is happening, and will happen to material objects. Material arrangements are part of interacting networks which impact on how work takes place.

However the material world is only of interest as long as it is pertinent to and involved in human activity. Practices are about dealing with the physical and material involved in human activity. This understanding of materiality differs from that of ANT in which humans and non-humans are ontologically similar and objects may be considered as extensions of the human body (Fenwick 2012; Hager 2012). In Heideggerian terminology this is referred to as “ready-to-hand” (Heidegger 1962/1995, p. 98). Objects may increasingly mediate or even displace relationships between people as additional sources of the self, types of togetherness and social cohesion (Knorr Cetina 2001). For example, the mobile phone, an internet connection and computer software (albeit a database or social networking) become transparent when a person engages in the action of making a call or using the computer. In this view, users intentionally or unintentionally permit these material objects to embody them, such that material objects become extensions of people. This differs from Schatzki, who is concerned with the practice-material arrangements and social practices of people in that site:

> They have to manoeuvre around things and know how to produce them or transform them into other things by shaping, fragmenting, and connecting etc. They also need to

> know what can be done with what and what will happen to objects under various conditions. (Schatzki 2013, p. 6)

Although on many occasions those concerned may know little of, or have false ideas about the properties of, the physical materials that are involved, these objects remain relevant to activity.

2.5.4. Situated and contextual

Having discussed the relational nature of practice, including the relationship between practice and the material world, in this section I bring together the terms “situated” and “context”. Practice may be situated in multiple ways, with the terms “situation”, “situated-ness”, “site” and “context” often used interchangeably among practice theorists and empirical researchers. In addition to practice situated in activity, the body and the dynamics of interactions, practice is situated in context – objective place and time – and spatiality, temporality at the intersection of past, present and future.

Gherardi (2008, p. 523) refers to knowing-in-practice which is “mediated and propagated by both interactions between people and by the material arrangements in the world”. For Kemmis (2009, p. 22) practice “has aspects that are ‘extra-individual’ in the sense that the actions and interactions that make up the practice are always shaped by mediating conditions that structure how it unfolds”. These may include cultures, discourse, social and political structures, and material conditions in which a practice is situated. When specifically addressing the workplace, Higgs and Titchen (2001, p. 25) note that “professional practice occurs in a specific context and our knowing, doing, being and becoming professional is influenced by the way we make sense of as well as share this context”. However for Schatzki (2003, p. 176): “It is important to resist the spatial connotations of the expression ‘where’”. Practices come together in space, place, time and common paths (Schatzki 2002). Specifically a site is “that realm or set of phenomena (if any) of which it is intrinsically a part” (Schatzki 2003, p. 177). This Schatzkian understanding of context is important in addressing how learning occurs in faith-based HIV&AIDS programs.

Practice in context

Although practice is always situated in a specific context, “the place of context in research is ambiguous, contested and dynamic” (Saltmarsh 2009, p. 157). Differing views exist: firstly, on

how context shapes or causes practice; secondly, on whether context is a container in which practice occurs, or context is constituted through practice;thirdly, and the prefiguring and emerging nature of practice (Flyvberg 2001; Higgs 2010; Saltmarsh 2009; Schatzki 1996, 2010b). It is in objective space that practices become apparent. The spatial dimensions of a setting, layouts within settings, sequencing over time in settings, and relationships across settings each play a role in how practices anchored relate to each other. Schatzki (2005, p. 468) distinguishes between context, site as a type of context, and place as follows:

> For present purposes, a context can be loosely understood as an arena or set of phenomena that surrounds or immerses something and enjoys powers of determination with respect to it. Actions, for instance, occur in a spatial context; the objective spaces of the setting of action help determine how and which actions are performed (e.g. whether one reaches to the left or to the right to start the copying machine). Actions likewise transpire in historical contexts, dependent on times, places, traditions, and contemporaneous events. Sites however, are a particularly interesting sort of context. What makes them interesting is that context and contextualized entity constitute one another: what the entity or event is is tied to the context, just as the nature and identity of the context is tied to the entity or event (among others).

For Schatzki (2002, p. 123) social life is “not just immersed in a mesh of practices and order but also exists only as so entangled. The meshes of practices and orders is the site where social life takes place”. Schatzki thus rejects context as a “container” in which practice occurs, to define it as an entanglement between people and the world around them with past, present and future qualities. Practice is located within social life and no clearly definable boundaries exist between settings, sites, context and practice. Thus HIV&AIDS related work, consisting of bundled practices, is located within social life and cannot be isolated from the broader complex of social practices and context. HIV&AIDS work as practice is intertwined in the very fabric of everyday social life. Saltmarsh (2009, p. 160) concludes that “professional practice and context are not, and cannot be, finally separated – each produces and locates the other in a complex interplay of socially produced knowledge, practices and relations of power”.

When considering the socially situated nature of practice, we should distinguish place and space. According to de Certeau (1998, p. 117) place implies a sense of stability and an ordering of elements in an “instantaneous configuration of positions” in which certain activities are performed. In contrast, space “is a practiced place”, defined also as “intersections of mobile elements” (de Certeau 1998, p. 117). Space is relational, flexible and changing. For Schatzki (2009, p. 35) objective time and space are “conceived of as features of reality that persist

independently of human activity and understanding". Absolute space is like a container whereas relational space is a "collection of relationships between and among entities". Schatzki (2010b) emphasizes that spatiality is not objective but composed of collections of places and paths near to and far from activity. In this sense space is an important feature of social practice, shaping understanding and meaning. Schatzki (2010b, p. 87) describes this in terms of "timespace":

> A place is a nexus of practice-arrangement bundles, whose arrangements among other things are both relatively well circumscribed geographically and constructed in the practices involved, and whose informing interwoven timespaces (*inter alia*) are filled in or determined by collective memories and senses of identity associated with this place.

In this investigation I explore the significance of these notions of place and time, spatiality and temporality.

Practice situated in time

Context associated with notions of time also figure prominently in social practice. Practice is always situated and formed in material time and space and is the product of particular historical, cultural and social conditions (Kemmis 2007). It is the product of both local history and history in the wider sense. Location matters. "Situated-ness" may be in a physical context, in the body, in the dynamics of interactions, and in language (Gherardi 2008; Green 2009b; Kemmis 2007; Lave & Wenger 1991; Price, Scheeres & Boud 2009). New practice also results from previous practice and is transformed into present practice, lying "in-between habit and action" (Gherardi 2000, p. 215). Mediating preconditions of practice constrain and enable work practices whilst shaping future practice (Kemmis 2009). However this pre-configurement of practice is no guarantee that practices will be sustained in consistent ways: "Through emergent and interactional understandings, these practices are also enacted in variable and sometimes unanticipated ways, thereby changing them and creating a practice that has elements of similar and past practices together with new elements" (Price et al. 2012, p. 234).

When describing professional practice located in time, Kemmis (2005, p. 393) notes that,

> Expert practitioners search not only within their own store of professional practice knowledge for ideas relevant in understanding and acting particular practice situations, but also within their own life-experience. They search for ways of understanding and acting that will be appropriate in addressing the practical problems they meet at any particular time, drawing on life experience not in a static or rationalistic way, but reflexively.

In the sense of objective time, practice can be said to be always “dramaturgical” as “it unfolds in human and social action against the narrative background of individuals’ lives” (Kemmis 2007, p. 144) so that one event occurs before others, and another may follow this event such that there is succession. One way Schatzki (2002, p. 72) defines practices is as “temporally unfolding nexuses of actions. People do things, that is, they organize or structure their experiences according to what is practical for them in any given moment”. As such, practice is defined by time. Tradition developed over time can also be significant in shaping practice (Kemmis 2007; Merriam & Kim 2008; Swidler 2006). Although changes in the operational environment can have a ripple effect over time because of the network of practices and bundles of practices that make up organizations, this is unpredictable (Price, Scheeres & Boud 2009; Schatzki 2005). Unpredictability is particularly evident in HIV practice over the time, including the settings in which my research occurs: the unpredictability of living with HIV, the complexity of determining and implementing effective prevention, questions over emerging treatment regimes, and inconsistencies in access to resources and infrastructure (Epstein 2008; Green 2011; Sahn 2010).

Time is not only objectively defined by succession, it is teleological in that the past, present and future are dimensions of human activity. According to Schatzki (2013, p. 4) “temporality is the future-present-past dimensionality of human activity” and is intentionally acting for a purpose and because of motivated ends. This reflects elements of Heidegger's notions of “thrownness” (Schatzki 2006a, 2006b, 2013). “The time-movement of activity is the self-stretching out of the directional past-present-future dimensionality of the continued sequential and overlapping of performances of a person ceaselessly attentive to and engaged with the world” (Schatzki 2006b, p. 179). This is illustrated by social memory when organizational structure from the past, along with related experiences, actions and expectations, continue into the present. Happenings integrate both the past and “anticipated events, including ones that never occur, in order to help determine what makes sense to someone to do. What is required is only that they were anticipated prior to or concurrently with the performance” (Schatzki 2010b, p. 175). Schatzki describes the melding of past, present and future as “timespace”: “a kind of infrastructure”

concerning “human activity that is based on the teleological character of human life” (Schatzki 2009, p. 35).

Activity timespace is also complementary to the objective temporal and spatial features of society rather than an alternative to them. Schatzki develops this concept of timespace by drawing extensively on his interpretation of Heidegger who “treated temporality as marked, not by succession, but by dimensionality: past, present, and future” (Schatzki 2010b, p. 9). He then argues that practice intertwined in time is grounded in rules, understandings, agreements and debates that form the discursive histories of particular communities. Consequently mutual consensus is possible on what to do at any particular time. For people to know how to act in a given moment, they are dependent on integrated past, present and future contextual elements, including the contradictions and complexities of everyday life.

2.5.5. Prefigured and emergent

The fourth feature of practice I discuss is that of prefigurement and emergence. A practice is a living tradition which evolves (Golby & Parrot 1999). Not only do practices exist, they are evolving in historical and social contexts. Practices change and contextualize. Boud and Hager (2012, p. 23) note that “practices are also emergent in the sense that the ways that they change are not fully specifiable in advance. They are emergent from the context in unanticipated and unpredictable ways. Thus context transforms practice in an ongoing creative process”. Viewed in this way, fluidity, ambiguity, indeterminacy and surprise are not annoying interruptions or even disturbances to practice; rather this is the very dynamic nature of practice (Antonacopoulou 2008; Gherardi 2000). People are responsive to what is around them. For example, when volunteer HBC workers respond and interact with materials such as medications, tools such as adherence regimes, physical connections such as community and church networks of care, material circumstances such as the layouts of village homes, and communication such as cell phones, the response is dynamic and emergent.

Such an apparent fluidity and fuzziness does however have constraints, and although practices are open and emergent, they have limitations. According to Schatzki (2002, p. 46) “definite

causal, spatial, intentional and enablement/constraint relations exist among people, artefacts, organisms and things". Practices emerge through non-linear interaction. Bundles can also coalesce, sharing purposes and action, combining common rules and understandings, hybridize bringing new complex bundles, and bifurcate into distinct practices (Schatzki 2013).

Practices may be described as historically and socially constituted as well as indeterminate, yet shaped by tradition and what is practically advantageous. Practices can also be pre-figured in language and discourses, and in material-economic arrangements (Kemmis 2007, 2009). For example, in HBC in a peri-urban area of a major city in southern Africa, the buildings, beds, ARVs and herbal medicines, kitchen gardens, record keeping, roles of community nurses, government policy, and the training of volunteers in these practices all facilitate or constrain the practice of palliative care. Kemmis (2009, p. 33) is explicit in defining these "extra-individual features" as a "kind of 'exoskeleton'" of arrangements or mediating preconditions which enable and constrain professional practice in particular ways. This exoskeleton, which he later describes as intersubjective spaces comprising cultural-discursive, material-economic and social-political arrangements, is always present (Kemmis et al. 2014). These arrangements of organizations impact how people learn to do their work. Not only are newcomers (and those who are well established) shaped by these pre-figured features, they in turn transform practice in an ongoing creative process. Practice is thus both prefigured and emergent.

The relationship between the emerging and prefigured features of practice is both a matter to explore in practice theory and an important dimension for empirical study. This will be taken up in chapter 9 in greater detail.

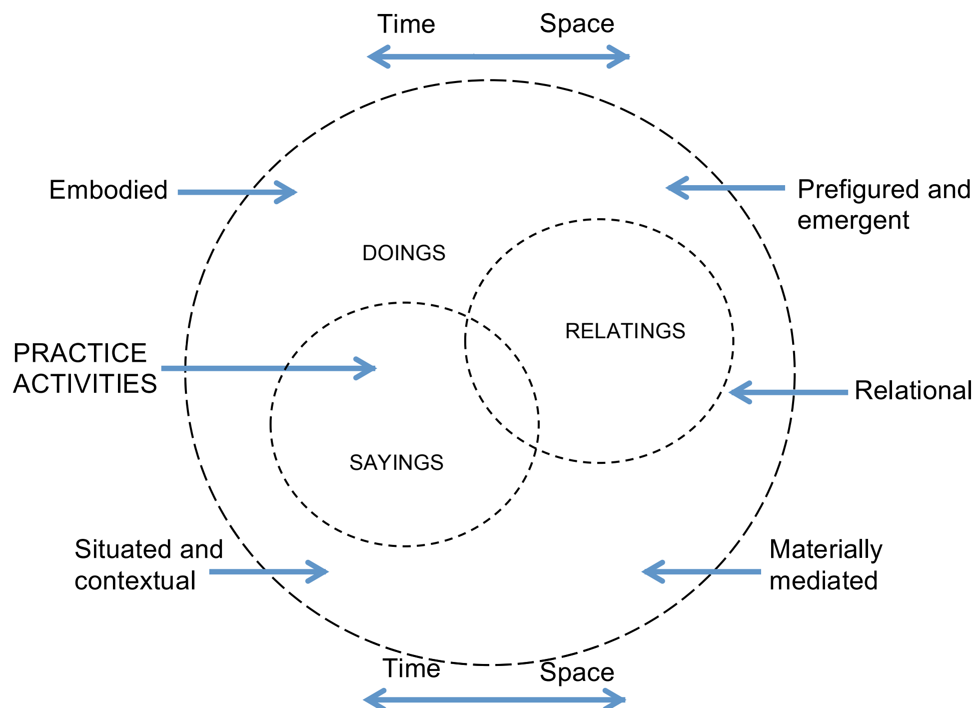
Drawing together these key features of practice as embodied, materially mediated, relational, situated and contextual, and prefigured and emergent, I now move towards a framework of practice appropriate to my empirical research in the context of HIV&AIDS. This framework will provide the basis for understanding the practice of learning, and subsequently enable me to examine how learning occurs in faith-based HIV&AIDS programs in community settings in Africa.

2.6. Adapting Schatzki's and Kemmis' frameworks for empirical research

In this section I begin by drawing on Schatzki and Kemmis to re-state my definition of practice and visually represent this (Diagram 1). I then expand on the vocabulary used for the various dimensions of practice and provide further examples of these from the world of HIV&AIDS. In chapter 4 I show how this can used as a framework for understanding the practice of learning.

Practice is an embodied, materially mediated arrangement of doings, sayings and relatings dynamically intertwined and embedded in time and space. This set of doings, sayings and relatings is governed by four components: practical understandings, general understandings, rules, and teleological structure.

Diagram 1: My adapted framework of practice, drawing on Schatzki and Kemmis



Note that in this diagram "relatings" are intentionally positioned in my framework for empirical research as a critical dimension of practice rather than as "scaffolding" which connects doings and sayings. The manner in which I categorize relatings (embodied relationships between people and with objects) for the purposes of my research will be defined below. This does not however do away with more general relational features within and between practice.

I locate time and space on one "plane" consistent with Schatzki's view of their connectedness. Practices take place in time and space, and also produce times and spaces.

A temptation in empirical studies is to analyse doings based on what people say about them, obscuring both the historical, social, cultural and material configurations which shape what people do and how they explain what they do, and the rich connectedness within and between practices. My adapted framework overtly and visually directs researchers beyond this temptation in order to address multiple zones of connectedness, overlap, intersection and conflict within space and time.

I now define the vocabulary of this framework, followed by a brief application to my research context. These general definitions combine elements of Schatzki (1996, 2001b, 2002, 2010b, 2013) and Kemmis (2009; Kemmis et al. 2014):

1. Doings - characteristic related activities and work by those involved in and affected by the practice

   Although doings may be intentional or unintentional, voluntary or involuntary, conscious or unconscious, they are always bodily. In HIV&AIDS practice, doings are what people commonly describe as the actions "done" by practitioners, by those affected by the particular HIV&AIDS related practice, and by PLWHA, with the skills and capabilities needed to "do".

2. Sayings – forms of understanding and expressing verbally and non-verbally what the practice is and means, characteristic discourse, language, and distinctive topics of thought and conversation

Like doings, sayings are bodily. They are what "people often describe as cognitive knowledge" (2014, p. 38). Sayings convey meanings about what HIV&AIDS work is, through verbal and non-verbal communication, as practitioners relate to specific practices such as prevention, care, training and funding generation. HIV&AIDS discourse has its own themes. Evidence of this on a formal level are the many HIV&AIDS related publications, including planning, monitoring and evaluation (PM&E) documents accompanied by extensive glossaries. At the grassroots level,

volunteers and PLWHA use a wide range of local euphemisms and non-verbal language when learning and communicating about HIV status, medication regimes and methods used to prevent further transmission.

3. Relatings – the nature, kinds and sets of relationships between people involved in and affected by practice, and with artefacts and material arrangements

Relatings are embodied relationships between people, and with other objects. This category emphasizes specific human relationships evident in empirical research that might otherwise be obscured or assumed as a general feature of practice. Relatings are particularly important in the context of my research where relationships between people are considered primary in everyday life and work. Relatings focus not on the individual but on relationships between those involved in and affected by HIV practices: professional practitioners, people living with HIV, family and community, donors, and government officials, together with their relationships with artefacts and material arrangements. Kemmis et al. (2014) includes what people describe as norms and values as relatings, whilst Schatzki (as noted above) considers values to be part of teleoaffective structure. I show in chapter 8 that values, including beliefs, morals and ethics, permeate all activities, arrangements and the organizing structure.

4. Space – multiple dimensions of context including (1) objective place, and (2) spatiality as a notion of relational space which forms a setting for human activity, that is, flexible and changing

5. Time: Multiple dimensions of (a) objective time, (b) temporality as unfolding time that is the product of particular historical, cultural and social conditions, and (c) time as the dynamic, “fuzzy” intersection of past, present and future. These are linked together

Note in the diagram above that the edge of practice is represented by a broken circle. This is not a container-like context, but represents learning practice as both defined yet open to the changing historical, cultural, discursive, social, political, economic and material influences of particular sites which shape learning.

In my framework I visualize how ways in which doings, sayings, and relatings may be dynamically linked and constituted. Doings, sayings and relatings are always present together in overlapping and intersecting ways, although in any particular time and space one or two may be foregrounded over others, in which case we will see different manifestations of the same practice. Kemmis (2009, p. 30) argues that practices cannot be adequately understood by privileging what people do or say, the set-ups involved, or social connections: “They are all implicated and imbricated in the construction and conduct of social practices including professional practices”. However, differences in manifestations of practice appear in the way that each particular set of doings, sayings and relatings are arranged, plus the organization of these governed by practical and general understandings, rules and teleoaffectivities. Schatzki (2013) refers to this as “spaces of multiplicity”. In my research I encounter similar and different manifestations of the same practice within a particular setting, across programs within the same country, and across countries.

In summary, I adapt Schatzki’s and Kemmis’ frameworks of practice for pragmatic reasons in order to analyse my empirical data in which program managers and staff in four community settings in sub Saharan Africa describe how they learn to work in the context of faith-based HIV&AIDS programs. In this process I consider the relationship between HIV&AIDS, work and practice, the practice turn in contemporary theory, and streams within practice theory, showing the value of using practice concepts from Schatzki and Kemmis in contrast to other theorizations. Key features of practice are identified: embodied; relational; materially mediated; situated and contextual; prefigured and emergent.

In the following chapter I switch my focus away from practice itself to the practice of learning, given my goal to understand and document the ordinary and everyday learning experiences of practitioners in HIV&AIDS programs and how they make sense of these. I examine how learning is portrayed within the learning society, the development sector, the workplace and communities of practice, and show how these have impacted perceptions and understandings of learning within the world of HIV&AIDS. Finally I demonstrate how viewing learning through a

practice lens differs from traditional perspectives, and point the way towards building an understanding of the practice of learning based on my adapted framework of practice.

Chapter 3: A theoretical framework of learning

Knowledge and learning are important aspects of work for HIV&AIDS practitioners in sub Saharan Africa. Those working in this field frequently express their need for new knowledge, for learning creative solutions to persisting problems, and for ways of "keeping up" with constant changes in the nature of the epidemic, treatment, care and prevention. Integral to both emerging HIV&AIDS practice and perceptions of knowledge and learning are the historical and social contexts in which they are situated.

According to Fenwick, Edwards and Sawchuk (2011, p. 3) "Learning is a slippery term which has come to be applied to a vast range of processes from information processing, transmission, acquisition, transfer, and individual development to emancipatory socio-material expansions and transformations". In this chapter I discuss various assumptions with respect to knowledge and learning that have impacted how learning is conceptualized, and on which many education and training programs are developed for HIV&AIDS work in Africa. I argue that viewing learning through a practice lens differs from traditional perspectives on learning, and that practice theory has much to contribute in conceptualizing a more dynamic view of learning bound up in HIV&AIDS work.

I begin by describing how knowledge and learning are understood from the perspective of a learning society. This includes lifelong learning, focusing on the push for learning associated with individual, organizational and economic success, and I highlight the tension this push creates between local and global aspirations for learning. Although learning varies across cultures and contexts, I show how the development sector has assimilated a concept of the learning organization drawn predominately from Western individualistic perspectives. At the same time, community development practitioners including those in FBOs are increasingly committed to participatory methods of learning with communities through PM&E. Such an approach strongly recognizes the situated, contextual, and relational nature of learning. I also consider monitoring and evaluation demands on development and HIV&AIDS programs, especially those demands made by financial donors, and how these are frequently assumed to

foster learning. I also discuss powerful global influences impacting how knowledge and learning are conceptualized in my research settings.

I then consider the growing field of learning in the workplace with its contribution to understanding learning through everyday workplace activities, learning spaces, learning in the moment, and experiential learning. I show that “to know” and “to learn” can be understood as participating in networks of relationships with people and activities, moving beyond individualistic concepts of learning to include an integration of the individual and the social.

Next I examine situated learning and the place of communities of practice through which knowledge in work is transmitted, perpetuated and re-made. This notion indicates a significant shift from understanding knowledge as an object to be acquired and transferred, where learning is individual and cognitive, to one in which knowledge and learning are socially constructed and embodied in practice. Whilst my understanding of practice and learning, developed in chapter 4, includes embodiment, situatedness and relationality, I show that the model of “communities of practice” is not adequate for the purposes of my research.

Finally I develop a continuum of ways in which knowledge is conceptualized, together with a second continuum of major assumptions about learning. These highlight areas of tension that may result between structure and agency, mind and body, subject and object, and when the mind is conceived as distinct from the external world. This becomes a signpost toward my framework of the practice of learning.

3.1. Context, learning and the learning society

Learning in the world of HIV&AIDS cannot be understood in isolation from history and cultures, social and political structures, discourse and language, and the material conditions in which it takes place. The concept of “the learning society”, developed in the West, has strongly influenced educational expectations, policy and direction in sub Saharan countries including the three in which I conduct my research (Fauré et al. 1972; International Commission on Education for the Twenty-First Century & Delors 1996).

Throughout the Western world we see a widespread recognition that the workplace is an important site for learning that is often identified as critical for economic success. The notion of the “learning society” first emerged during the 1960s and 1970s, with a defining contribution by Donald Schön (1973, p. 28) who explored the extent to which governments, social movements and organizations could be considered learning systems:

> The loss of the stable state means that our society and all of its institutions are in continuous processes of transformation. We cannot expect new stable states that will endure for our own lifetimes. We must learn to understand, guide, influence and manage these transformations. We must make the capacity for undertaking them integral to ourselves and to our institutions. We must, in other words, become adept at learning.

This same notion of the learning society was popularized in the idea of “lifelong learning” as a way to link formal education with informal and non-formal learning. The United Nations Educational, Scientific and Cultural Organization (UNESCO) assumed that if the concept of education was broadened to include education for all, then social development strengthening participatory democracy and economic growth would result. Fauré and others’ UNESCO publication “Learning to Be” (1972) was highly influential in this respect by promoting lifelong learning for the purpose of individualism, employment and growth. It proposed that:

> If learning involves all of one's life, in the sense of both time-span and diversity, and all of society, including its social and economic as well as its educational resources, then we must go even further than the necessary overhaul of “educational systems” until we reach the stage of a learning society. (Fauré et al. 1972, p. xxxiii)

Although each of the authors of the “Learning to Be” document represented distinct cultural backgrounds, with the research carried out in 23 countries, these experts perpetuated the dominance of scientific knowledge and method as the basis for understanding life, as evidenced in the following comment:

> In modern civilization man can only participate in production if he is capable of understanding a certain number of scientific methods, rather than merely applying them. What is more, he can only properly perceive and understand the universe in which he finds himself to the extent that he possesses the keys to scientific knowledge. (Fauré et al. 1972, p. 147)

These writers believed that lifelong education should be “the master concept for educational policies in the years to come for both developed and developing countries” (Fauré et al. 1972, p. 182).

This stood in contrast to the very different notion of learning and education being developed by the contemporary Brazilian educator and philosopher Paulo Freire (1972, 1974). Freire was weaving together learning, education and liberation, considering action and reflection to be the two inescapable dimensions of any truly liberating education wanting to make a difference in the world:

> Liberation is a praxis: the action and reflection of men upon their world in order to transform it. Those truly committed to the cause of liberation can accept neither the mechanistic concept of consciousness as an empty vessel to be filled, nor use the methods of domination (propaganda, slogans-deposits) in the name of liberation. (Freire 1972, p. 60)

Freire believed that education involved not one person acting on another, but people in dialogue and working with each other. He argued that when people are repeatedly told they know nothing and are incapable of learning, they become convinced of their own inability to learn. He reasoned that personal experience plays a critical role in forming a learning identity, and advocated situating educational activity in the lived experience of participants. Freire's work challenged the view that objective knowledge is held by experts and transferred from them to others; instead knowledge is created rather than acquired. In a similar vein, Preece, Modise and Mosweunyane (2008, p. 271) have stated that:

> African knowledge was something that was communally owned, related to the environment, discussed and shared as a community resource that had been achieved though consensus (albeit with male elders). These concepts are often in antithesis to the individualizing, elitist and possessive nature of knowledge that emanate from selective purposes of education in colonial administration, and which is now part of global competitiveness.

These contrasting views of learning are both evident in the context of my study. On one hand staff in HBC programs might operate in a "scientific knowledge triumphs" approach to knowledge and learning, confident that "experts" will develop treatment once thought impossible and that policy will guarantee universal access to ARVs for all. They acquire information based on this understanding from obligatory refresher workshops while memorizing lists of drug and their side effects. On the other hand these same workers might be generating knowledge about drug adherence in their everyday work setting as they and their clients learn together. Reflecting on this I note in my journal:

> Listen carefully to how people explain what knowledge is and where it is located. I suspect that in situations where my colleagues have had years in educational institutions promoting memorization and rote learning, they are likely to talk about learning as residing in the mind, independent of context and easily transferred from one

> place to another. Better to listen to their stories for how they once did things and don't do it that way anymore, or for changes in how they relate with people and things in their various activities. (Journal entry 4 November 2009)

In response to the growing trend towards a "learning society", a second influential report entitled "Learning: The Treasure Within" was submitted to UNESCO in 1996 by the International Commission on Education for the Twenty-first Century (International Commission on Education for the Twenty-First Century & Delors 1996). This report developed four interrelated pillars of education for life: learning to know, learning to do, learning to be, and learning to live together. Greater emphasis was given here to the lifelong learning concept of living together by developing an understanding of others and their history, traditions and spiritual values . These four pillars have been widely applied in HIV prevention, especially in life skills approaches, and thus are an important part of the context of my research (UNESCO 2004). During my research I observed that participants engaging in HIV prevention are all familiar with life skills and peer education programs especially those supporting children and young people, that two different peer education programs and one life skills program are used by staff in three of my research sites, and that "learning materials" from outside are commonly imported into HIV prevention programs. The importance of context for learning will be taken up in chapter 9.

I now consider the impact of theories focusing on individual learning and education that largely dominate sub Saharan Africa. Models promoting individualization and internalization of learning along with assumptions that learning is primarily about employment growth, competitiveness and consumer interests, have been extensively criticized particularly from non-Western perspectives (Coffield 2000a, 2000b; Preece, Modise & Mosweunyane 2008). Taking a global perspective, Preece (2006, p. 319) has proposed that "focusing on a learning world might enable us to look for different values beyond competition and explore how countries can help each other, rather than compete for economic prowess". According to Avoseh (2001) for example, learning in traditional African societies has traditionally required everyone to teach at some point and to learn at other times, thereby merging individual and common interests. However this has been undermined through the process of globalization, seemingly to "project the value of 'might is right' which teaches the propriety of power and wealth, and announces the

vulnerability and cheapness of the less privileged" (Avoseh 2001, p. 485). This conflict has created a tension between local and global aspirations for learning:

> The extent to which the educational vision in African countries continues to be distorted by the West is evident in the policy documents for adult and lifelong learning, where local visions which privilege learning for citizenship, social development, cultural enhancement and self-worth are constantly overtaken by the European lifelong learning agenda for growth and competitiveness (Preece, Modise & Mosweunyane 2008, p. 278).

This has implications for how global and local HIV&AIDS programs might collaborate and learn from each other, and is particularly relevant in this research where local program managers and staff may or may not identify their program with similar initiatives, programs or organizations in neighbouring provinces, states or countries (Vincent & Byrne 2006).

I now describe the emergence of terms associated with "the learning organization" in management and organizational literature. These are important contextual factors which have influenced learning in FBOs including those in my research. From the 1990s organizational learning developed into two camps (Easterby-Smith, Burgoyne & Araujo 1999; Elkjaer 1999; Perkins et al. 2007): Easterby-Smith and others (1998) distinguished between writers on "organizational learning", and those who focus on "the learning organization". They understood organizational learning as discipline-based and about the individual's acquisition of knowledge, the storing of this knowledge in the organizational memory, and its use in daily work (Örtenblad 2013). "[The] technical view assumes that organizational learning is about the effective processing, interpretation of, and response to, information both inside and outside the organization" (Easterby-Smith, Burgoyne & Araujo 1999, p. 3). Earlier proponents of this view included Schön (1983), Nonaka (1991), Lipshitz, Popper and Oz (1996) and DiBella, Nevis and Gould (1996).

In contrast others conceptualized the "learning organization": multi-disciplinary, emphasizing action, and the creation of the ideal organization in which learning is maximized. This approach conceived learning as emerging from social interactions and the way people make sense of their normal experiences at work (Brown & Duguid 1991; Lave & Wenger 1991; Nicolini, Gherardi & Yanow 2003). Senge (1990, p. 3) envisaged the learning organization "where people continually expand their capacity to create results they truly deserve, where new and

expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together”. He argued that individuals must re-create themselves in times of change, with learning organizations embracing five disciplines: personal mastery, mental models, shared vision, team learning, and systems thinking.

Senge’s approach is similar to the concept of “the learning company” which “facilitates the learning of all its members and continuously transforms itself” (Pedler, Boydell & Burgoyne 1991, p. 1). Rylatt (2001, p. 3) expanded the idea of a learning organization to be “a living and adaptive system that embraces change by building a community of understanding across multiple networks and realities, rather than relying on one corporate viewpoint or answer”. He proposed that learning be essential for both individual and organizational success. In management and organizational discourse, terms such as “learning organization” and “knowledge workers”, “organizational learning”, “climate for learning” and “learning structure” are common (Agashae & Bratton 2001; Örtenblad 2013). Of importance for my research is that literature on the learning organization “has not been able to take the concept or the field much further from how the idea was initially defined and presented” (Örtenblad 2013, p. 22). Whilst particular examples that I later use refer to learning in FBOs, I do not enter the theoretical debates on organizational learning and the learning organization.

In this section I have shown that the way in which learning is conceptualized within the world of HIV&AIDS is strongly impacted by context, history, discourse and assumptions associated with concepts such as the learning society, lifelong learning, liberating education, the individualization of learning, organizational learning and learning organizations. Given that HIV&AIDS work in FBOs in sub Saharan Africa is also often associated with notions of financial and other forms of aid, I now turn to addressing how learning has been commonly understood within the development sector.

3.2. Development and the learning organization

Fuelled by concerns to demonstrate impact and effectiveness in an environment highly competitive for funding, the development sector and civil society have both given attention to

learning, the management of knowledge, the learning organization and the concept of communities of practice, as discussed in the previous chapter (Estrella 2000; Vela Mantilla 2011). However Roper and Pettit (2002, p. 262) argue that:

> Because learning organization theory emerges from the private sector and consequently is not particularly concerned about development, much less development that is firmly grounded in a grassroots approach, the scope of its interest in transformation is in fact quite limited.

Community development theory has also drawn strongly on the work of Paulo Freire, as noted above. We see here a "paradox of origins": the "learning agenda to be both a 'borrowed toolbox' from the corporate sector, and at the same time consistent with key NGO values" (Kelleher 2002; Vincent & Byrne 2006, p. 386). These values include a respect for multiple realities and concerns for power inequalities which may result in the silencing of disempowered and marginalized peoples. The tension deriving from this paradox has resulted in both the formalization of learning within the NGO sector and a shift from training to capacity building, recognizing also that learning is lifelong and embedded in context (Vincent & Byrne 2006). This tension is evident in the HIV&AIDS sector and hence pertinent to my research.

Although learning is understood differently across cultures and contexts, most current models of learning in the development sector are based on Western understandings with a bias towards organizational and management literature. Britton (Britton 2005, p. 4) acknowledges this distortion but retains a distinct Western orientation in his premise:

> To be a learning NGO requires organisations to simultaneously balance the need to take a strategic approach to organisational learning (at the highest level of organisational planning and management) with the recognition that learning is also an intensely personal process that goes on in the minds of individuals.

This assertion fails to recognize context and the relational aspects of learning, both of which are critical across cultural divides (Preece, Modise & Mosweunyane 2008). This failure illustrates Taylor's (2008, p. 358) observation that "expertise is perceived often in 'development' circles to reside in the hands and heads of individuals who are responsible, sometimes almost single-handedly, for promoting change". Taking a broader approach, Prince and Wrigley (2007, p. i) define organizational learning from a community development perspective as a "developmental process that integrates thinking and doing at both individual and collective levels". They argue that organizational learning needs to recognize and respond: to contextual and cultural

elements influencing how the perception and practice of learning is understood; to complex sets of inter-relationships which both influence, and are influenced by, the process and outcomes of organizational learning; and to informal and unconscious processes of learning. The following table identifies specific characteristics of learning organizations from a development perspective:

Table 1: Characteristics of learning organizations from a development perspective

What learning organizations are: (Kelleher 2002, p. 314)	What learning organizations do: (Roper & Pettit 2002, p. 259)
• Permeable to outside ideas and pressures • Sufficiently democratic to allow ideas with merit to flourish at all levels of the organization and evolve into practice • Capable of functioning democratically and effectively through teams • Able to resolve apparent contradictions between stability and change • Capable of using processes and tools for organizational learning	• Encourage dialogue and the exploration of different perspectives and experiences to generate creative thinking • Value different kinds of knowledge and learning styles, and create a 'learning environment' to enable each organizational member to realize his/her full potential • Work collectively to break down traditional barriers within organizations so as to release creative potential • Foster leadership potential throughout the organization and reduce distinctions such as those between management and staff, and strategists and implementers

The relational dimension of learning frequently arises in discussions on facilitating learning within the context of development. In the context of FBOs, and particularly churches responding to HIV&AIDS, Parry (2008, p. 72) emphasizes relational aspects of learning, arguing that "sharing best practices and learning from others helps to confirm the validity of our responses or provides the evidence to instigate changes in our activities and thus formulate more effective responses". Power inequalities also impact relationships between development, faith-based and HIV&AIDS organizations, and with their respective donor agencies. HIV&AIDS practitioners within my study frequently highlight the importance of such relationships.

Roper and Pettit (2002, p. 269) describe "bottom-up" learning by those at the grassroots as a key component in development:

> If we are truly committed to poor communities and the potential of the grassroots to move a development agenda forward, we have to make the necessary investments in time,

> resources, and experimentation with innovative learning methodologies to ensure bottom-up learning, mutual accountability, and a people-driven, rather than donor dominated, development practice.

Tensions exist in motivation for learning between beneficiary and donor, and between the individual and the social. Below Taylor (2008, p. 360) uses and rejects an acquisition metaphor of learning, calling for a shift from knowledge amassed in the mind of “the learner” to learning residing in communities:

> The aim of learning is not simply to amass knowledge but to enable learners to develop abilities for critical analysis, and the skills and ability they need to put their values and beliefs into practice. Technical information cannot generate such knowledge alone although it is important. Often, technical knowledge does already reside within communities. The challenge is perhaps to locate it and to encourage its sharing.

HIV&AIDS practitioners in my research, as well as understanding something of the virus, its biological effect on an individual, and treatment and management issues, develop a socially constructed and shared understanding of context including culture and history, the impact of HIV&AIDS on families, institutions and communities, and community resources. They may not, however, recognize this process as learning. Furthermore, they continue to interpret epidemiological and evaluative data and the consequent prevention strategies, particularly with regard to prevention initiatives focusing around concurrent partners, abstinence, faithfulness and condom promotion (Chin 2007; Green & Ruark 2011; Pisani 2008; UNAIDS 2009b).

The “what” and “how” of generating knowledge and learning remain contested ground between those who identify with the various perspectives: bio-medical, historical-sociological cultural, public policy, critical, or self-proclaimed AIDS dissident. I discuss this in greater detail when elaborating my research methodology and the factors shaping HIV&AIDS research in sub Saharan Africa. Elkjaer (2004) in considering the metaphors of acquisition and participation concludes that “inquiry and experience are helpful in providing access to “how” and “what” of learning but they do not however, provide an understanding of organizational dynamics in which learning is situated”. An alternative is needed. One example is Haddad’s (2006) study on faith resources and sites as critical to learning for rural South African women, drawing on the metaphor of participation. By problematizing participation, she moves hidden discourse into the public space to challenge traditional understandings. I go further than this, proposing a way forward beyond the metaphors of acquisition and participation. We need an adequate

understanding of relational interaction in time and space, including historical, cultural, social, political, economic and religious contexts.

I now consider the place of participatory monitoring and evaluation (PM&E) in learning. In parallel with the growth in appreciation for the learning organization, within the development sector we see increased value given to the participation of communities in analysing, interpreting and learning from change (Chambers 1997; Estrella 2000; Perkins et al. 2007; Vela Mantilla 2010; Ward 2000). In general, development organizations employ monitoring, evaluations and reviews linked to accountability and legitimacy, to assess the effectiveness of their work and to inform decision making and learning at the planning level. Until the late 1980s, monitoring and evaluation were dominated by a positivistic paradigm; with time this was rejected as incompatible with people-centred development, a shift based on interpretive thinking (Mebrahtu 2004). Community development discourse gradually began to emphasize collaboration and participation with user and community-led planning, implementation and evaluation of services, and an emphasis on partnership closely linked with capacity building and ownership (Chambers 1997).

PM&E developed concurrently with the understanding that assessment could be an important social development tool to stimulate learning, collective responsibility and collective action (Mebrahtu 2004; Uphoff 1991). While collaboration and participation are the expected norm in contemporary community development (Vincent & Byrne 2006), Estrella (2000, p. 7) has said that "while there are a number of PM&E experiences in the area of project management, PM&E is increasingly being applied in newer contexts – including for the purposes of organizational strengthening and institutional learning". However experience in a household livelihood security project in Zambia in implementing a community monitoring system to keep track of trends shows that learning from a project context does not happen automatically; it must be intentionally integrated into project activities (Ward 2000). Ward (2000, pp. 150-151) concluded in this empirical study that "Organizational learning entails learning *along with* local communities and ensuring that villagers are 'getting the right end of the stick'" [italics Ward] and that

"ownership of the learning process is a vital part of capacity building, which occurs at two levels: the project organizational level, and the community or village level".

Hatton and Schroeder (2007, p. 431) note that "demands of day-to-day operations frequently rob organizations of time to reflect on information gathered through monitoring and evaluation, to draw lessons from these reflections, and to incorporate this learning into project management. The result is lost opportunities". They conclude that learning activities should be directly written into project work plans and time explicitly given for project personnel to analyse, reflect on, and incorporate the lessons learned. Similarly, a study in PM&E in Ethiopia noted that "learning at both individual and organizational levels has become almost an incidental by-product of monitoring and evaluation activities" (Mebrahtu 2004, p. 186). In this context reporting and evaluation continue to be primarily donor-driven, used by international NGOs for accountability rather than learning. For this reason I do not use donor-required reports as a proxy of learning but for narratives about learning and contextual information.

In my research all faith-based HIV&AIDS programs are required to meet certain monitoring and evaluation requirements, and because practice potentially overlaps with the practice of learning, it influences the ways in which learning processes are identified and conceptualized within these programs. Practitioners may be reluctant to make changes in order to accommodate PM&E activities. Mebrahtu (2004, p. 207) relates such reluctance to understandings of power shifts and a "change-continuity tension". This reluctance by practitioners highlights a movement towards recognizing the embodied, relational and situated nature of learning within the development sector, consistent with the belief of organizational learning theorists that greater participation and empowerment is needed to build effective organizations in terms of their internal operations and serving the community (Perkins et al. 2007).

I have shown in this section how assumptions drawn from organizational and management literature in parallel with notions of community participation influence the ways in which learning is conceptualized within the development sector. Such global influences are evident in my research settings, impacting how knowledge and learning are conceptualized within everyday

program activities. I have also described how monitoring and evaluation demands on development and HIV&AIDS programs are often assumed to foster learning, yet this may not occur. I now elaborate on learning and the workplace, given that HIV&AIDS programs are commonly identified as work sites by program managers and staff as well as by volunteers who work in the care of OVCs and PLWHA.

3.3. Learning and the workplace

Megatrends such as those associated with globalization, involving diseases such as HIV&AIDS, and radical changes in information and communication technology, have led to a general sense of increased complexity and unpredictability in the world of organizations, work, management and education. This is not just a phenomenon of the Western workplace; it is impacting contemporary societies in general including those in which the HIV&AIDS programs in my study operate. For example, I note in my journal when visiting a research site in South Africa:

> This might appear at a superficial glance to be a relaxed, isolated, rural corner but I can feel the stress that management staff are under. Not only are there the normal pressures of addressing the needs of high numbers of OVCs in the area, but politically and economically driven policies on aid money allocation made in the US and Europe, together with funding cuts by local donor organizations, weigh heavy on Gabriela. She tells me that she is working full-time hours in management plus full time hours doing social work. Today I hear her up at 5am working on what she later said was an idea for accessing funding through the local municipality. The first ring on her cell phone for the day came not long after that. The phone seems to ring all day. Actually it's a money saving device as most callers don't have credit on their phone and so she must return the call – case workers, guardians, government officers and the list goes on. Early on the day's agenda she has a meeting with a monitoring and evaluation officer responsible for data collection from USAID [U.S. Agency for International Development] sub awardee programs. I am told that this will be of no interest to me because it's time consuming computer work that now has to be synchronized with other sub awardee programs. She is hoping that her data entry officer will learn quickly. (Journal entry 27 July 2010)

With such major socio-cultural shifts, many of those in my research also have a sense of being time-poor with life moving ahead at a frenzied pace. Ambiguity, occupational fluidity, and the need for organizations and workplaces (including the above HIV&AIDS program in South Africa) to reassess their understanding of knowledge and learning are all consequences of such an environment (Cressey, Boud & Docherty 2006). Learning at work is seen by some as instrumental in reducing stress and promoting healthier working conditions.

> The organizational situation is therefore marked by a series of shifts that include the change from individual training to collective reflecting; the irrelevance of hierarchy as a

> means of designating expertise and useful knowledge; the re-evaluation of the expert and lay knowledge and their inter-relationship (Cressey, Boud & Docherty 2006, p. 16).

An extensive body of literature on learning at work is appearing from educational, sociological, anthropological, psychological and managerial perspectives. At the same time the questions of what constitutes knowledge and learning, and what is learning in organizations, continue to be contested in workplace learning theories. The workplace also varies greatly across public, private and the not-for-profit sectors, and may include paid, voluntary, full-time and casual work. Solomon, Boud and Rooney (2006, p. 3) show how "workplace learning has particular kinds of meanings and practices because of its location and because that location is not an educational institution". These researchers identify learning spaces such as meal breaks in staff rooms, coffee taken at local cafés, and sharing transport with colleagues to and from work, that are not usually considered to be either learning or working spaces. Fenwick (2008b) also highlights the slipperiness of the "workplace" label in that the workplace for some people may be an office, a website, a kitchen table or a car. This draws attention to the importance of the situatedness of learning and of the material, key features in practice theory that I develop in the following chapter. In considering the example of an HIV&AIDS program addressing the needs of OVCs in a sub Saharan rural village setting, the workplace where interconnections and learning occurs may be as varied as a home, government office, public transport, school or church. An intrinsic component of these settings are the material objects and arrangements that make up the context such as chairs, tables, reporting documents and mobile phones. These apparently mundane components of everyday work are however a critical part in understanding learning activities, and will be discussed further in chapter 9.

Although learning is intrinsic to any job, learning is secondary to work in the workplace (Rainbird, Fuller & Munroe 2004; Unwin et al. 2007). Given that work is concerned with producing goods and services, we may expect employers to act to ensure that the learning of skills cause minimal interruptions to core business. The problems and challenges associated with separating knowledge and skills from the workplace are well debated (Beckett & Hager 2002; Eraut 2004; Lave & Wenger 1991). However the workplace – a shared setting where workers participate in everyday activities – is well recognized as a rich environment for learning

(Beckett & Hager 2002; Billet 2001; Boud 2006; Cairns 2011; Evans et al. 2006; Fenwick 2008b; Johnsson, Boud & Solomon 2012).

Learning is part of everyday work whenever workers face challenges and problems that arise and draw on expertise in response to need. According to Boud and Hager (2012, p. 22) "problem-solving in which participants tackle challenges which progressively extend their existing capabilities and learn with and from each other appears to be a common and frequent form of naturalistic development". Learning here is not an aggregation of formalized activities; it occurs in the moment of practice with peers and others. Research by Felstead and others (2004) into learning in British workplaces indicates that workers believed they had acquired most of their skills through on-the-job experience, doing the job, being shown things, engaging in self-reflection, and keeping one's eyes and ears open. In the Australian context the importance of learning in and by organizations and the "integration of work and learning" are highlighted by Chappell and others (2009, p. 176):

> In the twenty-first century workplace, learning by doing, workers organizing and checking their own work and, crucially, advice, understanding, coaching and counselling (rather than directives) from line managers, have emerged as keys to the development of effective and productive staff. In this context, learning is embedded in practices beyond those traditionally understood as training or workplace learning. They include practices such as performance management, teamwork, succession planning, career development, coaching and mentoring.

In "the work" of HIV&AIDS, managers and staff often "know what works" from experience, and this impacts on-going strategies and interventions. In one example from a peer prevention program, even though formal process evaluation was occurring and information on peer education principles was accessible to those implementing the program (through publications, conferences, workshops and newsletters) much of the learning was described by practitioners as serendipitous. Local peer educators were learning over time what worked in their area. They experimented with various types of social events and concluded that peri-urban youth were most responsive to discussing issues of sexuality, life choices and HIV&AIDS in the context of sporting activities after school and on weekends. As a result they set up a series of sporting tournaments over three years which included directed discussions before and after games with their peers on life choices. When initially planning the sporting events, the peer educators were mentored by the prevention program manager who, as well as verbally communicating advice

and know-how, actively modelled ways to integrate HIV awareness through sport by participating in a weekend sports camp for high school students. Regular team meetings with this prevention program manager then enabled the local peer educators to check their work and seek counsel with regard to issues they might feel inadequate to handle. Learning their work was both a social and individual experience, occurring over a three-year period through teamwork, mentoring, and coaching.

I therefore situate my research firmly within workplace learning literature and empirically address the issue of learning dichotomies in my research. Learning in the workplace has often been portrayed theoretically using dichotomies such as informal-formal; individual-social; explicit-implicit; productive-unproductive; and worker-learner (Docherty, Boud & Cressey 2006; Hodkinson 2005; Marsick 2009; Solomon, Boud & Rooney 2006). Much of the interest in workplace learning has focused on informal learning as it takes place in the everyday context, rather than on structured learning (Eraut 2004; Hager & Halliday 2006; Marsick & Watkins 2001). Beckett and Hager (2002) proposed that informal workplace learning is the growing capacity to make appropriate judgments in the changing and often unique context of workplaces. However the compartmentalization of formal and informal learning has been criticized: Colley, Hodkinson and Malcolm (2004) argue that attributes of informality and formality are present in all learning situations and interrelate differently in different situations. They conclude that only by examining learning in relation to the wider contexts in which it takes place can the emancipatory or oppressive potential of these interrelationships be properly understood. A study of everyday learning in the workplace by Solomon, Boud and Rooney (2006, p. 11) indicated the need to view learning spaces at work as “simultaneously work and social and to see features of both in all settings”. This is particularly salient for my research and has already been discussed in chapter 2. Dichotomies associated with learning cease to be relevant when learning is viewed through a practice lens. This is developed more fully in chapter 9.

Common to both work and social life is experience, and the place of experiential learning is well established. Dewey was the first to emphasize the variable value of experience, and the critical

importance of examination and reflection on that experience in order to generate value (Criticos 1993; Hoyrup & Elkjaer 2006). Criticos (1993, p. 162) argued that “experience has to be arrested, examined, analysed, considered and negated in order to shift it to knowledge”, thereby retaining a sense in which learning is a commodity to be manipulated and controlled. In the learner-centred humanistic tradition in which experience is privileged, a critical issue in determining whether experience can be a resource for knowledge and personal development is authenticity (Johnston & Usher 1997). As such, the key question then moves beyond “How is experience present?” to “How is experience re-presented?”

Boud, Miller and Walker (1993) proposed that experience is both the foundation of and the stimulus for learning: that learners actively construct their own experience, that learning is a holistic process which is socially and culturally constructed, and that learning is influenced by the socio-emotional context in which it occurs. Learning is about shared skills, insights, beliefs, values, attitudes, habits, feelings, wisdom, shared understandings and self-awareness (Britton 2005; Chetley & Vincent 2003; Taylor et al. 2006). This shifts the focus of the learning process to participation in the context in which learning takes place. It is relational, culturally located and materially mediated (Fowler & Lee 2007). Gherardi, Nicolini and Odella (1998, p. 275) have emphasized that:

> The context must thus be conceived as a historical and social product which is coproduced together with the activities it supports: agents, objects, activities and material and symbolic artefacts all constitute a heterogeneous system that evolves over time. It should not be regarded either as a mere “container” for human activities, ie as a static background against which general and abstract competences are realised, or as constituted by the mental structures of the individual as in the traditional cognitivist perspective.

However this integration of the individual and the social may be difficult to conceptualize for those locked into traditional Western thinking (Hodkinson 2005). Collective reflection in the workplace focuses on “the processes of social interaction as distinct from accumulating individual cognitive processes” (Docherty, Boud & Cressey 2006, p. 194). It is much more than simply the aggregation of individual learning experiences. Reflective practice from a social relations perspective is characterized by learning from mistakes, vision sharing, knowledge sharing, challenging “group think”, asking for feedback, and experimentation (Hoyrup & Elkjaer 2006). When facing everyday challenges of how to allocate resources and time, implement

effective strategies, and address contingencies, the practitioner's learning is situated within networks of relationships and intricately linked to active engagement in a material world. There are neither practice-thinking nor learner-practitioner dichotomies (Gherardi 2001, 2003; Gherardi, Nicolini & Odella 1998). "To know" is to participate in the complex web of relationships among people and activities; therefore learning is always a practical accomplishment. In the above example of a peer education program, staff work alongside youth, families, teachers, and community and religious leaders to ensure that the youth (including those living with HIV) play an active and influential role in shaping effective responses to HIV&AIDS. Together they learn to collectively take responsibility for addressing problems with the support of others as necessary. The goal of learning here is to discover what to do, when and how to do it, the specific routines and products, and how to give a reasonable account of why it was done, in this way and in this context.

In a given work setting, learning may be hidden, or a person or group may not be conscious that learning is taking place. Tacit knowledge develops when learning is taken for granted and occurs incidentally. Such knowledge is not easily shared as it is embedded in group and organizational relationships, core values, assumptions and beliefs. However when we probe further, new insights held in tacit knowledge can be intentionally explored (Marsick & Watkins 2001). According to McWilliam and others (2002) the difference between explicit knowledge and tacit knowledge is that the former can be "packaged" while the latter cannot. Ellstrom (2001, p. 431) notes that within the workplace,

> It has been shown to be very difficult, in moderately complex tasks, to develop explicit knowledge through experience. Rather, the knowledge that may be acquired through experience has an implicit character. Thus learning by experience appears to presuppose explicit knowledge that cannot be acquired by experience.

In effect, tacit knowledge is not about "knowing" but about doing. Ambrosini and Bowman (2001, p. 813) note that "tacit knowledge cannot quickly migrate . . . because the knowledge depends on specific relationships". Associated with incidental learning and tacit knowledge is intuition which Greenhalgh (2002, p. 395) defines as "a decision-making method that is used unconsciously by experienced practitioners but is inaccessible to the novice. It is rapid, subtle, contextual, and does not follow simple, cause and effect logic". Fraser and Greenhalgh (2001) also differentiate between competence (what individuals know or are able to do in terms of

knowledge and skills) and capability (the extent to which individuals can adapt to change, generate new knowledge, and continue to improve their performance). They suggest that developing capability occurs through transformational learning, relational learning, and non-linear learning, including storytelling.

Notions of incidental learning, tacit knowledge and intuition are evident in learning HIV practice and, when using a practice perspective, these are considered equal to explicit forms of learning. An outstanding and well-documented example is the identification and use of male circumcision as a HIV prevention strategy. As early as 1992, Xhosa traditional healers in South Africa were observing that their male clients who were circumcised were less likely to contract both STIs and HIV (Green 1993; 2011), suggesting a correlation between high HIV prevalence rates and ethno-linguistic groups that did not circumcise. This tacit knowledge developed slowly and was not easily shared, being deeply embedded in relationships, core values, assumptions and beliefs. However when anthropologists and epidemiologists probed traditional healers, these insights held in tacit knowledge could be intentionally explored. Even so it was not until landmark trials carried out in South Africa, Kenya, and Uganda between 2005 and 2007 showed that circumcision reduces transmission by 50-60 percent, that circumcision began to be instigated as public health policy throughout much of sub Saharan Africa (Bailey et al. 2007; Gray et al. 2007; Halperin & Epstein 2007). This example clearly illustrates the importance of how knowledge and learning are conceptualized: with respect to how learning happens; the relationship between learning, time and context; and the process and product of learning. This insight was yet another stimulus for me to develop a framework of practice for the purpose of analysing learning in my research, rather than lingering among broader notions of workplace learning using dichotomist interpretations of learning.

Finally, learning processes that unintentionally promote ineffective or unethical practices in the workplace also deserve consideration. When Lave and Wenger (1991) developed their model of situated learning, discussed in the following section, they were describing well-established practices in stable environments. They did not question matters of effectiveness or ethics. This contrasts with Wenger's (1999) later work distinguishing communities where effective learning

occurs from those of less effective learning. In the world of HIV&AIDS, defining effective and ethical activities can be problematic. Learning relationships constantly evolve as new knowledge both informs and modifies activities. What is considered effective and ethical practice in one setting might not produce the desired results in another setting, strikingly evident in discussions of condoms and male circumcision. In some circumstance it may even be necessary to "unlearn".

3.4. Situated learning

I now consider concepts related to situated learning theories that have implications for understanding learning in the context of my research. The view that learning is collective, relational, and situated is built upon the seminal work of Lave and Wenger (1991). They understood learning to be a social process occurring through participation in practices, describing a community of practice as:

> A set of relations among persons, activities and world, over time and in relation with other tangential and overlapping communities of practice. A community of practice is an intrinsic condition for the existence of knowledge, not the least because it provides the interpretive support necessary for making sense of its heritage (Lave & Wenger 1991, p. 98).

Each community of practice is organized around joint enterprise, mutual engagement and shared repertoire. It has its particular history, assumptions, relationships and values, with tools including language and artefacts, and with activities that develop over time (Wenger 1999). This notion in which knowledge in work is socially constructed, communicated and perpetuated marks the transition from a dominant understanding of learning as individual and cognitive to learning as a social process.

Historically the idea of the community has been associated with a group of people who develop common ties and sharing on the basis of some sort of proximity (Gherardi, Nicolini & Odella 1998). They value their collective competence and learn from each other (Fenwick 2003). However communities of practice vary enormously in degrees of coherence. We might argue that HIV&AIDS programs are communities of practice, given that they are bound by joint activities, are dependent on and sustained by social processes (more than just funding) and develop shared repertoires of resources, expertise, approaches, social practices, language and

stories. However the type and scope of work aiming to improve the well-being of individuals and communities affected by HIV&AIDS is diverse, embracing distinct activities such as HBC, care of OVCs, HIV prevention, treatment, IGAs, program management, advocacy, and fund raising, among others. The boundaries of such potential communities of practice also are porous, with staff and volunteers moving in and out – such boundaries are dynamic. For example, the participation of a volunteer HBC worker in a program might be dependent on the agricultural cycle, seasonal employment, family obligations or availability of finances, yet the worker may remain part of the web of relationships within which learning is occurring. In my research, faith-based HIV&AIDS programs are never distinct communities of practice. Consequently I do not refer to any teams or groups of program managers and staff as a "community". Rather, I draw on features such as the relational nature of doing work together and relating to material objects in shared purposes and ends, in ways of meeting learning needs, and in the context in which this occurs. I use learning practice as my unit of analysis for research rather than the community of practice itself.

Proponents of situated learning theory argue that individuals learn as they participate and interact in social relationships (Brown & Duguid 1991; Lave & Wenger 1991; Wenger 1999; Wenger & Snyder 2000). Learning is not simply a matter of individuals acquiring knowledge or learning by doing; it is a process of social participation, and the nature of the relational context impacts significantly on the process (Fenwick 2003; Gherardi, Nicolini & Odella 1998; Hodkinson, Biesta & James 2008). These writers conclude that knowledge and learning are embodied in joint action with others and, as a result, the community refines its practices and develops new ones. In the concept of legitimate peripheral participation within communities of practice, knowledge and skills flow to the newcomer – the novice – from those with greater experience and power who are perceived by the newcomer to "know it" and be competent (Lave & Wenger 1991). How novices learn through initiation into practices is developed in a different direction by Kemmis (2014). This raises important considerations for my research which I take up in terms of where knowledge is located and how it changes, how learning happens, where learning and skills are situated, learning directions, how learning and skills are expressed, and the relationship between learning and context.

Managerial literature has gradually reshaped the concept of communities of practice into a tool used by managers to manage knowledge in organizations (Wenger & Snyder 2000). The early work on communities of practice indicated large differences in what learners could themselves shape, and how they could be shaped in their identities with respect to different practices (Lave & Wenger 1991). In contrast, subsequent writing has emphasized generalized dichotomies held in tension rather than specific workplace relationships, with the interplay of four fundamental dualities: participation-reification, designed-emergent, identification-negotiability and local-global (Wenger 1999). Hodkinson and Hodkinson (2005; 2004) critique this concept and address diversity by identifying three integrated and interrelated yet partially distinct levels of learning: the learning field, a narrower form of community of practice, and individual learners. Case studies by Fuller and others (2005) confirm that patterns and forms of participation can be highly diverse, and conclude that more in-depth studies of workplace learning based on a wider range of contexts are required.

Within the HIV&AIDS context, as newcomer practitioners become part of a program, they begin to encounter fresh ideas and practices through interaction with the beneficiaries. However these "new things" may not be known to "old-timer" practitioners who, by virtue of their experiences, have come to devote more time and energy to project PM&E rather than direct, hands-on work. Situations may also occur where a new member may bring a rich background of prior experience such that the "old-timer" is learning from the newcomer. Herein lies potential for an informal learning environment where both experienced members and newcomers can share their experiences and learn from each other (Hara & Schwen 2006). For both pragmatic and theoretical reasons, I therefore move towards viewing learning through a practice lens in order to analyse data in which learning is entwined in social practice. People learn by doing, saying and relating in contextual activities, and what is learned is shaped by the context in which it is learned.

Within the corporate world the concept of communities of practice is used as a knowledge management strategy for overcoming the inherent problems of a slow-moving traditional

hierarchy in a fast-moving virtual economy, to handle unstructured problems, to share knowledge outside of traditional boundaries, and to maintain organizational memory (Lesser & Storck 2001). Power must also be recognized in this process. Roberts (2006, p. 627) notes that "in a broader organization context peripheral community members may not necessarily develop beyond a position of peripheral participation. Meanings may continue to be merely a reflection of the dominant source of power". Even when people are participating in their own community of practice, their knowledge may not be recognized within the broader organization. In the world of HIV&AIDS, for example, it is important to recognize how frequently power imbalances give greater value to "expert knowledge" and information gained through formal evaluation practices involving "experts", than to the hands-on experiences of practitioners in the field. This signals important ways in which knowledge is commonly conceptualized in terms of what knowledge is and how knowledge is privileged, derived and used. These concepts are expanded in the following section.

In summary, the situatedness of practice and the relational nature of learning as people with common purposes participate and interact in the everyday, are important dimensions that I take forward in my framework of learning as practice. In addition I take care to acknowledge the place that power occupies as people do, say and relate in practice.

3.5. Learning understood through a practice lens

In the previous section I provided examples of behavioural and social theories which have significantly influenced assumptions about learning within the world of HIV&AIDS. I now elaborate on learning when viewed through a practice lens, especially with respect to my understanding of practice, drawing predominantly from Schatzki and Kemmis. In this I assume that "knowledge, meaning, human activity, science, power, language, social institutions and historical transformations occur within and are components of the field of practices" (Schatzki 2001a, p. 11). Concepts of knowledge, learning and practice are interrelated and interdependent (Antonacopoulou 2006; Chappell et al. 2009; Gherardi 2000; Kemmis 2005, 2009; Kemmis et al. 2012; Schatzki 2002, 2006a; Schulz 2005). Learning is integral to practice (Price, Scheeres & Boud 2009). When the locus of knowledge and learning shifts in this way,

including within organizations and education, the focus moves away from dualisms to bundles of practices and material arrangements (Boud & Lee 2006; Gherardi 2000; Kemmis 2005; Schatzki 1996, 2005, 2006a). This contrasts with the conventional Western oriented paradigm of knowledge and learning which has been widely criticized for its tendency to create dualisms: mind-body, theory-practice, individual-collective, explicit-tacit, product-process, education-training, and knowing that-knowing how (Beckett & Hager 2002; Cairns & Malloch 2011; Dewey & Bentley 1949).

The "practice turn" represents a shift away from the theory-practice divide in which knowledge has been commonly understood as an object or certain mental processes to be acquired, stored in the mind then applied in practice (Hager 2004). In common with Freire's (1972) argument against a "banking" concept of knowledge, from a practice perspective "knowledge is not something that people possess in their heads; rather it is something that people do together" (Gergen 1985, p. 270). Knowledge in this sense is situated doing and relating. Cook and Brown (1999, p. 387) drew on Dewey to define knowing as "literally something which we do, not something that we possess" and attempted to bridge the two epistemologies by acknowledging a "generative dance" between organizational knowledge and organizational doing. In a similar vein, Shotter (2004, p. 111) emphasizes the extra-individual features of practice as:

> A shift away from thoughts and ideas inside the heads of individuals, toward events occurring in people's meetings out in the world – events occurring as a result of the spontaneous, embodied, expressive-responsive activities taking place between them as growing and living beings. In the past, these events have been left unnoticed in the "background" to social life.

Schwandt (2005) develops models to contrast these distinct epistemologies. His Model 1 assumes knowledge as an external object, propositional and declarative. It is transferable from context to context. In this understanding, "the kind of knowledge produced here ought to be explicit, general, universal and systematic" (Schwandt 2005, p. 318). Learning is cognitive and a private concern in the mind of the individual, with practitioners learning by accumulating and internalizing knowledge generated for them by experts. The practitioner is on the receiving end from experts of knowledge who aim to clear up shortcomings in everyday knowing. This contrasts with Model 2 in which knowledge is "always embodied, a kind of confidence-in-

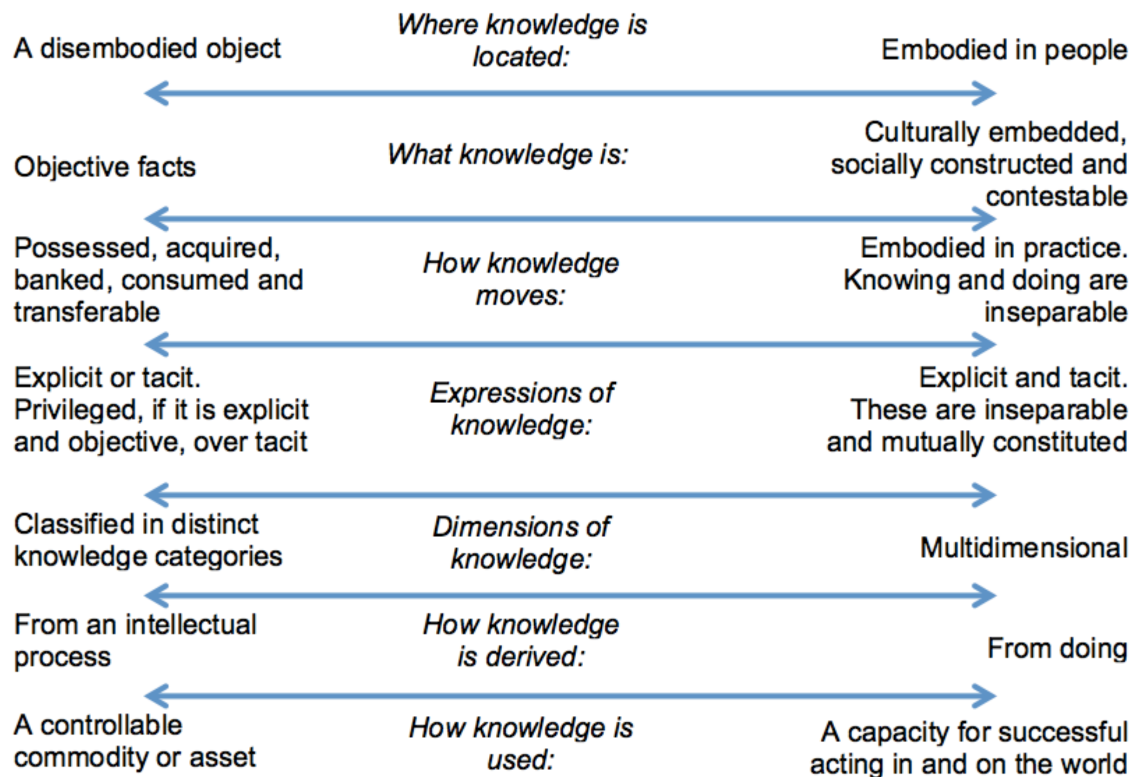
knowing-in-action; it regards knowledge as fundamentally tacit, although capable of expression in formulas and words when necessary" (Schwandt 2005, p. 323). In this latter model, ambiguity, difference, diversity and the "messiness" of everyday practice are not seen as conditions to be eliminated so much as desirable preconditions for creativity, innovation, and growth of the practice, associated with learning and new knowledge. This moves away from approaches focusing on cognitive rationality, to conceptualize knowledge as flexible, embodied in action and judgement. As such, it is a more holistic model of ordering the world (Hamilton 2005; Molander 2002; Schwandt 2005).

From a practice orientation, knowledge is no longer conceived as either a product to be controlled and mastered or a product that may be lacking. Nor can knowing be synonymous with complete understanding. Rather knowing is to participate in a complex web of relationships involving people, material artefacts and activities. It happens in "the everyday" as people interact and work together over time in particular social, cultural and structural contexts (Gherardi 2001, 2008). According to Gherardi (2000, p. 215) "participating in a practice is consequently a way to acquire knowledge-in-action, but also to change or perpetuate such knowledge and to produce and reproduce society".

From my perspective Schwandt is useful as a point of reference in breaking with a cognitive understanding of knowledge and learning, and to place these within a practice approach. Likewise his concepts of practice as indeterminate, material and particular rather than a generic enterprise are helpful, although these concepts are common across other practice theories. His two starkly contrasting models stand as bookmarks at either end of my proposed continuum of schemas in which knowledge may be conceptualized (Beckett & Hager 2002; Cook & Brown 1999; Hager & Hodkinson 2009; Hislop 2005; Hodkinson et al. 2007; Schatzki, Knorr Cetina & von Savigny 2001; Schwandt 2005).

The following diagram illustrates a summative position I take of the ways in which knowledge is conceptualized in the literature and in common use.

Diagram 2: A continuum of ways in which knowledge is conceptualized



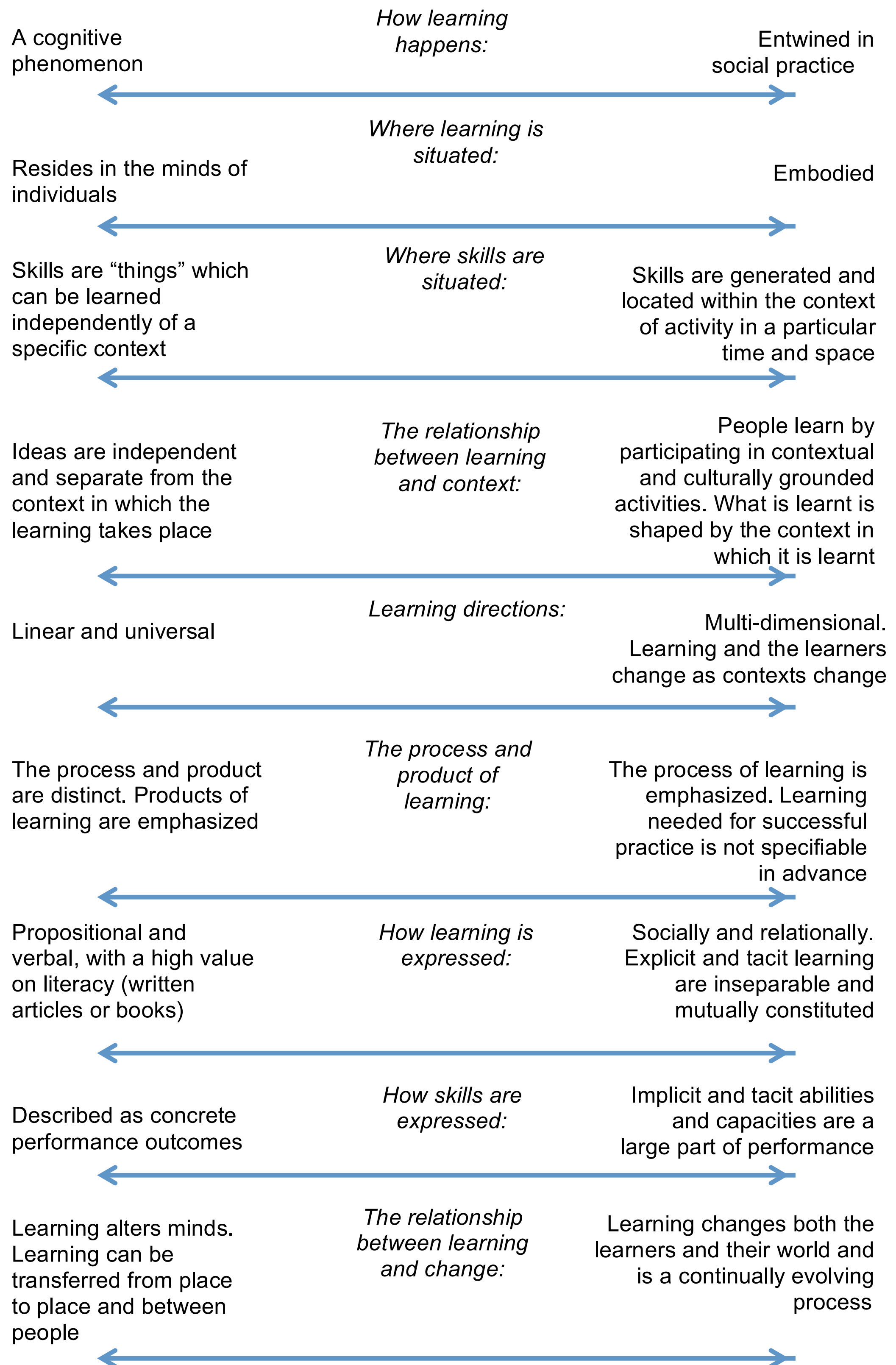
Practice perspectives are situated to the right. A continuum allows for gradients in positioning and thus discourages polarities. The categories in this diagram describe characteristics of knowledge: where and what knowledge is; expressions and dimensions of knowledge; and how it is derived, circulates and is used. On the left of the continuum, knowledge is understood as objective facts associated with the mind which can be controlled and stored. Here knowledge is assumed to be logical, universal and applicable in general ways to any context. An extreme left position might assume that only legitimate knowledge can be measured and must be evidence-based. On the right of the continuum, knowledge is more complex and conceptualized as embodied, socially constructed, derived by doing and embedded in practice. Schatzki's practice theory sits firmly to the right.

Knowledge does not stand alone but is connected to concepts of learning. Hager and Hodkinson (2009) use four conceptual "lenses" for understanding learning: the propositional lens; the skill learning lens; the participation in human practices lens; and the learning as

transformation or reconstruction lens. Arguing against the transfer-of-knowledge metaphor of learning, they adopt an alternative metaphor of learning as becoming (Hager & Hodkinson 2009, p. 633). This approach to knowledge and learning assumes engagement with the world in the everyday of life as people holistically integrate what they do and with whom, how they do it, for what purpose, and where they do it. Knowing and doing are not to be separated (Gherardi 2000). Knowledge and learning in action are situated in the historical, social and cultural contexts in which they arise. They are relational, mediated by artefacts both material and symbolic, and always rooted in a context of interaction (Nicolini, Gherardi & Yanow 2003). These notions of learning as embodied, situated and contextual, relational, materially mediated, and the entwining of knowing and doing, are all features of practice theory that I further expand in the following chapter where I describe learning as practice.

Diagram 3 below builds on the previous continuum of ways in which knowledge is conceptualized by summarizing a range of assumptions about learning that I anticipate as evident in the context in which my research takes place (Hager & Hodkinson 2009; Kemmis 2005; Price, Scheeres & Boud 2009; Schatzki 2005, 2006a). It highlights areas of tension that may result between structure and agency, subject and object, mind and body, and the notion that the mind is assumed to be distinct from the external world.

Diagram 3: Common research assumptions about learning



Assumptions about learning tend to focus on the following areas: how learning happens, where learning and skills are situated, how learning and context are related, the direction of learning, the relationship between the process and product of learning, how learning and skills are expressed, and the relationship between learning and change. As in Diagram 2's ways in which knowledge is conceptualized, there are gradations here in the assumptions made about learning in each of these areas. To the left, learning is understood to take place in the mind, independent of context. What is learned can be specified in advance, learned independently of context, understood as logical, linear and universal, and transferred from one place to another. Skills that result from learning may be described in terms of tangible outcomes. This contrasts with learning that is viewed from a practice lens and sits to the right. Here learning is entwined in social practice and shaped by context, and both learning and the learners change as the context changes. Learning is multidimensional: process is emphasized over product and cannot be specified in advance. People learn in activity, and skills are generated in activity, including both explicit and implicit abilities. This enables discourse about learning to be mapped.

In HIV&AIDS work, this practice approach is complementary to, rather than reinforcing or competing with, the prevailing and dominant biomedical paradigm that presents accounts of HIV&AIDS practice as rational, objective, "scientific knowledge" able to be controlled as a commodity (Baxen 2008; Packard & Epstein 1991). However for the purposes of my empirical research, fresh insights into learning are best generated by taking a practice perspective.

In this chapter I have examined the learning society, knowledge and learning in the development sector and the workplace, situated learning and communities of practice, and have shown how these impact understandings of learning within the world of HIV&AIDS. In the following chapter I further develop the concept of the practice of learning as embodied, relational, materially mediated, situated and contextual, and prefigured and emergent – key features of practice itself. Using my adapted Schatzkian framework of practice described in chapter 2, I then construct my framework of the practice of learning for analysing and interpreting data obtained in my research.

Chapter 4: The practice of learning

In order to examine how HIV&AIDS project managers and staff conceptualize learning and what enables their learning in the context of everyday work, I now elaborate my understanding of the practice of learning and work towards a pragmatic schema from which to frame my empirical research. I do not pretend to establish a comprehensive theory explaining all features of knowledge and learning; rather for the purposes of my research among HIV&AIDS programs in sub Saharan Africa, I conceptualize learning as practice.

This chapter is divided into two sections. Firstly I draw together the key features of practice described in chapter 2, together with issues elaborated in chapter 3 related to knowledge and learning, that are together important in the context of faith-based HIV&AIDS programs in community settings in Africa. Secondly I apply my adapted model of practice, drawing on Schatzki and Kemmis, to construct a conceptual framework of the practice of learning. This illustrates learning as doings, sayings and relatings entwined in time and space and governed by practical understandings, general understandings, rules and teleological structure. I argue that as learning takes place these dimensions are always present together in overlapping and intersecting ways, although in the learning process one or more may be emphasized over others in particular settings and circumstances. I conclude by outlining the implications of using this framework of learning for my research.

Throughout this chapter I illustrate these key theoretical points of practice which become features of learning. Features of practice are features of learning. I develop this further in my analysis in chapters 7, 8 and 9. Viewing learning as practice enables me to make a small but significant empirical contribution to understanding learning in new ways.

4.1. Features of learning

In this section I argue that learning has characteristic qualities of practice and can be understood in the light of the key features of practice: embodied; relational; materially mediated; situated and contextual; prefigured and emergent. These features highlight the dynamic nature

of learning as practice, and between practices of learning and other practices. I refer to recent empirical studies highlighting similar features of learning and give examples from HIV&AIDS work of arrangements of doings, sayings and relatings that are bound up with the material resources of learning practice. In addition I show how learning practices may bundle to form unique learning events linked with particular material arrangements. Learning practices may overlap, interweave and may even conflict in spaces of multiplicity.

Given that “practices are nexuses of activity” according to Schatzki (2012, p. 5) then learning practice is itself a nexus of activity. Learning is not simply thinking, ideas that people generate, or a “thing” that people do. From a practice perspective, a learning activity is an occasion or event in which learning actions – doings, sayings and relatings – are performed (Kemmis 2009; Schatzki 2013). If, as Schatzki (2012, p. 7) states, “activity is indeterminate in the sense that it is not fixed or laid down prior to a person acting either what she does or what teleological and motivational factors determine this”, then learning is likewise indeterminate until the performance itself takes place. Only then does learning become definite. The process of learning is therefore emphasized although the learning needed is not specifiable in advance.

When activity happens, change may result, yet an activity usually maintains the status quo. Learning practices may persist, emerge or dissolve. Using a practice lens and drawing strongly on Schatzki (2005, 2006a), Price, Sheeres and Boud (2009) examine ways that workers simultaneously maintain and alter practices in their workplace, and describe this as “re-making one’s job”. They identify tensions between re-making jobs, newly introduced practices, and the already existing and persisting practices of their organizations, and find “these tensions to be sites where both the workers and their organizations are engaged in learning” (Price, Scheeres & Boud 2009, p. 233). In this case learning is simultaneously the creation of meaning and the generation of organizational and work practices, such that new and “old” workers both perpetuate and vary what they do and with whom, what they do it with, how they do it, for what purpose, and where they do it. This in turn may contribute to change – good, neutral or bad – remembering that what is perceived to be good in one setting may not be in another!

Tensions are widespread in my research settings between newly introduced practices and persisting organizational practices, together creating sites for learning. For example, in chapter 7 I describe creating memory books and memory boxes as an important activity in grief counselling with children who have lost one or both parents to AIDS. A memory book or box provides a written record of facts about the family, parents' beliefs and traditions, parents' hopes for their children's future, and warm memories and messages for those children. These are particularly powerful when commenced before the parent dies. In the early 1990s when this concept was first introduced in the context of HIV&AIDS, the idea of a written account was promoted. However HIV&AIDS program staff, community volunteers, parents, relatives and children participating in this practice encountered tension between what was introduced as *the* way to document memories, and what was feasible in oral-based cultures and resource limited settings. Consequently the way that "collecting memories" is talked about and done has changed, as those directly involved with children relate to each other in order to learn together "what works" in their setting, and as organizations and wider networks experiment and talk with each other about the practice. Memory boxes rather than books are now much more commonly used to collect favourite photographs and small possessions that belong to the parent together with, where possible, recordings of the parent's voice or of the parent and child together.

4.1.1 Learning is embodied, not centralized in the mind

Practice theory embraces an embodiment with the body, being the meeting place of mind, individual activity and the social (Schatzki 2001a). For Schatzki (2001a, p. 12) "activity depends on shared skills or understandings which are typically viewed as embodied". This stands in contrast to popular assumptions referred to in the previous chapter (see Diagram 3) that learning is a cognitive phenomenon residing in the minds of individuals. As embodied know-how is shared between people and successfully inculcated, then practices persist, perpetuate and emerge or dissolve, and social life is transformed (Price et al. 2012; Schatzki 2013).

The development of knowledge is an ongoing process that involves the whole body, and such knowledge cannot be "disembodied" from people into some "objective form". According to Reckwitz (2002, p. 259) "practice theory 'decentres' mind, texts and conversation.

Simultaneously, it shifts bodily movements, things, practical knowledge and routine to the centre of its vocabulary”. The body is therefore not simply an extension of the mind or a substitute container for housing the brain and the mind (Barnacle 2009). For example when discussing the role and place of critical thinking in the context of formal education, Barnacle (2009, p. 32) proposes that “a gut, engaged ‘moodfully’ with the world, to borrow from Heidegger, offers a better model for describing such a phenomenon than a conception of mind dominated by a calculating brain”. Somerville’s (2006, p. 49) research of safety in coal mining and aged care workplaces concluded that “embodied work learning, especially learning safety, is specifically about learning the body in place. Body-in-place is not context, it is the learning”.

When Schatzki (2002, p. 72) labels doings and sayings as “bodily”, he is emphasizing both the things people do with their bodies, as well as whatever prosthetic parts and extensions bodies possess. In this sense the practice of learning includes the raw materials, resources, artefacts, tools and technologies that people use when learning. This has implications for how I empirically document and analyse practices, indicating the importance that material objects have in the practice of learning.

In HIV&AIDS related practice, learning is an ongoing process that involves the whole body. HBC volunteers, for example, engage all senses in order to learn what is involved for a person living with HIV taking lifelong ART with its risk of serious side effects. They learn in practice as they see, hear, feel, touch and taste with their bodies. Their verbal interactions are bodily practices. Over time the volunteers not only observe the physical and psychological reactions of their clients, they also learn how to most appropriately relate to them, their families and the wider network of service providers such as the local clinic nurse or social worker. Their relating to people is a bodily practice, as is their engaging bodily with the material world around them in networks of activities. In this sense there is a blurring of boundaries between the embodied nature of learning and materiality, as is highlighted in Hopwood and Clerk’s (2013; 2012) study of pedagogies and practice in a child and family health service unit.

When a learner constructs or reconstructs knowledge, skills and know-how, they are also reconstructing themselves, those with whom they are interacting, and the setting in which this is occurring. Learning is not a collating of ideas in the mind independent of the context in which the learning takes place. This concept is fundamental in Schatzki's understanding of practice in the sense that "by way of the body, the mind is present in experience" (Schatzki 1996, p. 41). Here we see a holistic approach to understanding learning as a process involving the whole body, such that the learner, the social context of learning, the environment including organizations, and learning itself are mutually created. I now discuss the notion of learning as activity.

4.1.2 Learning is relational

Learning is relational and integrated in various ways: through the interconnectedness of doings, sayings and relatings; as learning hangs together with other practices; and where learning practices bundle with material arrangements in the site of learning. This site of learning HIV&AIDS related work is not a container but a relational entanglement between people and the everyday world around them. Learning is not simply a matter of individuals acquiring knowledge or learning by doing; it includes a process of social participation, and the nature of the context impacts significantly on the process (Fenwick 2003; Gherardi, Nicolini & Odella 1998). Learning cannot be isolated from the broader complex of social practices and materiality. The relationship between practices, and bundles of practice and material arrangements as described by Schatzki (2012, p. 4) applies directly to the practice of learning in this research:

> To say that practices and arrangements bundle is to say (1) that practices effect, use, give meaning to, and are inseparable from arrangements while (2) arrangements channel, prefigure, facilitate, and are essential to practices. More specifically, practices and arrangements form bundles through five types of relation: causality, prefiguration, constitution, intentionality, and intelligibility.

In terms of learning, this signifies that learning activities may change the world in which they take place, and that the changing world may cause learning activities. As an example of practices hanging together, I as an HIV&AIDS consultant in a global organization might engage in a conversation with a program manager of a peer education program in peri-urban schools who is herself living with HIV. In this situation I would place my own way of understanding alongside hers on a particular topic of conversation, such as the motivations of volunteers, and

in so doing my understanding would grow. Furthermore this new understanding would continue to evolve should I subsequently interact with another program manager in the neighbouring country who also works with volunteers.

Learning occurs through “giant nets” of practice, as described in the example of HIV prevention practice in the previous chapter. Knowledge is generated and learning takes place in the connections between various types of targeted activities, such as life-skills education in primary schools, HIV testing, seminars for church leaders, community advocacy programs against domestic violence, and pre-natal care for pregnant mothers. As these practices intersect and overlap at local, national and international levels, prevention practice is re-made and new combinations of “know-how” are generated. For example, when bringing together prevention workers from a village setting to interact with fellow prevention workers linked into similar practices in a nearby peri-urban neighbourhood, we might observe that the multiple interactions between prevention practices generate new practice that expands beyond the original settings without losing the practice of each specific historical, social and cultural context.

We see notable differences in the way that learning occurs depending on the differing relationships between the doings, sayings and relatings within a practice of learning. As a result different manifestations of the same practice of learning may occur within and between particular settings – what Schatzki (2011) terms “spaces of multiplicity”. The continuation of any practice is “compatible with the multiplication and metamorphosis of its activities, with alterations of its arrangements (including connections among arrangements), with transformations of interwoven timespaces and practice organizations, and with changes in how practices link to one another and to arrangements” (Schatzki 2013, p. 18). Johnsson and Boud (2010, p. 361) observe:

> Some patterns of interactions generate more invitational qualities for learning than others; they condition relationships towards directions that influence the emergence of learning for some workers but not for others. This is because workers constantly (re-) form their current basis for action through enmeshing past experiences with the specifics of contextual priorities that must necessarily be accommodated.

The knowledge required in practice must therefore be flexible, enabling practitioners to pay close attention to the distinctiveness of each situation. Practitioners discern the salient features

of a situation by being “other-regarding” and by demonstrating situational appreciation, wise judgment, imagination, and the capacity to contextualize. Schwandt (2005, p. 324) contrasts this with “a kind of attention that is directed by templates, procedures, rules or habits and thus tends to be unmindful of concrete specifics”. Not all workers including those in faith-based HIV&AIDS programs use wise judgment in navigating complex and ambiguous circumstances, preferring to carry out their work according to a set of rules and protocols often developed by others in a very different context.

4.1.3. Learning is materially mediated

Learning at work involves individuals, groups of people, and the physical and material circumstances of their work environment, including the setups of objects such as tools, resources and raw materials (Kemmis 2009). Lave and Wenger (1991, p. 47) observe that “learners can in one way or another be seen to construct their understanding out of a wide range of materials that include ambient social and physical circumstances and the histories and social relations of the people involved”. Schatzki (2002, p. 46) takes this further: “Definite causal, spatial, intentional and enablement/constraint relations exist among people, artefacts, organisms and things”. Relationships between learning and the material are strongly evident in the context of my research.

The practice of learning that program managers are undertaking may be tied to a meeting room, chairs, blackboard, certificates and staff surrounding them – together they form a bundle. For example, the existing material resources and arrangements in a program office, government office, mobile phone communication and written donor requirements may make the practice of learning easier or harder, faster or slower, and less or more expensive. Certain material arrangements may also be considered essential to learning in this context, such as a suitable meeting room with chairs where the team meets regularly for reporting, discussion and planning. In this sense the meeting room constitutes learning practice and the learning practice likewise constitutes the material arrangements of the meeting room. Program managers and staff are sensitive and responsive to the arrangement of objects in a meeting room by thinking and acting in ways that are intentional. Whether a certificate of participation in a learning event

is to be given may determine whether practitioners consider this worthy of being named as a learning event. This relates to intelligibility inasmuch as arrangements have meaning for those who are involved in a practice.

Practices and material arrangements are linked in distinct ways. According to Schatzki (2013, p. 10), practices and material arrangements constitute one another and "many practices would not exist or would look different if certain arrangements did not exist. So, too, would many arrangements not exist or take different forms were it not for certain practices". Drawing on a Schatzkian perspective, I highlight the following distinct types of connections within and between learning and material arrangements in the world of HIV:

- Participants in particular learning practices make sense of material resources in specific ways
- Learning activities react to material arrangements and events that impact them
- Some learning practices cannot continue without certain material arrangements
- Material arrangements prefigure learning
- Material arrangements affect the progress of learning
- Learning activities change material arrangements
- As particular learning practices spread, so do material arrangements

As an example, computer software might be developed by a major donor to assist in monitoring the activities and results of the prevention projects in its suite of aid programs. Although the prevention worker in a school peer education program supported by this donor continues to collect her statistical and interview data as a hard copy, she must now learn to enter the data into the newly installed program on a desktop computer in the local office. At first she experiments with data entry, requesting assistance from the data management officer as needed. As she becomes more confident with developing computerized reports, she begins to see the potential of a handheld mobile device for the field which would eliminate paper documents. She then requests this as an additional budget item for the following year. In this case learning and material arrangements are mutually constituted over time.

The effects of the material on learning can be profound. Fenwick, Edwards and Sawchuk (2011, p. 2), although taking an ANT position different to Schatzki, likewise foreground materiality in learning:

> Humans and what they take to be their learning and social processes do not float, distinct, in container-like contexts of education, such as classrooms or community sites, that can be conceptualized and dismissed as simply a wash of material stuff and spaces. The things that assemble these contexts, and incidentally the actions and bodies including human ones that are part of these assemblages, are continuously acting upon each other to bring forth and distribute as well as obscure and deny knowledge. These things might be taken by a casual observer as natural and given – objects comprising a context. But a more careful analysis notes that these objects, including objects of knowledge, are very messy, slippery and indeterminate things.

Material objects and the spaces that people associate with learning are thus far more complex than "containers for learning". People must "maneuver around things and know how to produce them or transform them into other things by shaping, fragmenting, and connecting" (Schatzki 2013, p. 6). Likewise they experiment, consciously or unconsciously, with "[what] can be done with what and what will happen to objects under various conditions" (Schatzki 2013, p. 6). In the earlier example of a new staff member coming into an established prevention program, objects of knowledge such as culturally acceptable methods of HIV prevention, reporting documents and classrooms may be very messy and indeterminate in the particular setting in which she is working. She may discover that her previous procedure for reporting on prevention activities needs to be altered in order to be consistent with reporting carried out in a similar program sponsored by the same donor.

Learning involves the actions of manoeuvring and experimenting not only with material arrangements in the immediate material setting but with those arrangements in neighbouring or distant settings, and over time. For Schatzki (2012, p. 4) the "notion of a bundle of practices and material arrangements is fundamental to analysing human life". The following example from my journal highlights the importance of materiality in the practice of learning within my research setting:

> Cell phones are making a huge difference in the way that staff members are learning to do things. Less than five years ago when a staff member on their monthly three day visit to a village encountered a family crisis needing specialist counselling advice or an unresolved conflict issue between a program beneficiary and a community leader, they would have a month turn-around to discuss this with other staff, the program manager or other professionals. Now they can readily call, discuss the matter, have any resources they need sent to them on the next day's bus, and feel confident that they are able to access support if their first line response proves inadequate. There will be other

> less obvious materials that I will need to be careful to identify that are entwined in learning. (Journal entry 12 August 2010)

4.1.4. Learning is situated and contextual

As elaborated in chapter 2, I include objective place and time, space and temporality as aspects of situatedness and context. These are intrinsically entwined with learning. Learning activities take place in a material setting. Of particular interest is what makes a context specifically a learning context. The spatial dimensions of a setting, distinctive features of the layout, order and arrangements over time in settings, and relationships across settings each play a role in how learning activities relate to each other. In the same way that practices become apparent in objective space, so does learning. Schatzki's (2013, p. 5) notion of space is defined as:

> The distribution of places and paths across the material entities amid which people proceed: it is the material world amid which a person acts housing interconnected places and paths for action, where a place is a place to do such and such and a path is a way from one place to another.

The expansion of information technologies, communication and travel has meant that HIV&AIDS practitioners, including those within the community development sector, are not only interacting and learning face-to-face in a physical place, they are also learning virtually. Although the distribution of places and paths in the material world in which a person learns may vary between settings, certain arrangements will facilitate and constrain learning. Not only is learning always situated in space, it is defined by time and particular historical, cultural, social, economic and political conditions. Extensive periods of objective time may pass before learning happens or learning takes place in rapid succession, with mediating preconditions constraining, enabling and shaping learning. The result is learning combining elements of similar and past learning with new elements. These features of learning are also features of practice.

Although learning generally involves a notion of progression over time, we see differences in time orientations across cultures, societies, communities and organizations (Hall 1989). The process of work related or work-based learning is not necessarily a linear, fixed time activity (Lervik, Fahy & Easterby-Smith 2010; Unwin et al. 2007). Preece, Modise and Mosweunyane (2008, p. 275) note that "in African contexts things can be more mobile, transportable and fluid in relation to the environment – a flowing of time and space conflated together". Like place, time

is not a fixed entity. Dimensions of time and place are therefore important considerations in discussions of learning in my research.

Lave and Wenger (1991) describe a process of legitimate peripheral participation when newcomers learn what to do by first participating from the margins and gradually becoming absorbed into the life of the organization and setting. According to Kemmis (2009), “practice architecture” – doings, sayings, relating, objects and set-ups – impacts the way that practice, and therefore learning as practice, is constructed, enabled and constrained. Kemmis (2009, p. 34) observes that:

> The authorship of practices is also enabled and constrained by the discursive, material, economic, social and political arrangements that form an exoskeleton of mediating preconditions around the practice – and the practitioner – here and now, limiting the possibilities of practice in some ways, and pushing practice beyond existing limits.

He further develops this as three kinds of arrangements that always exist already in some form and that can be transformed in any social situation: cultural-discursive, material-economic and social-political arrangements (Kemmis et al. 2014). As an example from the context of HIV&AIDS, HBC is influenced by what clients will tolerate, what resources such as food packages and pain medications the program can afford, what the volunteers will agree to, what donors require, what supplementary community services are available, and what government bodies will insist on. These change over time. Previously ART was either not available at all or only for the wealthy. In places where it is now accessible to the general population, people are living longer and clients are healthy enough to request assistance in IGAs. In this evolving process, government regulations have often become stricter with regard to the training and qualifications required of volunteers in order to perform HBC and other roles. The practice of learning is therefore both impacted by and influencing the practice of HBC.

Learning, practice and change are intrinsically linked. Workers adjust practices according to context, materiality and relationships with others to suit the practicalities of everyday work life: “In such ways workers open up learning spaces to consider alternative future possibilities for action that may improve or extend what they now call their current practice” (Price et al. 2012, p. 244). For example, a new staff member coming into an established prevention program has to learn to use the materials available and to do without others. She has to learn the way that

work is thought about, talked about and implemented by other staff and volunteers, as well as by the beneficiaries. She must get to know the people and groups that form the social structure in HIV prevention and the surrounding community, and learn to relate to them. She must learn about their historical, socio-economic, religious and cultural circumstances, including their capacity to engage in stigma reduction. Learning here is situated and contextual. Over time she will influence the way things are talked about and happen in this setting, just as this particular HIV practice will influence her.

4.1.5. Learning is prefigured and emergent

A worker doing any kind of learning activity is not starting afresh as if this work has never been done before. "All theories of practice contain within them implicit or explicit theorisations of how practices emerge: how they are stabilised maintained, and sustained; and how they change" (Hager, Lee & Reich 2012b, p. 9). This is not linear or simple; rather we see dynamic interconnection and interplay. Particular learning practices have been carried out in certain ways; we cannot operate independently of the past. According to Heidegger (1962/1995, pp. 42,43) "we are entwined with our world through everyday practices and we interpret ourselves in terms of the reflected light of that world". We are also entwined in traditions being passed on through the generations. Residues of previous ways of learning must therefore be held in tension with emerging learning practices. In the workplace, people bring with them previous experiences together with their understandings of similar learning practices from other contexts, consciously or unconsciously:

> When they enact practices, practitioners' understandings of the present practice is enmeshed with previous understandings of related or similar practices carried out in other contexts. In performing a practice, practitioners perpetuate the practice, but always in the context of judging how to adapt the practice to meet current goals in the present particular circumstances. (Hager 2014, p. 594)

Learning is not always progressive; it is a phenomenon of the world. This is the tension of re-making practice in the workplace (Price, Scheeres & Boud 2009). How learning happens, where it is situated, what is learned, by whom, and associated with what material objects and arrangements, will be impacted by the different experiences and the interpretations of those experiences that workers bring from other contexts into the workplace, and from past learning events in the current setting. Kemmis (2009, p. 33) attributes characteristic modes of

professional practice to the arrangement of "mediating preconditions" which enable and constrain variations of practices in certain settings. This is "the way things are done around here".

Although learning practices are prefigured, this is the foundation from which practitioners influence learning practice and leave their footprint, encouraging new learning practices to emerge. According to Schatzki (2006a) (Schatzki 2006a, p. 1863) practices persist and "perpetuate" in organizations because they are carried forward in the practice memory of the organization:

> Persistence of structure from the past into the present is what I call practice memory. The memory of the organization is the sum of the memories of its practices . . . Organizations vary, however, in how much cultural and collective memory they possess. All organizations, by contrast, have practice memories, that is, persisting practice structures.

Practice memory enables continuity and sustainability. As stated in chapter 2, the governing structure of a practice consists of a set of practical and general understandings, rules, and teleological structure. In order for this governing structure to persist and perpetuate within an organization, it must be communicated to others. By implication, so too must the governing structures of the practice of learning. Learning itself may become irrelevant and dissolve gradually or even suddenly due to internal and external causes. Likewise we may see a hybridization and bifurcation of the practice of learning (Schatzki 2013). Schatzki (2006a, 2010b) argues that a joining of past, present and future in teleological time explains why workers may use or not use something they perceive as relevant from past experience.

Organizations likewise embrace the persisting structures of practices and material arrangements in both real time and the joining of past, present, and future in activity time. For example, in a rural area where HIV prevalence rates are high, a novice social worker newly employed by a local FBO might plan a psycho-social support workshop for foster parents and OVCs to address issues of grief. Although this workshop is part of an ongoing series of activities aimed at building the capacity of the community to address HIV&AIDS, this is the first time that she is responsible for such an event. In the planning process the social worker first informs, seeks the opinions of, and coordinates with the local traditional authorities, including the

traditional chief of the area. The chief's endorsement and support of the program is critical in obtaining community participation and resources, and for facilitating future decision-making. In this sense, not only are psycho-social support practices in this setting prefigured, bringing together past ways of running community events with children with present support workshops, the practice of learning itself is also prefigured as it simultaneously engages past, present and future ways of learning. Only by first consulting with the chief is the social worker able to influence current psycho-social support practice and facilitate future change. The practice of engaging with traditional authorities is thus carried forward in the practice memory of this FBO and, without this memory, any initiative to provide psycho-social support would not persist and perpetuate.

Emergent learning is very different from a view of learning based on the transfer of knowledge and skills on correcting deficiencies. For Johnsson and Boud (2010, p. 359) "an emergent model of learning work suggests that learning develops as a collective generative endeavour". They argue that learning is generated when context, interactions and expectations entwine, and when practitioners engage in practical activities with others, using material resources in their environment. In terms of process, practitioners are reshaping action by enmeshing their particular recollection of past experiences and their understanding of the present. In this understanding of learning, a set of interactions and expectations in a given context cannot be reduced to a matter of workplace curricula for teaching in any situation. What is created is more than a sum of the parts. Furthermore by "considering local and particular opportunities as also having developmental possibilities, managers and workers can shift work momentum towards different directions and destabilise productive ways that remake practice" (Johnsson & Boud 2010, p. 369). This may move "the good" towards "the better", "the different", or even "the worse".

Knowledge remains in motion and learning takes place as workers continuously re-contextualize and re-create knowledge (Price et al. 2012; Price, Scheeres & Boud 2009). In the previous example of the new social worker learning to provide psychosocial support through a practice lens, we can see new practices emerging when the social worker, the chief and other

traditional authorities, along with beneficiaries, engage in activities with each other. These activities may be as common as listening together to a personal story told by an orphan forced to leave school to take care of younger siblings, or as complex as taking immediate action on a reported case of child rape affecting that same orphan. The steps they take in both situations are being shaped by their interactions, together recalling past experiences and seeking to understand the present situation.

Having argued for an understanding of the practice of learning as being embodied, relational, materially mediated, situated and contextual, and prefigured and emergent, the next step in my research journey is to develop a pragmatic schema to frame my research.

4.2. Developing a framework for empirical research of learning as practice

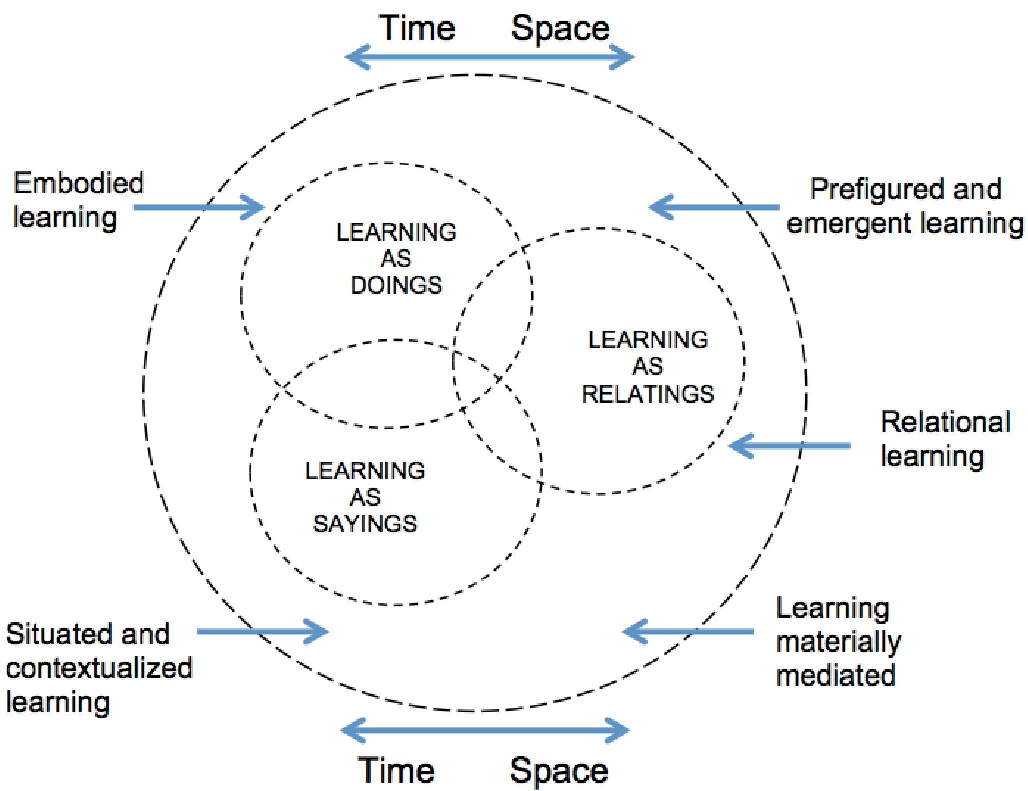
I proceed to adapt Schatzki's and Kemmis' theoretical frameworks of practice for my empirical research in learning into faith-based HIV&AIDS programs. I illustrate this in Diagram 4 below. First I begin with a general definition of the practice of learning as an embodied, materially mediated arrangement of doings, sayings and relatings dynamically intertwined and embedded in time and space. Practical understandings, general understandings, rules, and teleological structure govern this set of doings, sayings and relatings. The doings, sayings and relatings of learning co-exist, overlap and intersect, spinning off different versions of how learning happens. Although in some settings learning may be dominated by one or two dimensions, for example "learning by doing" or "learning by saying", the three dimensions of doings, sayings and relatings are always intertwined and embedded in time and space. This will be later developed in chapter 7 in my analysis of the narratives of HIV&AIDS program managers and staff.

I note here that while all learning can be understood as practice, not *all* doings, *all* sayings and *all* relatings are learning. Although certain learning activities and conditions may make learning more likely, learning can only be anticipated in broad terms and never specified in advance (Hager 2011; Schatzki 2012). Nor is all learning necessarily "good learning". I demonstrate in chapter 9 that learning may be dependent on ways in which, firstly, meaning is ascribed to

materiality and, secondly, how learning hangs together with other practices through shared purpose, intentionality and interdependence in common space. As noted previously, the issue of quality of learning is outside the scope of this thesis.

Diagram 4 below "Conceptualizing the practice of learning: A framework for empirical research" is derived directly from "Figure 1: My adapted framework of practice" developed in chapter 2. Here I bring together key features of the practice of learning and the dimensions of doings, sayings and relatings. "Relatings" are intentionally re-positioned in this framework for empirical research as a critical dimension of the practice of learning alongside doings and sayings.

Diagram 4: Conceptualizing the practice of learning: A framework for empirical research



These doings, sayings and relatings are organized and governed by practical and general understandings of learning, rules, directives and guidelines, and teleological learning structure. Learning practices are dynamically entwined in time and space, and also produce times and spaces.

I now define learning activities and summarize the implications of these activities for this investigation:

1. Learning as doings – characteristic learning activities, interactions, experiences and work engaged in by people

This dimension along with sayings is an essential component of Schatzki's theory of practice which I apply to learning. Doings and sayings are linked in certain ways around governing structures in ways that may, under certain conditions, generate learning. This dimension of "learning as doings" first alerts us to specific learning actions and events that can be observed, identified and analysed in chronological time and place.

Schatzki (2013) argues that when people choose to apply something they "know" to be relevant, and therefore enact a practice in a particular way, they are also setting up how they will enact this practice in the future, explicitly or implicitly. Knowledge, skills, capabilities and learning are being organized, reproduced and transformed through everyday life experiences while doing work. This entwining of learning activities taking place within teleological time and space, as shown in the above diagram, provides a helpful perspective from which to view learning in my research. Although HIV&AIDS practitioners participating in this study define jobs, roles and responsibilities, learning activities that ensure successful practice are not specifiable in advance. Skills are generated and located within the context of activity as needed at a particular time in a specific setting and in response to the unfolding HIV&AIDS epidemic. Learning is happening through "teaching and transmitting" of prior experiences along with practitioners' understandings of similar practices that appear relevant to them (Schatzki 2006a, p. 1868). This is a continually evolving process in which practitioners are constantly revising their experiential histories and shaping practice for the future.

Throughout this empirical research process, itself a practice, knowledge and learning are being constituted through action and interaction within the particular kind of research practice being undertaken. Learning is not fully specifiable in advance, yet it holds in tension previous ways of learning. This has implications for me as researcher. I note in my journal:

> While having a moderate number of activities, including intermittent crisis incidents and constant change, might provide rich meanings for both me as the researcher and for the participants in my study, too many activities are likely to result in overload and an inability to process and make sense of new information. Equally the mundane nature of everyday activities and interactions may provide too few meanings for unpacking, such that the program managers and staff assume that this is "normal" and may not fully engage to make meaning explicit. (Journal entry 14 October 2010)

2. Learning as sayings – forms of understanding and expressing verbally and non-verbally what learning is and means, characteristic discourse, language and distinctive topics of thought and conversation

Sayings are commonly described as what we know and communicate. They convey meaning. and include speech and language; however they are more than these. According to Schatzki (2002, p. 72) "Sayings are a subset of doings, in particular, sayings need not involve language: Shakes of the head, waves of the hand, and winks can all, given the context, say something. The identity of sayings lies in what is said". Kemmis (2014, p. 32) places particular importance on the "cultural-discursive arrangements (in the medium of language and in the dimension of semantic space) that are the resources that make possible the language and discourses used in and about this practice".

"Learning as sayings" directly impacted my choice of research method, in that I have used narrative inquiry to elicit stories of work and learning through semi-structured individual interviews and focus groups, as well as to journal as field notes the doings and sayings I observed. Narrative inquiry has also enabled me to make sense of a particular situation through how it is described by practitioners, to discern how learning something new is related to what is already known, and to be explicit about what might be prohibited from being said. In addition, I as researcher in this context must be acutely aware of characteristic discourses associated with HIV&AIDS and FBOs, along with the four sub Saharan settings being studied here, and how to communicate with and operate within them. Sayings must not be restricted to written or oral manifestations; rather I as researcher must seek to understand discourse and the nuances of communications from the perspectives of HIV&AIDS practitioners within FBOs in different settings. I must also take into consideration the possibility of inequalities resulting in the silencing of particular voices and knowledge.

3. Learning as relatings – ways, nature, and kinds of connecting between people – those involved in and affected by learning practices – and with material arrangements and artefacts including technologies associated with learning

I consider relatings to be embodied relationships between people, and between people and material objects in social space. In the same way that Schatzki (2002, 2012) describes sayings as a subclass of doings, so I argue that relatings are a subclass of doings. However relatings always hang together with doings and sayings as three interconnected, overlapping and entwining dimensions. Doings, sayings and relatings are theoretically always present in learning. Embodied relatings not only shape the practice of learning, they are learning in the same way as embodied doings and sayings**.** Just as doings and sayings continually reconstruct the very character of learning activity, so do relatings.

I include the dimension of "learning as relatings" in my framework for both theoretical and pragmatic reasons that in order to overtly address certain peculiarities of my research. I am particularly concerned to highlight the relational nature of learning I have observed in faith-based HIV&AIDS programs, not accounted for by popular individualistic and predominantly Western assumptions about learning: that it resides in the minds of individuals, and that it can be isolated from the context in which it takes place. A focus on individual learners and the rational, cognitive aspects of workplace has been central in the historical development of workplace learning theories (Hager 2012). The inadequacy of these assumptions and focus is particularly obvious in sub Saharan African contexts where the concept of "ubuntu" described in chapter 2 saturates social life: "There is nothing like learning by and for self. Learning acquired by the individual impacts everyone in the environment" (Lekoko & Modise 2011). Learning is a social and situated activity depending on connections and interactions.

Furthermore my addition of "learning as relatings" enables me to identify relational issues in learning which might otherwise be obscured, such as issues of power in learning that emerge in my data. This dimension alerts the reader to the danger of assuming that all learning consists of doings and sayings without regard to the additional complexities of relating and context. My analysis of these learning activities in faith-based HIVAIDS programs is detailed in chapter 7. In

my framework for empirical research I also use Schatzki's theoretical notion of organizing structure. Learning practice governed and organized by general and practical understandings about learning, rules, directives and guidelines and by teleological structure reflecting an end or purpose for which learning activities are carried out.

Throughout this interpretive research, I assume that participants themselves are relationally responsive and partners in the generation of meaning. I am committed to interacting with them throughout and beyond the duration of the study, valuing relationships and utilizing a participatory methodology. It is through direct participation with others, artefacts, and material arrangements, in the moment and over time, that knowledge, meaning and learning emerge, and that research findings "make sense". I now return to the challenge of empirically investigating practices, specifically the practice of learning. When referring to the plethora of practices, activities, material arrangements and bundles of these, Schatzki (2012, p. 10) highlights the need for me as a researcher to move beyond direct observation and experience:

> Practices are more ethereal than are material entities. Whereas material entities can be directly perceived, practices must be uncovered. Seeing material entities as what they are, especially artifacts and use objects, does assume experience with or knowledge of the bundles of which they are part. Once this experience or knowledge is at hand, however, perception of them is direct. Many activities, moreover, can likewise be directly perceived, an accomplishment that likewise presumes experience and knowledge of bundles as well as of teleology and motivation. Practices, however, cannot be perceived. Not only are their constituent activities spread out over space and time, but their organizations, as the organization of spatially and temporally dispersed entities, are abstract phenomena. Other means than direct experience must be seized to uncover them.

Detailed information about the lives of those participating in my research, together with information about the world in which they operate, will be essential to understanding my area of interest: the practice of learning. Although it is critical for me to identify the activities and practices that "people carry on", the material arrangements and contexts with which they are associated, how practices connect and hang together as described in chapter 2, and the history of practice bundles, my understanding can only ever be partial. Whilst Schatzki argues for ethnography as the principal method for obtaining such information, he also presents language and particularly interviews and oral histories as vital methods through which to identify practices. Oral histories document "reflective participants' temporal journeys through series of bundles and constellations, thereby offering glimpses of the organizations and timespaces of

these bundles at different times, the links among them, the activities that compose them, evolutions in these matters, and what is involved in individual people participating in multiple bundles at different times" (Schatzki 2012, p. 11). In my research this means joining with the everyday activities, conversations and relationships of those responsible for managing and implementing responses to HIV&AIDS: travelling together, eating together, and sharing the same house.

Although in the first section of this chapter I addressed separately both the features of learning and the three dimensions of learning – learning as doings, sayings and relatings – my overall framework of learning is much greater than the sum of the categories. In keeping with practice theory approaches and in contrast to conventional educational views of learning, particularly those from a positivist epistemology and ontology, my adapted Schatzkian framework of practice described in chapter 2, when applied to the practice of learning, enables me to:

- Avoid dichotomies such as agency and structure, by simultaneously connecting the individual learner and the social
- Consider explicit and tacit aspects of learning as mutually constituted and inseparable rather than distinct forms of learning
- Account for features of learning such as the body, activity, and relationships with people and the material
- Account for dynamic variations of learning appropriate to local environments
- Create room for understanding tensions in how learning may persist, perpetuate, emerge or dissolve
- Embrace a practice view conceived as a "materialist approach" (Schatzki 2001a) in contexts that are explicitly and strongly value laden, and in which activities are not compartmentalized into "the material" and "the spiritual"

Ultimately this opens up fresh understandings of how project managers and staff of faith-based HIV&AIDS programs in four African settings conceptualize learning, how learning occurs, and what enables and constrains learning in the context of HIV&AIDS work.

In the next chapter I will elaborate issues that have shaped HIV&AIDS research particularly in sub Saharan Africa, and argue that a qualitative interpretive framework is best positioned to provide a contextualized understanding of the practice of learning that is culturally, historically and socially derived. I introduce narrative inquiry, which is strongly influenced by interpretive and hermeneutic traditions, and show how this along with participant observation is an appropriate method for my cross-cultural research journey exploring the practice of learning in the context of HIV&AIDS.

Chapter 5: Research design: Philosophical foundations

In the previous chapter I examined key features of the practice of learning and developed a pragmatic framework of the practice of learning for the purposes of this research. This informs my research and enables me to analyse and interpret my data drawn from faith-based HIV&AIDS programs in community settings in sub Saharan Africa. I now direct my attention in chapter 5 to the epistemological and methodological assumptions guiding my research. In choosing a research methodology it is important that I align my underlying theoretical perspective and epistemology with my research goal: to understand how HIV&AIDS program managers and staff in faith-based programs in sub Saharan community settings learn to do their work. Practical and cultural considerations along with my personal preferences impact my choice of methodology.

I first present the challenge of uncovering practices by empirical research and proceed to argue for a qualitative interpretive approach using narrative inquiry. I then discuss the context of my research by elaborating on the epistemological assumptions that have shaped HIV&AIDS research particularly in sub-Saharan Africa and the resulting dominant positivistic perspective with its emphasis on evidence-based, biomedical approaches to HIV&AIDS as an illness. Whilst other paradigms deal more concretely with the lived experience of people impacted by HIV&AIDS, they have been slow to impact research and prevention, treatment and care policy. I argue that a qualitative interpretive framework is best positioned to provide a contextualized understanding that is culturally, historically and socially derived. Meaning is always interpreted through experience within a specific situation. Given the large variation in HIV epidemiological patterns and responses within and between countries and over the history of the virus, time and place are particularly critical to interpretation of experience.

In order to have an understanding of how HIV&AIDS program managers and staff learn practice, I need to investigate how these practitioners interpret their experiences personally and relationally, as well as how they develop and communicate their understanding of learning processes. I acknowledge that through my dual relationship – being with participants in a supportive role in their work, and with participants in this research experience – we co-create

and reinterpret meaning together. Their experiences of learning are primarily communicated to me through stories while "hanging out" with them as learning takes place. I then describe the limitations of interpretive inquiry, considering voice and social sanctions on what may be said or not said.

In the next section I introduce narrative inquiry, which is strongly influenced by interpretive and hermeneutic traditions, and show how it is particularly relevant for researching the practice of learning. I describe narrative as building on story and central for people to make sense of their experience. It becomes a "way of knowing", both for myself as researcher and professional engaging in HIV&AIDS work, and for each of the research participants who create and consolidate "knowing through telling". I show narrative to be a multi-disciplinary tool, and one that is responsive to participants' cultural, social and historical circumstances and locations. Narrative is also inherently relational and situated in social interaction. These recurring themes also present in practice theory are important, indicating the appropriateness of my narrative-practice inquiry approach as an integrated research tool for investigating learning in FBOs in community settings.

I then describe additional strengths of interpretive inquiry, including local control, capturing the random, and possibilities for experimenting with new ways of understanding and practice. Although narrative is a familiar form of communication intentionally promoting change and giving voice to marginalized people within community and international development, I argue that it is not appropriate to treat experience-based narrative as an ideological tool.

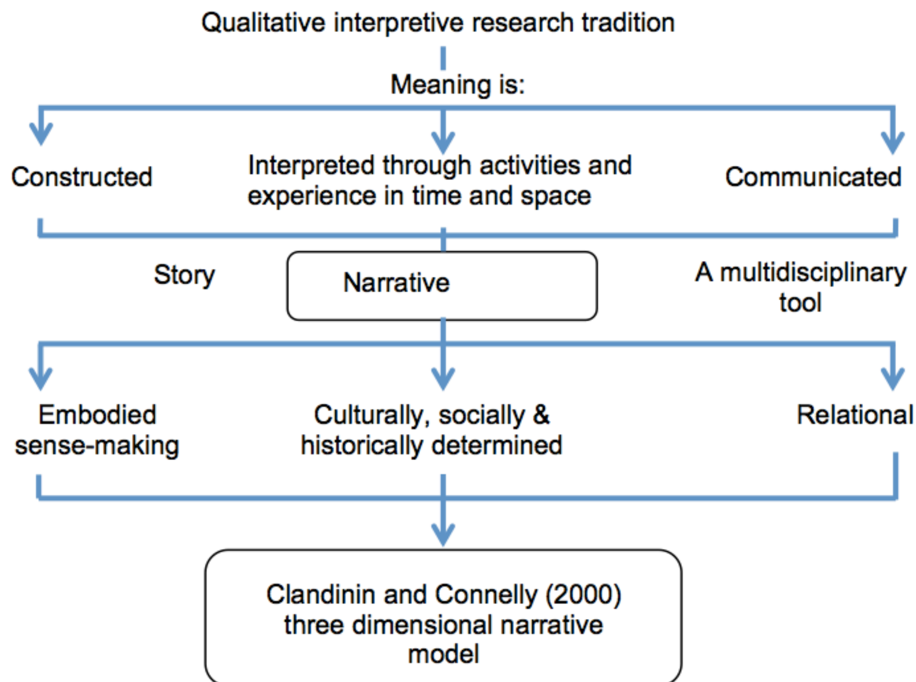
This chapter concludes with an outline of the assumptions built into my journey in narrative inquiry acknowledging that both I the researcher along with participants are selective in what we say from experience. This collaborative activity creates a perspective of reality such that knowing is partial and fluid. However, in the process of people shaping the narrative, we too are shaped. I make the assumption that narrative holistically conveys meanings, just as it creates an understanding of power in relationships and the potential for control, learning and change.

5.1. Uncovering practices for empirical research

Schatzki (2012) alerts us to the challenge of uncovering practices for empirical research, concluding that although material objects and activities can be directly perceived, practices cannot: “Not only are their constituent activities spread out over space and time, but their organizations, as the organization of spatially and temporally dispersed entities, are abstract phenomena” (Schatzki 2012, p. 10). This is applicable equally in my research to uncovering learning practices. However in order to describe learning in which they are involved, HIV&AIDS program managers and staff use speech, words, symbols and language (verbal and non-verbal) which provides a clue to what learning practices exist. According to (Gherardi 2009) practices can be viewed from two perspectives: from outside and from inside. I follow an interpretive research paradigm to “go inside” practices: learning, HIV&AIDS, and FBO practices from the point of view of the practioners.

Diagram 5 illustrates how I engage with traditions of qualitative interpretive research to develop narrative-practice inquiry as an integrated research tool appropriate for cross-cultural research in FBOs and community settings. Here we see how meaning and understanding are constructed, communicated and interpreted through activities and experiences in time and space. Narrative inquiry is a particular form of interpretive inquiry: a multidimensional tool eliciting embodied sense-making through story. It is responsive to participants’ cultural, social and historical circumstances and locations. These characteristics of narrative inquiry align with key features of my practice approach to learning. In my research co-participants describe their journeys: of learning to do HIV&AIDS practices with others in time and space; specific learning activities; of the relationships between practices, materiality; and what is involved in participating in giant bundles of practices including the practice of learning.

Diagram 5: Uncovering practice through narrative inquiry



The relationship between the qualitative interpretive research tradition, narrative inquiry and Clandinin and Connelly's three-dimensional narrative model is represented in the diagram above. In chapter 6 I elaborate further on my research design and describe Clandinin and Connelly's (2000) three-dimensional approach as the specific narrative model that I chose for my inquiry.

5.2. The shaping of HIV&AIDS related research

In this section I explore dominant research traditions in the world of HIV&AIDS. In order for me to undertake empirical research on practices of learning that will be valued in the context of HIV&AIDS, I must clearly understand and navigate expectations and traditions associated with HIV&AIDS research. Rather than compete with dominant positivists' concerns for evidence-based solutions to ongoing complex issues of HIV prevention, treatment and care, my work is complementary and necessary. I choose to argue my case in specific, contextualized historical argument and not in universal terms.

HIV&AIDS related research and practice is prolific and well-documented. The dominant epistemological frameworks shaping the early interpretations of HIV&AIDS-as-illness and consequent responses to its impact were, and continue to be, largely located in positivistic discourse. Given that health research, including that devoted to HIV&AIDS, is situated in "those arenas of practice where scientific credibility is at a premium", positivism became in the earlier history of HIV&AIDS the "authorised" lens through which it is to be viewed (Patton 2002, p. 95). Positivism offers a way of understanding the world and discovering meaning that claims to be objective, unambiguous and accurate. Positivism, closely linked with empirical science and "evidence based" medicine, "not only shares an optimistic faith in progress, but also presents scientific discovery, along with the technology it begets, as the instrument and driving force of the progress being achieved" (Crotty 2003, p. 27). Logical positivists prioritize scientific knowledge. Post-positivists favour such knowledge while acknowledging the limitations of this perspective – that it sidelines everyday experience including feelings, values and beliefs impacting people's lives – and prefer to speak in terms of probability and approximation to truth (Crotty 2003). Furthermore, within the world of international development a pragmatism has emerged, mirrored in the history of responding to HIV&AIDS: that recognizing that objective measurement and the attribution of impact to singular interventions is exceedingly problematic. It acknowledges building evidence rather than proving causality is more attainable (Crawford 2004).

HIV was first identified in the early 1980s as a medical problem complicated by a long incubation period, wide ranging symptoms and association with behaviour considered by many immoral. Early attempts by Western trained medical researchers to understand AIDS paralleled that of epidemiologists working with other infectious diseases, such as tuberculosis and syphilis, understood in the West yet displaying different epidemiological patterns in Africa (Green 2003; Iliffe 2006; Packard & Epstein 1991). Instead of engaging in an open-ended dialogue with social scientists to assess available data and discuss how research methods and agendas might be modified to fit more closely with the contours of African experience, the medical research community defined the parameters of the social science input in line with the "dominant behavioural model" (Packard & Epstein 1991, p. 774).

The concern of these Western oriented researchers was to understand why the disease was experienced differently in Africa. They largely focused on how the epidemic spread and on patterns of individual behaviour rather than the social context in which HIV transmission was occurring. The result was the responsibility for transmission ascribed to the individual; in contrast, traditional and religious leaders were focusing on *why* the epidemic occurred (Iliffe 2006). Nadar and Phiri (2012, p. 121) argue that:

> The epistemological frameworks that gender and religion studies generate have caused significant paradigm shifts within HIV knowledge production both on the popular and academic level. These shifts have been so profound that HIV studies that do not take these areas of study seriously can and should have their credibility questioned.

Although the labels "Western" and "traditional" are simplistic due to the wide ranges in the philosophical undergirdings, practice and information that each term covers, I use this language given the absence of more appropriate alternatives. "At the collective level, understandings were set within the context of a long dialogue between indigenous notions of causation which were chiefly moralistic, and the medical explanations propagated by Governments and Western-trained doctors" (Iliffe 2006, p. 81). This quickly contributed to denial, stigma and discrimination, along with the beginning of long, complex and bitter struggles at both the individual and community level with PLWHA, and within and between governments. A dichotomy between traditional "indigenous knowledge" and Western medical paradigms was especially evident in public health policy in South Africa (Wreford 2009) – a very public example of the extent to which epistemological debates have impacted national responses to HIV&AIDS. As my research takes place in this context, this dichotomy impacts the way in which practitioners narrate their story of learning HIV&AIDS work.

Focusing on South Africa's response to HIV&AIDS, Mackintosh (2009, p. 4) identifies five main perspectives through which HIV&AIDS related literature, including authors, debates and actions, can be analysed:

- Self-proclaimed AIDS dissidents – going to the extreme belief that the provision of ART is a genocidal plot by the international pharmaceutical companies (Schoepf 1991)
- Biomedical mobilization – giving credence to best practices promoted by WHO and UNAIDS

- Historical-sociological – understanding the epidemic through historical, gendered and sociological lenses, and emphasizing contextual issues
- Public-policy – balancing the responsibilities of governments to provide treatment with promoting ways of living positively
- Marxist critique – focusing on power issues including racism, exploitation by international companies benefiting from AIDS, and the dominant medical paradigm

These paradigms define which questions are asked, and direct attention to challenges that are legitimized as issues. Schoepf (1991, p. 749) captures the flow-on effect of these perspectives: “If the dominant paradigms reflect limited perspectives, then the policy conclusions they suggest or legitimate may be ineffective or even counterproductive”. My approach – understanding HIV&AIDS work as a practice interacting with learning – provides an alternative understanding.

In the 1990s a fierce battle took place internationally, with a focus on South Africa, predominately between AIDS dissidents and those holding to biomedical perspectives (Cherry 2009; Iliffe 2006; Mackintosh 2009; Mann 1996; Niekerk 2006; von Mollendroff 2009). The authority of biomedical science was publicly challenged and official doubts espoused about the causal links between HIV and AIDS – the South African government identified poverty as the principle cause of AIDS, merging the cause of the epidemic with its social context (Niekerk 2006). Rather than accepting the evidence of biomedical models (Mackintosh 2009) government officials argued that Western theories and patterns of HIV were not applicable to Africa and that prevalence and discourse had been racialized due to structural causes. Responding to “AIDS denialism”, the Durban Declaration signed by over 5,000 doctors stated: “Science will one day triumph over AIDS just as it did over smallpox” ('The Durban Declaration' 2000, p. 16). However, the struggle remained bitter and debilitating. It was not until 2008 that HIV&AIDS was made a national priority in South Afria (International AIDS Society 2009; Motlanthe 2008) with a clear plea for science-based treatment and continued global financial resources for a new direction in the treatment of HIV. My field visits for this research began a month later amid such changes.

The call to re-examine epistemological and ontological lenses through which HIV&AIDS is viewed goes beyond battling AIDS denialists and dissidents. As early as 1999, Jonathan Mann, a significant orchestrator of WHO's early Special Program on AIDS, was critical of prevailing medically oriented approaches: "The focus on individual risk reduction was simply too narrow, for it was unable to deal concretely with the lived social realities of women, men, and children around the world" (Mann 1999, p. 219). He placed the blame on medical dominance, in which public health workers desired "to 'own' the problem . . . by keeping the discourse at a medical and public health level", and "meddling in societal issues which go far beyond its scope and competence" (Mann 1996, p. 6). Epidemiologists were focusing their efforts on individual sexual behaviour, claiming "value-neutral objectivity", and relying heavily on surveys as their "method of science" (Schoepf 2004). Coming from within the dominant positivist approach to documenting behaviour, epidemiologist Pisani (2008, p. 35) makes the call:

> AIDS breaks the mould. Reporting cases isn't useful if you want to know how HIV is spreading. That's because most people don't show any symptoms of AIDS until they've been infected with HIV for a decade or more. An AIDS case that shows up in 2008 was probably a new infection around 1998.

Anthropologists were also expressing their concern that narrowly defined problem-oriented social research using questionnaire surveys was driving policy decisions (Schoepf 1991). A consequence of the biomedical dominance has been to:

> [limit] understanding the discursive nature of the disease, on the one hand, and the development of more appropriate strategic plans and implementation programmes on the other hand . . . such discourses not only shape research about, but also general responses to the pandemic. (Baxen 2008, p. 309)

This not only impacted models of prevention but also care, treatment and advocacy. For example, Stephen Lewis (Lewis 2009, p. 4) then United Nations Special Envoy for HIV/AIDS in Africa, speaking at the opening session of the 5th Annual International AIDS Society Conference on HIV Pathogenesis, Treatment, and Prevention held in Cape Town, South Africa, July 2009 stated:

> This business of discrimination against and oppression of women is the world's most poisonous curse. Nowhere is it felt with greater catastrophic force than in the AIDS pandemic . . . What has to happen, with one unified voice, is that the scientific community tells the political community that it must understand one incontrovertible fact of health: bringing an end to sexual violence is a vital component in bringing an end to AIDS. The brave groups of women who dare to speak up on the ground . . . should not have to wage this fight in despairing and lonely isolation. They should hear the voices of scientific thunder . . . No one can challenge your understanding. Use it. I beg you, use it.

Despite the high ground accorded by Lewis to the scientific community, their answers have not provided adequate solutions to the varied and complex situations experienced by those living with HIV. A more nuanced exploration of the forces shaping responses to local HIV&AIDS epidemics – plural – is needed, including searching looks through the lenses of history, sociology, culture, gender, and public policy. Rather than reinforce or compete with the prevailing and dominant biomedical paradigm with its positivistic discourse, my methodology and research design is complementary and guided by interpretive epistemological assumptions, situated in the qualitative research paradigm.

With the emergence of a "rights-based" approach to HIV&AIDS in the last decade, issues of justice and equity are brought to public attention and, along these, the strengths of Marxist oriented perspectives and critical inquiry challenging power and oppression: "For the Marxist-influenced scholar, research and analysis is an intervention that seeks to change the material conditions that underlie oppressive social conditions" (Clandinin & Rosiek 2007, p. 49). Yet even here we have no clear consensus on what defines a rights based approach. Using this perspective for responding to HIV&AIDS,

> [Some argue that] a grounding in legal interpretation of rights is key to rights based programming efforts, others that participation of affected communities is central to this concept, while others that attention to discrimination, or transparency and accountability is paramount (UNAIDS Global Reference Group on HIV/AIDS and Human Rights 2004, p. 1).

Not surprisingly, proponents of positivism argue that critical theory grounded in Marxism in the sociology context is value and ethics laden, and hence emotive (Crotty 2003). HIV&AIDS program managers participating in my research tread a fine line between seeking to enhance the well-being of individuals and communities, including addressing issues of justice, whilst simultaneously negotiating partnerships with those in power, including donors and governments. While it is possible to move between ontologies, I have chosen a potentially less confrontational interpretive theoretical framework that remains empathetic, interactive, reflective and co-productive. My aim is not to change the material conditions that underlie the often oppressive social conditions associated with HIV&AIDS. Rather as participants communicate their stories of learning practice, they are empowered in their understanding of the larger social, historical, cultural and economic conditions that shape their lives and experiences of learning,

impacted as they are by HIV&AIDS. This creates a perspective of reality that provides a trigger for further learning and change.

5.3. Through an interpretive lens

In this section I draw attention to characteristics of the interpretive tradition of qualitative research which assumes multiple ways of knowing and understanding human experience. An "interpretivist approach looks for culturally derived and historically situated interpretations of the social life-world" (Crotty 2003, p. 67). Glesne and Peshkin (1999) describe qualitative inquiry as:

- Being focused on contextualization rather than generalizability
- Being an interpretation rather than prediction
- Occurring in natural settings rather than in experimental and controlled settings
- Featuring personal involvement and partiality rather than detachment and impartiality
- Invoking an empathetic understanding rather than objective portrayal

However given that my research will also be read by those assuming a positivist or "reality-orientated" position with concerns for validity and objectivity, I ensure epistemological consistency and plausibility of findings, and take care to integrate reflexivity throughout the research process (Patton 2002, p. 93).

The interpretive researcher embraces the belief that meaning is always experienced, constructed and communicated (Gadamer 1975/2004; Heidegger 1962/1995; Patton 2002). My research involves investigating how participants make sense of, and give meaning to, their lived experiences of learning. No independent, knowable and measurable reality exists "out there", and each practitioner interprets experiences with their understanding of reality. The meaning ascribed to this experience is critical, for it is through meaning that program managers and staff are conscious of activity and experience. Furthermore, language is the vehicle that carries this meaning. How people perceive, understand and give meaning to the world only comes through direct social interaction with other people. We note again that activities, including language and the embodied sense-making illustrated in Diagram 5, are also common features of practice. In the context of my research in sub Saharan communities, orality and narrative are important

traditions in everyday life (Higgs 2008; Merriam 2007; Ntseane 2007). Blumer (1969) who coined the term "symbolic interactionism" within the interpretive tradition, insisted that human beings are best understood in relation to their environment. This implies research “with” people rather than “on” people.

I now outline three epistemological assumptions underlying the interpretive tradition and influencing this research.

5.3.1. Understanding interpreted through experience in a particular time and place

Interpretive epistemology argues that knowledge is concerned with interpretation and meaning. Throughout my research local knowledge is an important basis for understanding human culture and interaction (Geertz 1983). A contextualized understanding of the experience will always reflect personal involvement and partiality. In this approach narrative is a way of knowing and understanding embedded in stories about practice (Riessman 2008). People think and learn through narrative and draw knowledge explicitly from experience.

To understand the human world from within a specific situation “is always at once historical, moral and political” (Rabinow & William 1987, p. 2). This is crucial in my research in the context of HIV&AIDS. The 2007 call by UNAIDS to “know your epidemic and know your response” highlighted the importance of promoting responses tailored to local contexts that are evidence-informed through epidemiological analysis, behavioural data and an understanding of social and gender norms (UNAIDS 2007b).

> There is geographic variation between and within countries and regions . . . [and] often large variations in HIV prevalence and epidemiological patterns within countries. The substantial diversity of national epidemics underscores not only the need to tailor prevention strategies to local needs but also the importance of decentralizing AIDS responses” (UNAIDS 2009a, p. 8)

This search to better understand epidemics reflects recognition that there is no single global HIV pandemic; rather a multitude of diverse epidemics all influenced by political history, such as my earlier example of South Africa (Wilson & Halperin 2008). Although moral elements in responses to HIV&AIDS continue to be debated, contested, and in some settings considered

taboo, they join history, politics and economics to demand acknowledgement as meaning and understanding are developed and communicated. To exclude matters of history, politics, economics and morality is to radically alter meaning. This research takes seriously the issue of multiple interpretations of each context and experience.

5.3.2. Understanding constructed

In interpretive approaches, meaning is shaped by both the individual and the world around them, consisting in the people and objects with which this individual interacts. Meaning is constructed rather than discovered or found (Crotty 2003). The individual does not simply react to stimuli as cause and effect; instead through interaction with other people and objects, they actively interpret the situations in which they find themselves. Understanding is shared between individuals and communities, and each acts on the basis of these interpretations. Hence in practice theory, meaning is ascribed to the material world which both shapes and is shaped by practice.

By definition interpretive approaches are always re-interpretations. As a researcher I am shaping understanding as I "hear" and then re-present what I hear with additional perspectives. I am re-telling already interpreted experience. Through the interactions of telling, stories may change as program managers and staff respond to others and to me. "We are never the sole authors of our own narratives but in every conversation a positioning takes place which is accepted, rejected, or improved upon by the partners in the conversation" (Garrick 2000, p. 214). In this process there are power differentials which I reflect on here and in later chapters.

From an interpretive perspective, both the researcher and the participants are "partners in the generation of meaning and taken seriously" (Czarniawska 2004, p. 5). It is research "with-people" rather than "on-people", on the assumption that an understanding of lived experience is best derived from the participants themselves and their world. Moustakas (Crotty 1998, p. 44), a humanist psychologist and phenomenologist, drew on his own experience to describe three primary processes which contribute to relationship: "being-in" is immersing oneself in another's world so as to enter their experience and perceptions; "being-with" is bringing one's own

knowledge and experience into the relationship so as to struggle, explore and share; and "being-for" is supporting the other in the role of an advocate. These three features are evident in my research.

Heidegger's (1995) interpretive approach addressed how and where meaning is to be found. Interpretation is achieved within an understanding based on what it means to be human. For Heidegger, "being-in-the-world" is always a "being-with-others-in-the world" and so meaning is developed within a relationship or community. In exploring the meaning of being, he has demonstrated that interpretation is "grounded in understanding" as it discovers what is concealed (Heidegger 1995, p. 144). Zimmermann (1981, p. 10) commenting on Heidegger notes that:

> We are always in the process of redefining ourselves in light of fresh insights which reveal the limitations of our previous self-understanding. The real subject then, is not the wordless and abstract ego which lives outside of time and change, but the concrete, historically situated, living human being who is always engaged in trying to give meaning to his own life. Meaning is constructed through relationship, in time and place.

My research with HIV&AIDS program managers and staff co-creates and re-interprets meaning. Co-construction further occurs when readers engage with this text. Recognizing that meaning is relational, cross-cultural, and shaped by the local histories, values and politics of responding to HIV&AIDS over time, I am alert to how context, actions and discourse contribute to constructing and communicating shared meaning. Notions of "doings", "sayings", and "relatings" are therefore significant in my investigation.

5.3.3. Understanding communicated

Inherent in interpretivist research is an invitation to dialogue on the basis that we understand and find meaning through the ways we interpret and communicate our worlds. There is no "last word". Consistent with Heidegger's view that language and understanding are inseparable structural aspects of being human, Gadamer (1981, p. 10), focusing more specifically on language, stated:

> Language is the universal medium in which understanding occurs. Understanding occurs in interpreting . . . Understanding is interpretation, and all interpretation takes place in the medium of a language which allows the object to come into words and yet is at the same time the interpreter's own language.

Herein lies the tension magnified when there are multiple layers of language and culture. Although I draw on narrative as language through interviews, focus groups and in-depth conversations, my interest is in practitioners' interpretations of both their experience and their practical use of experience as communicated by them to me. The context of the storyteller is important in the communication process; so too is the context of listeners, including myself as researcher and readers of this thesis. According to Josselson (1975/2004, p. 390):

> The essence of the ethical conundrum in narrative research derives from the fact that the narrative researcher is in a dual role – in an intimate relationship with the participant (normally initiated by the researcher) and in a professionally responsible role in the scholarly community. Interpersonal ethics demand responsibility to the dignity, privacy and well-being of those who are studied, and these often conflict with the scholarly obligation to accuracy, authenticity, and interpretation. Fulfilling the duties and obligations of both of these roles simultaneously is what makes for slippery slopes.

The implications of this for my research are detailed more fully as issues of representation, authority and voice in my research design.

5.3.4. Limitations using an interpretive lens

Clear limitations exist for interpretivism and its use in my research. Although interpretivists attempt to give voice to participants, enabling them to speak in their own way about what matters to them and how they understand this, we are always faced with the potential for telling someone else's story with additional perspectives, or marginalizing voices that should be highlighted (2007, pp. 538, 539). Narrative "must pass the test of participant confirmation" (Garrick 2000). Interpretive accounts may also "not go far enough to explain workplace complexities including exploitative structures, [and] historical, social, economic and environmental forces that influence individual experience" (Carr & Kemmis 1983, p. 92). This is particularly important in the workplace where what is said and who can say it may be socially sanctioned by what in the context is considered improper or forbidden. I draw attention to this in chapter 8 and develop it in chapter 10 as an issue of reflexivity related to my identity in this research.

5.4. Narrative methodology

I begin with the question: What kind of research can I engage in, to understand how managers and staff in faith-based programs learn HIV&AIDS practice, with specific reference to community settings in Africa? The nature of my research question has required strong commitments: firstly, to make sense of learning as it is lived by HIV&AIDS practitioners in their daily lives and work; secondly, to empower participants to collaborate in determining the important features in the practice of learning HIV&AIDS work and; thirdly, to acknowledge our mutual relationship in the process of this research. These commitments are rooted in my own role(s) as a colleague advocating for responses to HIV&AIDS, an HIV&AIDS consultant in capacity building, and as a researcher professionally accountable within the scholarly community. Crotty (2003) has made a strong call for methodology and methods to be aligned with theoretical perspective and epistemology in the research process. This I do by engaging with narrative inquiry and Clandinin and Connelly's (2003) premise that "experience happens narratively . . . Therefore, educational experience should be studied narratively" (Clandinin & Connelly 2000, p. 19).

Narrative inquiry has a long, vigorous and controversial tradition (Atkinson 1997; Riley & Hawke 2005). In the early twentieth century, narrative approaches were disparaged within Western academic circles and have only reappeared in the past thirty years as the "narrative turn". This reversal reflected the rise of qualitative research as a valid methodology no longer restrained by positivistic assumptions and the ideal of the objective researcher (Czarniawska 2007; Denzin & Lincoln 2005; Pinnegar & Daynes 2007). Although narrative inquiry begins with experience that is lived and told as stories or descriptions of a series of events, narrative inquiry is applied in differing ways (Clandinin 2007; Clandinin & Connelly 2000; Pinnegar & Daynes 2007). Scholars debate the supposed distinction between story and narrative, often linking their definitions to disciplines (Riessmann & Speedy 2007). Some narrative researchers use the story metaphor in a general sense: "From this perspective, meta-narrative, historiography and critical analysis can be seen as potential methods" (Pinnegar & Daynes 2007, p. 5).

Narrative inquiry is defined by Lyons (2007, p. 601) as “a scientific endeavour in which narrative is simultaneously story, a way of knowing, and a mode, a method of inquiry”. Terms borrowed from literary criticism such as “character”, “plot”, “play”, “theme” and “role” may be used to describe and analyse narrative (Boje 1995; Lämä & Sintonen 2006). Boje (2001) separates the concepts of story and narrative so that story is an account of incidents or events whereas narrative comes after and adds “plot” and “coherence” to the story line. Other researchers look at the impact of narrative on experience, or code narratives and analyse factors involved in the storytelling process as an expression of a phenomenon of interest (Dixon 1995; Hinyard & Kreuter 2007). Socio-linguistic tools may be used to analyse data and create a general narrative of experience within a culture (Czarniawska 2004). While Riessman (2008, p. 6) notes that “sociolinguists reserve the term narrative for a general class, and a story for specific prototypic forms”, she adopts the contemporary convention of using the terms “story” and “narrative” interchangeably, in contrast to her earlier work, and I follow her lead here (Riessman 2002c, 2008).

As a narrative researcher, I move from objectivity as key in the researcher-researched relationship to a relational view, from a focus on the general to particular local contexts, from numbers to word data and multiple ways of knowing (Clandinin & Connelly 2000; Denzin & Lincoln 2000; Lincoln & Guba 1985; Polkinghorne 1988). I observe this shift in the literature covering a wide range of disciplines including psychology, health, education, theology, sociology, cultural and organizational studies, and community development (Boje 2001; Bruce 2006; Clandinin 2007; Czarniawska 2004; Gergen & Gergen 2006; Ospina & Dodge 2005b; Riessman & Quinney 2005; Riessmann & Speedy 2007). Narration used by practitioners in organizational settings to improve their understanding of problems faced can be a part of a flexible organizing effect. Managers and their subordinates tell organizational histories and managerial biographies, and tell past stories of organizing (Czarniawska 2004, 2007). Narrative inquiry is thus well-positioned to provide insight into the social and emotional life of organizations.

Orr (1996) in his classic work on photocopy technicians was clear that his participants' stories were not *about* their work but *were* their work, that is, they learned how to do what they were doing through storytelling. In the context of HIV&AIDS, narrative inquiry has frequently been used to tell the stories of people struggling with illness, suffering, grief and death, or living positively with HIV (Dean 1995; Smit & Fritz 2008). In faith-based settings, narrative is utilized as a culturally appropriate educational tool rather than in research (Byamugisha et al. 2002; Hyden 1997). Those working in the latter context tell stories and, as in Orr's case study, their stories are their work.

Common cross-cutting themes are evident in narrative across the disciplines (Pinnegar & Daynes 2007). In general, narrative researchers (Clandinin 2013; Clandinin & Rosiek 2007) are characterized by shared commitments to:

- Study experience as it is lived by people in their daily lives and work
- Identify the temporal nature, place, and integrated personal and social dimensions of experience. They recognize that participants are embedded in a context and time, that their worlds are seldom static, and that each has a particular history and worldview
- Understand how participants represent themselves
- Empower participants to collaborate in determining the important features in the area being researched
- Acknowledge the relationship between researcher as narrator and participants in the process of co-creating narrative

I now highlight three features of narrative which are common to my understanding of the practice of learning and the framework for empirical research: narrative as sense-making; narrative shaped by cultural, social and historical circumstances and locations; and narrative as relational.

5.4.1. Narrative as sense-making

Narrative is central for people in all cultures at all times to make meaning in their lives, and a fundamental unit that accounts for human experience (Bruner 1991; Chase 2005; Mishler 1995; Pinnegar & Daynes 2007; Polkinghorne 1988). Stories are also a major means of communication through life: “All classes, all human groups have their narratives . . . Caring nothing for the division between good and bad literature, narrative is international, transhistorical, transcultural: it is simply there, like life itself” (Barthes 1977, p. 79). Grounded in interpretive hermeneutics and phenomenology, narrative is both the method and the phenomenon of study, involving the reconstruction of a person’s experience in relation to “the other” and to the social milieu (Clandinin & Connelly 2000; Pinnegar & Daynes 2007). “Narratives are interpretative and, in turn require interpretation: They do not speak for themselves” (Riessman 2002c, p. 235). People make sense of experience as they interact with “the other” using forms of storytelling available to them, and choosing which elements of life experience they will communicate. This enables the listener to “make sense”. Throughout this research, processes of contextualizing narratives of learning in time, place and culture are what give meaning to learning experience. By acknowledging the story-based nature of human understanding, narrative inquiry opens a window into HIV&AIDS practitioner experience in a way consistent with how they make sense of their learning. Sense-making occurs at multiple levels: with practitioners telling their story; with me as researcher listening, re-telling and understanding stories; and with the readers of this research.

5.4.2. Narrative as culturally, socially and historically shaped

Storytelling (narrating) is a situated and contextual activity, and how narrative is understood is culturally, socially and historically framed (Bamberg 2006b). Western oriented scholars tend to treat narrative as discrete units detachable from the surrounding discourse rather than situated events possessing structural characteristics similar to one another. They may look, for example, for clear meanings and a beginning, middle and end; that is, for narrative to be a story it must have a plot (Czarniawska 2004, 2007; Hinyard & Kreuter 2007; Riessman 2002c; Riessmann & Speedy 2007). However when working in the field, locating the boundaries of a narrative can often be more complex and difficult than this:

- The shape and meaning can profoundly change depending on what is chosen to be the beginning and the ending
- Not all stories have a main character, provocative conditions and culminating events – some may be sequenced thematically, for example, which is a style often difficult for Western trained researchers expecting temporally sequenced plots
- The question, "What happened next?" is time oriented, assuming linear, progressive time – a Western approach
- Other genres may be incorporated

Examples of alternative genres include consequential sequencing in which one event leads another although the link is not necessarily chronological, habitual narratives in which events occur repeatedly, hypothetical narratives, layered narratives, and topic-centred narratives (Rambo Ronai 1995; Riessman 1987). Autobiography and life stories may not exist as a genre in some cultures or may be told differently from the temporal manner in which Western narratives are organized (Pavlenko 2002). Throughout my data generation there are cross-cultural differences in the way stories are told. Sinclair Bell (2002, p. 207) summarizes this vast arena:

> Although the notion of story is common to every society, the stories themselves differ widely – one of the defining features of a culture is the story structures through which it makes sense of the world. The shape of our stories, the range of roles available, the chain of causation, and the sense of what constitutes a climax or ending are all shaped by the stories with which we were raised. A key way of coming to understand the assumptions held by learners from other cultures is to examine their stories and become aware of the underlying assumptions they embody.

Narrative conveys meanings that reflect the situated social and cultural context. They can "illuminate taken-for-granted assumptions and contradictions between assumptions and practice, helping to bridge the gap between daily social interaction and large scale social structures" (Ospina & Dodge 2005b, p. 416) . This is particularly helpful when people from divergent cultural backgrounds are working together in organizational settings, especially where the focus of their work is "on sensitive areas such as morality and religious standards for 'holy living'" (UNAIDS 2009c, p. 15). Narrative thus gives insights into the social and emotional life of FBOs and religious communities which are directly related to practice. As values, assumptions and emotions that facilitate or inhibit collaboration in the public domain are exposed through narrative, so too are potential entry points for ongoing dialogue and action. In this narrative

process, the stories and experiences of the researcher are an integral part of the research, hence they should reflect intensely and transparently on their own position, values, beliefs, cultural background and intentions (Fox 2006; Trahar 2006a).

Narrative carries wisdom and practical knowing that practitioners have gained through experience. Being both a "mode of reasoning and a mode of representation"; it is a way of organizing and representing experience, interpreting events and infusing meaning (Clandinin & Connelly 2000; Ospina & Dodge 2005a; Richardson 1990, p. 8; Riessman 1993). Narrative inquiry, by its nature, invites practitioners who are research subjects into the research process as "people with a perspective and wisdom that are worthy of hearing. It invites me as a researcher, to be a learner, to let participants teach me" (Dutton 2003, p. 8). Mutual respect and integrity are critical. Written, oral and visual narratives which focus on how people understand their experience are gathered and presented holistically, aligning with more traditional and non-Western cultural perspectives on life and meaning (Breidlid 2009).

5.4.3. Narrative as relational

All forms of narrative inquiry emphasize that the relational aspect is important (Clandinin & Connelly 2000). Story telling is a relational activity. Note also that relationality is a key feature of learning practice. Riessman (2002a, p. 697) argues that narrative is a "relational activity that encourages others to listen, to share, and to empathize. It is a collaborative practice" and more than a way of organizing experience – in dialogue it is co-produced with others. Meaning-making through narrative occurs not solely within an individual but is simultaneously situated in social interaction. Narrative encourages others to listen, to share and to empathize (Riessman 2002a). It is shaped by individual practitioners and their communities of practice, and in turn the process of creating and re-creating the narrative also shapes them and their community of practice (Dodge, Ospina & Foldy 2005). Woven with agendas, narrative can be an instrument of social control as well as a trigger for learning and change (Ely 2007). Stivers (1993, p. 422) warns that "refusal to acknowledge the interpretive moment in every knowledge process reveals the urge to control". I must be comfortable throughout my research in acknowledging that as a stranger among friends, I do not know and can never know all about 'the other'.

5.4.4. Strengths of narrative inquiry

Seeing yourself in action

The strengths of narrative inquiry have been well documented (Bamberg 2006b; Czarniawska 2007; Pinnegar & Daynes 2007; Polkinghorne 1988; Trahar 2006a). Narrative inquiry facilitates local control over the research. It exposes intentions, tacit knowledge, beliefs and values that reflect situatedness rather than "object reality". It assumes trust and respect, and welcomes the random tapping into the social context or culture in which learning takes place. This allows researchers to present experience holistically in all its complexity and richness. It illustrates the temporal notion of experience, recognizing that one's understanding of people and events changes with time (Clandinin 2013; Clandinin & Connelly 2000; Sinclair Bell 2002; Webster & Mertova 2007). Narrative inquiry is a "collaborative method of telling stories, reflecting on stories, and (re) writing stories" (Rolling Jr 2010, p. 156). The power of doing this lies in practitioners being able to "see" themselves in action: the research process is like looking at a display screen of a camera. Some narrative inquiry studies go further and invite practitioners to deliberately experiment with new ways of understanding and practice (Solinger, Fox & Irani 2008).

Situated and contextual

Given that my research is situated where project managers and staff are frequently working in cross-cultural settings, I consider the specific concerns of cross-cultural research. Nussbaum (1997) argues that in order to access the frameworks of meaning for others cross-culturally, we must be willing and able to imagine a world other than the one we know. She defines this as being aware of:

> What it might be like to be in the shoes of a person different from oneself, to be an intelligent reader of that person's story, and to understand the emotions and wishes and desires that someone so placed might have (Nussbaum 1997, p. 10).

I understand this as an important consideration for me as a cross-cultural narrative researcher.

Narrative inquiry is particularly well-suited to research in the context of community development including responses to HIV&AIDS, given that storytelling is an important and familiar form of

communicating information, values, attitudes and what is "acceptable behaviour". Stories can be a significant trigger for people to change practice, as shown by narrative studies conducted by Sharmar-Brymera and Fox (2008) and Riley and Hawke (2005). Narrative used in research can be an opportunity for marginalized people to construct meaning and communicate knowledge with powerful effects (Josselson 2007; Sinclair Bell 2002). Here narrative inquiry is at the "borderlands" with critical theory which situates its analysis in systems of oppression and the observation that "large-scale social arrangements conspire not only to physically disempower individuals and groups but also to epistemologically disempower people" (Clandinin & Rosiek 2007, p. 47). In contrast, narrative inquiry highlights the lived experience of people, taking care not to treat experience-based narrative as an ideological tool.

5.4.5. Maximising narrative inquiry

Narrative inquiry has limitations, and this became evident at various stages of my research. Narrative inquiry is useful for studying small numbers of people rather than large samples, and cases are highly context specific. As this is particularly challenging in health care research in an era when evidence-based practice, implying randomized control trials, is epitomized (Grypdonck 2006), more recent moves towards mixed methods of research to fill in gaps of understanding, particularly in international development, are enabling narrative inquiry to take its place as a legitimate and complementary method of research. For example, a mixed method approach was utilized in a study from Chiang Mai, Thailand, of the knowledge, attitudes, norms and values of teenagers, parents, teachers and policymakers in relation to sex and sex education. The study was accepted by the prestigious, positivist-oriented medical journal Lancet, as was a study on adult and child malaria mortality in India utilizing narrative methods (Dhingra et al. 2010; Vuttanont et al. 2006).

Stories may compete against each other with the potential for misuse or manipulation. At each stage in the research journey, both researcher and participants select what to say from the "whole" experience. Connelly and Clandinin (2000) have warned against what they describe as the "Hollywood effect" in which "everything works out well in the end". Fine distinctions such as nuances of speech, organization of a response, local contexts of production and social

discourse shape what can and cannot be said. Storytelling "is an important means through which managers acquire knowledge at work" (Rhodes & Brown 2005, p. 167), yet meaning becomes "ambiguous because it arises out of a process of interaction between people: self, teller, listener, recorder, analyst and reader" (Riessman 2002c, p. 228). The cross-cultural nature of interactions throughout my research may accentuate such ambiguity. However "as long as narrative research focuses on the individual speech situation, the unique historical book, or the particular conversation, the danger of moving into a globalised, homogenised, impoverished system of meaning is averted" (Fox 2008, p. 341). Herein lies the strength of my narrative-practice inquiry methodology.

5.5. Summary of narrative methodology

In this chapter I have developed an integrated narrative-practice inquiry tool appropriate for cross-cultural research in FBOs and community settings in sub Saharan Africa. This is based on features common to both qualitative interpretive research and practice theory: meaning is interpreted through activities and experience in time and space; and meaning is embodied, relational, and responsive to cultural, social and historical circumstances and locations. This tool enables HIV&AIDS practitioners to retell their stories of learning their work through processes of co-creation without reducing learning to either an individual activity of the mind or a social process.

I am careful to address the tension between big picture globalized accounts of the HIV&AIDS epidemic found in strategic planning and reporting documents, and the stories in personalized individual and group accounts described by Bamberg (2006a) as "small stories". Taking into consideration the various strengths and weaknesses of narrative inquiry, I build the following assumptions into my research. Narrative:

- Is a relational, collaborative activity that encourages others to listen, to share and to empathize
- Creates a perspective of reality. Knowing is partial, multifaceted and often in flux
- Is shaped by individual practitioners and those with whom they interact, and the process of creating and re-creating narratives in turn shapes them

- Conveys meanings, intentions, beliefs, values and emotions that reflect the situated social context
- Carries wisdom that practitioners have gained through experience
- Presents experience holistically
- Gives insights into the social and emotional life of organizations, in this case faith-based
- Is woven with agendas, can be an instrument of social control, and can be a trigger for learning and change

My experience of moving from research methodology to implementation is itself intertwined with multiple unfolding stories through hours of informal conversations with work colleagues and potential research participants, who together helped shape my understanding of a research design most appropriate for this context. In my journey of seeking to identify with the lived experiences of HIV&AIDS practitioners – empathetic and respecting their emotions, beliefs and desires – I correctly anticipated being humbled to learn from such sacrificial people. Despite my attempts to clarify boundaries between my ongoing role as HIV&AIDS consultant and now researcher, and their boundaries between ongoing roles as colleagues and now research participants, I became aware that such boundaries inevitably blur as we grow in our relationships. For this reason ethical considerations in qualitative interpretive research addressed in the following chapter are particularly important as I move from methodology to research design to implementation.

In the following chapter I present my research design, describing Clandinin and Connelly's (2000) three dimensional narrative inquiry and my data generation and analysis process. Issues of representation, voice and authority, and anonymity are also addressed.

Chapter 6: Research design: Three dimensional narrative inquiry

The previous chapter outlined the epistemological assumptions of the qualitative interpretive tradition underlying my study and my reasons for selecting narrative methodology as most appropriate to my research question. This chapter is concerned with research design and the choices I have made for methods, selection and analysis. Taking care to reflect on my own experience as researcher, including motivations for undertaking this research, I show that throughout this narrative inquiry I have demonstrated epistemological consistency, such that the findings are plausible, trustworthy, and relevant.

I begin here with narrative inquiry based on Clandinin and Connelly's (2000) model highlighting temporality, sociality and place. I outline my two-stage data generation process involving interviews, focus groups, observations and reviews of program documents. From these I develop rich narrative descriptions of practitioners' learning practice, the transcripts of which I then return to them for further discussion and validation. I describe the iterative process of data analysis, identifying important themes emerging from the practitioners' learning narratives and program documents. Throughout this process I show how my own experience in the world of HIV&AIDS is an essential element in co-producing the narrative. Ethical considerations emerge, and these are discussed together with the implications of researching people who continue to work within current HIV&AIDS programs. I show how issues of representation including the role of emotions and voice are important, and problematize the anonymity that threatens to disconnect – decontextualize – the focus on experience from particular people, places and events.

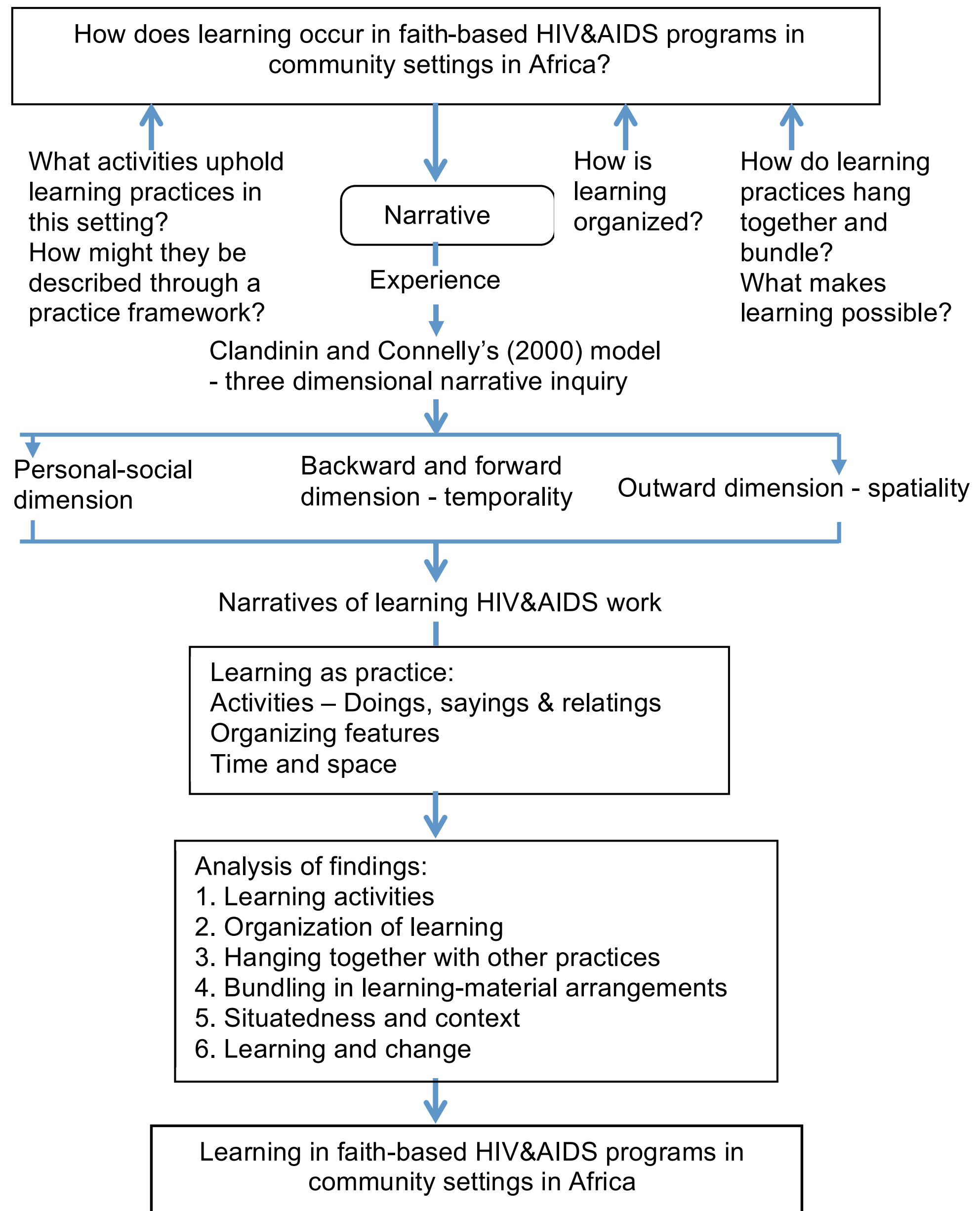
I conclude the chapter by summarizing how my analyses of the stories of HIV&AIDS practitioners in FBOs provide a framework from which to understand what it means to learn HIV&AIDS practice in three sub Saharan countries. By viewing learning through a practice lens, I set the scene for the following chapters which develop how practitioners in community settings foreground HIV&AIDS learning practice as doings, sayings and relatings, and address the implications of this.

6.1. Aligning methodology, research design and motivation

While maintaining consistency between epistemology, methodology and research design is critical, I am also concerned that these align with my motivation for conducting this research. For me, motivation is deeply integrated into personal experiences of learning to be an HIV&AIDS consultant in a FBO with partner programs throughout sub Saharan Africa. Unlike many studies using narrative inquiry, I know my research participants, and this research is a further occasion in which our lives come together. Out of a profound respect for colleagues responding to HIV&AIDS, I am committed to collaboratively make sense of learning as it is lived by them in their daily lives and work, and to empower them to continue learning practice. Having framed my research "puzzle" as research questions, I am confident that narrative – told and re-told – will holistically convey meanings, intentions, beliefs, values, wisdom and insights into how project managers and staff of faith-based HIV&AIDS programs conceptualize their learning practice, and what enables them to learn in the context of their daily work and experience. This is elaborated in the next section.

The following diagram illustrates the way in which I develop my narrative-practice inquiry approach, aligning Clandinin and Connelly's (2000) three dimensional narrative inquiry with practice theory.

Diagram 6: A narrative-practice inquiry approach to discovering how learning occurs



Although multiple forms exist in which narrative inquiry in the interpretive tradition may build on story as central for people to make sense of experience, my approach is: conceptualizing life as story-making and story-reading and collecting stories of learning, to analyse for common themes and metaphors using a contextualized interpretive framework of learning HIV&AIDS practices. Clandinin and Connelly's (2000) three dimensional narrative inquiry provides an appropriate way in which to collaboratively collect, co-construct, re-tell, analyse and interpret stories of the lived experience of HIV&AIDS program managers and staff, incorporating findings from program documents and personal observations as researcher.

6.2. Clandinin and Connelly's (2000) three dimensional narrative inquiry

This research is grounded in personal experience and builds on "people living storied lives on storied landscapes" (Clandinin & Connelly 2000, p. 145). It is a "way of honoring lived experience as a source of important knowledge and understanding" (Clandinin 2013, p. 17). Narrative inquiry is a relational collaborative activity such that meaning is always interpreted through experience within context: a specific situation and time. "Context makes all the difference" (Clandinin & Connelly 2000, p. 26). This model of narrative inquiry addresses: the personal-social dimension or "sociality commonplace" pointing inward to feelings, hopes, aesthetic reactions and moral dispositions as well as the "conditions under which people's experiences and events are unfolding" (Clandinin 2013, p. 40); along with the backward and forward dimension pointing – past, present and future of people, places, things and events – termed "the temporality commonplace" by Clandinin (2013).

These dimensions of narrative inquiry are consistent with features of practice and in particular with my adapted Schatzkian framework utilized in this research. The personal-social dimension is reflected in relating and teleoaffective structures. The backward and forward dimension mirrors Schatzki's time and timespace and the outward dimension in place and space. Although I do not use Clandinin's dimensions as *primary* categories in my research, this consistency strengthens my findings.

Narrative inquiry draws on two distinguishing features of John Dewey's theory of experience: firstly that experience is central to ontology in all inquiry, and secondly that experience always involves a constant interaction with our personal, social and material environment. Clandinin and Connelly (2000, p. 189) conclude that:

> Narrative inquiry is the study of experience, and experience as John Dewey taught, is a matter of people in relation contextually and temporally. Participants are in relation, and we as researchers are in relation to participants. Narrative inquiry is an experience of the experience.

Dewey's approach is transactional, not transcendental, and affirms that narrative relationships form the basis of what narrative researchers do (Clandinin & Rosiek 2007, p. 39). I employ three dimensional narrative inquiry in the following ways in my study: Firstly in interviews and focus groups, open-ended questions and probing elicit, in the main, narrative answers, enabling me to

construct personal and collective stories of learning practices embodied by participants. I supplement this text with narratives found in project reports and newsletters; Secondly, in the analysis of these texts, I concur with Riessman (1993, p. 9) that “we do not have direct access to other people’s experience”, yet I use accounts of our interactions to weave themes and articulate explanations, interpretations and meaning by representing experience in narrative form; Thirdly, in the selection of narratives I include in this thesis. How I write is linked to my research questions, the theoretical perspectives I take, and in particular my adapted Schatzkian framework, along with my understanding of the context of this research.

6.3. Data generation and analysis

While narrative inquiry does not privilege one method of data generation or analysis, developing an interpretation of narratives rather than a simple summary can be controversial (Wells 2011). Consequently the onus is on the researcher to articulate transparently how data is gathered and analysed. My data gathering involved a three-step process:

1. Selecting the faith-based HIV&AIDS country programs – Kenya, Malawi and South Africa, and their associated projects (see Appendix E)
2. Obtaining consent for research from the umbrella organization at an international level, including the appropriate country director, local FBOs, and where appropriate local HIV&AIDS Country Coordinators. All managers and staff working in the HIV&AIDS programs were invited to participate. An information letter in English (see Appendix D) went to all participants introducing them to the research and to the way information was to be used and stored, and explaining opportunities to withdraw from the process and to verify narrative data. Participants were also informed of my intended use of pseudonyms in all publications resulting from the research, including names of people, projects and places
3. Visiting fields and project sites on multiple occasions over a period of two years. My initial visit involved observing practitioners in action for up to three weeks, documenting their personal stories of learning through casual conversations, and digitally recording semi-structured interviews and focus groups in which practitioners told their collective story. Although the richness of data might have been improved using video recordings,

> the practicalities of consistently using video in these settings were not feasible. When audio recording was not possible due to limiting circumstances such as spontaneity in informal conversations, travelling together on rough roads or excessive background noise, I made extensive field notes

In the design of my research I have assumed that some participants may be better at expressing meaning visually, so I initially invited practitioners to draw maps of key people, places, events and sources that had been helpful, personally and collectively in guiding their journey in responding to HIV&AIDS. Because this mapping exercise was only understood by a minority of the participants, I decided to abandon it during the field trips and rely on verbal exchanges (practitioner sayings) and observation (practitioner doings, sayings, and relatings). Written documents (representations of organizational practice memory) were also incorporated as sources of vital information. Such information is freely available through project newsletters and reports although, as it was originally written as feedback to program donors, it can be a "sanitized version" of the context and perceived changes in the well-being of individuals and communities affected by HIV&AIDS. I assured participants that they would receive a draft electronic copy of my interpretation of their story written in narrative form and incorporating general background details on the particular project. I edited material to create narrative flow yet retain participants' voices, sending each participant the electronic draft copy of my re-presentation of their story and making a follow-up visit twelve months after initial data generation.

My second visit involved participants providing me with feedback, through semi-structured interviews and casual conversations, on my understanding of their personal and collective stories of learning about practice. In addition a focus group provided feedback on my representation of their collective story. Participants commented in varying degrees of detail, from general themes, specific activities and time sequences, to errors in spelling. I also included questions in our discussion around what I perceived to be some emerging big picture themes linked with doings, sayings, and relatings of people, resources and other organizations. These included themes around knowledge and skills, significant others contributing to their learning,

learning through experience including trial and error, individual-collective tensions, values, ethics and religious beliefs, and more traditional learning practices such as training workshops. I then adjusted participants' accounts based on this feedback and sent them the revised version for further comments. During this process I maintained a journal and comprehensive notes.

Although originally I did not intend to explicitly generate data on whether learning was contributing to "good practice" and to what extent they as program managers and staff were perpetuating effective practice, these issues emerged during interviews and focus groups. At times participants explicitly asked me, as their organization's HIV&AIDS Consultant, to provide input on good practice and advice on difficult issues they were facing. This is evident in the following conversation in which a country coordinator asks for help to deal with issues of dependency which arise when mobilizing communities to care for OVCs:

> Researcher: You mentioned in your story, "I've learned from experience that small is best". I think that was your concluding point.
>
> Participant: Yes, and it's still very much my attitude but it's putting that into practice . . . We have been doing a lot of talking in the last year or so but really when it comes down to it, we have not done a lot. It's disheartening. So now that we have done all the paper work, it's implementation. If you can help us with ideas like the example you were giving . . . How do we break this dependency mentality? How do we get them to see that it's best to start small? [long silence] We can see the need we have. We can see in our community that we have 200 orphans and we want to care for all 200 of them. But they [the community] really haven't even started with one. I need help really. How do we do this?

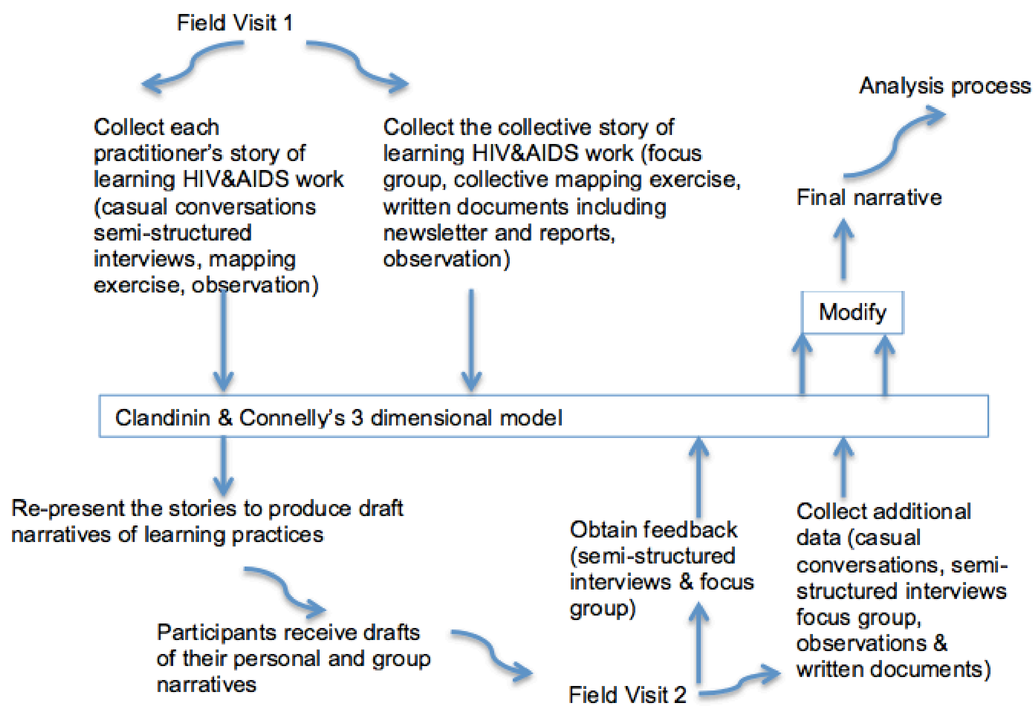
In response to this interaction I note in my journal:

> Feel like I am wearing too many hats today. The idea of only keeping on a researcher hat is simply impractical when my time with the team is so limited. Interestingly, all but one of my research interviews here have taken place in eating spaces – coffee houses or restaurants. Relationships are naturally fostered over food. Even the one official interview in the office was over tea and a local pasti. Words that come to mind are vulnerability, willingness to admit ignorance and mistakes, uncertainty, humility and becoming – now but not yet! I feel a certain degree of tension between me letting the conversation flow when there is so much to wrestle with generally about direction and ways forward in the work, and guiding our thinking and conversation back to my agenda of trying to hear the stories and to understand how people are learning practice in this setting. (Journal entry 10 August 2010)

This highlights the relationship between participants and me as narrative researcher, the blurring of this role with my role as HIV&AIDS consultant, and the expectation that I will engage with them as practitioners in problem-solving, as would normally happen during my visits to their program.

The following diagram illustrates the various components of the data gathering and analysis over the two year period.

Diagram 7: My iterative data generation process



The methods and the scope of data generation process are detailed in Appendix E.b. Data Review.

Although I obtained written and verbal consent from participants, and requested permission from the participants at the start of each interview and focus group, matters of confidentiality and anonymity repeatedly emerged, including during informal conversations. This concurs with the "oxymoronic" nature of informed consent noted by Josselson (2007, p. 241): "I don't think we can fully inform a participant at the outset about what he or she is in fact consenting to since much of what will take place is unforeseeable". Such concerns get addressed in the moment, highlighting the importance of a relational process.

I personally electronically recorded and transcribed all personal interviews and focus

group interviews. I then drafted these into story format and emailed them to participants for accuracy and verification. Revisions and editing of these were made by participants verbally during follow-up interviews and focus groups on my second visit or, less commonly, directly by them into the electronic document. In the final version names are coded; however I did not employ pseudonyms until the end of the process in order to minimize potential confusion cross-culturally, since names may be impregnated with cultural meanings unknown to me.

6.4. Co-producing narrative

I now identify the various stages in the co-production of narrative throughout my research, in which I as a narrative inquirer together with the HIV&AIDS practitioner-participants co-create and re-interpret meaning (McCormick 2004; Riessman 1993).

1. The practitioner recounts experiences in response to a probing question. I re-construct this in written form through listening, transcribing and re-telling
2. The practitioner then re-interprets and reacts to this story during the feedback process when we discuss together any modifications to be made. This often involves expanding the story, and including additional information or a sequel to the first telling.
   Although the data are predominately descriptive, reflective discussions and theorizing also take place
3. Once again I listen, transcribe and co-construct what I understand as the participant's story, to be fed back to them for a second, final time for modifications
4. A further level of co-construction occurs when participants voluntarily offer aspects of their stories to the wider team for discussion in the telling of their collective story, and it undergoes a similar process of re-construction by the group
5. Co-construction will also occur when readers engage with and create their own meaning as they read this thesis

I recognize that my own experience as a consultant and my relationships within these HIV&AIDS programs are intrinsic to co-production within the research process. I am not entering the field for the first time to hear and gather research data; rather I am "a member of the landscape" who is familiar with the stories of HIV&AIDS practitioners (Clandinin & Connelly

2000, p. 63). However I am also a transient, coming and going on a consultancy basis. I, as stranger and outsider, join with 24 project managers and staff, to together become co-producers of meaning in a relational, collaborative activity in which "living stories" are co-created, re-told and framed. Like other cross-cultural narrative inquirers, being a stranger means that I see things differently to insiders, with moments of messiness (Fox 2008; Phillion 2008; Trahar 2009; Yuen 2008). Although working together as a stranger among friends is enriching and synergistic, I encounter ethical dilemmas and discomfort around the concerns of representation, voice, authority and anonymity.

6.4.1. Representation

Methodology and research design have direct implications for issues of representation entering at the point of data transcription, analysis, and reporting of findings, and these implications must be addressed (Hole 2007). Such concerns are intensified here in researching across cultures and languages, but can be adequately managed by taking a “pragmatic view of knowing in which representations arise from experience and must return to that experience for their validation” (Clandinin & Rosiek 2007, p. 39). On the assumption that what we know is situated, partial and selective, I am reflexive in confronting how knowledge is represented.

At the personal level, I as researcher expect to learn and change during the research process, as will the participants (Pinnegar & Daynes 2007). Enosh (2008, p. 463) observes that “the idea of a neutral interviewer, or even bracketing the interviewer’s beliefs, is doomed to fail”. Ezzy (2010) goes further, suggesting that the “emotionally neutral interviewer” is an impossible ideal. Given that my research is situated within HIV&AIDS programs in severely resource-limited settings where illness and death are very real, it is inevitable that I am constrained emotionally. Because stigma and discrimination associated with HIV&AIDS further compound issues of representation, it has been especially important for me to reflect on both theory and emotions so as to best listen to what research participants are saying.

Ezzy (2010) argues that emotions are central to the conduct of interviews and that that good interviewing is facilitated by the interviewer’s emotional framing of the interview as “conquest or

communion”. He suggests that “good interviews are not dominated by either the voice of the interviewer or the agendas of the interviewee. Rather they feel like communion, where the tension between the research question and the experience of the interviewee is explored” (Ezzy 2010, p. 164). Tension may include struggle, deflection, negotiation and self-observation, and will express itself in narrative style (Enosh & Buchbinder 2005). This has been especially important in my research for program managers and staff revealing sensitive HIV&AIDS related stories. On occasions when participants were expressing conflicting definitions and interpretations of situations different to mine, I was acutely aware of my personal struggle to listen without interrupting or playing the consultant, counsellor or advocate, which some participants might have expected.

Cross-cultural narrative inquiry as a research methodology is, in part, evolving in response to the blurring of lines between research and advocacy. Cross-cultural narrative inquirers are often concerned participants (Phillion 2008, p. 285). Motivation and emotion should not be ignored. For both the researcher and the participants, “By claiming one’s voice it liberates our consciousness, helps us to define ourselves, and to begin to see where others and ourselves need to make changes” (Bruce 2008, p. 332). Narratives embedded within relationships have the potential to become major levers for human change (Gergen & Gergen 2006). Riessman (2002b, p. 193) asks, “What does it mean in narrative research to do justice to someone’s narrative account?” She argues for choosing to document injustice even when the researcher is powerless do anything about it, engaging with aspects of self and power, and positioning ourselves in our work as beings capable of responding with feeling. This can be seen in the following example, which required intent listening and empathy on my part as researcher:

> You have to give time to the children. If you are in a hurry then it can sometimes be difficult to find if that child has a problem. You need to sit down with the child and to give yourself to the children. You sit wherever, where ever you find the child. You just give time because sometimes children hide the problem. If they are afraid of you then it’s hard for them to disclose the problem that they have. You have to be trustful and friendly. You have to make that relationship with the children because what I can tell you is that the children are lacking basic needs.
>
> They say, “I don’t have shoes”, or “I am scared to tell my parent that I have that problem” because maybe they will have attitude. Well some parents don’t attend the workshops and they have attitudes . . . attitudes towards their children. Another problem for these children is that the people that they are staying with – the guardians – are not their biological [parents]. On top of that, those guardians have their own biological children. So the foster parent needs to be trained. We come across the problem that there are

> foster parents that are working, for example in the hospital, and the child goes home and they don't find that foster parent at home. There is no one there and there is a problem then between the child and the foster parent. They are some of the problems that I come across with the children.

I personally manage this dynamic tension between research and advocacy by being close to participants and by giving particular attention to the historical and social context of story (Clandinin & Connelly 2000; Huber, Clandinin & Huber 2006). I also recognize the need for me to be highly tolerant of ambiguity, and to not use my narrative privilege and power to subtly or unintentionally demean or belittle. This is especially important when the lives and experiences I am re-telling are situated outside the contexts and cultures to which I belong (Sikes 2010). This 'insider-outsider' dilemma is well documented (Ryen 2002). Selby (2003, p. 153) observes that "There is no seamless fit of researcher to researched . . . There is no single reading of a text or an incident that cannot be scrutinized for its intentions". Issues of power cannot be ignored; however the narrative process enables participants to exert power over their narratives and how they will be used, and this may be liberating (Bruce 2008).

While the meaning of words is never constant, this fluidity increases when people are operating in a language that is not their first. Participants answer the questions which they think the researcher is asking them, and the researcher responds to the answers which he or she thinks they have provided. The researcher's understanding of the participant's world is always contingent upon the ability to imagine that world (Squire, Andrews & Tamboukou 2008, p. 14). For this reason, I need to interpret participants' "small stories" about experiences, told in interviews and focus groups, to be embedded within larger stories of social and cultural context. Some of these "small stories" arise spontaneously; others are elicited by prompts such as "Can you tell me more about that?" and "Can you give me an example of that?" These prompts are necessary feedback to clarify my understanding and minimize misunderstanding. In such cross-cultural situations I consider it inappropriate to analyse narrative linguistically or structurally. When I return for later follow-ups, it is to check facts, to clarify uncertainties encountered creating a written narrative of "the story", to elicit any observations, to explore any issues arising since the initial interview, and to reflect further on their understanding of practice and learning. I also acknowledge that when English is not a participant's first language, the challenge of co-

creating a meaningful account recognized as “authentic” is magnified, and the final story may subtly and unintentionally privilege my voice.

Transcription as an aspect of representation is also an interpretive process. Practical considerations are important in addition to the argument that “transcription is theory laden, the choices that researchers make about transcription enact theories they hold and constrain the interpretations they can draw from their data” (Lapadat & Lindsay 1999, p. 64). Simply transcribing into text the wide varieties of English spoken has been challenging in this research. During the transcription process I make interpretive decisions such as omitting or piecing together unclear speech and intentionally tidying up sentences so they flow more meaningfully to the imagined reader (Etherington 2006; Lapadat 2000). My purposeful collaboration with participants helped to minimize this difficulty by enabling a cycle of checking as well as revisiting consent and confidentiality. The process of meeting with each participant to review, reflect and elicit feedback regarding their perspective on my interpretation and re-telling of their story also kept me close to the data (Hole 2007). While opinions vary widely as to whether participants should take part in such a process of verifying data (Josselson 2007), I chose to allow each participant to make the decision as to what changes are included or excluded in the final re-telling and representation of their story. An example of this is shown in the following transcript (noting that here and subsequently I omit names to maintain confidentiality):

> Researcher: What I have tried to do is make it sound like you. This is your story.
>
> Participant: And that is true. It is not wrong, but I could have used a more condensed way to say what I wanted to say. [laughing throughout] There is nothing really wrong but it just well . . . I think that this piece can be out. And even this first sentence, “I don’t feel that I have to do something in order to prove myself or to show that I have a ministry” – it was just that this opportunity opened up in the home-based care program. That could be cut out.

During this process participants varied in their level of engagement with the “big picture” and the details. Some were content with the overall feeling of the story whereas others wanted detailed corrections. Because of my existing relationship with most of the participants, many assumed that I understood more of the background and context to our conversations than I actually did: multiple acronyms; spellings; places with ascribed meaning; local names in local languages for places, people, events and objects; and cultural practices. On some occasions I felt it important

to ask for clarification to avoid deviating from the participant's train of expression, as illustrated in the following conversation:

> Participant: But we do have . . . I have meetings with the district health officer and I have meetings with the CBOs [Community-Based Organizations]. That is done in the capital – all CBOs.
>
> Researcher: Who are the CBOs? Where would you put them on the map?
>
> Participant: These are the CBOs. We do have these meetings quarterly. We normally discuss about organizational issues. At the moment we are discussing about this policy manual. We are going to refine it so that we will have a lot of issues in it. It has already been drafted but we are going page by page.
>
> Participant: So this is for CBOs on policy issues . . . like for example, what sort of issues?

On other occasions I have sensed it inappropriate to stop the flow of the conversation, choosing instead to do further research afterwards by reading project reports and local literature, discussing cultural practices of the area with others working in the same setting but outside the HIV&AIDS field, looking at local maps, and doing web searches. In the following conversation a social worker assistant, with English as a second language, describes a scene he encounters during a home visit. He assumes that I am very familiar with the cultural tensions he is facing and describes in detail how he and local volunteers work to solve the problem. I intentionally chose to allow him to complete his story, planning to "fill in the gaps" on another occasion:

> The time I came there. The whole day, that old woman is staying there alone as she is sick. And she is even having a problem with [terminology used from the main local language]. So I went to the neighbours. And the time that I went to the neighbours, they told me that they know about that and so on, but the problem was that she doesn't talk about her illness. You know, I cannot say 'we black people', but accepting that you are sick is difficult, even with any disease. Accepting that you are sick is a very difficult thing. One, she was affected because her husband passed away, the provider. She was not working. And she did not even want to go to the doctor who could help her to get a pension for that disability for that period. And she has been advised by many people if she goes to the traditional healers and the [traditional term] and so on, she will be healed. And so she spend more time doing those things.

Only one participant voiced concern that the way I represented their story left them vulnerable for readers to misinterpret attitudes and motives. This is noted in italics in the participant's comments to me during a second visit:

> *It's just an accuracy thing in that last paragraph on page 2 going to page 3. The issue about the pastor who has children in his home with one having a mental disability.* And I said, "The mental disability and this impacts the program". If we inserted, "One has a mental disability and this was causing an issue linked with the OVC program supplies that were being kept in the pastor's house". *Because I don't want it directly being misunderstood. When I read it, it sounds like I was being discriminatory against those with a mental disability saying that they always cause problems in programs.* But it was sort of a specific issue associated with or linked with the OVC's supplies being kept in the

> pastor's house as well. It just wasn't a good recipe.

At this point I was particularly aware of my commitment to empower participants to collaborate in determining the important features in learning HIV&AIDS practice. To emphasize this I, with her input, made visible changes to the electronic version. Although to me it was only a minor change, for the participant this clarification of context was critical to "help it to read slightly softer" and clarify meaning. As Dutton (2003, p. 8) perceives:

> The relationship between researcher and participant is at the heart of narrative inquiry: "Narrative inquiry, by its nature, invites practitioners who are research subjects in to the research process as people with a perspective and wisdom that are worthy of hearing. It invites me as a researcher to be a learner, to let the research participants teach me.

Though keeping me close to the experience of the participants, researching with them also created a dynamic tension (Clandinin & Connelly 2000; Huber, Clandinin & Huber 2006). I was located in a place of privilege in that I was researching and speaking on behalf of "the other". In this role, "the greater the degree of rapport and trust, the greater the degree of self-revealing and with this, the greater degree of trust that the researcher will treat the material thus obtained with respect and compassion" (Josselson 2007, p. 540). My concern is to present my findings in a way that is my voice yet respectfully representing "the other". I am in effect attempting to re-tell already interpreted experience (Garrick 2000) without reinterpreting it myself.

Any potential concerns of ownership are best expressed as concerns of relational responsibility, as described by Clandinin and Connelly (2000; 2006). In narrative inquiry two or more people's lived experiences can be joined in a relationship that has the potential to deepen in a similar way to friendship and, like friendship, narrative inquiry relationships are continually negotiated. This presumes my research relationships will also be continually negotiated, as was in fact my experience. As I hear and make sense of stories told, I am concerned with both immediate ethical matters and the longer-term impact and consequences of the research process on the lives of the participants. This is not a value-free context, consequently in order to ensure a broad understanding of the life experiences of participants, I am careful how I position myself with regard to making judgments. Whilst there is always a possibility that at some point participants may wish to withdraw from the research and break our relationship, my research concern was more for the measure of trust afforded that conceded me power to potentially

manipulate – consciously or unconsciously. Consequently I may have become more cautious in how I retold stories and represented program managers and staff than the participants were themselves.

6.4.2. Problematizing anonymity

Exploring the assumption of anonymity of person and organization, time, place and setting is particularly important in narrative inquiry: “True anonymity generally is a problematic requirement to meet whenever a person’s story is presented and analysed as a whole and in detail” (Smythe & Murray 2000, p. 320). According to Nespor (2000) anonymization has the ontological effect of de-contextualizing events from specific locations and facilitating their use in generalized theoretical claims. It also has political implications in distancing the participants and events described from public space shared with researchers and readers. Although an important aspect of research ethics, anonymization can become an agent of detachment. Once people, groups and organizations are removed from time, place and setting, they cease to be specific examples and can be more easily used to generalize theory.

In this process, the role of the researcher is downgraded. “Instead of mapping how authors are positioned socially, culturally, historically, and geographically with reference to identified sites and tracing their pathways to the settings described, anonymized accounts make representations or texts movable, replicable and citable” (Nespor 2000, p. 551). Places should be entry points from which to begin tracing the networks of relationship out of which they are created; narrative should not be poly-contextual. Issues of power emerge, and places where power struggles are produced can be scrutinized (Nespor 2000). This enables relational pathways at work in time and space to be identified. The following excerpt from my field notes describes my dilemma:

> I expect that guarantees of confidentiality will be of concern to potential participants, given that it is a highly respected concept in the world of HIV&AIDS due to stigma and discrimination. [Participant name] has explained to me on an earlier occasion his disillusionment and distrust of allegedly confidential interviews. He was interviewed in his previous job with an international NGO as part of an evaluation of a project in which he was involved. According to him, his easily identifiable statements had been misinterpreted, taken out of context and misused in a public report which reflected negatively on the work. He is not about to let that happen again. I know that obtaining consent for his participation in my research will depend of the level of trust between us, re-visiting guarantees that he and the program will be anonymous in any published

work, and that he will have input and approve his final story.

Two other participants were also concerned for anonymity but for different reasons. For months they had been preparing a major grant proposal to relieve financial pressure and enable the program to expand its scope. They had consulted with me and others in this drawn-out process, and were being very careful to minimize anything that might impact on their ability to access funding sources. We had had several informal conversations about anonymity and how this could be important for the ongoing financial well-being and future of their project. They also raised this issue in the group setting and we talked about the use of pseudonyms and removing identifying information such as place and names of people, organizations and programs.

Personally I sense discomfort with my guarantees of confidentiality and anonymity, even with the best of precautions taken. I have worked with or known of many of the participants for some years, have developed friendships with them, and encouraged our stories to overlap. To re-tell a story anonymously is to de-contextualize and disassociate it from the storyteller. This risks minimizing, devaluing, or even losing the very relational aspects of practice and learning which are so essential to this research, along with time and place. Furthermore, identities associated with this work may also be discovered whether accidentally or intentionally:

> I am well-known as a champion and consultant for HIV&AIDS within our organization and that I frequently visit sub Saharan Africa and our HIV&AIDS ministries in particular in twelve targeted countries. I am also well-networked within Christian FBOs working in the sphere of HIV&AIDS. This significantly narrows down the scope for identifying countries.
>
> Pseudonyms and other de-identifying techniques are unlikely to distract colleagues, other participants in this research, or those who know them in their HIV&AIDS work, from identifying place and setting, time, people and organizations. This is particularly accentuated should they object to anything that is told and re-told or concluded from the study. (Journal entry 11 March 2009)

Although in general participants articulated the opinion that their anonymized accounts had a low risk of fallout, protecting their anonymity is almost impossible to guarantee. All participants in this research agreed on suitable pseudonyms, confident that their personal and group stories were sufficiently de-identified. I can give no such guarantees. Re-naming is not sufficient to address the way relationships are shaped, and this extends to those reading the narrative accounts. This calls into question the meaning of connecting relationships, and the understanding of place and time so critical in Clandinin and Connelly's (2000) three dimensional

approach to narrative inquiry. Anonymizing place will also “undermine its usefulness for informing public debate and policy on problems specific to those settings” (Nespor 2000, p. 556). The potential concerns grow at the same pace as the urgency to let the stories be told to allow others to thrive.

6.4.3. Voice, authority and power

Clearly narratives are shaped by the audience to which they are delivered, they are shaped and shared differently across cultures, and personal stories may be built up through conversational sequences and linked to negotiating social identities (Bamberg 2006b; Georgakopoulou 2006; Riessman 1993; Riessman 2008; Squire, Andrews & Tamboukou 2008; Trahar 2008). In Western thought the emphasis is typically on the individual, with a strong undercurrent requiring individuals to account for themselves as individuals, to present their own ideas, and to display ways in which they stand out from the crowd. We orientate ourselves towards that which is unique about each individual, often ignoring the social fabric that forms the framework of that person’s life. Aware of my individualistic tendencies and the preference for collective identity where my research is being carried out, I chose to look for collective stories obtained through group conversations, making the assumption that participants are – collectively – my expert informants in responding to HIV&AIDS.

Interpreting the experiences of participants means honouring their voices whilst simultaneously recognizing that their stories are enmeshed with mine. Narrative inquiry attempts to capture the “whole story”, and to overcome some of the dichotomist boundaries in research, such as subject-object, researcher-researched, and logic-emotion (Bruce 2008; Webster & Mertova 2007). My authority as researcher becomes apparent as I select and organize stories into text, through the levels of interpretation, together with my reflections on the emerging themes and meanings. The very act of putting spoken works to print ascribes power, particularly in the Western context. At this point I as a narrative researcher must negotiate the “textual politics of good intentions” and colonialist tendencies which may result in voices that generalize cultural and social context (Fuller 2000, p. 81; MacLure 2003, 2009). I am especially mindful in the African context that I must not become a neo-colonializer – albeit with good intentions – in the

re-telling of participants' stories (Garrick 2000; McCormick 2004). I sense that "the colonial legacy . . . brings anxiety about having anything useful to add and a fear of being behind the times" (Webb 2006, p. 224).

As a narrative researcher I consciously accept that whatever I learn, uncover and make explicit when collating and writing participants' stories is mediated through my own interpretive lens. I acknowledge that my own experiences both enable and inhibit certain insights. Although some narrative researchers suggest that issues of narrative authority be clarified with participants as part of the initial consent process, this is fraught with complexity. Personality, persuasiveness and power will impinge on participants' willingness or otherwise to participate and to please (Smythe & Murray 2000). The relationships between researcher and participant and content may also change. Addressing "the problem of speaking for others", Alcoff (2009, pp. 129-132) suggests four sets of interrogatory strategies to help develop an "equitable and just distribution to speak and be heard":

1. The impetus to always be the speaker must be carefully analysed and resisted
2. The impact of location and context on what is said should be part of every serious discursive practice
3. Accountability and responsibility should always accompany speaking
4. The probable or actual effects of speech – where the speech goes and what it does there – should be analysed

At multiple points during the research process I also took steps to address issues of authority by providing opportunities for participants to validate my re-telling. However, when it came to developing and reporting a framework of learning practice from emerging themes, this was my interpretation as researcher. This last step is then not so much about individual participants; rather the focus switches to my interpretation and conclusions about learning practices, my "sense-making" and the resulting conceptual implications as I relate these to wider theoretical categories of practice and learning within the context of these faith-based HIV&AIDS programs.

6.5. From co-creating narrative to a practice framework of learning

Returning to my research focus on how managers and staff learn HIV&AIDS practice in

community settings in Africa, we have a methodological tension between co-creating and re-telling narrative, and developing an interpretive framework of learning. The process of data analysis for this framework involves reading and re-reading primary data and associated constructed narratives, searching for recurrent themes and issues around the meaning of HIV&AIDS practice, and asking each participant individually and collectively what it means to learn practice. In this final process we have a change of ownership, such that "what was once the participant's story now becomes a co-constructed text, the analysis of which falls within the framework of the interpretive authority of the researcher" (Josselson 2007, p. 548).

Although collaboration is an important element in the first phase of my research (collecting and re-telling narrative), in the second phase I find that I am already distancing myself from our relationship, and I begin to talk about their stories from a less personally engaged position. We become increasingly separated by international borders as I remotely interpret their experience. I write in my field notes:

> In our interaction and interviews I have been responsive to them, but now I feel that I am almost guilty of being an "outside intruder" – something that I have often accused other fly-in experts of being in the HIV industry. I am grateful now that I have emphasized to participants that I will be writing up my own understanding of their learning experience and developing a framework of learning. They may or may not agree with all or some parts of my interpretations. I have also reminded participants on numerous occasions that I will attempt to honour their voice in the process of writing about them although their names and that of other people, organizations and place will be changed. My fear is that I will grow more distant not only geographically but relationally. (Journal entry 10 August 2010)

All of my co-created narratives of learning practices along with project documents were entered into NVivo9 software for qualitative research. Having established that my data generation was an iterative process of returning to participants in order to co-create narratives, I applied this same approach to my data analysis by returning to my data in iterative cycles of creating, refining and reiterating emerging themes and subsequent interpretation. According to Srivastava and Hopwood (2009, p. 77):

> The role of iteration, not as a repetitive mechanical task but as a deeply reflexive process, is key to sparking insight and developing meaning. Reflexive iteration is at the heart of visiting and revisiting the data and connecting them with emerging insights, progressively leading to refined focus and understandings.

In Appendix E I describe and illustrate the analytical process I followed to move from narratives

through a practice framework of learning to research findings. During this process, three key questions guided my reflection: What do the data show? What do I want to know? And, How are these related? (Patton 2002; Srivastava & Hopwood 2009). This refining that occurs in a series of iterative cycles results in emerging patterns and themes.

In chapters 5 and 6 I have described my research design and the epistemological and methodological assumptions underlying this. I then demonstrated that narrative inquiry is an appropriate tool for the purpose of my research. Narrative inquiry enables me to uncover learning practices as participants describe their journeys of learning HIV&AIDS work, learning activities and learning relationships. By utilizing narrative inquiry I am also able to engage with meaning and an understanding of learning that is constructed, communicated and interpreted through activities and experiences in time and space. In the next chapter I proceed to examine co-constructed narratives in order to analyse: What activities uphold learning practices in this setting? How might they be described through a practice framework? I introduce three activities through which learning happens that I describe as “involving yourself” seeking and giving advice, modelling and mentoring, and “having a go” through trial and error. In subsequent chapters I then address how such learning is organized, how learning practices hang together and bundle together, and what makes learning possible.

Chapter 7: How learning activities happen: Doings, sayings and relatings

In the previous two chapters I have described the epistemological and methodological assumptions guiding my study, and shown that narrative inquiry is an appropriate tool for the purpose of my research. Narrative inquiry enables me to uncover learning practices as participants describe their journeys of learning to do HIV&AIDS practices in time and space, their learning activities and learning relationships. By utilizing narrative inquiry I am also able to engage with meaning and an understanding of learning that is constructed, communicated and interpreted through activities and experiences in time and space.

I now proceed to examine narratives co-constructed by myself as researcher with participants in my research in order to address how learning occurs in faith-based HIV&AIDS programs in community settings in sub Saharan Africa. This chapter and the next two address my three sub questions: (1) What activities uphold the learning practices in this setting and how might they be described through a practice perspective? (2) How are these practices organized? and (3) How do learning practices hang together and bundle? What makes learning possible?

In Chapter 7 I introduce learning activities which I describe as: “involving yourself” seeking and giving advice; modelling and mentoring; and “having a go” through trial and error. These are then interpreted through a framework of practice drawing on Schatzki and Kemmis. Common dualisms used in other non-practice approaches to learning are thus overcome, and features of learning such as the body, activity, and relationships with people and the material are illuminated along with the tensions surrounding how learning practices may persist, emerge or subside.

7.1. Uncovering practices of learning in this empirical research

In my analysis here I will refer to HIV&AIDS work as encompassing three main HIV&AIDS practices introduced in chapter 1, in which project managers and staff in my research settings have common purposes and ends. Their order is not significant.

a. The support and care of orphans and vulnerable children (OVCs)
b. HIV prevention
c. Home-based care (HBC)

These areas are the foci of the faith-based HIV&AIDS programs in which this research takes place. Project management is an essential component of all programs yet, in my observation, an area in which designated program managers are frequently frustrated and unsure of how to bring about change. In the remainder of this thesis I describe the practice of learning as it intersects with each of these three areas.

7.1.1. Distinguishing between activity and practice

As stated in chapter 4, I am assuming that learning can be identified in any situation which has seen a change in practice from past to present. However it is also important to reiterate that no one person can "do a practice", including HIV&AIDS practices and the practice of learning. According to Schatzki (2012, pp. 1,2): "Features of human life must be understood as forms of or as rooted in human activity – not in the activity of individuals, but in practices, that is, in the organised activities of multiple people". In the same way, one person doing a learning activity does not make up a learning practice within the context of my research. For example, while a staff member may *do* a particular learning activity that upholds the practice of learning, I do not consider this learning activity in itself to be the practice of learning. Nor can the team of managers and staff in one particular HIV&AIDS program completely perform the practice of learning; however in the activity of meeting together with colleagues from other like-minded organizations (for example, to seek advice on income generation) they are upholding the practice of learning HIV&AIDS work. As I have already indicated in chapters 2 and 4, activities are different to practices: "Practices are nexuses of activity" (Schatzki 2012, p. 5). Activities and material bodies can be directly observed – practices of learning cannot. Rather activities are concrete, tangible examples representing the learning practice they uphold.

Furthermore, the practical and general understandings, rules and teleoaffective structures that govern what the practice of learning means, are together shaping how a team goes about learning in their setting. For example a team might set aside a specific time to meet at a

particular place, sit on chairs in a particular arrangement, follow an agenda, show pictures of various successful IGAs, exchange contact details and have refreshments. Alternatively the team might chose to accompany a program manager from a like-minded organization recommended to them by a friend, to observe a meeting of women affected by HIV&AIDS who make up a community savings group. As a result of either learning activity, the team then makes changes in how they go about income generation in their own program. In whichever learning activity these practitioners consciously choose, they are performing learning through doings, sayings and relatings. Through this they are upholding the practice of learning. Both these examples – the team meeting together and the same team observing the learning activities of others – demonstrate ways in which activities and material objects can be directly perceived, whilst practices can only be uncovered. Throughout this research I consider broad practices of learning instantiated through different activities upholding those practices and simultaneously shaped by the context in which they are learned.

7.1.2. Telling stories of learning activities

In my analysis of how managers and staff in faith-based HIV&AIDS programs learn, I draw from a range of stories that are, in the main, common and representative of practitioners talking about similar experiences, thereby reflecting the major strands of HIV&AIDS work. However the stories I select are told from the perspective of one particular manager or staff member, are grounded in a particular context, and deal with specific raw materials, resources, artefacts, tools and technologies that people use when learning. These stories are rich expressions of learning practice demonstrating a clear trajectory of change from some earlier position. Each contains one or more examples of how practitioners *previously* did things but no longer “do it that way”. These narratives may appear idiosyncratic owing to the criteria used to select HIV&AIDS programs for this research; however they serve to lead us to dimensions of learning in FBOs that would not otherwise be reached. For this purpose and to bring in contextual information, I will introduce these storyteller practitioners more fully in Appendix C. The same participants are referred to in subsequent chapters.

I continue with selected narratives of learning, providing rich insights into the context and settings that relate to the practice of supporting and caring for OVCs and the nature of the practice of learning itself. Note that these narratives include both the program manager or staff member's perspective and my interpretation of what I see, hear and experience as researcher. Each narrative is co-created from interviews, focus groups and my observations while visiting sites in South Africa, Malawi and Kenya. Written program documents and reports provide additional background to context. From these narratives I provide accounts of learning that describe a series of activities and associated material arrangements. Such learning is always attached to more than one individual at any one time. In particular I note how arrangements of relationships and material objects together with time, place, temporality and spatiality characterize certain learning activities.

These activities include seeking and giving advice, role modelling and mentoring, "having a go" through trial and error, and monitoring and supervising. They are foregrounded because they arise out of the data and are organic ways of categorizing what is occurring. They are not presented as new findings in themselves since they have been named and described in the literature (Chappell et al. 2009; Fuller et al. 2005; Hager & Halliday 2006; Unwin et al. 2007). For example, Michael Eraut (2004, 2007) in his early career learning typology of mechanisms for learning how to do work, describes (1) work processes with learning as a by-product, such as consultation and trying things out, (2) learning activities located within work and learning processes including locating resource people and learning from mistakes, and (3) learning processes at or near the workplace such as being coached, mentored and shadowing. What I am presenting here as *new* is the way in which these learning activities locate within HIV&AIDS work, form links with other practices, and manifest features of practice including embodiment, materiality, temporality and spatiality. I also show how learning is both prefigured and emergent. Note that in this study, doings, sayings and relatings are the primary units of analysis, rather than country by country or person by person. When I carried out my analysis, I looked intentionally beyond country and individual data for doings, sayings and relatings, noting embodiment, materiality, prefigurement and emergence, and timespace.

In subsequent chapters I describe how, in the context of my research, practitioners conceptualize what organizes learning and how learning is situated and contextual. I also discuss how learning hangs together through overlapping, interweaving and even conflicting ways within learning practice, between learning practices, and between practice bundles. By so doing, we see the salient features emerge of the practice of learning in these faith-based HIV&AIDS programs in community settings in sub Sahara, along with how project managers and staff in these programs conceptualize learning.

7.2. "Involving yourself" seeking and giving advice

From the very early days of the HIV&AIDS epidemic, "ordinary" families have led the way in providing for the needs of children impacted by illness, death and displacement. They care for extra children and sick relatives, and bear the brunt of increasing expenses by taking drastic measures to cut costs such as food and education. HIV&AIDS work is embodied by "ordinary" people as they involve themselves with other people and the material objects of everyday life. Community-based groups, many of which in sub Saharan Africa are faith-based, also contribute to meeting these enormous needs by giving food, clothing, psychosocial support and assistance to enable children to continue their education (Foster 2004; Hosegood et al. 2007; Nyamukapa & Gregson 2005; United Nations Children's Fund 2010).

The issue of learning to support and care for OVCs impacted by HIV&AIDS clusters around four main areas in narrative accounts within these faith-based programs: increasing the capacity of communities to care for OVCs; the psychosocial support of HIV positive children; day care for pre-schoolers impacted by HIV; and scholarships enabling children to attend secondary school. My intention in this section is to portray the practice of learning by focusing on program managers and staff "involving themselves" seeking and giving advice seek in order to provide support and care for OVCs, to provide HIV positive children with psychosocial support from within the community, and to sensitively utilize memory boxes. I show how "involving yourself" seeking and giving advice engages with material objects, is embodied, situated, prefigured and emergent.

7.2.1. Relating with material things

Although it might appear that "involving yourself" is a natural or logical approach for managers and staff when dealing with complex social problems associated with HIV&AIDS, all too often those who plan such programs have been criticized for their remote management and "armchair style" solutions. In the following narrative, Siphelele, a data quality manager responsible for monitoring an OVC program in South Africa, describes a common experience of "involving yourself" when learning to deal with the loss of a family member and the subsequent impact on the family's teenage child:

> HIV&AIDS badly impacts this area. We've seen children losing their parents and this loss affects their behaviour. I can tell you about one of the orphans that is close to me. She is my niece's child. She is eighteen now. When her mother was still alive, she was very good and so respectful. But when her mother died in 2008 she started misbehaving and doesn't want to go to school. I think that the stigma has made her to act in that way. HtC [Help the Child – a registered fostering agency] helped those kids to get the grant as well but there was such a dramatic change that was not good at all after the death of her mother. We all tried to advise her saying things like, "No, it's not good to do this and this" and "You have to go to school" but she doesn't want to. Anyway, she is now staying with her grandmother who is also supportive of her but she doesn't want to respect her. It's not easy. And that story is repeated many times over. (Siphelele's Story)

In my observation, stigma is perceived to not only characterize relationships between the child and the school but at different levels within community life in general. There is no easy formula for a way forward. Siphelele hints at the experimental nature of advice giving as program staff learn how best to deal with this specific situation. Specific material arrangements such as the grandmother's home, the school, a government foster care grant and the HtC program are important contextual elements in this common scenario.

7.2.2. Engaging bodily

As Siphelele continues, he describes learning to do work better in terms of doings ("to involve yourselves"), sayings ("you shouldn't be shy"), and relatings ("to not distance yourself"). Note significant phrases here (highlighted in italics) to emphasize doings, sayings and relatings:

> I think the best way to learn to do this work better is for everyone *to involve themselves* and *to not distance yourself* even if you have been affected by or infected with HIV&AIDS. One day it is coming to you. Definitely we need *to take care of these people and to support them* in whatever way that we can including in the churches. We should *try to come closer to them*, to support them, to give them hope and to make sure that they also are feeling part of the society. Maybe in that way we would learn to do our work better. We must also *let them know that HIV&AIDS is just like a headache*. *You shouldn't be shy* because people are able to live even though they are HIV positive.

> They can still live more years as long as they accept it and feed themselves the correct way as you are supposed to do. (Siphelele's Story)

Learning in this context is not a disembodied object or collection of objective facts; rather learning occurs in the moment of engaging with people and the material world for the purpose of improving the well-being of this teenager impacted by HIV&AIDS. It is always bodily.

7.2.3. Situated in complexity and dependent on listening

The activity of staff members immersing themselves in this situation instead of distancing themselves from the stigma, shame and complexity of a teenager's response to loss, is not fixed or laid down prior to them acting. Likewise learning is not fixed until the performance itself takes place, and only then does learning become definite. The learning needed for successful or "better" practice, as described by Siphelele, is not specifiable in advance. Siphelele has also made a value judgment describing how *the best way* to learn to do this work in this context is for everyone – school staff, extended family members, neighbours, members in the local church, and program staff – to involve themselves. Such doing and relating is perceived to be more effective than other conventional learning activities such as transferring knowledge from other sites, applying knowledge to the setting, or intentionally changing certain elements in the work environment to increase the likelihood of learning.

In the same geographical area as above, Musa, a youth worker, describes meetings as significant events in which to involve oneself. Here problems or proposed initiatives can be discussed and connections made between "good people" (perceived to be knowledgeable) and people seeking advice:

> I used to *sometimes talk with people* in other organizations about similar problems but there are not many organizations doing similar things. *They are the ones coming to us and saying* that they want to form organizations like this one, or they ask how can we do work like you. So we organize a meeting and I say that if you want to do this then you follow this line. I know how to refer to *the good people where they can get their information*. (Musa's Story)

Similarly the coordinator of an OVC program in Malawi describes intentional meetings with a government official as significant learning events for setting up a day care centre:

> As for me, I can say that *the district social welfare officer has helped me a lot in the whole set-up* of the initial orphan care project. That was the place to start. *I got most of the information and requirements regarding the government regulations that I needed to know to set up a program*. They have been very instrumental. (Radhi's Story)

Talking and listening are critical components in "getting involved" in seeking and giving advice. However sayings are never isolated from doings, relatings, and materiality. I frequently note in my field work observations in faith-based HIV&AIDS programs that the emphasis is on talking, listening and relating together rather than on the disembodied objective facts we encounter as core components in training courses. We readily observe these features in the following example of learning in the context of HIV prevention, where staff working cross-culturally understand that, as Peter states, "to listen well enough to understand their [client's] perspective" is critical. Once again I use italics to highlight significant phrases:

> *It took time to really understand* the worldview enough to be able to try to explain things in a way that can be better understood within the context of that worldview. You have to recognize that different people were coming from different places too. Some had a Western education and already understood the germ theory of disease and they were comfortable with that. Others were illiterate farmers from a subsistence farming community and they were living in the village the way their parents, grandparents and great grandparents before them were. *There is no 'one size fits all' approach.*
>
> It meant having *to learn to listen well enough to understand their perspective* and what kind of lenses have they put on and see the world through. Then we had *to learn to try to address the kinds of issues that are understood through those lenses. There's no course that you could take for that.* (Peter's Story)

Here learning to do HIV work is a situated process occurring in time that encompasses listening, explaining, relating to people from diverse backgrounds, and taking appropriate action. In chapter 10 I will address the "hanging together" relationship between learning and other practices including educational practices involving courses, "trainings" and workshops.

7.2.4. Integrating past-present-future

I now turn to a narrative account of program staff learning to create and use the memory books and boxes referred to in chapter 4 to further expand on "involving yourself seeking and giving advice". Doing memory books is a psychosocial support strategy used with children who have lost one or both parents, along with children who are likely to be orphaned in the near future. In this example we see a blurring of boundaries between the embodied nature of learning and materiality: the memory book. The practitioner changes the memory book and the memory book changes the practitioner. How practices of learning take place is dependent on the memory book; the development of and changes in the way that memory books are done is dependent on learning. Learning is both prefigured and emergent.

> *Memory books* are the newest aspect to be incorporated. They work through the *HIV&AIDS support groups* who have *just started to involve the Department of Health* so that they can get access to people who are on ARVs. We are *working with parents* to help them disclose to all the children they are taking care of that they are HIV positive but we are encountering problems. At the moment there is not very much that has been done. (Thembeka's Story)

In order to understand the multiple ways in which memory boxes are presently utilized as well as possible future directions, I asked Thembeka, a senior social worker and program coordinator, to tell me about her experience learning by observing how her staff do memory boxes. The following italicized phrases illustrate repetitive learning events occurring over time – seeking advice, "learning as we go" and seeking further advice – similar to what I have recorded in other settings. Here their skills are located within the context of activity and generated as needed at particular times that incorporate past, present and future:

> *Last year* we had a support group for all children but *there we encountered the problem that there are some children who are not aware that they are HIV positive.* It is difficult for us as the facilitators to disclose to children that they have joined this group because they are positive. So then *we felt a need to discuss the issues with the parents and foster parents, and to train them.* We say that it is important to tell your child that he or she is HIV positive because it becomes difficult if they are at school or watching TV and see bottles of ARVs. The child will say, "These are the same as mine". In other cases another child may say, "See you are also on ARVs". *As time went on we realized that this was going to cause more stigma when they question how come my parents or my foster parents cannot tell me such important things. It's going to be difficult* but rather than finding out from peers or school mates or friends, let the parent do their job. Let them disclose to the young ones.
>
> *The way we do support groups gradually changed over the year. It is different now*. We decided to separate the positive from the negative children so we could identify those who actually needed a support group. In order to do that *we went to the hospital* to get a list of all the ones who are on ARVs. *We then decided to interview the parents* and ask them *to fill in a form* indicating whether they have disclosed to their children or not. If they had not yet disclosed then we encourage them to take that step. We are then able to deal with the children who know their status. *After making this change we received a good response* and are currently running successful support groups once a month on Saturdays only for those who are positive and who know their status. We learned *that through trying it out.*
>
> *In this process we asked the social worker at the hospital for ideas* that maybe we can use. She helped us lot. She was *here visiting the program* because she wanted to do research with children who are HIV positive *and needed to link other organizations doing one and the same thing*. It was just luck that she came to us. Now when she comes to the support group *we can talk over support problems*. (Thembeka's Story)

When program staff do work in this particular way, they are setting up how they will enact the practice of supporting and caring for OVCs in the future. Concurrently they are thinking about arrangements of materials such as disclosure forms, meetings, and the proximity of the hospital and associated services, that impact on the context in which the practice of learning is

entwined. Learning is both prefigured and emergent. They come to recognize however that identifying children by HIV status – positive or negative – breaks confidentiality and creates stigma and discrimination. This experimental practice of separating children into groups according to HIV status, perceived by these practitioners to be good after "trying it out", was subsequently discontinued on the advice from memory box "trainers" and the visiting social worker. But in Thembeka's words, she does not assume that because Thando, a junior staff member, "went away for the training and came back with the information", he should then implement memory boxes in the way that it is "supposed to be done" according to course instructions governing the use of memory books with OVCs:

> *Thando has been in the training for memory boxes. He went away for the training and came back with the information. We learn as he trains others. He trains the volunteers so we learn from that.* Training is other side of the job that they are doing. *They train the volunteers that we call "team members" so that they can train the families they find who have got orphans. The volunteers train the families.* They have to explain the importance of having a memory box whereby they will put the deceased person's things into that box. The memory box capacity builder has to conduct home visits to the families to check if they are satisfied with the training. Once they show that they are certain that they want to have a memory box, then they will talk with that person and record what they have to say about the deceased person onto a CD. They end up with a recording and clothes that go into that memory box. *That is what they are supposed to do but I am not sure if they have reached that point yet*. (Thembeka's Story)

In this section my analysis of the practice of learning to support and care for OVCs has drawn attention to involving oneself through seeking and giving advice. Although talking and listening are critical components, they never stand in isolation. Rather specific skills that managers and staff use, be they implementing memory book or day care programs, counselling children living with HIV or networking with other organizations, are located and generated when needed within the context of everyday activities, relationships with people and defined material resources. This is particularly salient given rapid social changes due to the high HIV prevalence rates in my research settings and the impossibility of specifying in advance what the practice of learning can or should be in any particular setting.

I have shown how participating in seeking and giving advice is characterized and shaped by context, resulting in both the learning and the learners changing as contexts change. In this sense learning is not a cognitive phenomenon residing in the minds of individuals or a collection of objective facts; rather it is embodied and situated, and occurs when people engage with one

another and with the material world. People learn through the activity of seeking and giving advice bundled with other activities, with skills thereby generated including both explicit and implicit abilities. However this integrated embodied-situated-relational-material understanding highlights that the practice of learning is more than the sum of individual learning activities. Organizing dimensions can be identified and these will be developed in the following chapter.

7.3. Modelling and mentoring

As I have listened to and interacted with practitioners, along with volunteers and beneficiaries of faith-based HIV&AIDS programs, many frequently identify "significant other(s)" who have exerted life-changing influences on them in learning to address HIV&AIDS issues. This is always much more than a moment of giving and receiving advice. They use overlapping terms to describe these relationships such as role modelling, mentoring (including peer mentoring), developing others, guiding and encouraging. However in my research I distinguish these terms from the concepts of supervision, monitoring and evaluation associated with program reporting requirements.

7.3.1. Engaging relationally

Modelling and mentoring in their diverse forms have long been considered useful strategies to improve workplace learning. According to Darwin (2000, p. 207) mentoring may be considered "less a role and more as the character of the relationship". Modelling and mentoring, expressed in the connections of doings, sayings and relatings that compose them, can lead to co-learning or generative learning (Bokeno & Gantt 2000; Johnsson, Boud & Solomon 2012; Johnsson & Hager 2008). My field research confirmed these characteristics.

Relationships make mentoring effective. Learning through mentoring is not "done" as a task focusing on objects of learning; rather it is a social and relational activity "done" with people's bodies through a series of overlapping learning events. As such this creates a sense of continuity in learning that I observed listening to the stories of those working in HIV&AIDS prevention through faith-based programs. For example, Chisulo, a prevention program

coordinator with youth, in narrating his story of learning, highlights enabling relationships as a key factor in fostering the personal and professional growth of others:

> Although we can say and do things with the youth, *there has to be a relationship.* That's how I look at it. I think that *if I relate very well to them*, it's easier for them to take on board or to hold on to what I will be saying to them. I don't know how to put that in English. It's like being good friends. I look at them as my friends, my brothers and sisters and we are doing things together. *I try to show them and to let them know that I value them*. So *they are learning from our relationship*. That's how I've seen it working and that's where I feel we can really do better in the peer education program. It's the same for me – I think that is how I learn well. *I feel that I can learn from someone who I relate to very well*. Like in my case, *I can't learn when I am pushed or when I have been frightened into doing something*. But *when there is a relationship, that's the environment I grow in*. When I was in primary school as a small boy, it was like, "Do this and you will get a punishment". Of course you still learn but as I grew *I could see the importance of learning through healthy relationships. I feel that's where I learn better. I respond from a relational perspective*. But having said that, *I don't like people to misuse a relationship by pressurizing you do this or that, or to learn in such a way.* They need to see you *relating to them through a genuine friendship*. That's a better way to learn I think. That's how I have seen it working in my life. (Chisulo's Story)

In exploring experiences of learning HIV&AIDS work with Chuma, previously a HBC coordinator but currently coordinating a prevention program operating in schools, she explains and demonstrates her relational approach of mutual mentoring of high school students. Again this is embodied and relational. As we see below, she intentionally moves beyond her initial description of experienced program coordinators teaching novices to do the right thing, to emphasize being and living the message. Whilst this might represent an idealized and value-laden relationship, I have actually observed this widely in my fieldwork observations, particularly among long-term program managers.

> *It's about mentoring. I mentor and others mentor me. The strongest message is the message giver. So you have to be what you say. You don't just preach it but you live it.* We believe in peer education that in order for somebody else to change, they need to see the change happen in somebody else. If I want to change you, then you need to see me changing so that you can see the change that you want to be. I have to present *myself as the role model*. I have to facilitate change and I do this by *being a role model* for peer educators. Peer educators are then a *role model for peers*. Being who you are is linked to what other people can see. *I am the strongest message to them. Everything I do, they will do the same; so if I am doing the wrong thing, they will also do the wrong thing. If I do the right thing, then they will learn from me to do the right thing. I am their mentor*. A mentor is somebody who you look up to. A mentor is somebody who you go to when you have got a challenge or you want to get advice from them. They can be like the older sister and can be a peer – somebody that you can relate to. (Chuma's Story)

Modelling and mentoring in the everyday are not always altruistic relationships nor built around "genuine friendship". Models and mentors can encourage and guide; they can also be critical, de-motivating, subversive and self-motivated. Chisulo declares, "I can't learn when I am pushed

or when I have been frightened into doing something" and "I don't like people to misuse a relationship by pressurizing you do this or that, or to learn in such a way". He continues:

> Then there is *being able to accept criticism in the role*. I know that I am not perfect and I know that I can't do it all. So there are people criticizing and *sometimes when you look at criticism always with a negative eye, you can't go far*. While there is a limit that you can go with criticism with different people, I try to hear from people about what they are thinking. *I try to look into what they are saying. At the end of the day, you hopefully can do something better*. (Chisulo's Story)

Such potentially negative aspects of modelling and mentoring are likewise evident in situations of seeking and giving advice and may result in expressions of dysfunctionality, including power plays and interpersonal conflict. While travelling long hours together to rural villages, sitting in protracted team and community meetings, observing peer prevention youth groups, and reading comments in program documents, I have seen that significant time and energy goes into resolving relational tensions:

> There are other places where I also have advisors. They are like peer relationship in which we take and receive advice. This also has to do with leadership style. There is one centre where the advisor is a bit autocratic but things [only] work because he is there. If there comes a time when he is not there I am not sure that things will work. (Radhi's Story)

As discussed in chapter 2, Schatzki considers conflict as the "breakdown in harmonization" when people adjust their activities to what others do. This always occurs in common space and time. In my adapted Schatzkian framework, "relatings" more overtly emphasize human relationships, such as modelling and mentoring, including relationships perceived to be negative that might otherwise be obscured in empirical research.

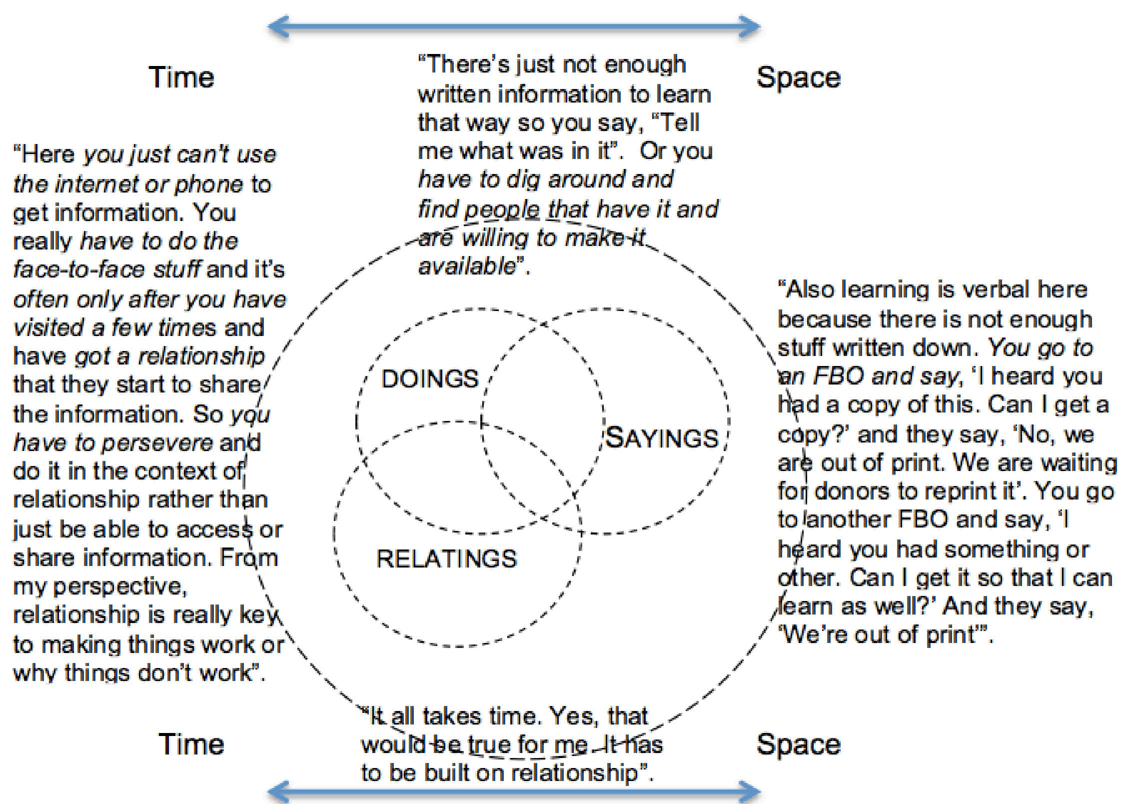
7.3.2. Entwining with material objects and arrangements

I now consider the relationship between modelling and material resources in the context of my research, where access to resources often regarded as "essential to learning" is markedly limited. In Diagram 8 below I illustrate how one team of practitioners attempt to learn about materials used in other programs and to contextualize these for their own purposes. In this case, learning practice is intimately related to the described material objects – and to the absence of material objects. Learning deals with modelling resources and materials from other programs in this resource limited setting, involving:

- Doings – "digging around", visiting, and using internet and phone, or not using them

- Sayings – "stuff written down" such as books, manuals and flyers, verbal communication described as "you go to an FBO and say . . ." and essential non-verbal expressions conveying meanings about learning
- Relatings – to people and other organizations in "face-to-face stuff", and to materials such as printed peer education manuals, and "stuff written down"

Diagram 8: Learning HIV prevention: modelling materials from other programs (HOPE Malawi's Story)



In this example we see that modelling cannot continue without certain material arrangements, and "stuff written down", phones, the Internet and the physical environment in which these meetings take place, prefigure and affect the progress of learning. Likewise learning is impacted by the mechanisms through which these practitioners relate and speak to each other in order to make sense of material resources. As a result, such learning events may result in changed material arrangements.

7.3.3. Integrating with "nets of practice"

Learning also occurs through giant "nets of practice", in the sense that knowledge is generated and learning takes place in the innumerable and often invisible connections between people, other practices and materials. We see this in the above examples of Chuma from South Africa and Chisulo from Malawi. On one occasion, Chuma met Chisulo at a workshop for managers and staff aimed at stimulating peer mentoring at a multi-country level. They shared their experiences in working with youth, developing life-skills programs and connecting with church leaders. They also shared materials. As these activities intersect, prevention practice is re-made and new combinations of "know-how" are generated, albeit at local levels. Chisulo is then motivated through his relationship with Chuma to experiment and to model these new ways of doing things, and to exchange resources with like-minded programs in his own setting. However this proves problematic in that it results in a conflict of values with church leaders who are stakeholders in the peer education program coordinated by Chisulo.

In the following narrative, Karlos (an HIV program manager with a Western background, married with children) recounts his experience of mentoring Chisulo through this conflict. Chisulo is 25 years Karlos' junior, recently married and his wife has yet to fall pregnant. This is significant in the traditional village context where age is esteemed and a man not fully respected until he has produced a child. Values in this context, as indicated below, implicitly permeate learning activities, relationships and spaces:

> I think it is important to give people the information they need so that they can teach, lead and guide within their own peer circles. *We are not training the youth to tell the elders what to do. We are training the youth to talk to the youth. We are training married people to talk to married people in a particular context on particular issues*. In VCT and counselling we should be training particular people to be talking to a particular issue. *It doesn't give them carte blanche to do what they want or to stand up against the elders on every matter.*
>
> I think that we [practitioners] need to do more ground work in preparation. Once we work out where a peer education cluster is going to be, *we tend to get it up and going quickly because we are very task oriented and we want to be seen doing something*. *We need to spend more time sensitizing people* in what we are trying to do, why it's important and how we are going to do it. *We are not just going to accept anyone coming on as a peer educator. We have selection criteria. You can't rush that.* (Karlos' Story)

Here we see that Karlos highly values being seen by beneficiaries, church leaders and colleagues to be doing something and getting the task done yet recognizing that time is an

important aspect of practice. Likewise ethical and moral aspects are significant: in this case who is a “suitable” or “acceptable” person to be a peer educator. Such considerations impact how modelling and mentoring happen in this setting, and who can mentor whom. Karlos continues:

> Mind you, I think we’ve also learned that *some issues, no matter how much time you give them, are not going to be resolved*. For example, on this latest peer education issue, we thought that we had come to a consensus with the pastors. *It was with Chisulo talking with them.* We were on the phone as needed to help Chisulo think through some of the issues on his feet. My understanding was that there was consensus on the final way forward but when those pastors got back to their churches, the elders in some of those churches who have obviously a significant amount of control and power, they said, “Oh no. I am not happy with that”, and they forced their pastor to buckle under to their wishes. I think we’ve learned that *it’s about getting the right stakeholders when you have to make a decision*. We *needed to be talking more widely* in general about what we are trying to do *so that when we begin it’s not totally new* to the people in that area. We have to be relating to the people that are there – them understanding us and us understanding them . . . (Karlos’ Story)

Mentoring is portrayed in this particular situation as an embodied, relational activity in which the experienced elder (the older man with children) is guiding the novice (the newly married HIV prevention worker) on a particular issue. A mobile phone is the mediating artefact in learning, without which the novice would be left to negotiate a way forward without support or accountability. Even with such public mentoring, learning what to do does not guarantee an immediately successful outcome, as we see here in dealing with churches led traditionally by older males. In this situation learning is better understood as a series of overlapping activities in which the mentoree and mentor together work out who are the “right stakeholders”, “talk widely” and “relate to people who are there”.

I have noted differences in the way that learning occurs depending on the variable relationships between doings, sayings and relatings in modelling and mentoring as instantiations of the practice of learning. We should give particular attention to features of learning practice exhibited through modelling and mentoring activities. As described in chapter 4, learning is not simply thinking, nor ideas that people generate. Learning as demonstrated in this research is something more than simply “learning by doing” or through individual experience. The tangible and concrete activities of modelling and mentoring are embodied, dynamically relational, materially mediated and manifest through overlapping learning events. These characteristic features serve to create room for also understanding how learning within and between HIV&AIDS programs in particular settings may emerge, persist, disseminate, propagate or

subside over time. This raises further questions concerning what organizes learning and how hanging together and bundling makes learning possible.

7.4. "Having a go" through trial and error

I now use my practice lens to focus on everyday activities of "having a go" through trial and error in both routine and improvised forms in the context of HBC, enabling me to make several important observations that would otherwise have remained obscure. In their work and learning, program managers and staff are always doing, expressing verbally and non-verbally what the practice is and means, and connecting with people, with material objects and with arrangements. This generates stability and continuity in learning, including the consequences of everyday activities, and the potential for change (Schatzki 2012).

7.4.1. Coming to know

Over the course of this research, I often heard unsolicited encouragements to "have a go" through trial and error or "learn through mistakes". Chisulo summarizes this attitude: "Basically my approach has been consulting, trial and error, and leaving room to accommodate criticism from mentors". Peter and Grace make clear references to learning through trying an approach, talking with others, mixing with people, and trying again in search of approaches that work better:

> Talking with others and asking them questions and hearing some of their stories is important. You can learn a lot from other people's stories. *You try one approach and maybe that one doesn't work so well; you try a different approach* and maybe that one works better. And so you gain from *your own experiences over the years* as well as from *the experiences of other people* that you happen to be mixing with. Even being aware that there is an issue is the first step. (Peter & Grace's Story)

Trial and error is also value-permeated: linked to doing what is considered sensible, being spiritual, and relating to God. This is evident in Karlos' understanding of learning activities:

> For us it's a lot of trial and error. Just do things that seem sensible and common sense and you feel that God is leading you to, and see what happens. Look for God to work in those situations and if things work, that's great. If they don't work then help me to see what I ought to do differently. (Karlos' Story)

During my last visit to Malawi for the purpose of this research, program managers and staff discussed together over the ritual of morning tea break their personal reactions on reading the

final version of their co-created story of learning. Cathy, an expatriate engineer and project manager who chose to make a major life change with her family by moving to Malawi to invest in the lives of those affected by HIV&AIDS, comments:

> I read it and thought, “Oh, no. This is just a list of all the negative things that went wrong, challenges and complaints”. *But then I thought that this is showing me what I have learned through the difficult things, the mistakes, and the problems. When things go along smoothly it’s not the same. You are actually learning by assessing things* and saying, “Well, this wasn’t all that great. We can do better next time”. It’s learning from mistakes. (HOPE Malawi Story)

Radhi, the OVC coordinator, responds:

> There has been *nothing completely well-structured with guidelines or rules in this orphan care work. Most of it was just like trial and error.* I have been learning a lot through that. It’s just *learning because things are happening and the way they are happening*. (HOPE Malawi Story)

Here we see that knowledge and learning are emergent, reproduced and transformed through everyday life experiences of “having a go” through trial and error. These practitioners choose what they anticipate will be relevant for this particular time in the history of HIV&AIDS in their settings, implement this on a provisional basis, and in so doing set up how they will enact this practice in the future. It is in this process that embodied learning becomes apparent.

7.4.2. The meeting space of mind and body

I now focus on the body of the HBC practitioner “having a go” through trial and error, as the meeting space of mind, the individual and social activity. Chuma is a passionate advocate for HIV&AIDS related issues and well known in her local area. Like most program managers and staff, Chuma began her involvement and journey of learning well prior to this period of research and has navigated her way through major changes in resource availability and the way in which HBC is implemented:

> When I started in 2003, we started work being trained so that we would know the right ideas about HIV&AIDS and what we are doing. Back then there was so much stigma attached to HIV&AIDS. People were afraid to even go to a funeral if the person died with HIV. They thought that the virus was surrounding the coffin and if they touched the coffin they would end up being HIV positive. I was the one person going to these people who were HIV positive. Sometimes I was even afraid . . .
>
> There was one man who was sick and when he died they handled the coffin with towels and wore gloves to carry the coffin so that they wouldn’t get HIV. It was like a circus. It was so unbelievable. People went inside the house where the coffin was and because they believed that the virus was crowded all over the place, as soon as the ceremony was over they would put the things on the table and leave quickly. In my tradition you stay at the funeral for about six hours but the funeral was over very quickly for that man

> because they were so afraid of getting HIV. *So I felt it was my duty to learn more about the virus and to give people the right information*.
>
> I didn't believe that a dead person can give other people the virus like that so I had to correct the myth. I went to many, many trainings and then I was trained. I gave people the right information but *you have to learn yourself by trying different ways to get people to change their attitudes and behaviour*. Even when I went to their houses doing HBC, people would say, "Okay, you are here so we are going out. You can just take care of him". It became a burden. I washed patients, fed them and did everything but at the back of my mind I said, "No, why am I taking over this responsibility. The right thing is to teach the people so that they can have my thinking and my way of looking at things". So when I was doing HBC, I started to say to the family, "You know, we have to do this together". *So I was teaching them how and they were teaching me. I was having a go and seeing what works*. (Chuma's Story)

We see here a blurring of boundaries between the embodied nature of learning and materiality. This HBC practitioner expresses how the practice of learning is associated with "many trainings" – "I went to many, many trainings and then I was trained" – including workshops, government accredited courses and small group meetings with knowledgeable people. However it is in the doings and relatings with PLWHA and their families, in the context of their homes, rooms, beds, food and materials needed for palliative care, that she is also reconstructing knowledge, skills and know-how. In addition to "having a go" through trial and error, she is also re-constructing herself, those with whom she is interacting, and the site in which this is occurring. In this context we see evidence of learning practice as materially mediated and values permeated. Chuma continues:

> There were about eight of us working together at the beginning. *People would come to me because I'm doing the job and they would tell me a myth. I didn't know if it was a myth or a truth so I needed to learn which is which*. Every month we would all come to the office and then we would talk about these things, about how to do our work, and about our feelings when a person died. It was like *you wanted to get this thing out of your chest*. Then we would pray together. Sometimes Pastor Abraham would make sure that on the month end, people from the Department of Health would come so we could ask questions and take notes.
>
> If you've got a thing from the field that you do not know, then you just write it down and come back to the office to get ideas and *try it out*. *I wanted to know* how to counsel a person and make them understand that this is not their finish, nor are they being punished. They are still members of their family and nothing changes that. I wanted skills to help people not to chase their children away even if they are HIV positive. I asked lots of questions, got the answers I wanted, and went back ready to *try new ways of helping*. What kept me here is that I knew that I was making an impact.
>
> When I first started, there weren't any ARVs around. We were burying people every Saturday before the ARVs. When Dr Smit came to this organization, he made us realize that we should help people with their ARVs because we were not involved in that clinical part before he came. Then we started talking about CD4 counts and ARVs and took people to treatment. Some of them were under HBC but others didn't have any supporters so when they needed to start we had to be their support. *We had to learn as we went.*

> I think that now 90 percent of my patients are on ARVs. We have even started a support group with them and we are planting a small vegetable garden. This helps them with taking their ARVs. Before the support group started I was working in the school teaching the students about ARVs. When I was talking about supporting each other, I thought, "I've got about 13 people who are HIV positive. Why not start a group?" *And so I just started it without really knowing what we were doing.* (Chuma's Story)

As stated above, workers adapt and vary practices according to context, materiality and relationships with others to suit the practicalities of everyday work life. Here we see the way in which a learning space opens up for Chuma, her clients and students to consider alternative future possibilities for action, improving and expanding both the current practice of HBC and the practice of learning. Initiating support groups "without really knowing what we were doing" is a common "having a go" activity, holding in tension the ways of doing that people may have heard about yet not experienced, with improvised forms of learning care and support that are contextualized to the particular time and place in which the practice of learning is occurring. The result is learning that combines elements of similar and past learning with new elements.

7.4.3. Creating learning spaces

In the narrative below we can see how the spatial dimensions of "working close" and the relationships between people and two distinct FBOs each plays a role in the activity of becoming "like a mentor", as Chuma continues to describe:

> There are so many changes in the program since I have been here. There are other organizations and people involved in similar work to us in home-based care.
> There is an organization that is a Roman Catholic convent with volunteers involved in a big rural area. We were working close and partnered with them in training for a year. I think it was 2006 when I become like a mentor. I never knew my exact position because I was in everything. I used to go to their program once a week for a whole day. I would take notes on what they are doing and try and correct them when they were going wrong. I used to also train the staff in our project when we were doing the staff teaching for orientation of new people. When a person is hired, *they learn on the job*. You learn from others' work. (Chuma's Story)

Rather than ignoring errors, they can become for the staff member an integral part of their learning practice. In my final interaction with Cathy for the purposes of this research, she describes her own story of learning HIV&AIDS work as "a stream of mistakes, challenges, problems and issues". She then identifies aspects of "having a go" through trial and error which enable her to "improve the program practically, financially and spiritually". This is italicized in the following narrative.

> I seem to be talking about a lot of challenges. In one sense I don't think this captures my personality but it did bring home to me how *I've learned most from problems,*

> *challenges and mistakes*. That's why my story of learning just looks like a *stream of mistakes, challenges, problems, and issues*. I have *learned the most through those difficult things*. No program is perfect and so there is always an area that can be improved. This is part of a project manager's role: to find out what is not going so well and to improve it. I believe that *my role is to find the issues, learn from them, and to make the program better as a result*. That's why my story seems to read so negatively.
>
> It's *a reflective process* on what's going well and what's not going well. When you sit down and think, "How's my program going?" you make a list of the things that are going well and those things are not going well. *You have a problem, you do something to fix it and that way it doesn't feature again*. We have formal end of project evaluations but almost always our Monday morning meetings are *about asking* "How did it go last week?" *We are sharing thoughts and picking up what went wrong and what went well.* Each month we also look at the monies coming in and we say things like, "Oh my goodness. We are spending way too much on cell phones. What do we need to do?" So *we are constantly looking at way to improve the program practically, financially and spiritually*. This is *constant.* Sometimes we don't necessarily report back on an issue because it's been resolved. We may have learned something three months ago and now three months later it is going well. Now we're learning something else because some other issue has come up and we are learning how to deal with that. Learning comes with a challenge which you have to *evaluate* later by asking "Have we done the correct thing, or is it still a problem?" It may be that the first attempt didn't work and *so you have to try plan B.*
>
> It *is a cyclical process. Learning through trial and error you identify something which you need to improve, you decide what you are going to do to address it, you test whether it works or not a month or two later or however long it takes to work through, and then you just keep trying whatever you think is the next best solution*.
> (Cathy's Story)

According to Cathy, learning through trial and error is reflective, questioning and evaluative. These practical understandings combine Cathy's and her colleagues' abilities to perform, and to recognize and respond to learning opportunities through trial and error. Consequently such workers know what bodily actions to perform, when, and in which circumstances in HIV&AIDS work. Such learning is also relational, involving diverse people and material resources. Although this occurs in specific places over a period of objective time, the past, present, and future also co-exist in these learning events. Using Heideggerian "being-in the world" terminology, as quoted by Schatzki, Cathy is being "sensitive to, responsive to, and reflective of those situations, or rather, of particular aspects of them" (Schatzki 2012, p. 6). She is also motivated and acts towards the goal of improving the program practically, financially and spiritually whilst simultaneously engaging with her environment.

"Having a go" through trial and error is therefore characterized by newly introduced ways of responding to HIV&AIDS, already existing and persisting practices, and tensions between these. Together these form creative learning spaces where practitioners are engaged in

learning that re-makes practice. As such, “having a go” through trial and error is an essential activity upholding learning practice in the context of HIV&AIDS programs. This implies that the unfolding of learning is in the emergence, persistence and subsiding of arrangements of activities as well as in the bundles of learning practices themselves.

7.5. Summary: How learning activities happen

Having discussed learning activities drawn from the stories of program managers and staff together with my observations from field notes – “involving yourself” seeking and giving advice, modelling and mentoring, and “having a go” through trial and error – I now summarize and draw initial conclusions based on my findings. These go a long way to answering my research question, “How does learning occur in faith-based HIV&AIDS programs in community settings in Africa?” and substantiating sub questions, asking what activities uphold learning practices in this setting and how they might they be described through a practice framework.

“Involving yourself” seeking and giving advice, modelling and mentoring, and “having a go” are three distinct but related forms that co-exist within the horizontal space of multiplicity to shape HIV&AIDS work learning practices. Although practitioners narrate their stories of learning very much around what they do and say, there is more: they also include a dimension of relating. To learn is to take action, to listen and speak; these practitioners also make themselves accountable and invite others to be accountable in dynamic, rich and complex relational networks. Practice managers and staff understand that learning is taking place when the right activities and relationships come together. It is always values-permeated.

Although one particular dimension of learning – doings, sayings or relatings – may appear to be foregrounded in the learning vocabulary of particular practitioners, all three dimensions are always present in learning practices within these faith-based HIV&AIDS program settings. This enables learning in the context of daily work, as seeking and giving advice, modelling and mentoring, and “having a go” intertwine in individuals and the team, motivated by common goals and values.

I have shown how these activities have different embodied, material and relational forms; as such they need not be identical within a particular setting, across programs within the same country, or across countries, in order to be part of the same broader learning practices. As such, learning practices which emerge in these faith-based programs are “spaces of multiplicity” (Schatzki 2013), some of which will generate more intense and favourable conditions for managers and staff learning HIV&AIDS work.

To conceptualize learning to respond to HIV&AIDS work as a practice, is to view learning by means of intertwining activities and events that may harmonize or even conflict. This contrasts with traditional Western approaches which view learning more as a process of acquisition, a structure to conform to, or a system to control. I am not attempting here to provide an indigenous epistemology, nor a reading of an indigenous learning system. Nor do I impose a biomedical framework or related approach typically found in HIV&AIDS research (as outlined in chapter 5). Western dualisms such as mind-body, theory-practice, individual-collective, explicit-tacit, product-process, education-training, and “knowing that – knowing how” are broken down using a practice lens. This adds a fresh perspective on learning which is highly relevant to HIV&AIDS work where my research takes place.

The way that particular sets of doings, sayings and relatings are arranged, organized and governed also contributes significantly to differences in manifestations of the practice of learning. In earlier chapters I stated that a practice framework for the world of HIV&AIDS must engage fully with matters of faith which strongly permeate what practitioners do, their talk and their relationships. This is developed further in the next chapter along with what matters: “walking the talk”; rules, directives and guidelines; and making skills and experience count. Subsequently in chapter 9 I will further elaborate notions of how different learning practices hang together with broader practices and bundle with material arrangements, and this will point to what makes learning possible.

Chapter 8: How learning is organized

In the previous chapter I showed how learning activities such as involving yourself, seeking and giving advice, modelling and mentoring, and having a go through trial and error are instantiations of learning practices in the context of faith-based HIV&AIDS programs in community settings in Africa. I also illustrated how particular sets of doings, sayings and relatings are arranged contributes significantly to differences in manifestations of the practice of learning. I now continue to utilize my practice framework, drawing on Schatzki and Kemmis, to analyse what organizes and governs learning practice.

As I have demonstrated in chapters 2 to 4, the notion of practice is a robust framework through which to identify how learning is organized, and this enables me to further interpret and conceptualize learning practices in my research. Although learning practices are open-ended and can be composed of any number of activities, Schatzki argues that activities are organized by practical and general understandings, rules and teleoaffective structures. An activity belongs to a practice if it expresses one or more of these (Schatzki 2012). I have found however that defining this organizing structure is much less clear-cut, with the need to make explicit what is implicit in Schatzki's theory.

I begin by highlighting the role values play in each of the HIV&AIDS programs researched. Whilst it may appear logical or self-evident that values are an organizing feature of "faith-based" HIV&AIDS organizations, I show through this research the ways in which values permeate and are fundamental to how learning HIV&AIDS work is organized in the context of sub Saharan Africa. Certain permeating values become more apparent when practitioners encounter tensions between learning and faith practices. In doing so I move beyond Schatzki's categorizing of values under general understandings and teleoaffective structure, to highlight this critically under-researched element impacting both learning activities and structure.

Subsequently I demonstrate how learning in faith-based programs is organized around what matters in terms of "walking the talk" in responses to HIV&AIDS, along with shared goals of learning to improve services and the overall well-being of those impacted by HIV&AIDS. I then

consider how rules of engagement organize learning, be they directives stated in government regulations, guidelines for performing supervision, or assumptions about how training should be carried out. These rules are important when considering how practitioners understand formal instruction and training versus learning through involvement, modelling and mentoring, and having a go through trial and error (chapter 7). Next I address practical understandings of how to make skills and experience count. Although this process involves and benefits individuals, it always extends beyond the individual to impact colleagues, beneficiaries and the program itself.

I draw on the helpful metaphor of the baobab tree (Wolfensberger-Le Fevre, Fritz & Van der Westhuizen 2011) to highlight characteristics of learning HIV&AIDS work, associated with the qualities of adaptability, resilience and the ability to grow referred to by practitioners throughout this research. I will extend this metaphor of contextual learning further in chapter 9 to argue that the "hanging together" of learning practices with other practices and the bundling of learning practice with material arrangements "must happen" in these programs, like baobab trees "hanging together" with multiple biological and social practices and "bundling" with the dry grasslands of Africa.

8.1. Permeating values

In this section I argue that the values permeating ways in which learning is organized in faith-based HIV&AIDS programs in community settings in Africa are critical to that learning. I use the term "values" here to encompass a broad alignment of beliefs, morals, beliefs and ethics held individually and in common by groups of people working together. Values are constitutive in that they infuse observable and explicit phenomena such as activities, language and symbols, as well as influencing motivation and how practitioners interact with materiality.

Commenting on a Schatzkian approach to practice, Hager (2012, p. 10) notes that "practices comprise an integration of action and structure. These structural elements are embedded in the performances of a practice, i.e. the actions of practitioners". Consistent with this Schatzkian understanding of action and structure, I draw attention to the values permeating the doings, sayings and relatings of learning the everyday of HIV&AIDS work and their organizing structure.

Program managers frequently encounter complex practical dilemmas in their everyday work that require difficult choices to be made. The resulting decisions and program activities reflect values that permeate both learning and faith practices, and shape how other factors are weighed up. Such values may motivate practitioners to engage in learning activities for the purpose of improving work effectiveness. The following narrative illustrates the extent to which values permeate learning in the Kenyan program in my research. On one of my field visits, I meet with Dr Peter, a medical doctor and manager of an HIV&AIDS program involving a local community. In my field observations I note:

> My conversations with Dr Peter are always energetic but rushed. Peter is a man on the move who is very quick and clear about his real passion and purpose, in his words, "to make a difference in the world through people's lives being transformed by encounters with Jesus". Both Peter and his wife Grace have very extensive African experience in medicine ranging from community health to paediatrics, palliative care, HIV medicine and surgery! Although there are few "Peter and Grace" couples in this world, their reasons given for pushing forward in learning to improve their HIV&AIDS work are almost identical to those I am hearing from Chuma, Karlos, Chisulo, Dorothea, Thembeka and Musa in this research. (Journal entry 30 March 2009)

Dr Peter describes a particularly memorable contextual learning activity in which he intentionally sets out to interact with a project beneficiary living with HIV in an urban slum. His purpose of visiting this widow is to investigate why people who *know* "the right decision to make" might *choose* otherwise, as he searches for appropriate prevention measures for implementation by local communities:

> I can give you my "ah, hah" moment talking with the widow in Kibera who had a three month old child. She met a man at the AIDS clinic where she was getting her free antiretroviral therapy and he was getting his. She was unemployed and didn't have enough money to pay the rent, buy food and pay school fees [for her children]. She became dependent on this man to help, as apparently he did have a job at least. When there was no food in the house, he would bring food in. When one of the children was thrown out of school for not having paid their school fees, then he would help with school fees. When she was being threatened with eviction for not paying the rent, then he would help with the rent. It reached the point when he wanted to spend the night with her and she didn't feel that she could say no. She ended up getting pregnant.

In the following dialogue between Dr Peter and the widow, part of his reflection on the experience, I italicize evidence of values – beliefs and ethical manifestations – expressed throughout this purposeful learning activity:

> In talking with her, one of the questions in my mind was: *If people know what the right decision is to make but they make another decision, why is it?* I asked her. *I tried to be very non-accusing and non-judgmental*. I want to understand. I asked her some rather probing questions like, "When you go to the clinic to get your anti-AIDS drugs, *did they ever talk to you about positive living and how to live a healthy lifestyle?*" and "Did they

> talk to you about the use of condoms if you are going to be sexually active and that you are supposed to use a condom every time?" She replied "Yes, yes, they do but you have got a three month old baby so you don't use a condom every time. Well you know these Kenyan men. They don't like condoms. They don't use condoms". So I said something along the lines of like, *"You could say 'no' without a condom because you know that you are taking a risk with your own health".* This was when she told me that this is the man that helps with the school fees, he helps with the rent, and he helps to bring food when the children are crying because they are hungry and there is no food. *She said, "I know that this is* wrong*" – and she used that word – and "I shouldn't do it but I was afraid that if I refused that he would stop helping and he would stop coming and I wouldn't have help".* But then when she turned up pregnant he left anyway.
>
> In processing through this interview with her later, I realised that *she was making a decision that was the most ethical decision that she could make in the face of conflicting demands. Her only hope at that time to provide a safe home environment, an education and good nutrition for her children was to potentially sacrifice her own health and to take upon herself the wrath of God. Of course the church says that is sin. But she was willing to take that chance even if God was angry at her, in order for her kids to get an education. In her mind, this was the most ethical thing to do. She knew that she was acting contrary to the teachings of the church but she did not feel in a position to say no. She was not empowered to say no because of her poverty and of her living circumstances.* (Peter and Grace's Story)

Peter is consciously struggling with moral and ethical choices markedly different from those in the world from which he comes, where options are limited, and where life and death issues lurk behind every decision. In this cultural context, "real men do not wear condoms". He is forced to reappraise the values he holds which are being confronted by this incident, and learns how to adapt his approach to prevention:

> This was an "ah, hah" moment for me. *I realise that the church, in interacting with widows in this sort of situation, is offering no real solution to their real problem . . . This was really a challenge to me because I do believe that the gospel [Christian message] really is good news. I began asking myself what is good news for people in this widow's condition, and there are thousands of women like her in Kibera. Does the church, the body of Christ, have any real good news for these people or are we just preaching platitudes? That opened my eyes to how deep and desperate the need is for the church to understand what it really takes to be effectively ministering to people who are living in the midst of this, day in and day out*. (Peter and Grace's Story)

Values here are prominent and command attention as they permeate and organize the woman's action, Peter's prevention advice, and his decision to learn why people such as this widow might choose high risk behaviour above that known, to her and to others, to reduce the spread of HIV.

This narrative also illustrates ways in which values infuse general understandings and how these organize and shape learning. Peter uses moral terms to describe the background to a social dilemma common across all four settings: the widow's partner is doing the *right* thing helping with rent, food and school fees, but the *wrong* thing in refusing to use a condom then leaving her when she became pregnant. Peter's statement – "I tried to be very non-accusing

and non-judgmental . . . I want to understand" – implies that in this learning activity he is intensely aware of both a general understanding that "the worst transgression in the AIDS world is making moral judgments" (Green 2011, p. 92), and that he holds to personal values that pre-dispose him to making explicit moral judgments. This creates a tension. The actions of valuing certain behaviours and moral choices are expressed in how the interview with the widow is carried out, what is communicated, and in the relationship of Peter with this program beneficiary.

Peter intentionally moves outside of clinical and educational spaces to "become involved" in this conversation-in-community – a contextual learning activity identified in the previous chapter – in order to understand more of these tensions created by conflicting values. He knows that to convey accusation or judgment risks re-organizing this learning activity and defeating his investigation. His ethical dilemma demonstrates how values held by practitioners can create and organize new learning activities, or stifle them.

The broad practice of learning is instantiated here through the "involving yourself" activity of visiting the woman's home and conversing personally with her. Concomitantly such visitation and conversation is shaped by the learning practice itself. Not only do the single room tin shack that leaks in the rain, the one bed shared by the family, the communal water supply and toilet, and the nearby school, engage all of Peter's senses in a bodily fashion, they shape the very learning taking place in a way that discussing this event with colleagues, or writing and reading about it, can never do. His experience is visual, auditory, tactile and olfactory as well as emotional, mental and spiritual. The arrangements of material objects in this widow's house, as a subset of the massive urban slum in which it is situated, are not just a background for learning but integral to the learning activity itself. There is no learning practice, and therefore learning activity, that does not bundle with the material world. The poverty influencing the widow's decision is materially and bodily at hand. According to Dr Peter, this particular embodied and contextualized learning activity "opened [his] eyes" to a different understanding of training community and church leaders to do HIV&AIDS work. He then goes on to reflect on how he would communicate to others the significance of this learning event:

> *This really was an "ah, hah" moment for me on a learning curve* but *I don't know how to convey that adequately*. When I share, I don't want people to go away and feel like they have been brow beaten . . . So you can see when I get talking, *it is something that I feel very deeply about. It's real life. 'Faith without works is dead'. If what we believe is real, then it has real power to produce real effect in real situations in real life. And real life is not ideal.* (Peter and Grace's Story)

Throughout my research almost all learning is described by practitioners as taking place over time rather than at a critical moment, yet Peter's intense and concentrated "ah, hah" moment serves here as a powerful example of how values infuse learning activities, shape learning and create new knowledge through confrontation.

Similarly we see in Valencia's narrative below, this desire to learn how PLWHA, values, beliefs and time are entwined. Her experience of a friend's death due to AIDS in her home country, interpreted through the framework of personal values, plays a significant role in the way she now interacts with, learns from, and adapts through relational activities with PLWHA in Kenya:

> When she died, I have to say my *faith was totally shaken. It isn't that I walked away from God but I couldn't pray.* I could pray for other people but not for issues to do with myself. *When she died I thought that it would never make sense or there was anything to learn,* never realizing that God was going to use that . . . I had to laugh at the timing God used: "God, you have a sense of humour. In the middle of that struggle you were preparing me". That's when, when I started to meet people who are living with HIV here in Kenya, *I could understand* what my friend went through. (Valencia's Story)

Prayer is important to Valencia as an observable expression of her faith practice and is considered a core value across all four programs in my research. Practitioners engage in this reflective practice regularly with the expectation that they will encounter something not heard or understood before to aid in circumstances "completely out of our control". The following examples show the scope of this reflective practice:

> You just can't solve all the problems no matter how many people you talk to or no matter how many websites you go to. *That's when you just have to talk to God, especially when it is just completely out of our control. No amount of human wisdom, knowledge and networking is going to get you there*. So that is where, at least as an FBO, we can bring hope. (HOPE Malawi Story)

> I guess it's a lot of trial and error. You try things which seem to be common sense. *You try things which you think might help or you sense that God is bringing together circumstances in order that we do this activity rather than that activity.* Then in order to implement that activity or whatever it is, I ask questions on an individual level so that I find out for myself, or we ask questions collectively of other people. Getting other people's thoughts on things has probably been for me happening subconsciously. (Karlos' Story)

Like other reflective learning practices, prayer is a conscious, intentional process. Here prayer is one way of adapting to the difficult working environment and maintaining resilience in the face of

complex challenges with no clear or easy ways forward. It provides hope and nourishes these practitioners to keep working, usually without financial incentives, as they re-examine experience, live with tensions and contradictions, and renew commitment. Herein lies potential for developing baobab-like resilience in learning HIV&AIDS work. Although mostly performed individually, prayer as reflective and faith practice has a shared, collective perspective in addressing practical dilemmas. It is value permeated. Prayer is a response to a need to adapt and learn in the workplace which is not identified in the literature on learning at work.

Dorothea, a nurse, describes a formative learning experience with an HIV&AIDS FBO in her home country in which a holistic approach had been critical to the learning process of becoming involved with PLWHA. Here I italicize observable expressions of personal and organizational values:

> It is mostly the gay community and the drug abusers who have it [HIV&AIDS] and *working with those patients really isn't easy.* They are *mostly really poor people on the edge of communities.* I joined that program for just four or maybe five weeks visiting their homes to see what they do. That was a good experience for me. *I really liked their* [the program's] *non-judgmental holistic approach* a lot. They have such *a loving heart for these people* and the way they approached the patient was a great example. *This really shaped me*. (HOPE Malawi Story)

Dorothea is describing how valuing PLWHA – mostly the gay community, drug abusers and economically poor – through taking a holistic approach becomes integral to her understanding of HIV&AIDS work and shapes her subsequent experience of learning in Uganda and Malawi.

Similar to Peter, Cathy and Karlos are concerned with values: the ethics of seeking to learn from local people about cultural and sexual practices in order to plan relevant HIV prevention strategies. As project managers who are cultural outsiders in the communities in which they work, they are highly aware that "we ask people to do what we shouldn't ask them to do [culturally]", that is, to talk about sexuality. This general and practical ethical understanding is expressed in a focus group:

> Cathy: *We probably make them really uncomfortable* because we don't know what we are doing. From our point of view, we want to learn about cultural practice or what people think about sexual practices. But *it's just not the done thing to talk about cultural taboo subjects from a cultural point of view*. So how do you learn in that situation? It's like, "We are not going to talk about this", so how do you learn?
>
> Karlos: *We ask people to do what we shouldn't ask them to do. It's true too that when things aren't discussed, people still learn in secret.* I think that is a problem when things aren't talked about. *You need to define appropriate ways of talking about things so that*

> *people can know the truth without blaming someone or running someone else down or without offending people. There are ways of doing things and sometimes it's not easy to work out what is the appropriate way of going about this.* But *healthy learning doesn't happen until you do talk openly*. The *misconceptions will persist,* like, you can catch HIV by sitting on a toilet seat – those things – because people weren't talking about them. (HOPE Malawi Story)

These two managers explicitly state their understanding of the implications of this "taboo", concluding that they need appropriate ways of talking, relating and doing. Cathy focuses on the moral nature and power associated with cultural taboos impacting what can and cannot be spoken. Karlos takes this further by distinguishing between healthy and unhealthy learning in his comment that "healthy learning doesn't happen until you do talk openly". These values are not individual characteristics of program managers that manifest during learning activities; rather in this particular context they are core contributors in the construction, organization and reproduction of this particular learning practice. In Schatzkian terminology, values are both understandings and teleoaffective structure, and are important organizing elements particularly when "people learn in secret". These managers and staff are deeply aware that they are not starting with a blank slate, as if learning about sexuality had never been done before. Learning here is prefigured by what can be said or not said, and in what settings – it is culturally nuanced and predicated on the past, and emergent. In these sites of learning where practitioners integrate development principles in HIV&AIDS work, Lunn's (2009, p. 948) challenge is significant that "it is time that religion, spirituality and faith were taken seriously as factors shaping development and around which development can be shaped". Further attention must also be given to values shaping practices, including those of development learning.

Having first identified and illustrated the extent of permeating values, I now proceed to argue that embodied "walking the talk", infused with values is an important organizing feature in learning to respond appropriately to HIV&AIDS. Walking the talk has a sense of "oughtness" embedded in the purpose and goals of learning to improve services, and is made visible through the contextualized actions of doings, sayings and relatings.

8.2. What matters: "Walking the talk"

In the global HIV&AIDS community we see the general consensus that good strategy will include such goals as access to treatment, holistic community-based care, basic education for children, fewer partners, a higher age of sexual debut, and consequently a reduced risk of HIV transmission. As with issues of funding (Green 2011; Pisani 2008), the extent to which HIV&AIDS practice is, or should be, organized around values is hotly debated. In this section I highlight a general understanding that program managers and staff should "practice what they preach", that is, practitioners, and especially those in leadership positions, should "walk the talk". This requires aligning both personal and organizational doings, sayings and relatings. I define "walking the talk" as this aligning of personal values and behaviour, both positive and negative, with what the particular organization values, does and says. Individuals and organizations may promote certain values while their actions indicate otherwise. I argue here that a sense of acceptable reason (why you are doing what you are doing) and purpose (working towards goals), integrity (doing the right things), compassion and commitment do matter, and in this context together profoundly shape when, what and how learning occurs.

8.2.1. Aligning acceptable purpose and ends with learning activities

Most managers and staff in the programs researched, including Peter, Dorothea, Karlos and Cathy, have a robust sense of calling, vocation and work demonstrated by a strong dedication to colleagues and beneficiaries. In my final visit with Thembeka, a senior social worker and key program manager responsible for OVCs in South Africa, I hear that funding from a major multilateral donor will not be renewed for her project, resulting in cuts to services and numbers of staff by up to two-thirds. I note in my journal that it is well past her "knock-off time" when we sit together under a tree watching the sun setting with a "postcard Africa" orange-red glow. Thembeka reflects on her strong understanding of, and commitment to, her program's core values and purpose, and aligns with these as she goes about learning to downsize the HIV&AIDS program she manages:

> If I were to give words of advice to another program I would say that *the important thing is to know the reason why you are doing what you are doing. If your reason is not strong, then it will collapse.* Storms will come so your foundation should be strong so that you will be able to stand. You cannot predict what lies ahead. When things are going well you think that the way forward is going to be smooth. The truth is that in

> whatever situation, storms will come . . . *I know why I am here.* Even in this time of crisis I still like being here, because *I know why I am here*. I believe that knowing the reason why you are doing what you are doing is a good foundation. *This is more than a job*. (Thembeka's Story)

Similar commitment and dedication to learning ways of making a difference in their communities are demonstrated by many project managers in the longevity of their service, with their departure usually from the pressure of funding constraints. They typically receive significantly lower remuneration than for similar activities outside of the faith-based sector. In addition managers relate their unwillingness to submit to demands made by government officials for services and money, demands which they interpret as inappropriate for those working in faith-based programs and churches. The purpose and ends of learning HIV&AIDS work are permeated with values that govern actions, words and relationships, as practitioners interact with beneficiaries, colleagues and people in other organizations, with role models and mentors, and with the government sector.

The purpose and ends of a program may change over time such that the walk and talk of managers and staff no longer align. Alternatively the underlying values of a program may be different to those stated in program documents. When program managers are required to write quarterly project reports to donors, they are often reminded to organize and align their activities with the program's stated vision, purpose and strategies. However a donor may change their preferred approach to HIV&AIDS. For example, when HIV prevention strategies promoted by global bodies such as UNAIDS shifted their emphasis in behavioural change to accessing ART, prevention program managers were forced to drastically reassess their activities. The need to constantly adapt by making adjustments in order to align activities to acceptable ends and values significantly shapes learning practice. Herein lies potential for tension and conflict, inhibiting learning in the face of shifting values originating from donors or programs. As practitioners are challenged in their intention to walk the talk as values diverge, they develop, like the baobab, resilience and ways of coping within such an environment.

8.2.2. Integrity: Doing the "right" thing

Along with walking the talk, doing the "right" thing is important to Chuma in South Africa. After a morning session observing her skilfully facilitate a classroom discussion in a high school peer education program, I sit with her in a nearby tuck shop as we drink Cokes and reflect together on how her approaches to HIV&AIDS work have changed with time. In her musing on mutual learning, values and how the young people (ranging from 15 to early 20s) are learning from her, it is clear that integrity is important in shaping learning. Chuma sums up her belief:

> The strongest message is the message giver. So *you have to be what you say. You don't just preach it but you live it. We believe* in peer education that *in order for somebody else to change, they need to see the change happen in somebody else. If I want to change you, then you need to see me changing so that you can see the change that you want to be. I have to present myself as the role model. I have to facilitate change and I do this by being a role model for peer educators.* Peer educators are then a role model for peers. *Being who you are is linked to what other people can see. I am the strongest message to them. Everything I do, they will do the same, so if I am doing the wrong thing, they will also do the wrong thing. If I do the right thing, then they will learn from me to do the right thing.* I am their mentor. A mentor is somebody who you look up to. A mentor is somebody who you go to when you have got a challenge or you just want to get advice from them. They can be like the older sister and can be a peer – somebody that you can relate to. (Chuma's story)

Chuma's story is rich with illustrations of the embodied nature of learning and walking the talk such as "I have to present myself as the role model", "I am the strongest message to them", and "If I do the right thing, then they will learn from me to do the right thing". Here learning activities are organized around both a personal and organizational understanding of integrity and the practical implications of this. To do the right thing moreover is an organizing phenomenon and a product of learning permeated by values, as Chuma and her students "dance together" in this peer education program. It is culturally embedded, socially shaped and embodies understandings of past and present. As such, the "right thing" is never independent of, nor separate from, values and context. It is much more than the skill of "doing the thing right".

In an example of role modelling in Malawi, Cathy also describes how program managers need to walk the talk with integrity through doing the right thing. She uses expressions such as, "it's more about having the integrity and courage to bring about societal change" and "we are also hoping to build their capacity, by being good role models in areas like integrity and truth" (HOPE Malawi's Story). This is value permeated. Likewise Dorothea, a part-time nurse in an urban HBC program, describes walking the talk in terms of "doing the right thing at the right time" in

the context of learning to use local herbal treatments in HBC (Dorothea's Story, also in chapter 9). As noted earlier, while general and practical understandings of integrity and doing the right thing for the purpose of learning matter may organize learning activities, learning cannot be specified in advance nor guaranteed. Learning is only established in the moment and then only after learning takes place do these program managers and staff look back to identify the "right things" which have contributed to learning, resilience and continuous growth.

8.3. Rules, directives and guidelines

In this section I show how specific rules, formulated directives and instructions organize and prefigure how learning HIV&AIDS work should be done in particular sites, and how this is infused with values. Rules are not part of background context to be either obeyed or ignored; rather the presence of rules can be clearly seen in the bundling of doings, sayings and relatings in every site – the moment of practice. For example, managers in all four settings in my research narrate stories of learning to interact with donors including large multilateral organizations. Such donors usually set funding directives and requirements for monitoring and evaluation that assume lessons will be learned from reflecting on past experience and applied in the planning of future strategies and activities. In Cathy's story below of learning to negotiate funding for a faith-based OVC program, she gives attention to rules, and the ends, purposes and process of learning, describing them as "different masters driving you":

> This was *learning how a faith-based organization deals with secular donors.* I've not had to do that before. I guess every customer has certain objectives, ambitions and focus. *You are ratchetting* [sic] *together your interests and objectives so that you find common ground.* That is why it works well. But it's pretty hard for a faith-based organization and a government organization to agree on this together. *Our primary objective is sharing our faith* – that's *what is going to meet their deepest need* whether or not they are dying of AIDS, *whereas the government's greatest desire appears to be win votes*. They have to *do all the right things* whether or not they demand that everyone does environmental impact studies because that is the latest hot topic or what's driving them*. It's nowhere near what is driving faith-based organizations. It's a question of values*. Clearly when it comes to practicalities, there are people in the CIDA [Canadian International Development Agency] office who are *compassionate and caring* and that's why they want to give to AIDS projects*, but they are being driven by their masters.* These projects attract caring people with good hearts but *that doesn't necessarily really help you when you are trying to work out the project together*, coping with conflict and things going wrong. *It's like different masters are driving you. It's really difficult.* (Cathy's Story)

Despite a negative outcome, Cathy acknowledges the learning nature of this activity:

> What we did learn was *to understand the politics of how you apply for grants better . . . that was an interesting learning curve. It forced us to really question and think,* which really helped . . . You live and learn. (Cathy's Story)

For Cathy, the purpose and process of learning the rules of dealing with donors is to tap into resources in order to meet the "deepest need" of those living with HIV&AIDS. Although she acknowledges that being committed, "compassionate and caring" matter, she must also balance this with donor-formulated directives, instructions and rules prescribing how things must be done, along with the donors' ultimate purposes for engaging in HIV&AIDS work which may differ or conflict with her own and those of her faith-based program. At this site of learning, differing ethical and moral values permeating rules are being held in tension.

So impacting can these learning experiences be, that Grace describes in great detail a personal experience 11 years earlier of interacting with a major donor at a large Pan-African conference:

> We were telling about our seed project with orphans. We had just seeds, used clothing and some books. It was actually a presentation on "not using big money". Later a lady introduced herself and said *she works for USAID and they have sent her here to find out how to spend big money.* I had just gone on for over half an hour talking about little money, how big money was *spoiling local initiative*, and the contrast with some organizations that had come in, given big money and then it all fell apart. It was not sustainable and evidently it did *nothing for the community*. (Peter & Grace's Story)

For Grace, learning to deal with donors and program beneficiaries is a relational activity strongly shaped by the explicit rules of donor engagement and the tension of her understanding of implicit community development principles governing how communities learn to implement locally sustainable responses to HIV&AIDS.

In many of the countries heavily impacted by HIV&AIDS, governments set formal rules and regulations that govern the training of HBC volunteers and child-care workers as well as the actual activities involving HBC personnel and those working with OVCs. Although HIV&AIDS practitioners ideally learn to deal with workplace challenges by creatively contextualizing responses to people infected and affected by HIV&AIDS, they are most often governed by rules, procedures and, at times, templates. These rules do not exist solely in a manual; rather a rule governs practice at the moment the practice unfolds, for example, when the manager might do and say particular things. In the stress of navigating complex and ambiguous circumstances, it is usually easier to conform to sets of rules and protocols that are developed by others. Such

adaptation takes place at the site of learning bundled with materiality. Learning practice is materially mediated and prefigured such that it may persist or emerge; however it is possible that learning may also dissolve. Where conforming to rules leads program managers and staff to conclude that personal or organizational values and beliefs about HIV&AIDS and learning are being compromised, they are likely to outwardly or covertly challenge such rules.

8.3.1. Formal instruction

I now provide examples of how rules and formal guidelines in the context of training workshops organize the way in which program managers, staff and HBC volunteers learn. For example, in Malawi the government is explicit in its training requirements for community HBC providers and trainers (Malawi Ministry of Health 2011). The provider is a community member identified by the community and trained to render direct patient care to those chronically and terminally ill and to other vulnerable people in their homes. HBC programs in Malawi, including the program in this research are required to provide evidence of compliance with these formulations, including the frequency of training and the ratio of trainers to participants. For example, “The minimum number of participants shall be 20 against 4 facilitators. The maximum number of participants shall be 25 against 5 facilitators”. This policy assumes that 10 days of training for novices and 5 days for experienced HBC volunteers is the most effective way of assuring good care; it also equates formal training as prescribed by this policy with learning. However practitioners frequently challenge such rules and the values and assumptions behind them. Dorothea provides her perspective based on her personal experience:

> *What they said was good but it was at such high speed.* They *covered so many diseases* and what to do, that you would think you were sitting in a nursing class lecture. *I don’t know whether this is really effective or not . . . it wasn’t practical at all*. *Sometimes they have knowledge but they don’t actually connect it to the patient*. Later on when I visited the next week, I asked the volunteers, *“How was that training for you? Did you learn something new?” One said, “Yes we learned just a little bit new”. Another one said, “No we have heard it hundreds of times. There was nothing new. She taught us how to wash patients. But we aren’t washing patients because the guardians do that”.*

Dorothea reflects on the activity stating:

> *I don’t know if this kind of teaching is really making sense. It just wasn’t practical for their needs. I don’t say that all the teaching was useless. I think they gained knowledge through it, but I think teaching them is really by doing things with them.*

Dorothea describes her experience-based approach:

> Never go without vitamins for the people on antiretrovirals. But don’t give them out just because the program gives volunteers a little plastic bag with Panadol, multi-vits and

> iron. I explain, *"You give Panadol if there is pain and you give multi-vits to boost the immune system".* (Dorothea's Story)

In this context, the prescribed discourse deemed appropriate by government policy for learning HBC is disconnected from what practitioners believe is needed to achieve their purpose and the process of carrying out palliative care. Teaching given by government instructors "just wasn't practical for their needs". Dorothea and her colleagues draw this conclusion from their experiences: they strongly believe that in such a context learning occurs when the teacher, the learner and the subject (in this case the HBC client) along with materials for washing a patient and medications, are all connected. Learning is therefore embodied, relational, bundled with materiality and involves "doing things with them". This is not adequately addressed in workplace learning literature nor in donor requirements. These practitioners consider that learning is distorted when skills are to be generated independently outside home-based settings, and hence useful changes will not occur.

Written directives highly valuing models of formal education have powerfully shaped the way in which formal training workshops were carried out in the past; they currently provide standards for how training is to be implemented, and also prefigure and shape how HBC volunteers will learn to do their work in the future. This can be seen in the following example of Gabriela, a senior project manager who has been involved in HIV&AIDS work since the beginning of the epidemic in South Africa, as she describes supervision activities:

> A lot of learning takes place in workshops but it is also taking place in small groups and one-to-one, like through supervision. *Supervision helps people to organise their work better and focus on the task that they are supposed to be doing. If you are not succeeding it helps to have somebody else to identify the problem and to work on that.* I think that has been a very helpful process. (Gabriela's Story)

In this case, supervision is a stipulated requirement set out by a financial donor. When Gabriela conforms to these supervision requirements, she enacts and is organized by these rules in the moment that supervision happens. Although learning here is organized and shaped by rules, it also hangs together with donor and managerial practices and remains relational, open and emergent.

8.3.2. Silent rules

Learning is organized by rules implicit in the historical, cultural, social, economic and religious contexts of HIV&AIDS programs. Radhi, an OVC coordinator, describes circumstances in which he is required by the local government district officer to attend meetings "where information is shared":

> You asked about what prevents us from learning. It's the same thing as the issue of government. You know for supporting orphans at district level, there is a decentralization process whereby the district has a committee which looks into all the affairs of the district, be it health, be it social welfare, be it in agriculture or community development. They have a committee at the district assembly known as DEC . . . *It is where information is shared and it's this committee who controls the distribution of resources within the district. It is a requirement to attend some of the meetings they hold*. (Radhi's Story)

Participating in these meetings, listening to and giving reports, accessing materials and building relationships with other professionals, are all governed by both formal directives and "silent rules". As Radhi narrates his learning trajectory, he describes implicit rules that require paying "allowances" at government committee meetings where information is shared. Radhi deems such exchanges of money to be unethical:

> Since this committee is mostly government machinery, *they have put in rules that whenever you want to enter a district and you want to work in that district, you have to report your activities through this committee.* This way you can be recognized by the DEC committee. They have taken a holistic approach. *But then there are silent rules that say you need to conduct at least one sensitization meeting whereby you give allowances to all those people who attend. You also need to give them refreshments as you are presenting what you are doing*. There has been a suggestion that I have shunned these meetings. Why? Because in my project there is *no provision for these payments* so that is one of the things that prevents us from learning from what others are doing within that DEC committee simply because we are unable to provide what that committee requires whenever you want to present your activities.
>
> Why am I saying it's difficult? It's because we are working as an NGO, a *Christian organization which is almost independent because we are aligned to a church.* Most cases in Malawi, churches work independent. But this DEC is government machinery: *it's a culture that has developed in the government. They receive so little money that they need to supplement what they get by their control or their monopoly. Whenever you try to say, "I don't have money for this. I don't have these resources", they say, "We are the government. If you do not have, then leave".* Definitely it is a *power issue*. It is not only a power issue but it is *a moral issue. They are not concerned with the programs that are there on the ground – they are concerned only for their own welfare.* (HOPE Malawi Story)

Radhi's opportunity to learn from other HIV&AIDS program managers in this government region is shaped by "silent rules". Such rules do not exist in isolation; instead they are intrinsically and holistically shaped by values (ethical and moral) permeating general understandings of purpose, process and organizational culture. These directives may become so unworkable for Radhi and

other managers and staff in FBOs, that learning activities such as meeting together under the auspices of a District Executive Committee for the purpose of sharing lessons learned become untenable and dissolve in this setting.

Throughout this research, managers and staff do refer to some learning as “formal” and other learning experiences as “informal” or “non-formal”, and build rules around these. As noted in chapter 3, learning in the workplace is often portrayed using dichotomies such as informal-formal, explicit-implicit and productive-unproductive. These are evident in a conversation with Chisulo and Radhi while travelling together to a rural district to participate in HIV prevention and OVC activities. Our discussion centres on creative ways to engage youth and church leaders in planning and implementing programs. Radhi perceives learning to be governed by “rules” but he is inconsistent: promoting participatory methods in which community members learn from each other (commonly described in learning literature as informal) while advising Chisulo that he can only learn this kind of collaborative methodology by attending a recognized (formal) course:

> Radhi: I learned some things from Training for Transformation. In that training we were taught PRA, including tools and techniques for gathering information. PRA is just an abbreviation of Participatory Rapid Appraisal, or others use Participatory Rural Appraisal. What it means is that there are various tools that you use to find information from people about something. I’ve learned those and I use them. Semi-structured informal interviews are my favourite. I like them because you put a person at ease. You just talk. It is like a conversation. I’ve been teaching it in the community – not necessarily academically but rather in a practical way. But I haven’t taught these guys in our HOPE team.
>
> Chisulo: Okay. You need to sit down with me and teach me how.
>
> Radhi: But it’s not a one-day thing. That’s my problem. To us it was like a training, and when I say “a training” I mean a training whereby we had to sit in class and learn. I don’t have enough time to do this.
>
> Researcher: But can’t you teach as you are driving together?
>
> Radhi: When we did it, we had to sit down. We had to discuss. We had to go to the library. We had to write exercises. We had homework!
>
> Chisulo: Yeah. Give me that.
>
> Radhi: But it has to be done on another level, not on the personal and informal level. (HOPE Malawi’s Story)

Radhi values certain rules and believes they must be followed for training to occur: sitting down, discussing, using a library, and doing written exercises and homework. We see in this example the words “teaching” and “learning” demonstrating a “weaken[ed] awareness of informal

learning modes through [their] close association in respondents' minds with formal class-based teaching" (Eraut 2007, p. 404). However when learning is viewed through a practice lens, the formal-informal dichotomy, along with other learning dichotomies, cease to be relevant. Such dichotomies are mutually constituted and inseparable rather than distinct forms of learning.

8.4. Making skills and experience count

Practical understandings of how to make skills and experience count are vitally important in organizing learning. Making experience count combines abilities to perform appropriate actions, to understand what other people do, and to respond to those actions in appropriate ways. In faith-based HIV&AIDS programs, practical understandings of learning what is done and when, how to use resources, what should be said, and how to relate, are bound up in skills, experience and "know-how". Cathy's understanding of "learning from experience on the job" is a commonly expressed in practitioners' narratives: "You know it's probably very obvious that you can do all the background reading but there is nothing like learning from experience on the job. That's the biggest learning curve" (Cathy's Story).

In the context of my research where African worldviews dominate, learning can never be an individual exercise independent of community (Metz 2013; Omolewa 2007). Rather skills, experience and "know-how" are intentionally generated within the daily relationships and lives of people situated in their local context, and permeated with shared values. This has the potential to be mutually influential and transforming, as discussed more fully below.

8.4.1. Relationships and tradition

Learning in the four settings of my research is generated within daily relationships where skills and experience are valued. Musa, a youth worker in South Africa, explains how personally difficult it is to be lacking experience as a newcomer to HIV&AIDS work. It is when his experienced supervisor is alongside travelling, visiting groups and visiting Musa's home that Musa senses he is learning new skills and "know-how":

> I can say that over the last year I have *learned things from various places*. I don't have enough time to spend in the office but most of the time *I get knowledge from my colleagues and my supervisor. He is the one who inspires me. We do spend time travelling together. Sometimes he comes with me to my groups and other times I go with him to his groups so this helps me a lot. When I am struggling, I say to him, "Hey supervisor, I am struggling here. Can you help me?"* And he would sometimes *pay a visit to my house* and say "Hey, my friend, where can I help you?" He is very important in my life and in my family. He plays a big role. (Musa's Story)

Likewise Chisulo in his work in peer education in Malawi laments his lack of certain skills. Note however how he organizes learning by intentionally tapping into the skills and experience of others, including those younger than him:

> I wish I had these kinds of skills. Still I like spending my time with the youth anyway . . . I spend time whenever I can talking over issues *together with youth and that is motivating. When I share with them, I also learn from them*. (HOPE Malawi's Story)

Traditions and relational obligations are also important in organizing learning. In contrast to Musa's and Chisulo's positive comments about relationships between people, and between people and things, below Radhi highlights factors that have the potential to either inhibit learning or to lead to creative learning activities. His goal is to circumvent common understandings of how to ask what you should not ask. Although Radhi has experience and skills in facilitating community-based OVC volunteer groups, he is unable to learn more about the selection of local volunteers because of cultural understandings, past traditions and the implicit beliefs around relational obligations. Here values are constitutive in that they infuse the associated learning activities, language and how he interacts with materiality:

> I've got a comment to say in relation to learning through relationships. It's a connection through relationships. I think *we have been able to learn because of the relationship but there is a limitation. The limiting factor has been tradition.* I will take an example from my program and example from prevention. *There are certain things that we would have learned even more had it been that tradition was not there*. *Tradition prevents us from learning more* because there are *certain things which are hidden and cannot be shared.* For instance, the criteria around those people who volunteer to become "volunteers". There are *certain practices that you don't know about.* Why did they choose this person, and what was behind choosing this one? If you ask them they will simply say, "No, he just volunteered". But how could he just volunteer when you obviously don't see certain aspects of him doing voluntary work? You ask them, "Why don't you comment on this person?" *They will just look at you and laugh and go, meaning that there is something that they know but they cannot air because of tradition. They are not supposed to report something bad about someone who is a respected person in the community. The relationship is there but they are following their traditions and that maybe prevents us from getting even more important information*. (HOPE Malawi's Story)

Here we also see a merging of past-present-future in a particular place and learning space which has the potential to dissolve learning or create new learning practices (Schatzki 2005,

2006b). Later Radhi offers his opinion on the two most important ways for learning to be more effective in HIV&AIDS work: firstly "building on what people know and learning from what other stakeholders and partners are doing", and secondly "learning from previous mistakes". This holistic understanding of learning comes through social interactions and the ways Radhi and other managers and staff make sense of their normal experiences at work with peers and others.

Cathy similarly acknowledges the importance of gaining on-the-job skills, experience and "know-how", along with preparation. Here we have learning organized by practical understandings of how to perform actions, to recognize others' actions, and to respond to those actions, as well as by general understandings of what matters and is relevant to the practice. The relationship between learning, making skills and experience count, and values is co-constitutive such that each is essential and pervasive in this context. This is especially important in contexts of high risk and rapid change:

> It's probably very obvious that you can do all the background reading but there is nothing *like learning from experience on the job*. That's the biggest learning curve . . . *Until you are actually there facing it, you don't necessarily know how you are going to react in a situation or how you are going to resolve things. It's good in a sense that you're not necessarily thrown in and taken completely by surprise, but it's still a learning process.* How do I deal with this situation? How do I cope? *You just learn the coping skills knowing that things do go wrong*. It's not perfect and sometimes what looks good one minute, cracks down the next. It just collapses in a heap. (Cathy's Story)

Experience in itself is no guarantee that learning will occur or that responses to HIV&AIDS that draw on past experience are necessarily in line with generally well-recognized guidelines for different types of HIV&AIDS work. For example Radhi confidently relates his experience in IGAs yet is unsure if his practical understanding of community development conforms to that of "the experts":

> In most cases when I am working there are questions related to community development that come up as the subject of conversation. The program beneficiaries and the church members are asking questions related to IGAs. Somehow *I am not sure if I am doing the right thing* or not *because I have never studied community development*. *So I just do it from the experience that I have gathered*. In terms of whether there are theories of community development about this and of that, I am not familiar with them. That means *I am simply basing my work on my practical experience. So I have these unanswered questions. Am I doing the right thing?" Is this in line with community development principles?* (HOPE Malawi's Story)

Here Radhi gives greater value to “expert knowledge” than to skills and hands-on experience in the field. This signals important “silent rules” and ways in which learning is commonly conceptualized, and how knowledge may be valued, privileged, derived and communicated in these settings.

8.4.2. Mutually influencing and modifying

In gaining skills, experience and “know-how”, program managers and staff are influenced by colleagues, beneficiaries, and the environment of HIV&AIDS activities. Learning is not an accumulation and collating of ideas in the mind, independent and separate from the context in which the learning takes place; rather learning is embodied by the practitioners and the beneficiaries themselves. I provide evidence of this in the following two examples. In the first we see that when Valencia teaches HIV prevention to pastors in Kenya, her beliefs, values and identity as a teacher are modifying along with one particular pastor’s understanding of HIV&AIDS and the church environment from condemning to accepting:

> I actually had a pastor who attended one of my seminars, who said, “I’m ashamed to tell you this but *before coming to this seminar, I used to teach people* in my congregation that that anyone who was HIV positive would never go to heaven”. His phrase was “Heaven’s door was shut to that person”. I always remember that because it just sums up all that was going on and is still going on in some places*. I put together an argument that would touch pastors. I’m better at it now than I was then, but I suppose it’s come through experience. I’m a teacher. I learn. I put things together*. (Valencia’s Story)

In a second example, when Pastor Abraham initiates a community awareness program in South Africa, we see his own identity enlarging from pastor and community leader to include HIV&AIDS advocate, with the community’s response to HIV&AIDS growing from stigmatizing to accepting:

> I would say that the skills that we needed were *to build relationships with community leaders* and especially church leaders. We also had to see the important role that they will play and respect them for who they are and the role that they can play. It’s through people like Chuma and Pastor Mhaule. We had to identify these leaders. Fortunately for me I worked for a community organization before I started PL. So I have been in the community and I have met some of these people under different circumstances*. I already had a relationship going with them*. It wasn’t very difficult to take PL into the communities but it was difficult in *presenting the message.* That was understandable because of the *high levels of stigma attached to HIV&AIDS work*. (Abraham’s Story)

Here the practical understandings of learning to reduce stigma combine “know-how” skills and abilities: to firstly perform appropriate actions, that is, to respect, recognize and relate to community leaders; secondly to recognize what other people do, that is, to appreciate the role

of community leaders in reducing stigma; and thirdly to respond to those actions in suitable ways, that is, to engage these leaders and experiment with ways of presenting stigma reducing messages. All involve knowing which bodily actions to perform in which circumstances. Pastor Abraham passionately demonstrates such skills, experience and "know-how" to colleagues during a multi-country workshop discussion group with other HOPE program mangers:

> But if you see *the value*, you *embrace it because you can see what it is doing*. You can see that the quality and effectiveness of your work is improving. For me, if something is helping and it is producing positive results, then I must use it. The church must start embracing some of these tools. I think that is what God wants of us. He wants us to be effective people doing quality work. (HOPE PL Story)

Such practical understandings are thus permeated by values as defined earlier, and are highly contextualized. Further examples include understandings of how to ask for knowledge from a colleague or supervisor during a field visit, how to talk with youth and pastors, discovering taboos and traditions normally hidden from outsiders, and finding background information appropriate to particular settings. These interwoven understandings are evident across all areas of HIV prevention, HBC and the care of OVCs. Making skills and experience count thus encompasses generating learning from others, incorporating learning within daily relationships, and drawing on the past to work in the present and prepare for the future. We see in some situations that traditions and implicit rules of relational obligations have the potential to dissolve learning or create new learning practices.

Although practitioners may practically understand how to maximize their personal skills, experience and "know-how", the organization of learning practice is not individualistic. Rather as Schatzki (2005, p. 480) notes from a practice perspective, learning is organized and governed by how "different combinations of a practice's organizing elements are incorporated into different participants' minds due to differences in participants' training, experience, intelligence, powers of observation, and status. In every case, however, the organizational element is distinct from its incorporations". While the purpose and mechanism of learning HIV&AIDS work in these faith-based HIV&AIDS programs is distinct for each practitioner, the embodied skills they use, together with their ability to make experience and "know-how" count, serve to shape learning practice through the arrangements of action and structure. In this shaping of learning, we can anticipate changes in self, others and the environment.

8.5. Summary: How learning is organized

In this chapter I have examined how learning practices are organized and governed by "walking the talk" including acceptable purposes and ends, adapting rules, and integrity – doing "right" things, not just doing things right – in the context of faith-based HIV&AIDS programs in community settings in sub Saharan Africa. Rules, directives and guidelines of learning intersect with formal accreditation by authorities, silent rules on meeting with other organizations engaged in HIV&AIDS work, and assumptions and tensions that become evident around training and "expert" or "professional" knowledge. Learning is governed by the skills and experiences of practitioners and those with whom they interact, generating learning through relationships and traditions. Such learning is value permeated, impacting self, others and the environment.

This research uniquely demonstrates how values permeate not just the activities of learning but the entire organizing structure of learning HIV&AIDS work. In today's context of pluralism, my discussion of values (including beliefs, morals, ethics and faith) and walking the talk with integrity, is appropriate. I am attempting to let the voices of practitioners express what organizes learning practice in HIV&AIDS faith-based programs. I join authors and policy makers in multi-lateral organizations such as UNAIDS, DFID and USAID who acknowledge the place of values including faith in the development world. I have previously referred to this in chapter 1 (Clarke 2007; 2008b; Ebaugh et al. 2003; Herbert 2003; Nyhan 2006; UNAIDS 2009c; United Nations General Assembly 2011). To date this issue has been addressed in only limited ways by empirical studies of practice and learning.

How learning activities are organized and permeated with values influences adaptability, resilience and the ability to grow in HIV&AIDS work. In the following chapter I develop further the metaphor of the baobab tree to describe "contextual learning", arguing that contextual learning involves the hanging together of learning practices with other practices, and the bundling of learning practice with material arrangements, like trees in the African desert environment. This extends beyond the situatedness described in chapters 2 and 4, to acting on

both “the way things are around here”, and on the past-present-future. These essential relationships in learning HIV&AIDS work in faith-based programs, together with materiality, are however contingent on time and space. I then discuss how contextual learning is thus prefigured, emergent or may subside, and conclude by highlighting relationships between learning practice and change in these faith-based HIV&AIDS programs.

Chapter 9: What makes learning possible

In chapter 7 I focused on the activities that uphold learning practices in HIV&AIDS programs: "involving yourself" seeking and giving advice, modelling and mentoring, and "having a go" through trial and error. In chapter 8 I argued that learning practice is organized around what matters: "walking the talk", rules, directives and guidelines, and making skills and experience count. In addition I identified and discussed how values strongly permeate organizing structures and learning activities. I introduced the metaphor of the baobab tree, a striking symbol of adaptability, resilience and ability to thrive, qualities that are needed in the learning context of program managers in this research. To explore what makes learning possible, I now look beyond specific doings, sayings and relatings, and the way they are organized and infused with values, to the way they are held together in different types of arrangements.

In this chapter I shift my focus to analyse the ways in which learning hangs together with other practices, and how it bundles with material arrangements of people, tools, resources and other physical objects to make learning possible. First I use the term "hanging together" as defined in chapter 2 to describe how practices relate to each other in dependent rather than coincidental ways. Learning HIV&AIDS work hangs together with other practices including HIV prevention, the care of OVCs, HBC and funding practices. These may share the same space and the same objects, have common ends, occur sequentially in a chain of action, or relate to each other through orchestration. Critically, I note that learning never takes place independently of relationships. Finally, like the baobab tree so conspicuous in the sub Saharan landscape but "never a major constituent of a vegetation community" (Wickens & Lowe 2008, p. 228) so learning, even when conspicuous in faith-based HIV&AIDS programs in this research, is never the major constituent of HIV&AIDS work.

I make use of the Schatzkian term "bundling" in this chapter to describe the links between material things and the doings, sayings and relatings of learning (Schatzki 2002). The site of learning HIV&AIDS related work is not a container but an entanglement between people and the everyday world around them. Learning practice involves program managers and staff engaging with their whole bodies, not just their minds as cognitive entities, in learning practice-

arrangement bundles of practitioners, particular program managers and staff, the HIV&AIDS program itself, beneficiaries, and material entities in particular settings. I show how learning practices bundle with material arrangements in such a way that the material world forms a space for learning activities. In this setting, the way in which people ascribe meaning to materiality, that is a particular form of practical intelligibility, is important (Schatzki 2012). We see people reacting to material events, materiality defining the ends and purposes of learning, and learning practices responding to the material opportunities and restraints of the material world. Such learning is never isolated from the broader complex of social practices.

Hanging together and bundling are fundamental in forming the unique moments and ongoing occasions of contextual learning embodied by practitioners in HIV&AIDS programs. Whilst Schatzki argues this essentiality from theoretical deduction, I argue this from empirical observation. Just as African baobab trees hang together with social, cultural and economic practices such as community meetings and trading, so learning in HIV&AIDS programs always hangs together with other practices. Like this familiar symbol of adaptability, resilience and ability to thrive in harsh environments, learning practice bundles with raw materials, resources, artefacts, tools and technologies, often in challenging contexts. Without this understanding of hanging together and bundling, learning might be understood as taking place in the mind, dissociated from the social, cultural and historical context. Instead this research demonstrates that learning is entwined in social practice, cannot be specified in advance, is not logical, linear and universal, and is not directly transferred from one place to another.

Next I consider the site of learning. I show how learning is situated and contextual, and argue that learning is only possible in relational space and time characterized by past-present-future orientation. In the sub Sahara the baobab is richly associated with folklore and tradition contextualized over time, and with expectations of longevity. Likewise learning activities are situated and contextualized and frequently associated with assumptions that learning will endure over time. However “the death of a baobab due to old age, disease or drought is not a majestic crashing to the ground but rather a dismal subsistence into an ignominious heap of fibrous material that bleaches white and eventually decays without trace” (Wickens & Lowe

2008, p. 157). Learning practices in a particular context may similarly subside without a trace. In contrast, learning is possible in faith-based HIV&AIDS programs in community settings in sub Saharan Africa when it hangs together in certain ways: always relationally with other practices and bundling with material arrangements; sharing purpose, orchestration, intentionality for learning and ascribing meaning; and situated in common time and space. In such an environment, learning may emerge or persist.

9.1. Hanging together with other practices: Shared purpose, intentionality and interdependence in common space

In this section I argue that learning always occurs concurrently with HIV&AIDS work and other practices, agreeing with Johnsson and Boud (2010, p. 360): "Learning is discovered and generated together with others from a complex web of contextual, interactional and expectational factors". My empirical data indicate that learning practice goes beyond a cognitive phenomenon residing in the mind of individuals that can be acquired, to an entanglement of learning embodied by HIV&AIDS practitioners, their activities and the complex mesh of relationships between disciplines associated with HIV&AIDS work and other practices. When learning occurs in HIV&AIDS work, it is never *the* major focus of HIV&AIDS programs. In order to illustrate this, I examine rich narratives of learning HIV&AIDS work from Kenya, Malawi and South Africa. In each case we note that for learning to occur: more than one practice is happening; the purposes for learning, intentionality and orchestration are shared; and finally, the space in which learning actions are performed is common to other practices.

In the South African HtC program, I note the presence of paralegal practices, community-based NGO practices, counselling, education, nursing and religious practices embodied by HIV&AIDS program managers and staff. Without the hanging together of these practices, learning OVC work would be severely hampered. For example Gabriela, the HtC program manager, intentionally seeks to learn to improve the well-being of OVCs and their families for whom she is responsible, by drawing on her experience as a social worker, university student placement supervisor, musician and church member. Her colleagues in this program, while sharing the same space and common purpose, also draw on a range of experiences from differing

practices. As they contribute past and present know-how to work together on common ends beyond their areas of individual expertise, these OVC staff are pushed towards understanding the complexities of the whole program rather than one particular aspect of it. Learning is thus orchestrated through interdependence.

An embodied learning moment for Gabriela occurs when social work, income generation, management, NGO governance and learning practices constructively coalesce to make a way forward to assist families with OVCs to generate income. Gabriela acting for the sake of the well-being of OVCs, is not independent of the OVCs as they act to provide for siblings and their own education, nor of community leaders who influence social structures and behaviour in this context. In the learning moment, a common purpose and motivation for learning – their concern for vulnerable children – is intentionally shared by Gabriela, staff and leaders in the local municipality. Although learning for them is orchestrated in the sense that it is co-produced, it consists of more than coordinated actions shared among practitioners working with distinct skills. Here orchestration involves how practices are organized around common ends, rules and directives, and making skills and experience count (Schatzki 2009). These relationships between such diverse practices make learning possible for Gabriela and this HIV&AIDS program. They enable all to move forward in their understanding of the care of OVCs and to subsequently experiment with differing activities for local communities in which they work.

The following three examples from South Africa, Malawai and Kenya show how learning practice hangs relationally with practices associated with teams, evaluation of community development, administration and education. In each story, learning practice hangs together with other practices in unpredictable and inclusive ways in the demanding and changing space of daily HIV&AIDS work.

Jabulani, a new manager in South Africa with responsibilities for prevention and HBC programs, describes how on his first day he embodies learning and how this hangs together with administrative and evaluation practices:

> *When I came to the office* on the Tuesday, *there were a lot of things that I had to learn. I didn't have experience working with the big team of staff* although I had no problem

> adjusting myself. *Past experience working with different people definitely helped me a lot. I identified a lot of gaps in the program administration*. *We had less monitoring tools so I had to take all the forms that we are using for the program and check if they are correct and if they give us the picture that we want to see.* That was the biggest task to do. (Jabulani's Story)

Although learning cannot be specified in advance for Jabulani as he begins work in this team setting, after learning does occur he can look back to identify multiple practices which have contributed to his learning and continuity in the program. This learning is particularly rich because of the intenseness of shared purpose and intentionality with colleagues and with concurrent management and community practices in shared space. This is a productive hanging together.

When practitioners in South Africa are forced to downsize their OVC program (referred to in chapter 8), learning practice hangs together with practices associated with social work and OVC program management. Learning to downsize directly impacts activities such as collecting documents and communicating with clients, along with material arrangements such as money, vehicles and mobile phones. Although these activities and material arrangements also impact learning in this workplace, the focus moves to the practice of program management rather than learning:

> Our experience has always been of a project getting bigger, *but now we have to reduce and change everything. It's a new thing but we are learning*. Lack of finances made it difficult. Even if we want to *collect documents* it is difficult because we *don't have money for the vehicles*. We have to *phone people* and *tell them to come to the office with what is needed.* Even when you know it will help them, they are resistant. It was easier before because we used to go there and help them. Now I am the only social worker. (Thabisa's Story)

Learning here is about discovering what to do in order to downsize, when and how to do it, the specific routines and consequences of downsizing, and giving a reasonable account of why learning to downsize happens in this particular way in this context. In contrast, without the hanging together of learning, management and HIV&AIDS practices, learning to respond appropriately to a changing environment would not take place as smoothly as is evident here. The hanging together of learning practice with other practices is inseparable from learning practice with materiality. The bundling of learning practice with specific material artefacts such as the office and mobile phones creates pathways for program managers and staff to react and respond to the changing environment. Here materiality defines the purpose of learning, and

learning practices respond to the restraints of the material world in which past, present and anticipated decisions by donors determine access to funding. Later in this chapter I further explore this notion of learning as both prefigured and emergent, and its relationship to change.

Hanging together is further evident in Malawi's peer education prevention, HBC and OVC programs where various practices share the same objects and space, have common purposes, or relate to each other through orchestration. Below we also note how learning may hang together with managing HIV prevention and peer education practice through a chain of action in which program managers and staff embark on intentional learning in order to "come up with a better picture" and to "fine tune" changes:

> Overall, the peer education program has been really encouraging although a number of *lessons learned along the way* will enable us to *fine tune the next round, most particularly in the area of selection of peer educators*. (HOPE Malawi project report, April 2009)
>
> I have managed to *come up with a better picture of what peer education* is all about by reading and by consultation. It's quite a program that has been done by different organizations in different places. In fact the very first week when I started working, I spent a month or two talking to people involved in youth work. (Chisulo's Story)
>
> *I wouldn't say that we structure our work or our program so that we always learn what is going on, but in practice that is the way that things happen by default or by unintentional design.* It happens partly because I still go out visiting to the HBC locations. (Karlos' Story)
>
> One of the things that is also making my program effective is flexibility. *I've had to learn to become more flexible, though I do have limits. You can only learn that through experience with others*. (Radhi's Story)

In this process program managers reconstruct knowledge, skills and know-how, and in so doing they reconstruct themselves, those with whom they are interacting, and the everyday world around them in which this is occurring. As I have established, learning may happen with or without intentionality, as illustrated above. Even though two of the practitioners considered their learning to be mostly unintentional, they did have ideas about the model environment for HBC and OVC care. They discussed the arrangements of furniture in homes and day-care centres, supplies for caring for clients exhibiting symptoms of AIDS, and the absence of stigma. Learning for these program managers is not a collating of abstract ideas independent of and separate from the context; rather learning both hangs together with HBC, OVC and other management

practices, and bundles with particular material arrangements. In the next section I further

discuss such bundling of learning with materiality.

Learning practice is also shaped by the way in which it relates to donors and to FBO practices through common purposes, relationships of orchestration, and by material opportunities and restraints. For example Peter, in his story below, describes a scenario in Kenya requiring "un-learning". Here Peter acts in ways that he anticipates will generate sufficient resources and capacity from the pockets of donors, just as the managers of those donor organizations are acting to ensure that their funding grants to faith-based programs are governed by particular requirements:

> Another goal that I had hoped for but didn't realize is that *I thought that surely in Kenya* there are *donor organizations looking for faith-based organizations to partner with so that they can have impact in local communities*. I thought it shouldn't be too difficult to be able to identify those donor organizations. That hasn't come to pass. The donor community is very difficult to get a foot into if you don't already have a track record. Some things *you have to un-learn*. (Peter and Grace's Story)

To "un-learn" requires a "re-hanging" of practices and aligning of purpose. This re-hanging may be explicit or implicit; it may happen spontaneously or intentionally, quickly or over a long period of time. It may also include changing an action, such as "getting a track record" over the duration of a project by publicizing results – an activity shared by donor practice, HIV prevention practice and learning. To ignore or relegate to the background such "must have" common ends, relationships of orchestration and chains of action between practices including that of learning, is to risk never "un-learning" and to obscure "re-learning" which may be needed to move forward.

Once again the baobab metaphor is helpful. In the sub Saharan context, the baobab is more than just a tree – it is synonymous with culture and tradition. In this metaphor, the baobab represents multiple practices hanging together: cultural, traditional, social, community, religious and trade. I have shown through this research how learning practice hangs together relationally with other educational, medical, social work, community, religious, donor and management practices in faith-based HIV&AIDS programs in community settings. Learning is possible and takes place when these practices share a common purpose, intentional direction, orchestration and space.

9.2. Bundling with material things: bodies, spaces and relational distance

I now show how learning practices would not exist in HIV&AIDS programs without bundling with the material world. Within HIV&AIDS programs, learning practice bundles in relevant ways with material arrangements through people with expertise, and in spaces for learning involving the setup of resources and the physical layouts of communication networks, program offices, clinics, schools, homes and communities. In each of my four research sites, the relational distance between people, material objects and other physical entities is also significant for learning: learners must perceive that resources including raw materials, tools and technologies are in close proximity and relevant. HIV&AIDS program managers and staff react to material arrangements around them by making sense of how such materiality fits with learning to carry out their work. In Schatzkian (2012) terms this type of relationship is practical intelligibility. Practitioners value only certain materials and material arrangements as close, relevant and important for learning; these will be utilized in learning practice to the extent they are considered pertinent. The learning narrated in the faith-based HIV&AIDS programs throughout this research would probably not have been possible if bundling had been confined to materiality within local settings, or if the research excluded materiality traditionally considered as "off-limits". This raises issues of space and time, prefigurement, emergence and change which I address in a later section.

9.2.1. Learning bodily

Learning is embodied in the physical bodies of program managers and staff, and continually unfolds through sequences of events amid materiality (Schatzki 2012). All the doings, sayings and relatings through which learning is accomplished are bundled with materiality through the fact that these doings, sayings and relatings are performed bodily. This does not discount the de-centring of the individual subject in the account of learning, but it does follow the practice of socio-material approaches: placing bodies in interaction in the foreground of analysis. Learning in HIV&AIDS programs never exists as a "thing" independent of place and time. For example, Dorothea tells her story of experimenting in learning to make local medicinal products in Malawi. It is visual, auditory, tactile, olfactory and gustatory – all bodily activities:

> It was all a process of *learning by doing*. *I met personally with a German doctor* who has more experience and *we cooked useful things together:* ointment for rheumatism,

> ointment for abscesses that are not ripe, eucalyptus oil which is good after bathing for massage, and Artemisia with guava and aloe. All these ingredients are available locally in the villages. *I used my hands to prepare Moringa because I know that it is very good*. Sometimes Artemisia is given out to strengthen the immune system but I am not comfortable with preparing that because it is quite potent and I don't know how it works with the antiretrovirals. *I have heard different conflicting stories so I keep my hands off it.* My reasoning is that ointments are always difficult to get and are expensive to just work with these. For example, rheumatism ointment costs a lot in the pharmacy so why not make a chilli ointment? *That is how I learned to make new products that are helpful and simple*. (Dorothea's Story)

Not only does this learning activity transform the material arrangement of common raw products into potentially valuable medicines, but Dorothea and the German doctors also reconstruct themselves, the beneficiaries who use their products, and the site in which this is occurring. Learning emerges from the context in unanticipated and unpredictable ways.

Similarly the doings, saying and relatings performed by both HBC and OVC managers when visiting program beneficiaries who are distressed can be bodily intense. Through touch, hugging, and massaging they are able to learn much about their client and the challenges they face. Singing, humming, storytelling, listening, and occasionally the important hospitality function of sharing a glass of water or a Coke on special occasions, are all bodily actions creating an environment conducive to mutual trust between HIV&AIDS practitioners, those living with HIV and their family members. This contributes to practitioners' and beneficiaries' agency and sense of capacity to act in the world.

These examples of individual program managers and staff demonstrate how learning is only possible when embodied. It is physical, cognitive, discursive, axiological and in relationship with other human beings. In addition, in this context learning is embodied collectively by those affected by HIV, as "whatever happens to the individual happens to the whole group, and whatever happens to the whole group happens to the individual" (Mbiti 1970, p. 180). Just as the baobab belongs to the community and the community to the baobab, so learning in faith-based HIV&AIDS programs in sub Saharan community settings belongs to both the individual and the community of people who constitute the landscape of African life.

Learning is therefore more likely when it is embodied, as when when practitioners: eat and travel together; feel the motivation of or pressure from others; hear verbal presentations of

problems, challenges, new ideas, case studies or reports with opportunities for discussion and interaction; physically handle material relevant to what they are learning; and are able see the physical reaction of others in this potential learning moment. Consequently opportunities for practitioners to intentionally embody learning will contribute positively to learning practices.

9.2.2. Space for learning

The material world forms a space for learning, and the physical properties of material things facilitate and constrain learning. This is not simply any space – particular learning spaces are produced by doing and saying certain things and relating in certain ways. Equally the material world forms a setting for the activities in which learning unfolds. Space for learning and the material world are mutually constituted. As noted above, this bundling of learning practice and materiality has the potential to change both practitioners and the context in which they work. Brigette, a country-wide program manager responsible for multiple projects, describes to me an experience of learning to perform a program evaluation**.** She chooses a relaxed evening meal as the right time to tell this story of learning, well aware of the risk she is taking given that I am both researcher and HIV&AIDS consultant with organizational influence. But she is also aware of the uniqueness of this opportunity for mutual growth. We each sense that abundant trust has been built while travelling together to visit HIV&AIDS programs over the past ten days.

Brigette explains in detail how the project database and project administrative forms are relevant tools but difficult to use: they are relationally distant although close physically. Here learning is shaped by material arrangements in the physical environment, including these and other tools, resources and technologies that channel and prefigure learning. The particular bundling that occurs is important in creating the learning space. In order to learn how to do an evaluation, Brigette must negotiate this material world of databases, approval forms and reports as well as the relational, interpersonal world of OVC program office and manager. Unexpectedly it is a map on an office wall that becomes a catalyst for learning:

> I was told that *I had to do an evaluation* of HtC and *needed to renew the project* on the organization's *project database*. I found that process very difficult. I tried to find out from the *regional projects coordinator* about how I should do an evaluation. I asked, "How do I go about doing that?" and he said, "Well you've got the *new project approval forms* so just use them as questions". I thought, "Okay, I'll do that". I printed out the *project report and the old project approval forms* but didn't have *much time to go through them* before

> the actual project visit. It wasn't till we were actually there that I went through them but it was just so much that I couldn't manage to do it all. What really helped was when *Gabriela took me to the project office*. She showed me a *map on the wall of the area* in which each person works. Then she explained how it works: the after-school clubs and holiday clubs with foster care and the teams. *It just made more sense once I was in the area and saw the map. I could now picture it.* (Brigette's Story)

Without materiality creating space for learning, learning would not be possible. Note here that materiality has nuanced importance with varying degrees of influence. Schatzki (2010a, p. 141) states, "Material entities that make up arrangements are intelligible to humans who carry on practices amid them". Brigette's use of the map on the wall reflects the meaning and potential she attributes to it in the learning moment, rather than an inherent, stable property of the material arrangement itself. Here learning practice not only uses and impacts material objects, it also bundles with material arrangements in ways that form a space for learning. Materiality matters, to the extent that learning might not have unfolded for Brigette and this project without these particular material arrangements.

Material arrangements mediating learning also impact the progress of learning. For Brigette, "it just made more sense once I was in the area". To ignore the bundling of learning practice with material arrangements and other personnel brought about by a project visit, as opposed to emailing or phoning the project manager from head office, or to consider learning practice independently of material arrangements, is to disregard the intricate dynamics and relationships which are integral to everyday learning events. To ignore or disregard bundling is to refocus attention toward learning as an individualistic cognitive function. This is particularly inappropriate in sub Saharan Africa where the notion of ubuntu, that "a person is a person through persons", referred to in chapter 2, is all-pervading as a social value (Nafukho 2006). Therefore when opportunities unfold in which program managers and staff give meaning to other people who, like them, embody learning, share a common space for learning, and together respond to the opportunities and restraints of their common material world, this will contribute positively to learning practice.

9.2.3. Meaning, values and relational distance

Participants in particular learning practices make sense of material resources in specific ways,

as noted in chapter 4. One particular form of bundling is where the materiality with which practitioners are presented becomes pertinent insofar as it is perceived to be relevant to learning practice. This practical intelligibility, being a specific form of bundling, makes learning possible. HIV&AIDS practitioners ascribe meaning to material arrangements as broad ranging as the set-up of a program office, a communal meeting place, vehicles, mobile phones and documents, and these impact learning. That meaning may change was evident over the period of this research, with mobile phones exploding in number and coverage to shift in function from a status symbol to a major form of communication, transforming the way people interact. This form of practical intelligibility with its particular learning actions producing a particular learning space is important for learning practice in this setting.

However material things are more than tools that humans value as relevant and useful. Learning practice and material arrangements bundle through shared purpose, such that materiality may define the ends and purposes of learning and affect the progress of learning. Some learning practices cannot continue without certain material arrangements. This can be observed in the following account of a manual entitled “Requirements for Funding HBC Programs” that was available as a hardcopy for all staff in a South African HBC program office. However program managers largely ignored its relevance as a tool for learning until the rules regulating access to funding were modified. Suddenly a downloadable electronic document appears with funding directives, newly posted by a major donor. This document becomes highly relevant for these managers: the issue is time sensitive, and they must react appropriately to this material event in order to learn how to apply the additional requirements for accessing funds. The new document is then promoted by the donor as relevant in a modified arrangement with learning practice. The physical nature of this funding manual is also important: launching it as a soft copy versus a hard copy might make learning easier or harder, faster or slower, and more or less meaningful in this context. It prefigures learning. Subsequent learning is now possible in this HIV&AIDS program because both the donor and the program managers share

this material resource and bundle it with learning practice. This intentional bundling has moved the document from a space of limited influence to one highly valued.

The relevance of material objects extends beyond that ascribed by an individual manager and the physical composition of the actual object. Program managers and staff act within certain material arrangements connected with other material arrangements. These nets of material arrangements are important. For example, I observe an HIV testing campaign being carried out in a local high school in South Africa. High school students are given access to free testing. Staff are carrying data files normally stored in the main office in which to record the results of each HIV test, and a nurse searches files for the client's previous record, a school bell disrupts a counselling session with a student. A teacher comes for testing while students are in class. Here the configuration of a canvas tent set up in the school grounds, school desks and chairs, a curtain divider to create private space, testing equipment, and the data files is critical.

At the end of this day of HIV prevention through testing and counselling, all staff involved in this event talk together and make notes on what worked in this entanglement of material arrangements, with the dual purposes of firstly completing evaluation forms as required by senior management and perceived to be both close and relevant, and secondly learning to improve service effectiveness. They are making sense of the various HIV prevention activities, associated learning activities and related material arrangements that make up this interconnected network, where we see materials valued as relevant by practitioners and causal relationships that affect both the arrangements themselves and the doings, sayings and relatings that take place in and through these material arrangements. This bundling is particularly powerful in projects among some groups in sub Saharan Africa who believe that "the closer you are, the more you understand" (Lekoko & Modise 2011, p. 14) and it has significant implications for enabling HIV&AIDS practitioners to learn.

The essential position of material and relational distance in learning, along with causal relationships, is also evident in Valencia's narration of her early experiences of learning about HIV&AIDS responses. She embodies learning explicitly bound with material objects:

> I would hear of an AIDS project or I would be walking along and I'd see *a sign saying "such and such" AIDS projec*t. I would *call on my cell* and make appointments saying "I'm here just trying to *learn about the AIDS situation* as we want to work in this area". I would set up appointments and I'd go and meet with the organizers and the managers

> or whoever in their *offices* but as soon as they found out that I was not bringing *money* the doors shut. (Valencia's Story)

Valencia learns quickly: it is not so much about "the AIDS situation", as she originally assumes, as about learning itself. In this example the newcomer reacts to an unanticipated series of material events. Not only is this Schatzkian form of bundling evident, materiality is also redefining the ends and purposes for which Valencia acts (Schatzki 2010a, 2013). From past experiences Valencia assumes that the relevant elements she can bundle in this potential learning event are the activities of involving yourself, such as seeking advice and walking from one place to another, together with material objects such as billboards and signs advertising HIV&AIDS interventions, mobile phones and project offices. However it is actually the absence of a material object – money – that restricts learning. Here we see movement away from what Valencia assumes is an ideal pathway to learning. Instead the distance between her, the material objects, and the organizers and managers with whom she is meeting for the first time, is much greater than expected.

Although Valencia "learns about learning" through the above exercise, she can only "learn about the AIDS situation" by valuing money as relevant. Like Dr Peter, she subsequently recognizes that she must embody "un-learning" in order to "re-learn" through the "re-bundling" of material arrangements with learning practice. Here we see the re-bundling of materiality by this project manager through experimenting with the relevance of different material objects for learning, and the usefulness of each. This makes learning possible; although learning is not known in advance.

Using a practice perspective does not imply that materials in the HIV&AIDS environment can be separated and manipulated to increase the likelihood of learning. Here I move away from more traditional notions in management literature of the constraints on and barriers to learning and change, to present learning practice in the context of HIV&AIDS as emerging from perpetual opportunities rooted in unique ways of hanging together with other practices and bundling with material arrangements. As a result, dichotomies often associated with learning such as individual-social, mind-body, learner-worker, formal-informal, explicit-implicit and productive-unproductive – referred to in chapters 2 and 3 – lose their relevance. Instead the individual

program manager is bundled with the material world as he or she embodies learning, such that learning practice and HIV&AIDS work hang together. Explicit and tacit aspects of learning HIV&AIDS work become inseparable and mutually constituted rather than distinct forms of learning. Although practitioners may perceive learning to be formal, informal or a combination of both, learning practice will always bundle with materiality to facilitate, cause or prefigure learning. As learning is only established in the moment and only after learning takes place can practitioners look back to identify learning, then so-called "unproductive learning" is in fact not learning. I conclude however that the more practitioners perceive themselves to be relationally and physically close to those from whom they are learning, the more they consider materials and setups to be relevant and appropriate. The closer they consider values to be aligned, the more these will contribute positively to learning practices. This has practical implications for the ongoing professional development of practitioners in the workplace which are beyond the scope of this thesis.

In this section I have shown that learning HIV&AIDS work is inseparable from, and always bundled with, material arrangements in particular ways: learning is embodied in the physical human body; the material world forms a space for learning; the relational distance between learning and the material world is close; and materiality is taken up in practice insofar as it is perceived relevant by practitioners.

9.3. Situated and contextualized to the way things were, are and will be around here

In order to understand what makes learning not only possible but intense in the HIV&AIDS programs in this research, I now consider situatedness and context as defined in chapter 2. Particularly pertinent are the rapid changes in the landscape of HIV&AIDS prevention and care, as transformed by scientific research, investment by large donors, and attention from many sectors, especially government. The UNAIDS Global Report (2012, pp. 4,5) states:

> Countries are keeping their commitments to reach the targets of the 2011 United Nations Political Declaration on HIV and AIDS. The pace of progress has quickened. Increments of achievement that once stretched over many years are now being reached in far less time. In just 24 months, 60% more people have accessed lifesaving HIV treatment, with a corresponding drop in mortality. New infection rates have fallen by 50% or more in 25 countries – 13 of them in in sub-Saharan Africa. Half of all the

> reductions in HIV infections in the past two years have been among children; this has emboldened our conviction that achieving an AIDS-free generation is not only possible, but imminent.

My researched programs were all established "to assist with resources (financial, technical, and spiritual) in order to meet the needs of what was then an emergency situation" in high prevalence sub Saharan settings (Baeder 2014, p. 1). Since then, across the trajectory of this research, the majority of HIV&AIDS practitioners have experienced major contextual changes: behaviour changes reducing transmission (UNAIDS 2012, p. 16), the marked decline in the number of people including children newly infected in sub Saharan Africa (UNAIDS 2012, p. 8), the even greater decline in those dying from AIDS-related causes in that region (UNAIDS 2012, p. 12), the advent and impact of ART and, consequently, AIDS becoming a chronic rather than fatal infectious disease. Baeder (2014, p. 4) concludes:

> The efforts put forth . . . have impacted many over the last years, and the need to encourage integration of AIDS work into existing ministries is key as we work towards an AIDS-free generation. Challenges remain: access to treatment, sustainability, increasing incidence rates of HIV in Asia, and reaching key populations are the key areas of focus. As we continue to work in this priority ministry, it is my belief that the attention and focus on AIDS will not be necessary anymore. It is important then to see what it means to transition from an age of AIDS (with all the special attention, urgency, and effort) to an age where AIDS is one of many medical and social issues [the FBO] addresses as part of meeting human needs.

Over the past three decades nations, communities, individuals and faith-based HIV&AIDS programs have moved from HIV&AIDS denialism, to exceptionalism, and now to mainstreaming HIV&AIDS responses (England 2010). Program managers and staff have needed to demonstrate the ability to learn through major change in order to be relevant and effective.

I now show how this temporal spatial context in which learning in faith-based HIV&AIDS programs unfolds strongly determines what makes learning possible, how learning occurs, the learning direction, and the relationship between learning and change. As noted in chapter 2, for Schatzki context is much more than "where": it is the realm of space, place, time and common paths where practices come together. Although learning is materially mediated, as discussed above, the site of learning in the context of faith-based HIV&AIDS programs extends beyond materiality in objective space to include a set of contextual phenomena "that surrounds or immerses something [learning] and enjoys powers of determination with respect to it" (Schatzki 2005, p. 468). Site includes the historical, cultural, social, political, economic and religious

contexts. These phenomena powerfully determine what makes learning possible, the direction of learning, how learning is expressed, and the relationship between learning and change. My research shows that program managers and staff learn when acting on “the way things are around here”, and acting on the past, present and future.

9.3.1. Acting on “the way things are around here”

Most of the South African program managers and staff narrating their stories for this research began learning HIV&AIDS work in a context of AIDS denialism linked with poverty, racial discrimination, lack of resources and information, and limited access to training. Their narratives are rich with examples of how they have learned to navigate stigma, with its crippling constraints to prevention, and very limited access to treatment and care. Significantly they always describe learning in relationship with others, never alone. The following excerpts illustrate how Chuma, an HBC worker, acts on “the way things are around here”:

> *When I started in 2003, we started work being trained so that we would know the right ideas about HIV&AIDS and what we are doing. Back then there was so much stigma attached to HIV&AIDS.*
>
> *When I first started, there weren’t any ARVs around. We were burying people every Saturday before the ARVs.*
>
> Where I live, people are poor. When the virus came they said it targeted black people but it didn’t . . . You will see that there is one community worker that is looking after more than six thousand people so there is a huge need for people to learn how to do this work.
>
> Before the support group started I was working in the school teaching the students about ARVs. When I was talking about supporting each other, I thought, “I’ve got about 13 people who are HIV positive. Why not start a group?” *And so I just started it without really knowing what we were doing.*
>
> We started talking about CD4 counts and ARVs and took people to treatment. Some of them were under HBC but others didn’t have any supporters so when they needed to start we had to be their support*. We had to learn as we went.* I think that now 90 percent of my patients are on ARVs.
>
> When that grant came, we moved from the small office to a bigger office and we got computers. We then grew to 36 people in the project. That means that I am now getting paid!
>
> *There are many things that changed over time while working with the children. Even in knowledge, we are growing every day. There are new things that are coming in every day.* (Chuma’s Story)

Here we see that shifting cultural, social and economic phenomena powerfully influence how practitioners learn to do their work and what makes learning possible in a particular HIV&AIDS

program. In Chuma's program, poverty, accessibility to ARVs, peer support and money are important motivational factors influencing the ends and purposes for learning. She engages over time with growing numbers of people living with HIV, learns how to expand the work by trial and error, and attends formal training activities. This in turn creates a chain of action resulting in other community workers learning how to do prevention and HBC.

9.3.2. Acting on past-present-future

For practitioners to learn in any given moment, they must integrate past, present and future contextual elements, including the contradictions and complexities of everyday life. Chuma is acting in the present to learn because of past conditions and in the light of her present desire to have all of her clients receiving treatment as needed, with the long-term program goal of improving the well-being of those affected by HIV&AIDS. The intersection of past, present and future becomes "fuzzy" in the learning moment (Schatzki 2012). Just as Chuma and her colleagues started support groups "without really knowing what we were doing" and "had to learn as we [go]", so learning could not be controlled and managed as a routine process, yet happened. Chuma describes her training:

> I have been going each month for training and then I train the others. The calendar that I have been given differs. Sometimes I go for 3 or 5 days and each time we do a different topic because things change.

Learning is dynamic, unpredictable, changes over time, and often has unintended consequences. The emergent nature of learning over time and space is also evident when South African OVC staff seek to "move from being good to being better":

> I think that by *working together over time, you will keep on coming up with things to fine-tune the program.* I am not an expert by any means, but telling stories of how we integrate grief counselling and exchanging relevant materials might be helpful for other programs in different settings.
>
> In a sense you already have the big pieces in your program. I see it more as a case of *how to move from being good to being better, constantly learning how to improve,* what things might drop off and what things need to be changed slightly. That should be normal. (HtC Annual Report, March 2008)

These empirical descriptions of learning further demonstrate that context is not a "container" for practice; instead context is comprised of entanglements between people and the everyday around them, with material, historical and anticipatory characteristics (Schatzki 1996, 2002).

These entanglements through which program managers and staff act on the past, present and future make learning possible.

This raises questions about situations where learning is not evident. The following stories focus not on the practitioners themselves but on those in training with expectations of learning. The first is told by a psychologist in Kenya who highlights the entanglement of cultural stigma surrounding children living with HIV, formal training rooms and courses, teachers eager to receive a training stipend with days away from the classroom, and the expectation of one more certificate potentially leading to a future promotion. Here issues of power referred to in chapter 2 are important considerations:

> We have had several people involved in government at the training and we are excited about that. I am praying that this means something. But in my cynical mind I say that if these teachers really cared, there are one thousand and one programs they could go to before now and maybe have, but *it hasn't changed how they are responding to kids in the classroom.* Teachers are still shaming children because they are positive. They have them sit in a different part of the room because they are positive. Teachers are saying that teaching HIV is easy: you get it and you die. What else is there that you need to know? There is still so much to be done. (Ruth's Story)

Here stigma – an abuse of power – manifests in the shaming of children, and is deeply rooted in both the present and the past (James 2011). The way in which these teachers and their students interact in the classroom in the present, because of experiences coping with those infected and affected by HIV in the past, may militate against any single vision for the future.

Radhi, now coordinating training for OVC volunteers in Malawi, contrasts his own gradual learning, of which he was largely unaware at the time, with that of current potential volunteer workers who were unable to learn:

> Take where we have had our first location for the OVC program – the first place to conduct the OVC training for our volunteers and also the child care development for day care givers. *We did the launching there and we have learned from this place.* What I learned from experience there is about power struggle even during the initial identification of volunteers. In the first place they said, "We want volunteers who are going to do the work without pay". Now when the project started ticking with training, some people saw that there were resources so they wanted to come and become volunteers. They thought that maybe there could be some benefits in it. We had already chosen the volunteers. (Radhi's Story)

For these Malawian "volunteers" who have the goal in attending a training session to access benefits, being unable to hold the past, present and future together makes learning at best difficult and at worst impossible. Yet Radhi is able to say of himself and other volunteers

selected for training that “we have learned from this place”. Learning is possible in this site when absolute place, relational space, and purpose for learning are shared. In contrast, learning is not possible where power struggles are present as a result of this particular bundling of volunteer day care givers, the village day care centre, HIV&AIDS, community and learning practices. Although power is not the object of analysis here, this “breakdown in harmonization” (Schatzki 2010b, p. 89) impacts learning, as the project manager, those chosen to take part in training along with those who are not, together with the community, adjust their activities to what each other does and does not do. Learning, or the lack of learning, thus unfolds in unforeseen ways.

9.4. Learning and change

Throughout this research I have shown empirically that the interrelated aspects of learning practice – doings, sayings and relatings, and organizing structure – are at any time entangled in dynamic flux. There are implications even for the small changes in the ways in which learning practice hangs together with other practices, bundles with materiality and is situated in time and space. As HIV&AIDS program managers and staff interact in this entanglement, learning is always possible although never guaranteed. Any change in these relationships will influence learning practice itself. In re-thinking learning practice characterized as professional development, Boud and Hager (2012, p. 23) note, “Neither are practices stable, homogeneous, nor a-historical. Practice involves change, by definition. Practices exist and evolve in historical and social contexts, times, places and circumstances . . . Thus context transforms learning practices in an ongoing creative process”.

As highlighted in the previous section, HIV&AIDS program managers and staff have experienced rapid changes in the HIV&AIDS landscape. They have learned what it means to work with people who are *living* with HIV rather than *dying* with AIDS. OVC practitioners have learned to work with potential orphans whose parents, uncles and aunts are living with a chronic infectious condition rather than working with children whose family is dying. They have learned how to reduce stigma. This highly accentuates the prefigured and emergent qualities of learning in visible ways. I now proceed to show how learning persists over time, yet is gradually

transformed through annual rhythms and cycles of work, how learning emerges in unanticipated and unpredictable ways, and how learning subsides.

9.4.1. Learning persisting yet transformed through rhythms and cycles

Program managers have particular understandings of similar or related situations in which they have learned through past experiences and in different workplaces. When these previous understandings are integrated into the managers' present understandings of learning in anticipation of the future, they perpetuate learning practice. However this is not a linear process (Johnsson 2012). From a Schatzkian perspective the integration of understandings is "always in the context of judging how to adapt the practice to meet current goals in the present particular circumstances" (Hager 2014, p. 594). HIV&AIDS practitioners adapt the broad practices of learning instantiated through different activities upholding those practices of involving yourself seeking and giving advice, modelling and mentoring, and having a go through trial and error as identified in chapter 7, to meet common goals in the present circumstances. The result is learning practice characterized by elements of similar and past learning, together with new elements.

In my research such learning is frequently made possible by unique plateaus and climbs through annual rhythms of work. Such learning is neither evolutionary nor revolutionary. Two striking examples of learning persisting over time yet gradually being transformed through annual work rhythms are, firstly, learning to respond appropriately and effectively to the advent of ARVs and, secondly, learning to respond to funding fluctuations. All four country HIV&AIDS programs follow annual rhythms of community celebrations around World AIDS Day (1 December), liturgical events, and program reporting and budgeting deadlines, interspersed with periods of "ordinary time". Chisulo, working with youth in prevention, describes the impact of ARVs on learning practice. Note that the following is narrated three years after he was first aware of their introduction in Malawi:

> All that happened around 2006 and 2007. In some senses, it didn't change a lot of the way we do things because we're not actively involved in providing ARVs. What it did mean for us is that we needed to know who was providing them, where they were being provided, and how you then got access to them. Now in the rural areas access to ARVs was difficult because to get ARVs you have to know that you're HIV positive. Although I'm sure there are back-door routes of getting them if you just want to get them, the

> testing facilities were not readily available in rural areas. They were mostly in major towns, district hospitals, a few clinics and a few of the outer-lying hospitals. In a lot of the areas where we were, there was no counselling centre nearby. One of the things that we saw that we needed to do was somehow assist people to get to such a place, or to get to a point in their own thinking where they were willing to go and get tested and to know their result. All this was changing at the time we were starting. (Chisulo's Story)

Learning to adjust programs focused on prevention, HBC and OVC to the presence of ARVs happened in stages through a series of plateaus and climbs as they were rolled-out from urban to rural, from wealthy to ordinary people, from major hospitals to peripheral clinics, and from adults to children. A surge in new information on HIV&AIDS treatment and care was disseminated at multiple levels each World AIDS Day. This change in the relationship between practices including material arrangements was mirrored in annual funding adjustments made by donors based on these changes. Annual funding was reduced to all HBC programs in this research on the assumption that government-funded treatment would become available to the beneficiaries of all HIV&AIDS programs in community settings, including faith-based. This funding cut was highly significant for program managers who have had to learn new ways of responding to the changing needs of beneficiaries now learning to live with a "chronic illness" and needing appropriate income generating opportunities.

"Plateau and climb" learning rhythms indicative of learning persisting yet transforming are also evident in statements such as the following in the 2009 HOPE Malawi program reports. These centre on seasonal rhythms:

> We encounter ethical dilemmas particularly *during the rainy season* that get us learning (Malawi Report 2009)
>
> We continue to be really excited at how the peer education program is developing. Now that *the growing season is over there has been a flurry of AIDS awareness events happening most weekends and we are learning*. (Malawi Newsletter 25)
>
> *Being the dry season*, Radhi and Odan are out virtually every week *running refresher trainings for all the volunteers in addition to the regular monthly visits. With an eye on the finances we took the decision to reduce the HBC trainings* for the well-established locations *from 5 to 2 days but to make those 2 days custom designed and more intense in order to focus on the most relevant training needed.* (Malawi Newsletter 26)

Here I observe how learning practices persist because they are carried forward in the practice memory of these faith-based HIV&AIDS programs. They are also prefigured in the language and discourses used and respective material-economic arrangements. Although annual refresher trainings are carried forward by program managers, some elements of learning

practice are transformed while others remain the same. While the purpose and ends of learning do not change, practical understandings of innovations in treatment do change, along with the way in which HIV&AIDS practice and funding practice hang together with learning practice. Training is custom designed to be relevant, but length is reduced. Annual refresher trainings maintain learning practices that are relevant and functioning, providing continuity and sustainability.

9.4.2. Learning emerging in unanticipated and unpredictable ways

By definition, learning is always taking place for the first time in any particular context. Learning practices are emergent from context: situated in the everyday and responsive through non-linear interaction to both the macro and micro levels. Learning practices can coalesce, hybridize and bifurcate as noted in chapter 2, and this makes new ways of learning possible. Although emergent, this is not without limits. Changes are not fully specifiable in advance, yet they hold in tension previous ways of learning.

In the following narrative described by Gabriela as a “really good learning time”, I present a representative example of how learning is made possible and emerges in unpredictable ways through non-linear interactions in HIV&AIDS programs. Gabriela and her staff set about learning how to introduce Self Help Groups (SHGs) for older orphans, foster parents and team members. SHGs usually follow rules and guidelines set according to a particular philosophy. Implementation is mostly done through grassroots organizations funded by donors adhering to such an approach, whose program managers learn the methodology by attending workshops. The hybrid learning that occurs is made possible by mixing elements of formal workshop training, involving yourself seeking and giving advice, having a go through trial and error, and community participation. These elements are italicized below:

> Over the past year we have seen *a totally new aspect of our work open up with SHGs.* It began with Thabisa. She is not drawing a salary anymore because the funding for OVCs stopped. I said to her, “You do know that there isn’t any money. I can’t give you any transport money”. And she said, “You know I am going to do it anyway”.
>
> *SHGs are supposed to be just for women in the community but we have tried to focus on older orphans, foster parents and team members as our target group.* They form a group and put two rand in a pot every time they meet, use this to lend to each other, and then they pay it back with a little bit of interest. They can use it for whatever and eventually are supposed to start their own business.

> *When we went to the original workshop they said that the key was to involve existing management. I said, well, that it is not going to work because I cannot do any more than what I am doing. I am already over-stretched and I am not going to manage this one.*
>
> *A big mistake that we made is that we looked at what we thought was the most needy area. That is how we have always learned to do it.* We chose to do the program right down at on the edge of our area but the budget that they gave us was not nearly enough transport. I had to I spend my forex money on transport for Thabisa to get down there because it was way over budget. That is a real problem. The budget that they have given us for this next year is even less for transport. *If we are going to carry on we can't do it the same way. It was a bad decision on our part and we shouldn't have done it that way. We hadn't thought it through and I hadn't realized how much the staff person was going to be travelling up and down all the time.* I thought that the full time community facilitators would be doing more of that but in fact they really needed a staff person . . . *We have had to come up with a new strategy. Busiso is going to talk with the Municipality.* He has very, very good relations with them and is going to set up a meeting between Thabisa, Mama Lungile, somebody from the SHGs and the person from the municipality. *We will sell what we have been doing because it has been really good. We have learned that it works.* (Gabriela's Story)

The kind of hybrid learning evident in this story is unchanging, changing and changed. It is both responsive to change and enables change in its context. However its shape can only be anticipated in broad terms, never guaranteed.

Also significant in this narrative is the group of people who together interact in this collective learning event to make learning possible: Gabriela with Busiso, Thabisa, Mama Lungile (a well-known community representative), a person from the SHGs, and a representative of the municipality. Johnsson and Boud (2010, 355) conclude that, "learning develops as a collective generative endeavour from changing patterns of interactional understandings with others" in a local government council and a utility organization, and similarly learning in this context is an emergent "collective generative endeavour". This is more than participatory learning common in approaches to community development – here emergent learning is flexible and unpredictable, yet relational, culturally located and materially mediated.

I now ponder why it is that some practitioners who have worked for long periods in one particular program appear to learn little over time, or "plateau" for long periods, while others are continuously learning and frequently stimulating change within their respective HIV&AIDS project. A similar question, of why learning is taken up in one place but not another, has been discussed in a study on safety practices in which Scheeres and others (2010, p. 24) conclude

that learning is “integrated and valued in everyday work practices”. We see in Cathy’s story below that learning is made possible through “piecing all this together and suddenly learning something completely different”. This includes interacting in a group setting and with material resources, with the non-material, social and political environment. In this context, learning is emergent through coalescence, and has collective qualities:

> Sometimes *I think the learning comes when you draw together experiences. Like you have been in one group and you learned a certain thing. You are in another group and you learned something else, and then you’ve been in a third group and you’ve learned something else again. Then when you actually put the three pieces together, you figure it out. That’s when you’ve learned something* and you didn’t realise at the time but *it was one piece in the puzzle that you required in order to learn something specific about an issue you have been wrestling with.* Now you’ve “got it”.
>
> I am thinking about how *we’ve learned how to go about fund raising and understand governments.* One minute I’m talking with a government donor and *getting a few snippets of information* about what I think I need to know. And then I talk to somebody else about that, and somebody else about that, and then somebody else about that. Then *as I piece all this together, I suddenly learn something completely different. I* didn’t know that I was going to learn that at the time that I was gathering information. So I hadn’t intended to learn that thing, *but I’ve learned it by the way that the pieces have come together.* (HOPE Malawi Story)

Cathy’s approach to learning is shaped by her past understanding of learning from a predominately Western orientation, and by the ways in which things are thought about in this project, how things are done, what resources are available and what colleagues consider to be the purpose of learning. This impacts the way in which Cathy assumes that she is able to acquire or share information by asking questions, as if learning is a product:

> I think that *the whole idea of information sharing that we are so used to in the West doesn’t quite work the same here.* This is a big one for me to grapple with: how to get the information I need to learn something? *Even how to ask a question in the right way can be difficult. I’ve asked questions and they’ve been misunderstood and backfired.* So how to information share in the Malawian context is something I am learning. (HOPE Malawi Story)

Just as small baobabs trees can be successfully transplanted by adhering to certain basic guidelines, so asking questions which integrate with learning practice, can be used in multiple contexts. However asking questions even with the best of intent does not guarantee learning. Questions must be integrated into learning in such a way that they make sense, facilitate relational harmony, do not place unreasonable demands on material resources, and do not cause harm. Otherwise they will subside or dissolve in this context. According to Schatzki (2012, p. 21) “Practices and bundles arise, persist, and dissolve principally through human

activity, though not only this: actions of nonhumans, as well as events and processes that befall nonhumans, also contribute to the development of practices and bundles". Learning will not be possible if HIV&AIDS practitioners fail to integrate questioning activities in ways that are relevant to context. Contextualizing makes learning possible.

Having emphasized when learning does occur, I further consider the absence of learning. In the previous chapter I highlighted how Musa, a youth worker in South Africa, learns within daily relationships where skills and experience are valued. One year later, describing how "most of the time I get knowledge from my colleagues and my supervisor", Musa continues with his story of learning to implement HIV prevention initiatives among mostly unemployed young people:

> A year further along we are still trying new activities with various clubs, usually sport related and also running a little income generating program where they sell snacks, sweets, food sometimes. They are trying. But the people who live there are very poor, there are no job opportunities and money they get is from grants.
>
> I can say that it is about learning really. If you don't have information, you can't work with children and young people. I need more practice in terms of learning. If I could get some sort of training, I could be good in working with them. (Musa's story)

Musa identifies his inability to keep learning. This results in the extended plateauing of the effectiveness of this particular program with young adults. An easy "solution" might be motivating Musa to complete his National Children's Care Worker diploma, or enabling him to attend a course on income generation, small business or vocational training, in order to introduce new learning activities. However as Boud and Hager (2012, p. 24) state, "Nothing influences learning more powerfully and unconsciously than the everyday circumstances of work itself". Whilst Musa views lack of information as the problem, he later confides:

> The hardest thing for me working with these groups is the way that I visit them. It is difficult to walk a long distance. Last week I walked from one IGA group to my house. It is about 14-15 kilometres. If there is no public transport then I walk. In some of the areas I can ride a bicycle but in others I can't. (Musa's Story)

Musa's story highlights the following circumstances where learning does not take place:

- Access to resources, tools and technologies valued for learning is severely limited or impossible, such as funding for program managers to attend training seminars, transport and reliable internet connections
- Existing materials, setups and relationships are considered irrelevant or inappropriate, or do not align with personal or organizational values

- Specific learning activities are not practical or possible at a specific time, such as attending a formal IGA workshop
- Interaction with practices related to the purpose for learning, such as networking with organisations that specialize in vocational training or income generating initiatives, is limited or absent

Historical, cultural, social, political, economic and religious factors may also negatively prefigure understandings and experiences of learning, such that practitioners like Musa sense isolation from learning. This is particularly evident for many practitioners required to address gender issues in their HIV&AIDS work, who admit that even with “training” in gender they have failed to learn. Jabulani, Chuma’s colleague in the PL project, explains:

> *Even with all the training I’m not sure what system I’m going to use to talk with our team about gender*. Maybe I can gather one of the DVDs about gender as part of creating a platform for debate and then go from that. *Frankly I’m not sure how I’m going to conduct my training or even learn how to do it* but for sure I know that I have to do something on gender and HIV&AIDS.
>
> In my previous job, gender was one of the things that the organization did with troubled groups in the communities. They had lots of focus group discussions, open discussions, debates, drama and so on. There is one organization, the Gender AIDS Forum that I might be able to go to for further information and they do trainings on gender issues. There is also an organization based in Cape Town called the AIDS Legal Network. *A lot of training is being done by them but I’ve not learned*. (Jabulani’s Story)

Here cultural, social, and religious factors negatively prefigure learning such that some practitioners, male and female, have not learned to address gender issues in faith-based HIV&AIDS programs even when afforded the opportunity, corroborating studies in this area (Marshall & Taylor 2006; Watkins 2010). Referring to gender and sexuality in the context of HIV&AIDS and especially poverty, Kaman (2011, p. 269) observes a paradox: “Cultural tradition . . . can assist in ending the spread of AIDS if handled well but can also be the most fertile ground for disaster”.

Other cultural and social factors, such the cross-cultural misunderstanding seen in Chimu’s story in HOPE Malawi below, are encountered in all four programs in this research:

> Let me tell a story about cross-cultural misunderstandings between us as fellow Malawians trying to learn. I had a meeting. Somebody was trying to explain some of the issues. It was so touching, I was pushing my head like this which meant that I was 100 percent in agreement. But to her, this was a sign that I was trying to refute what she was trying to say. It was like saying, “You are lying”. From my background, when someone is doing this, you are really convinced about what he or she is really saying.

> She ended up saying, “Abusa [pastor], I’m not lying!” because she saw me pushing my head. This is just one example of how culture and traditions come into play. At that time it wasn’t a big problem but it can be. There can be something very big so there is a need to understand somebody’s culture when you are working together. (Chisulo’s Story)

Although I have observed that learning is attenuated or does not take place under certain conditions, I cannot conclude that the opposite of these conditions will guarantee learning to take place. However this does suggest that certain conditions are more likely to contribute positively to learning practices. This is a major area for more detailed analysis beyond the scope of this thesis.

9.4.3. Learning subsiding

I now expand the reality that learning may subside, including in faith-based HIV&AIDS programs. Overwhelming large-scale external change, such as the widespread introduction of ARVs, impacts the material-economic arrangements within which learning activities occur and thereby changes the arrangements connected with learning. The material-economic and social-political arrangements of increasing donor demands, together with frequent funding reductions, hanging together with other practices in the landscapes of each of the HIV&AIDS programs in this research, have the potential to either paralyse learning or provide the impetus for learning (Kemmis et al. 2014). Changes in external cultural-discursive, material-economic and social-political arrangements are as necessary for learning as are advances in the understanding of HIV itself. Re-arrangements in only one corner of this entanglement may not be sufficient to bring about change in learning practice or other interconnected practices, and may instead bring subsidence or dissolution (Schatzki 2013).

Learning practice subsides when the activities that compose it subside or cease or where “must have” interactions through hanging together and bundling are lost. Whilst in my observation it is unusual for managers and staff to intentionally avoid learning, circumstances may make it difficult for them to carry out learning activities such as involving themselves seeking and giving advice, engaging effectively with modelling and mentoring, and having a go through trial and error. Power issues may also militate against a common purpose for learning such that learning becomes vulnerable to subsiding or disappearing. Chisulo describes this phenomenon in

prevention programs in Malawi: “I don’t know how to say it but there are some people who have a tendency or culture of hiding things when they want to speak to young people”, and “Some people prefer to hide their knowledge for the sake of their status and their position instead of sharing their knowledge” (HOPE Malawi Story). Learning occurs when HIV&AIDS program managers and staff seek to interact with these cultural-discursive, material-economic and socio-political arrangements impacting responses to HIV&AIDS. The consequences of failing to engage in such a way is recognized by one program manager in Kenya:

> Even if you have lived here before, times change. I have seen that. I don’t think that we are fully aware of what the AIDS epidemic looks like in Kenya. I think that we are still thinking back to what it was like five years ago. Although I have been here ten years, I still look at the situation and ask how things are changing. I know they have *but I am not confident that I know the changes. I haven’t taken the time to learn.* I know that the epidemic here in western Kenya will be not necessarily be the same in Nairobi. I am saying this as a word of advice to everyone. You really need to know before you rush in. (Peter and Grace’s Story)

Learning subsides: when it fails to facilitate relational harmony and integration – an all-pervading social ethic in sub Saharan Africa; when it is disconnected from the broader context; when it does not make sense to the HIV&AIDS program managers, staff, volunteers and beneficiaries; and when it places unreasonable demands on material resources and potentially causes harm.

9.5. Summary: What makes learning possible

This chapter challenges common views of learning as an object to be manipulated that can take place independently of the context in which the learning takes place. I have argued empirically that learning is only possible when learning practice hangs together relationally with other practices sharing purpose, orchestration and intentionality for learning.

I have demonstrated how learning practice must bundle materially. Although all practice must be embodied physically, learning in HIV&AIDS programs is frequently bodily intense. Learning is made possible, although never guaranteed, when material arrangements create space for learning, through interaction with the physical properties of materiality that facilitate learning. Close relational distance is essential, with HIV&AIDS practitioners valuing particular material

objects as relevant and useful for learning. Likewise relationships of shared purpose must exist, for the purpose of improving HIV prevention and the well-being of those affected by HIV&AIDS or for other agreed ends.

I conclude that learning is only possible when situated and contextual. Practitioners act on “the way things are around here” and must integrate into learning many past, present and future contextual elements including the complexities of everyday HIV&AIDS work. Learning practice persists yet is transformed through the annual rhythms and cycles of work, festivals and seasons. It is carried forward through a series of plateaus and climbs paralleling and intersecting with ways in which learning has been done in the past, whilst simultaneously contextualizing for the present in anticipation of the future. Consequently learning emerges in unanticipated and unpredictable ways, and sometimes subsides.

I have also shown that change and learning necessarily interact in HIV&AIDS work. Change by its very nature will create disturbances in established or preferred practices. Herein lies potential for learning. Learning is not only possible but may intensify, as when HIV&AIDS program managers and staff recognize, at least to some degree, that learning practice does not belong to them alone as individuals. Failing to realize this may cause learning to subside.

In the next and final chapter I discuss my conclusions from investigating how learning occurs in faith-based HIV&AIDS programs in community settings in three sub Saharan countries, together with further implications of this research for learning, practice, HIV&AIDS practitioners and their work, and FBOs in general. I then reflect on my journey as an HIV&AIDS practitioner-researcher, discuss the limitations of my research, and present the implications of this investigation for future research.

Chapter 10: Conclusion

This thesis on how learning occurs in faith-based HIV&AIDS programs in community settings in three sub-Saharan countries is the fruit of my years as a consultant in a global FBO, my experiences learning HIV&AIDS work alongside colleagues in many countries, my passion to learn to do doctoral research, and my growing understanding of learning as practice. In this final chapter I begin with a review of the key findings in this investigation, discussing my research question and how it has been addressed. While I focus primarily on the theoretical and empirical contributions and implications of this research for learning, I also identify contributions to practice, to HIV&AIDS work and to FBOs. I then reflect on my journey as an HIV&AIDS researcher-practitioner using narrative inquiry, along with the limitations of this research. I conclude the chapter with a discussion of possibilities for future study.

This research is extraordinarily timely. Three months before ethical approval was granted to me, Peter Piot (2008, p. 2) the then executive director of UNAIDS, opened the 17th International AIDS Conference stating that:

> This conference takes place as we enter a new phase in confronting aids [sic]. A new phase because we now have results on a large scale. For the first time, fewer people are dying of AIDS and fewer people are becoming infected with HIV. For the first time we have empirical evidence that our brilliant coalition can move mountains.

Piot (2008, p. 4) argued that this coalition needed to broaden to include all sectors of society including FBOs, but that:

> Broadening the coalition must not come at the expense of the non-negotiables of working across sectors, involving civil society and of people living with HIV, grounding our action in science, rooting all we do in human rights, and focusing on results for people. We must categorically reject any attempt to so called “normalize” aids [sic], or treat this epidemic as just one of many medical problems. Now, more than ever, do we need an exceptional response! Nothing less than an exceptional response.

Whilst collaboration continued to be emphasized, by 2011 there was a dramatic shift away from this “exceptional response” toward integration. The United Nations General Assembly (2011, p. 2) “Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS” recognized “the importance of rapidly scaling up efforts to *integrate* HIV and AIDS prevention, treatment, care and support” (emphasis mine) to achieve the Millennium Development Goals, in particular Goal 6. At the level of implementation this implied eliminating parallel systems for

HIV-related services and integrating AIDS responses into services such as maternal and child health, sexual and reproductive health, and global health and development efforts (UNAIDS 2012). The implications of this integration for FBOs have been significant.

Practitioners in HIV&AIDS work were already mainstreaming and adjusting to these changes, largely due to the introduction of ART. Likewise the program managers and staff involved in my research were already learning new ways to re-design and re-adjust their responses, albeit in response to grassroots need, new donor requirements, and revised recommendations in the area of prevention, treatment and care. Such rapid change accentuates the need for learning on the ground, and thus makes my research context a fascinating crucible for looking at these learning processes and the conditions shaping them. What makes learning possible in faith-based HIV&AIDS programs is accentuated in such times.

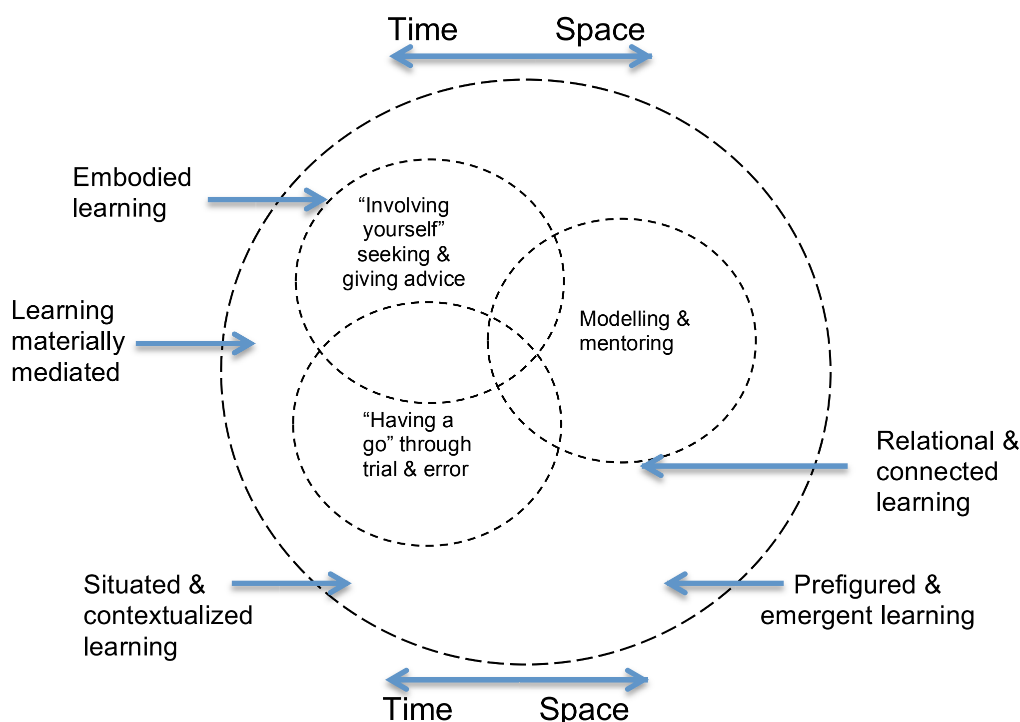
In addition to the timeliness of my research in relation to the HIV&AIDS world, we see a timeliness at the level of theory. I began this work just as new practice theory approaches were being established and taken up in educational research, giving me a unique opportunity to investigate a changing, dynamic phenomenon in new ways (Kemmis 2007, 2009; Price et al. 2012; Schatzki 2006a, 2009). 'Older' theories to which I refer in chapter 2 would not have served me as well in such an emergent environment (Antonacopoulou 2008; Corradi, Gherardi & Verzelloniheading 2010; Fenwick 2008a; Gherardi 2006, 2008), nor the socio-material approaches to learning emphasising differing perspectives on embodiment and materiality (Fenwick 2010, 2012). Whilst I do not claim that my approach and understanding of learning is generalizable to sub Saharan Africa, nor even to Malawi, Kenya or South Africa, my research makes a significant contribution to the field of workplace learning currently dominated by studies from Western contexts, by foregrounding practice as an emerging and integrated theoretical and empirical approach appropriate to the sub Saharan context.

10.1. Revisiting research questions and issues explored in this thesis

I begin by revisiting my overarching research question: "How does learning occur in faith-based HIV&AIDS programs in community settings in Africa?" illustrating this in Diagram 9 and building

on Diagram 1: My adapted framework of practice in (chapter 2) and Diagram 4: "Conceptualizing the practice of learning: A framework for empirical research" (chapter 4). This brings together key features of the practice of learning and highlights the dynamics and interactions of activities and organizing structure in time and space.

Diagram 9: The practice of learning in faith-based HIV&AIDS programs in sub Saharan Africa



In this diagram the principle activities upholding learning practices in faith-based HIV&AIDS programs in community settings in Africa are shown as circles of distinct learning activities, yet always intersecting and overlapping with each other:

- "Involving yourself" seeking and giving advice
- Modelling and mentoring
- "Having a go" through trial and error

Each of these activities in itself is made up of doings, sayings and relatings, and may be shared with other practices including HIV&AIDS, administrative, organizational and faith practices. Learning practices are what practitioners understand about learning, along with acceptable purposes motivating practitioners to learn. They are organized around:

- What matters "walking the talk"

    - Acceptable purpose and ends
    - Integrity: Doing the “right” thing
- Rules, directives and guidelines
    - Formal instruction
    - Silent rules
- Making skills and experience count
    - Relationships and tradition
    - Mutual influencing and modifying

This diagram shows how learning is embodied and experienced by HIV&AIDS program managers and staff in the dynamic relationships between learning activities through time and space, as indicated by arrows. It also highlights the way in which learning is materially mediated, situated and contextualized, and prefigured and emergent. Although limited in being a two-dimensional representation of learning, it is a useful tool to illustrate the dynamics of learning HIV&AIDS work. It eliminates the Manichaean dualisms of individual-social, mind-body, learner-worker, formal-informal, explicit-implicit and productive-unproductive. Note that the boundaries of learning activities as well as learning practice itself are delineated by broken lines to indicate the open and accessible nature of learning, as learning practice is always open to the permeating influences of values shaping learning in such a context, and so prominent throughout all my practitioner narratives.

I have argued in chapters 6 and 7 that the practice of learning is an embodied, materially mediated arrangement of activities – “involving yourself” seeking and giving advice, modelling and mentoring, and “having a go” through trial and error – organized around “walking the talk”, rules, directives and guidelines, and making skills and experience count, all permeated by values and dynamically intertwined and embedded in time and space. This dynamic may spin off multiplicities of learning practices. Not shown in the above diagram, although described in chapter 9, learning practices hang with other practices such as HIV&AIDS, management, education and community development, in dependent rather than coincidental ways, to share purpose, intentionality, orchestration and space. When learning activities are situated and contextualized to the way things were, are and will be around here, learning occurs. Ultimately

learning "is what people do, in a particular place and time" (Kemmis 2009 p. 23).

I have expressed my argument explicitly through the sub research questions explored in this investigation, specifically beginning with the first sub question: "What activities uphold learning practices in faith-based HIV&AIDS programs in community settings in sub Saharan Africa? How might they be described through a practice perspective?" I have found that learning happens for program managers and staff through human relationships in the timely discursive actions of dialoguing and interacting with fellow colleagues, beneficiaries and other NGOs and government agencies. This concurs with Nafukho's (2006, p. 413) description of traditional African worldview and understanding of adult learning: "For any meaningful learning to take place in organizations the learners must interact and engage in dialogue". I conclude that when human relationships are perceived by those in the workplace as lacking or negative, or when a person is not bodily engaged, learning is likewise absent. Without the integration of doing(s), saying(s) and relating(s), learning does not occur. I also affirm that learning is characterized and shaped by time and space, resulting in changes in both learning and the learner-practitioner (Schatzki 2010b). By "having a go" through trial and error, practitioners anticipate what is relevant, implement on a provisional basis, and set up how they will enact future learning. In doing so they are re-constructing themselves, those with whom they interacting, and the learning site itself.

Whilst the learning activities of "involving yourself" seeking and giving advice, modelling and mentoring, and "having a go" through trial and error – identified in this research – are well-documented forms of workplace learning, I present these in a new light. Firstly, the practice of learning is more than the sum of individual learning activities. All learning activities noted in these faith-based HIV&AIDS programs integrate doings, sayings and relatings, that is, they never "stand alone". Although individual practitioners may appear to foreground one particular dimension of learning – doings, sayings or relatings – all three dimensions are always present and integrated in learning practices within these faith-based HIV&AIDS program settings. They are continuously reconstructing the very character of learning practice. This adds empirically to the theoretical positioning of learning as activity and action (Kemmis 2009) and understandings

of “knowing-in-practice” (Gherardi 2008).

From this investigation I conclude that learning is embodied but not individualistic. Learning is more than individual or social – learning is integration rather than assimilation. Although learning is always embodied by more than one individual at any one time, the body lies at the nexus of complex relationships between self, place, practice and context (Schatzki 2001c, 2012). Whilst individual program managers and staff pursue their learning through colleagues, programs and networks, it would be naïve and simplistic to suggest that they do so for purely altruistic motives for the benefit of all rather than pursuing personal benefit. This is consistent with dominating holistic African thought in which a person finds identity in community and learning is through interaction with others.

My second research sub question asks: “How is learning practice organized?” As illustrated above diagrammatically and argued in chapter 8, what matters “walking the talk”, rules, and making skills and experience count are critical to organizing learning in faith-based HIV&AIDS programs. However in contrast to other studies in secular workplace learning contexts, I have found in my investigation that diverse manifestations of values including beliefs, morals, ethics and faith strongly permeate all learning activities, organizing structure and relationships, essentially prefiguring and shaping learning practice. This empirical finding complements yet moves beyond Schatzki’s (2002) understanding which emphasizes values as organizing structure and beliefs as teleological, and Kemmis’ practice architecture which includes values pertaining to cultural-discursive, material-economic, and socio-political orders and arrangements (Kemmis 2009; Kemmis et al. 2012; Kemmis & Grootenboer 2008). This should not surprise us given sacred-secular debates in the world of HIV&AIDS prevention, treatment and care and the prominent position of religious faith as a strongly held value in much of sub Saharan Africa.

Although practitioners may share a general understanding and goals of learning to improve services and the well-being of those impacted by HIV&AIDS, learning practice is shaped over the generations, prefigured by what can be said or not said, and continuously emerging. When

learning occurs, aligning personal values with “walking the talk”, acceptable purpose and ends, and doing the “right” thing, are critical. This supports Kemmis’ (2009, p. 22) perspective that “practice is not just ‘raw activity’ – it is always shaped and oriented in its course by ideas, meanings and intentions. Practice always involves values – it is always value laden and it always raises moral questions”.

However learning does not occur when rules, whether explicit or silent, are considered incompatible, irrelevant or impractical by practitioners, or do not align with personal or organizational values. Although this may be explicit in HIV&AIDS workshops with formal directives and guidelines, learning is also organized around silent rules implicit in the historical, cultural, social, economic and religious contexts described in practitioner narratives. It is only in a moment of alignment that learning occurs, and this can never be guaranteed until after the event.

Practical understandings of learning what should be done and when, how to use resources, what should be said, and how to relate, are bound up in skills, experience and “know-how”. In order for practitioners to make their learning experience count, I found that they combine their purpose and ability to perform appropriate learning activities with that of colleagues, their understanding of what other people do, and their response to those actions in appropriate ways. General cultural understandings, past traditions and the implicit beliefs around relational obligations have roles in actively organizing learning activities. This combining of the past, with present understandings in anticipation of the future, in a timely way in particular learning spaces, supports the Schatzkian notion of practice activities as temporal spatial events.

My final sub question: “How do learning practices hang together and bundle? What makes learning possible?” explores the relationships between learning and other practices, the material world, time, space and change. We see empirically that learning hangs relationally with other practices through shared space, purpose and intentionality, and that learning only occurs when learning activities bundle with resources, raw materials, tools and other material objects. Close

relational distance is essential, with learning more likely to occur when particular material things are valued as relevant and useful.

Practitioners acting on “the way things are around here” integrate notions of past-present-future into learning, including their own intentional actions and past experience, along with understandings of the historical, cultural, social, political, economic and religious context that is external to them and shapes learning space. Learning practice persists yet is transformed through the annual rhythms in a series of plateaus and climbs. Here I note parallels with Johnsson’s (2012, p. 52) use of the tempo-rhythm metaphor to describe the “manoeuvres that practitioners engage in with others to understand, negotiate, enact and adapt their organizational work for a myriad of interests, needs and circumstances”. Whilst faith-based HIV&AIDS programs also have a sense of rhythm, evident in the annual cycles of PM&E and donor reporting patterns, together with seasonal and religious celebrations, what differs is the timeliness of multiple factors merging in a nexus of learning practice and resulting in a “plateau and climb” effect rather that repetition. Such learning occurs in unanticipated and unpredictable ways.

However learning may also subside – a term I have chosen here to describe learning events that are less intense, in distinction to the word “dissolution” used by Schatzki (2011, 2012): usually, although not exclusively, tied to external factors and contexts. Learning is never guaranteed; nor can what is learned in one HIV&AIDS context ever be guaranteed as relevant for work in another. When the hanging together of learning with HIV&AIDS work practices brings about undesired results, then these practices need to be “re-hung” so that purpose, intentionality and permeating values realign.

Having presented my findings on how learning occurs in faith-based HIV&AIDS programs in community settings in three sub Saharan countries, I now proceed to detail how this contributes to furthering knowledge in the areas of workplace learning and practice, along with the implications of this.

10.2. Contributions and implications

This research makes a number of original contributions with significant implications. By bringing together learning, practice, HIV&AIDS and faith-based literatures, this research contributes to the growing body of empirical research on learning practice in the workplace across diverse disciplines, reinforces the demand for new metaphors of learning, challenges the under-representation of values permeating practice oriented learning theories, and adds value to professional HIV&AIDS practitioners learning to improve HIV&AIDS services in community settings in sub Saharan Africa. In summary my contributions lie in the following areas:

Table 2: Methodological, empirical and professional contributions

Methodological	• Developing narrative-practice inquiry as an integrated research tool appropriate for cross-cultural research in FBOs and community settings
Empirical	• Investigating workplace learning in the context of FBOs and sub Saharan Africa – rare in a field dominated by studies located in Western contexts • Providing additional insights into the integrated nature of learning that entwines people, learning activities, relationships, other practices and material objects in the workplace • Affirming the inadequacies of commonly assumed dichotomies of learning, and bolstering the argument for a metaphor of emergence beyond acquisition and participation • Highlighting values which permeate and shape learning practice in African contexts, and addressing the lack of attention give to this in learning and practice literature
Professional	• Stimulating discussion on enhanced conditions for learning in the context of faith-based HIV&AIDS programs, including ways in which organizations with differing values can enlarge shared learning initiatives • Contributing to improved services during the current transition period from HIV&AIDS exceptionalism to integration

Firstly I draw attention to my integrated narrative-practice inquiry approach building on narrative inquiry, which adds to the range of methodological research tools appropriate for cross-cultural empirical research in FBOs and community settings in sub Saharan Africa. I reflect on this in greater detail in the following section. By methodologically combining narrative and practice theory, I have developed an approach to retelling stories of HIV&AIDS program managers and

staff learning HIV&AIDS work through processes of co-creation without reducing learning to individual trajectories of isolated minds and bodies. In addition I have avoided a weakness of socio-cultural theories of practice and participation metaphors which can immerse research learning so deeply within its context that individual practitioners become invisible.

My African focus as the site of workplace learning is rare in a field dominated by studies located in Western contexts. Even with practice-based theories increasingly used as a lens through which to understand learning and organizations, to date this has not been taken up in the context of FBOs and sub Saharan Africa. My presentation with its distinct African inflections and connections contributes to the growing understanding of the integrated nature of learning that entwines people, learning activities, relationships, other practices and material objects in the workplace. (Bokeno & Gantt 2000; Boud, Rooney & Solomon 2009; Chappell et al. 2009; Johnsson, Boud & Solomon 2012; Johnsson & Hager 2008; Price, Scheeres & Boud 2009; Scheeres et al. 2010) This contrasts with individual-centred approaches to workplace learning and factors enhancing or constraining such learning, where there is little sense of integration (Eraut 2004, 2007). By implication, understanding learning as happening in the everyday dynamic integration of routine interactions, activities and experiences, distinctive topics of thought and conversation, and relationships in the workplace, calls for expanded research into conditions conducive to ongoing learning (Kemmis et al. 2014).

The approach to learning I describe in which novice practitioners learn through interactions with more experienced staff is clearly contextual; however I consider this different to socio-cultural organizational theories of learning heavily influenced by Lave and Wenger’s (1991, 1998) seminal work on participation. In my research I show how the individual-social learning dichotomy disappears through integration of the learner-practitioner within everyday entanglements of HIV&AIDs work practices, with colleagues, other practices, and the material world in time and space. This bolsters arguments in other professional practice areas for a metaphor of emergence beyond acquisition and participation (Boud & Hager 2012; Johnsson & Boud 2010). Care must be taken however to not position emergent learning along a continuum of common assumptions about knowledge and learning (as described in chapter 3), as such

prefigurement-emergence poses yet another dichotomist expression of learning. This would be to misunderstand the nature of emergent learning. Like the baobab tree as a place where people traditionally “hang out” together, share experiences and generate ideas and knowledge to be embodied in everyday life and work, so I conclude that learning practice persists and emerges in moments of creative entanglements of people, learning activities, other practices and material things where there are shared purposes, understandings, values and space. Although learning is never guaranteed, these conditions increase the likelihood of learning occurring.

Identifying with Sommerville’s (2008) description of emergence in research as “waiting in the chaotic place of unknowing”, I conclude that emergent learning can likewise be messy and unpredictable, posing particular challenges for implementing professional development in HIV&AIDS work. A third metaphor of “becoming” may also be appropriate in my research sites to describe emergent properties of learning, capturing the dynamism of practices hanging together, bundling with material arrangements and contextualizing in common time and space (Hager & Hodkinson 2009; Hodkinson, Biesta & James 2008).

In challenging the under-representation in both learning and practice literature of values including beliefs, ethics, morals and matters of faith, I go further than a Schatzkian (2001a, 2012) organizing structure of shared general understandings, rules and a sense of “oughtness” embedded in the purpose and goals of workplace learning: in the case of my practitioner colleagues, it is the desire for the well-being of those infected and affected by HIV&AIDS that drives them to improve services. When they are motivated by deep and desperate need, the relational and materially mediated nature of learning emerges from this research interconnected with associated values. For example, in the context of faith-based HIV&AIDS programs in community settings, values are both the characteristics of program managers that become visible during learning activities, as well as core contributors in the construction, organization and perpetuation of learning practice.

Understanding how program managers and staff learn in faith-based HIV&AIDS programs has implications professionally. Values are vigorously debated in the HIV&AIDS public arena, especially around notions of sexual behaviour, stigmatising discourse, gender and advocacy, justice and power, end of life care, and funding allocations as they pertain to HIV&AIDS practice – values are the context for learning and change. I observe that values have the potential to facilitate or inhibit sensitivity to worldview and local culture, improve prevention and care strategies, and elevate program capacity. I conclude that by undertaking cross-cultural research into learning in faith-based HIV&AIDS programs, manifestations of values are heightened and made visible where they might otherwise be less obvious in more familiar and less contested contexts.

Whilst policy makers and scholars in HIV&AIDS and development studies now widely acknowledge the place of values referred to in chapters 1 and 8, to date this discussion is new to the field of workplace learning. My research contributes significantly to this literature by empirically drawing attention to the effect of values permeating learning practice in African contexts where the social ethic that a person is a person through persons is all-pervading (Bangura 2005; Mbiti 1970; Nafukho 2006). In today's context of global pluralism and the re-appearance in Western contexts of faith and religion in the public space as important discursive and symbolic systems, my emphasis on values is overdue. Recognizing the permeating nature of values that contribute to ways in which learning is prefigured and emergent also opens up the potential for, firstly, enhancing conditions for learning in the context of faith-based HIV&AIDS programs and, secondly, identifying ways in which organisations with differing values – FBOs, NGOs and governments – can negotiate their differences in order to maximise their contributions to shared learning initiatives in sub Saharan settings. Herein lies an increased likelihood of improving HIV&AIDS related services provided through HIV&AIDS specific programs in sub Sahara, as well as contributing positively to the current process of transitioning from parallel HIV&AIDS systems to integrating responses into the existing community, health, education and development services referred to above. This research is therefore of interest to HIV&AIDS policy makers and program managers who are learning how to mainstream from an HIV&AIDS history of exceptionalism.

10.3. Reflecting

As noted in chapter 5 where I addressed the epistemological and methodological assumptions guiding my research, the biomedical paradigm presenting HIV&AIDS practice as rational, objective, scientific – able to be controlled as a commodity – has prevailed through decades of HIV&AIDS research and practice. Knowing that my topic of study will pique the interest of those coming from this dominant approach, my choice of narrative inquiry as a complementary approach enables a nuanced, socially constructed understanding interpreted in a particular time and place, rather than reinforcing or competing with positivism. I employ a research method that illuminates practice unfolding in everyday work, that has much to offer those concerned with implementing effective HIV&AIDS treatment and care.

10.3.1. My experience in narrative inquiry

As this inquiry took place in a post-colonial region of the world, I have been cognizant of how such a context accentuates notions of power. Situating myself as a "stranger among friends" has been an enriching, synergistic and effective way of addressing this, at least from my perspective. Yet there have been moments of personal messiness, dilemma and discomfort in acknowledging my position of privilege researching and speaking cross-culturally on behalf of "the other". This tension has implications for my own future research: my personal cultural experiences mould my expectations of the conditions in which participants might reveal detailed accounts of their experiences, and shape how I collect and re-present information. Questions such as "So what happened?" and "Where do you see this going in the future?" highlight my Western oriented perspective of storytelling, assuming uniform, linear time, and raising implications for my future research practice (Andrews 2007; Clandinin 2013; Merriam & Kim 2008). I need to be alert to culturally mediated forms of storytelling through which I as researcher can increasingly come "to know" participants who are strangers yet friends. As a stranger among friends, I do not know and can never know all about "the other", and am therefore challenged to continuously move towards "knowing the other" in deeper ways. This

emerging narrative inquirer-creator relationship with practitioners depends on mutual trust and respect.

Although I experience a richness and depth of meaning in interpretive studies, I acknowledge that this is “an uncritical form of study” (Crotty 2003, p. 112) focusing on people’s understandings and interpretations. This negative appraisal is compounded in my study, firstly by the attention given to relational issues of power in practice theory as noted in chapter 2, given that power is not the focus of analysis, and secondly by anonymization (Nespor 2000). Throughout this research I have been aware of practitioners making few challenges to the status quo, as noted in “Introducing the storyteller-practitioners” in Appendix C, and to apparently unjust social, cultural and organizational systems. However by re-telling life stories it is impossible that perceptions of power, stigma and discrimination so commonly associated with HIV&AIDS are not apprehended by practitioners. As Freire (1972, p. 31) noted, reality is not the “objective datum” so much as how people perceive it. Regrettably, creative action stimulated by constructed and reflective storytelling lies outside the boundaries of this research.

As I have “progressed” from being a co-worker interested in learning, to a researcher, to a presenter offering my findings to the academic community, I have needed to resolve the ethical conundrum of authority and loyalty. I have found myself in a collegial relationship with participants advocating for just responses to help those affected by HIV&AIDS, as a narrative researcher in a relationship of trust and respect among fellow learners, as a re-teller of life-drenched stories of myself and especially others, and as a member of the academic community aligning myself with its stated concern for accuracy, authenticity and adherence to academic norms. I have felt the tension of anonymity discussed in chapter 6, de-contextualizing, minimizing and at times losing the very relational aspects of practice and learning which are so important in this research at this particular time and place. My voice and authority as researcher became increasingly apparent as I selected and organized stories into text, worked through levels of interpretation, and reflected on emerging themes and meaning from a dominating Western theoretical framework. The very act of putting spoken words into print for the academic community ascribed power to me, and I have needed

to consciously negotiate the tendency toward becoming an “academic neo colonialist”, albeit with good intentions, in the re-telling of stories belonging to others.

Throughout my thesis I have made use of African metaphors, particularly the baobab tree, as tools to reduce the distance between my Western theoretical voice and the narratives of HIV&AIDS program managers and staff. Whilst I consciously privilege my researcher voice mediated through a Western interpretive lens, the process of returning re-presentations to practitioners for their validation enabled them to exert power – a liberating effect in fully crediting and respecting their voices. Although this may be positive for individual practitioners, the broader communities in which they operate might question my ethical obligations as researcher to provide more immediate and tangible benefits. Acknowledging at the outset these expectations and clarifying the purpose of the inquiry helps to give integrity to research in such contexts.

10.3.2. My journey as an HIV&AIDS practitioner-researcher

Next I reflect on my experience conducting cross-cultural research and co-creating narrative with practitioners in faith-based HIV&AIDS care, support, and prevention programs. I began this research as an HIV&AIDS consultant in a global FBO. My workplace was primarily sub Saharan Africa. I complete this thesis now as a regional director in the same FBO, and my workplace is Asia. These changes in activities, material arrangements, workplace, cultural, social and political context, and networking, highlight in a personal way the critical place of relational interaction in research and learning practice. This research has alerted me to the ways in which the learning and research practices which I embody are simultaneously both resilient and vulnerable under the pressures of change, just as baobab trees are both exceedingly resilient in bundling with dry African grasslands and highly vulnerable to climate change. Herein lies potential for future autobiographical narrative inquiry.

I began with the premise that learning HIV&AIDS work is not an acquired, “bankable” or consumable commodity; rather learning is embodied and entwined in social practice and intricately connected with context. I underestimated, however, the conceptual power of the

prevalent belief that “real” learning is about formal courses, workshops and “training”, and that “real” learning is readily transferrable. These assumptions have significantly shaped my interactions with participants in FBOs and have enabled me to adjust to the rapid changes in HIV&AIDS epidemiology and practice including prevention and treatment protocols. My personal professional learning over the course of this research has significant implications for my new role in which I have oversight of practitioners working in unstable and volatile areas experiencing rapid change. Here learning also continues to emerge in unanticipated and unpredictable ways.

Even where people learn by participating in contextual and culturally grounded workplace activities, practices such as HIV&AIDS and learning will be emergent. This in itself has strengthened my conviction from empirical evidence that the common and influential metaphors of learning – acquisition and participation – are significantly limited once the tempo-spatial dimension of practice is emphasized. Learning metaphors of emergence, integration and becoming are more appropriate (Boud & Hager 2012; Hager & Hodkinson 2009; Hodkinson et al. 2007; Sommerville 2008). These metaphors provide useful approaches to research, and explain the continuous nature of learning and its dynamic relationship to change in HIV&AIDS and FBO practices. Although my thesis goes a long way to extend this conceptualization of how learning occurs in interactive and non-linear ways, further development is warranted.

As an HIV&AIDS practitioner I have needed to give careful attention to big picture, globalized accounts of the HIV&AIDS epidemic, to strategic general program planning documents, and to reporting requirements. At the same time I have also been granted privileged access to “personalized” individual and group accounts available only through relationships of trust. Here I am integrating work in the present, building on the past, and looking to the future, as in, firstly, Clandinin and Connelly’s (2000) backward and forward dimensions in narrative inquiry pointing to temporality co-existing through memory and expectation; and secondly, Schatzki’s (2001b) teleoaffective structure defined and described in chapter 2, which brings past, present and future together in a single stroke. These unique arrangements between practitioners, material objects and multiple practices in time and space that are reflected in global and

personal narratives, and sometimes referred to in the context of faith-based practices as "divine connections", will never happen again. In this sense my research is itself prefigured through mediating pre-conditions, yet emergent as I hold residues of previous experience and maintain them in tension with changing patterns of interactional understandings with others around learning, practice, HIV&AIDS and FBOs (Hager 2014; Johnsson & Boud 2010; Kemmis 2009; Kemmis et al. 2014).

10.3.3. Limitations of this research

Having reflected on my journey in research generally, and specifically in narrative inquiry, I now identify further limitations of this study related to my own identity and to research design.

Coming from a faith background and insider perspective on FBOs may expose my blind spots. I anticipate that some scholars will consider my conclusions about permeating values, including beliefs, morals, ethics and faith, to be irrelevant, narrow or overly sensitive. Other scholars from traditions where cultural, social and personal values, including matters of spirituality, are prominent in organizational and social life may consider my limited references to matters of faith to be "liberal" or overly contextualized. Having weighed these outcomes, I consider that my combined use of a theoretical practice framework and narrative inquiry enables space for multiple cultural, social and value systems.

Expanding the scope and extent of fieldwork to other sub Saharan countries would have provided additional material for analysis; however this was unnecessary as my 28 participants in three countries were adequate to reach saturation. Another alternative, to frame this investigation into learning in faith-based HIV&AIDS programs as a comparative study with secular NGOs, would have missed the unique opportunity afforded to me as a long term "stranger among friends" – referred to in chapter 4 – and to exceed the resources and relationships available for this research. Finally, in addressing how learning occurs, I have not engaged with the content and quality of learning. I have assumed that learning is "good" without defining what is "good" or "bad" learning, or exploring associated ethical implications. This is an

area for further study on learning and its intersection with the practice of program monitoring and evaluation.

10.4. Future directions for research

I now recommend directions for future research in addition to those already noted above. Firstly an area that would benefit from further empirical investigation using Schatzkian notions of spatiality and temporality is that of conditions conducive to agile learning during times of rapid change, and to rich learning when hanging together and bundling may be exceptionally complex. Throughout this research – evident retrospectively though not fully specifiable – variations have emerged in the type and intensity of learning moments. For example, program managers wanting to learn how to implement community prevention activities through sporting events and IGAs in addition to weekly after-school clubs at local secondary schools: the type of learning that occurs in this time and space is relatively simple compared to the complexities of changing prevention strategies due to the introduction of ARVs and the subsequent mainstreaming of HIV&AIDS services, thereby involving multiple practices. As analysed in this study, learning may also occur in a series of “plateaus and climbs” although learning is never guaranteed until it happens. Inchoate understandings of emergent learning have grown significantly through recent empirical research, and further investigation into the intensity and type of emergent learning under certain contextual conditions is needed (Johnsson 2012). This includes further exploring the “plateau phenomenon” where some practitioners working for long periods in one particular program appear to learn little, while others continuously learn and stimulate others to learn.

Secondly, as noted in chapters 8 and 9, learning may be attenuated under certain conditions including the misalignment of values, providing a major area for more detailed theoretical and empirical analysis. The way in which values, including beliefs, morals, ethics and faith, permeate how learning is organized, learning activities and relationships, goes beyond the nature of values described by Schatzki as teleoaffective or general understandings, and what Kemmis (2014, p. 38) includes as “relatings: what people describe as norms and values”. This

provides a call to re-work values differently in notions of teleoaffective structures and relatings, and to re-position beliefs, morals, ethics and faith in frameworks of practice.

A third area warranting further research is the issue of power given that, in my research, lack of harmony, power plays and interpersonal conflict have been evident in the dynamics of learning activities. Kemmis (2014, p. 30) draws attention to power through relatings to "the medium of power and solidarity which always attends practice" and invites consideration of social-political arrangements that help to hold a practice in place. This is a new area of conceptualization worthy of being taken further. Kemmis' perspective, however, contrasts with that of Schatzki (2010, p. 89): that "power always shapes or consists in, interwoven timespaces". The temporal-spatial context in which learning practice unfolds strongly shapes what makes learning possible, how learning occurs, the learning direction, and the relationship between learning and change. Having noted the minimal attention given to dimensions of power by practice theory, I see much to gain theoretically and empirically in a closer examination of power and powerlessness, either as a temporal-spatial phenomenon of learning in diverse sites or in relatings.

Following the current trajectory of practice-based theorizing around the interconnectedness and networks of practice, with the acknowledgement that learning is not generated by individuals or social participation alone, nor by practices hanging alone, I recommend further research into the intensity, type, and quality of connectedness of learning HIV&AIDS work. Drawing on "ecologies of practice" as conceptualized by Kemmis (2012; 2014), this would include consideration of specific areas of interdependence, diversity, cycles, flows, development and dynamic balance in the networks of learning, HIV prevention, treatment and care, management, community and other practices.

I also propose further investigations through a practice lens into specific learning activities traditionally performed in the name of "trainings" in faith-based HIV&AIDS work involving program managers and staff as well as community leaders and direct beneficiaries. These may present as in-house staff training mornings, seminars, formal workshops of up to a week in length, accredited courses and community meetings. Such research would enrich

understandings of the intricate dynamics and relationships which are integral to learning and educational practices, and challenge those responsible for training to consider, firstly, both how learning activities occur in faith-based HIV&AIDS programs the in sub Saharan context and, secondly, how learning is organized and related to other practices and material things. Similarly further exploration into the continuous nature of embodied learning and its dynamic relationship to change in HIV&AIDS and FBO practices is urgent, given that assumptions of stable environments when "things settle down" are past imaginings and distant yearnings for many practitioners as no such conditions exist.

In summary, my research presented here is an empirical building block for further work on: emergent learning and change; issues of quality of learning practice; conditions conducive to agile and rich learning; the intensity, type, and quality of connectedness of learning and other practices in HIV&AIDS work; learning and power from a practice perspective; and traditional learning and educational activities carried out in the name of "trainings".

10.5. Closing statement

Like the baobab tree standing tall in the African landscape, learning likewise stands tall in the landscape of faith-based based HIV&AIDS programs in community settings in sub Saharan Africa, yet is never the major constituent. This is vividly portrayed in Thabisa's story of transitioning out of her paid work as a paralegal in HtC responsible for assisting foster parents. Just months into her new volunteer position learning to promote SHGs and IGAs, Thabisa says:

> Working in SHGs and IGAs is all new for me. There are some trainings that we attend but there are other things that I was born with. I was born to communicate with other kinds of people, to communicate with the poor. If you never work with the community then you fail to see that you are born that way. If you go to the poor, you need to be sensitive and you need to understand the situation that they are in. You have to first take that situation and make it your situation. That is what we are doing in the groups. I ask them in the groups to take each other's situation and to make it their own. *If you do that you then you learn.* (Thabisa's story)

Although learning is not the focus of her work, nor of this particular story, Thabisa personifies understanding "rooted in the realization that the body is the meeting point both of mind and activity and of individual and social manifold" (Schatzki 2001b, p. 17). For Thabisa and other program managers and staff in this research, the boundaries between body, learning,

HIV&AIDS and faith practices, place and space are blurred. Learning practice embraces embodied activities, capabilities and dynamic entanglements with the everyday material world in time and space. Such is the nature of how learning occurs in faith-based HIV&AIDS programs in community settings in sub Saharan Africa.

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Appendix A: Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANT	Actor Network Theory
ART	Antiretroviral Therapy
ARVs	Antiretroviral drugs
DFID	United Kingdom Department for International Development
FBO	Faith-Based Organization
HIV	Human Immunodeficiency Virus
HBC	Home-Based Care
HOPE	Home-Based Care, Orphans and vulnerable Children, Prevention and Enabling. This FBO program spans more than 40 projects in 10 countries in Africa, plus India and Thailand
HtC	Help the Child, a rural faith-based OVC project in South Africa
IGA	Income Generating Activity
M&E	Monitoring and evaluation
NGO	Non-Government Organization
OVC(s)	Orphans and Vulnerable Children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PL	Positive Life, a faith-based Prevention and HBC project in South Africa
PM&E	Planning, Monitoring and Evaluation
PLWHA	Person Living With HIV&AIDS
SHG	Self Help Group
UNAIDS	Joint United Nations Program on HIV and AIDS
USAID	United States Agency for International Development
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization

Appendix B: Overview of “HOPE”

HOPE is the flagship HIV&AIDS program for an international FBO which began in the late 19th century, currently operating in over 60 countries with more than 1,600 members. HOPE is an acronym for Home-Based Care, Orphans and Vulnerable Children, Prevention and Enabling, and is an international collaboration of more than 50 HIV&AIDS projects spanning 10 countries in Africa plus 2 in Asia. The vision is to build capacity in local communities to enable them to deal with their expression of the AIDS epidemic in the most appropriate and effective way. The majority of the work in these projects is done by around 4,500 local volunteers, drawn from partner organizations. In 2012 HOPE registered 109,047 beneficiaries and 35,359 partners including local churches, schools, government departments, district assemblies and other NGOs. The numerous volunteers and partnerships indicate the passion that ordinary people have to reach out to those suffering in their community.

HOPE states the following about its projects:
Mission: HOPE engages and supports local partners in an effective, holistic and compassionate response to HIV and AIDS that transforms individuals, families and communities through the love of Jesus.

Home-based care
HOPE volunteers work through local churches and communities, and are "on call" to care for the needs of those around them who are impacted by HIV. HOPE teams visit, teach positive living, bathe and bandage wounds, massage feet and provide a listening ear, words of advice and companionship.

Orphan Care
HOPE works to keep families together, believing that intact families and communities are the best response to HIV. OVCs receive psycho-social and nutritional support, help to stay in school, and assistance with IGAs. Support networks of grandparents, aunts and uncles,

neighbours, teachers and significant others are strengthened to protect the most vulnerable and needy.

Prevention

All those in HOPE take HIV prevention seriously, empowering young people and adults with life skills, providing counselling, training church and community leaders, facilitating local support groups, and developing appropriate media tools. Recognizing the immense challenge of prevention and the need for customized and creative approaches, HOPE takes a "big picture" view of the individual-at-risk in society in working together with our partners.

Enabling

HOPE encourages local innovators in finding solutions for their communities. It builds capacity in churches and community groups, and supports creative initiatives by providing technical support, networking opportunities, continuing education and funds as appropriate and available.

Income Generation

HOPE supports the restoration of dignity in PLWHA through self-sustaining economic models. It values the entrepreneurial spirit, appropriate business practices, and local and cross-cultural partnerships.

In the March 2014, “Towards Fulfilling HOPE” report, the HOPE International Coordinator (2014) states :

> Our goal is to make structures, such as HOPE for AIDS, unnecessary as HIV and AIDS programming becomes a part of the broader and general approach to holistic health care, integral spiritual care, and socio-economic development. In the meantime, funding is needed to ensure the proposed assistance and training is happening, and that we can look back in the future and see that the transition to integrated AIDS work has happened successfully and with consideration of all the domains it affects in societies everywhere.

Appendix C: Introducing the storyteller-practitioners

In this appendix I introduce 20 of the participants in my research, to whose narratives I make direct reference in the body of this thesis. I briefly describe their role, our relationship through work, and the process by which we co-produced their story for the purpose of this research. They are listed in alphabetical order for easy reference.

Abraham is passionate about mobilizing the church to make a difference in the lives of PLWHA. Abraham is well known and connected within the southern Natal area in South Africa. He is a senior pastor in his church at a national level, historically an Indian church. He speaks English and, despite many attempts to learn Zulu, relies heavily on Zulu speaking colleagues as needed.

Abraham left his pastoral position to begin the Positive Living (PL) project, a church-based organization, in 2001 with the main objective to motivate and mobilize the church to get involved in addressing the AIDS pandemic. He says, “The challenge for PL was to encourage the church to see that working with people who are HIV positive and addressing the pandemic was part of their ministry because the same people that were attending churches were from the same communities that were affected and where people were literally dying by big numbers to AIDS”.

HOPE South Africa was a partner with this initiative from the beginning. I first met Abraham in 2001 while attending an international planning meeting for HOPE. He together with other partners contributed to the vision and design of Phase 1 of the International HOPE program. By 2007, PL had grown sufficient capacity to access PEPFAR funding for its prevention and HBC work. I continued to interact with Abraham and others in PL in my consultancy role.

I collected data from Abraham over three occasions between 2009 and 2010. I recorded his story during semi-structured interviews, group discussions in the PL office, casual personal conversations in vehicles and restaurants, and while visiting rural project sites. After each visit Abraham received electronic draft copies of my re-presentation of his story; he provided little

feedback and required few changes on these drafts. His major concern was that I told the story of changes in PL.

Brigette is the HOPE South Africa coordinator. I first met Brigette in 2007 in Johannesburg when she had recently begun working as an office assistant with some responsibilities for HIV&AIDS projects. She is of European background and moved to South Africa to get married. Keen to become involved in social justice issues in her new country of residence, she accepted a low paying job for “the cause”. When the HOPE global program manager based in Johannesburg resigned, Brigette took on responsibilities for HOPE South Africa. It was in the early stages of this role that I stayed in her home and travelled with her for extensive periods to project sites. We worked together to resolve a number of conflict issues and funding crises related to HIV&AIDS work, and to develop the current HIV&AIDS country strategy. Brigette is young, enthusiastic and quick to learn, and values mentoring and connection with people who are influencers. I find her very open to new ideas, creative and stimulating.

During my visit to HOPE South Africa in late 2008, I travelled with Brigette to various HIV&AIDS projects and we spent many hours in casual conversation. Brigette provided feedback on her first draft during a follow-up visit eight months later. This happened during casual conversation and a second semi-structured interview, from which I incorporated additional information into her final narrative.

Busiso. I first met Busiso, a Zulu speaker with English as his second language, during a HOPE regional workshop in South Africa which Gabriela, Chuma and Abraham also attended. We had kept in touch for more than six years prior to this research. I met with Busiso on two later visits to the Help the Child (HtC) coverage area before commencing data generation for this research.

Busiso explains his role: “I am a foster care coordinator for one of the teams at HtC and have been here for five years now. I have a staff team of six that I am supervising. We visit homes to

see the families' circumstances and how the children are being taken care of. We have teams of volunteers from different churches that are in the communities who are members of HtC. I visit them once a month to encourage them to keep on volunteering for those families who have orphans and to share the problems that they have come across while they have been visiting the families. When I come, we then go to visit those families and try to solve those problems. These volunteers are from different churches and form teams in the community".

During my 2009 visit to HtC, I engaged in many casual conversations with Busiso plus a semi-structured interview in the office to orally record his story. Busiso provided feedback on this draft during my second visit in 2010 and made only minor adjustments to his narrative.

Cathy, an engineer and project manager, is an expatriate who, together with her husband and family, chose a major life change by moving to Malawi to invest her skills and interests in making a difference in the lives of those affected by HIV&AIDS. Now, with fluency in a local language and five plus years of experience of working cross-culturally as a program manager in HOPE Malawi, she reflects on her journey of learning HIV&AIDS practice. I collected her story during a semi-structured interview, a focus group, and over casual conversations in her home and office. This was not our first meeting, as I first met Cathy prior to her coming to Africa. More recently I have made frequent visits to her project,

Cathy provided me with feedback on the initial electronic draft of her story during a follow-up visit eight months later, in casual conversation and a second semi-structured interview. She offered a comment on her own story during a focus group looking back on my interpretation of the staff and program managers' collective story which sparked reflections and discussion on their own stories. Although Cathy's story ended abruptly in the transcript, she wanted me to know that her story of learning to practice would continue far beyond the boundaries of this research.

Chisulo is passionate and committed to make a difference in the lives of young people and their communities impacted by HIV&AIDS in Malawi. He works in English and Chichewa with youth in churches in designated communities and has personal experience of watching close family members succumb to AIDS. I first met Chisulo in the second half of 2007 while I was based in Malawi and working regionally as an HIV&AIDS consultant to the HOPE program, even attending his wedding. Chisulo is the youngest member of the HOPE Malawi team. During a one week visit in 2009, I recorded Chisulo's story during a semi-structured interview, a focus group, and over casual conversations in the HOPE office, vehicles and restaurants, and while visiting rural project sites. I sent Chisulo an electronic draft copy of his story and made a follow-up visit eight months after initially recording his story, when he provided feedback on the draft. This was again done over casual conversation with a second semi-structured interview, incorporating additional information into his final narrative.

Chuma is a fervent advocate for HIV&AIDS related issues and, like her colleague Pastor Abraham, is well known and connected within the southern Natal area in South Africa. She is a local Zulu speaker with English as her second language. I first met Chuma at a HOPE workshop in 2006 along with Gabriela, Busiso and Abraham. I have continued to interact with Chuma and others in Positive Life (PL) in my role as HIV&AIDS consultant to the HOPE program, including emails and visits to the program.

I collected data from Chuna over three occasions in 2008, 2009 and 2010. I recorded Chuma's story during semi-structured interviews, group discussions in the PL office, and casual personal conversations in vehicles, in restaurants, and while visiting rural project sites. After each visit Chuma received electronic draft copies of my re-presentation of her story.

The final interview was conducted in Chuma's office which she shares with her colleague Jabulani. The space is tight and her colleague was working in the background and listening. At times he was on his computer or talking on the phone with other conversations audible. It was late in the afternoon and I was aware that they relied on infrequent public transport to get home

to an outlying area. I incorporated minor changes from this interview into Chuma's story and documented her reflections as a post-script.

Dorothea. I first met Dorothea and her family in 2007 while based in Malawi and working regionally as an HIV&AIDS consultant to the HOPE program. Dorothea is an expatriate nurse of European background who works part time in the HOPE Malawi HBC program. We met during my one week visit late 2009 to record her story in a pre-arranged interview in her home. I sent Dorothea an electronic draft copy of my re-presentation of her story and held a follow-up interview with her 17 months after my initial data collecting, during a leadership conference in South Africa where we enjoyed many informal conversations together. While there I organized a formal time for a second semi-structured interview in order to go through her story, make any necessary changes, and include additional information and reflections. Minor changes were made electronically during the actual interview and additional information was later added to give a final narrative.

Gabriela is a social worker and senior manager of a children's home and the Help the Child (HtC) project in South Africa. She is an expatriate worker fluent in the local language who has lived in South Africa for 30 years. I first met Gabriela in 2004 when I was leading a small team of youth from New Zealand to take part in a three-week exposure trip to the children's home. HtC was then a new program reaching out to OVCs in the area.

Gabriela narrated her story of engaging with HIV&AIDS over casual conversations and during a semi-structured interview in her home during my one week research visit to HtC in 2009. We were constantly interrupted by phone calls and the stream of children and colleagues who frequent their home. Her husband also participated in these conversations, aware this was for my research and that Gabriela had signed consent. This relational approach is normal for Gabriela who has "very little time for extra tasks".

I edited her transcript to create narrative flow yet retain her voice and a sense of conversation. I sent her an electronic draft copy of my re-presentation of her story, and made a follow-up visit twelve months after initial data generation. During this second visit I again stayed in Gabriela's home and interacted frequently with her in work and home settings. This included casual conversations and a formal two hour interview in which she made small changes to her story and added a concluding section, now incorporated into her narrative.

Jabulani is the deputy manager of the Positive Living (PL) project in South Africa and is responsible for finances, monitoring and evaluation**.** He is the newest member of senior staff. He confides:

> My difficulty is that most of the staff don't understand about funding and contracts with donors. From their perspective they see that there is always money but right now I am saying that there is no money, so they don't understand. On top of that we are having a lot of visitors so most of the time our volunteers and beneficiaries ask, "What are we doing with these visitors because they come and go and promise us that they are going to give us money but there is no money?" These are questions of sustainability for us.

I first met Jabulani when visiting PL in 2008, and collected data from him over three occasions between 2009 and 2010. I recorded his story during semi-structured interviews, group discussions in the PL office, and casual personal conversations when driving to informal settlements and rural villages. After each visit Jabulani received electronic draft copies of my re-presentation of his story. I incorporated minor changes from his feedback on his personal and the group discussion, and documented his reflections as a post-script.

Karlos is an engineer and project manager married to Cathy. They work together in HOPE Malawi mostly in Chichewa, the national language, along with English. I met Karlos prior to his relocation to Africa and subsequently visited on many occasions the HIV&AIDS program in which he and Cathy are involved. Karlos explains the change that he has experienced since his involvement in HIV&AIDS work:

> A big change that has come into the home-based care over time has been the advent of ARVs. Along with all the general awareness campaigns about HIV and reducing stigma, the fact that ARVs are available and people can get access to them much more readily, means that they see AIDS is not suddenly a death sentence – an immediate death sentence. It means that you can now extend the period of physical well-being by numbers of years. All that happened around 2006 and 2007. In some sense it didn't change a lot of the way we do things because we're not actively involved in providing

> ARVs. What it did mean for us is that we needed to know who was providing them, where they were being provided, and how you then got access to them.

Like Cathy, his story was recorded during a semi-structured interview, focus group, and over casual conversations in their home and office. Karlos provided me with feedback on the initial electronic draft of his story during a follow-up visit eight months later, in casual conversation and a second semi-structured interview. This was incorporated into his final narrative.

Musa is a youth coordinator in the Help the Child (HtC) project in South Africa. He is a local Zulu speaker with English as his second language, and frequently travels for up to three hours to visit local youth group initiatives. Many of these work together on IGAs as unemployment rates are high in the area. I recorded Musa's story over casual conversations and during a semi-structured interview in the HtC office during my one week visit in 2009. Only minor corrections were subsequently made to his story.

Odan is the oldest member of the HOPE Malawi team and holds a significant leadership position with the national church partner. He is a local and speaks the local language with English as his second language. He joined the HOPE program in 2006 to work as the project HBC coordinator and travels regularly to rural areas where most of the HBC sites are located. I first met Odan when I was based in Malawi for the second half of 2007.

I recorded Odan's story during a semi-structured interview, a focus group, and over casual conversations in the HOPE office and while visiting urban and rural project sites during a one week visit in 2009. I sent Odan an electronic draft copy of his story and made a follow-up visit later that same year. Odan provided feedback on the draft during this second more extended visit. Again this was done over casual conversation with a second semi-structured interview. Minor changes were made and additional reflections appear as a post-script.

Peter and Grace work in Kenya, Peter as a physician and surgeon and Grace as a physician assistant at a regional hospital**.** I first met Peter and Grace in 1999 at an international HIV&AIDS conference while they were working in a rural hospital in a southern African country. They have a long term commitment to working with PLWHA, having been involved in diagnosing AIDS from the very early days of the epidemic in East Africa. They are particularly concerned for community health, holding senior roles over extended periods of time in community and government organizations, and mobilizing resources and responses to HIV&AIDS.

I conducted two semi-structured interviews with Peter and Grace to record their stories in 2009 and 2010. Because they were unable to coordinate a time with me and the rest of the HOPE Kenya team, I met with them alone to hear their story. On both occasions this took place in restaurants and over casual conversations in the capital city, some two hours from their place of work. Peter and Grace postponed a temporary return to their home country by one week so we could meet together.

In order to create a sense of my relationship with them as both colleague and fellow researcher, and to enable all three of our voices to be heard, I documented their story as "conversational style script". After my first visit, I sent Peter and Grace an electronic draft copy of my re-presentation of their story. They did not make any direct changes to this then, nor during my second visit. They did however add to their story from experiences since our first interview, and this was included in the final narrative.

Radhi is committed to investing in the lives of children impacted by HIV&AIDS in Malawi. After obtaining a bachelor level theological qualification, he worked in project management for an NGO engaged in caring for OVCs. In 2006 Radhi left this position to take up work in HOPE Malawi as coordinator for the OVC project. Radhi is the only HOPE team member who does not belong to the HOPE Malawi partner church. Team members respect him for bringing a healthy and important 'outsider' perspective to this work. I also first met Radhi in 2007. During a one week visit in 2009, I recorded Radhi's story during a semi-structured interview, a focus group,

and over casual conversations in the HOPE office, in vehicles and restaurants, and while visiting rural project sites. I sent Radhi an electronic draft copy of his story and made a follow-up visit eight months after my initial data recording, when Radhi provided feedback on the draft. Again this was done during casual conversation and with a second semi-structured interview, and these additional reflections appear as a post-script.

Ruth has been working in HOPE Kenya as an expatriate psychologist for about one year using her doctorate in psychology. She has a passion for addressing HIV&AIDS related issues such as appropriate counselling, abuse, stigma and discrimination, and matters of policy. She is well connected within the professional community of counsellors and psychologists in Nairobi. I first heard Ruth's story during a semi-structured interview in a restaurant and during casual conversations while travelling together in November 2009. Ruth was concerned that I understand more of her developing role and the major challenges she was encountering. My follow-up interview with Ruth was held in August 2010 in a restaurant. She did not make any changes. In October 2010 during a global HOPE workshop we informally discussed her story again.

Siphelele is a data quality manager monitoring the Help the Child (HtC) project in South Africa. He is a local Zulu speaker with English as his second language. I first met Siphelele during my one week visit in 2009, recording his story over casual conversations and during a semi-structured interview sitting outside the HtC office. We were next to the children's home and frequently interrupted by children and colleagues, so our conversation was more relaxed than in his confined office. During my second visit in 2010 Siphelele provided feedback on the first draft with minor corrections made to his story.

Thabisa was first employed by Help the Child (HtC) South Africa as a paralegal. She is a local Zulu with English as her second language. I first heard Thabisa's story during my one week visit

in 2009, over casual conversations and while travelling in a project vehicle to the main town centre 10 kilometres from the project office. This was followed up by a semi-structured interview. Due to funding cuts her status as a paid paralegal with HtC ceased soon after our first meeting, however she subsequently took on a position in an NGO promoting SHG. Funding for this position terminated early 2010. When I met with Thabisa during my second visit to HtC for data generation, she had decided to be an unpaid volunteer for HtC and the SHG program, believing that they were seeing real outcomes in the lives of poorer women and orphan children, and hoping for funding later that year through the NGO.

During my second visit Thabisa provided feedback on the draft semi-structured interview. This took place in a new one room office rented in the town centre complex incorporating various government offices such as the health department and High Court. The HOPE global program coordinator and his wife accompanied me on this visit and were invited by Thabisa to join our conversation. She was very keen to show us photos of SHGs. Our initial discussion centred on photos on her camera and then extended more broadly to her experience in the project. In the final narrative I incorporated minor corrections to her original story and added sections about her new work.

With great sadness I heard of Thabisa's death in 2011 – a vibrant young woman of faith passionately dedicated to making a difference in the lives of those living and dying with HIV&AIDS. To her memory I have dedicated this work.

Thembeka is one of two senior social workers in the Help the Child project in South Africa whom I met during a one week visit in 2009. She is a local Zulu with English as her second language. She describes her role as a social worker:

> What I do at HtC is to supervise social workers, paralegals, foster coordinators, and the memory box capacity builders. I also make sure that administrative work for the social work process is done properly. This involves collecting information from the client from initial contact until the client is able to receive the foster care grant. It's a long process. I also need to have a good understanding of the welfare organizations, with the health department and with all the government departments with which we are involved. Sometimes we are working hand in hand with them. At times I am also involved in some workshops that we do: the psychosocial workshops, the foster parent workshops, the

> child abuse workshops, the HIV&AIDS workshops, and support group workshops. I am supervising all the work that is being doing by the social workers.

I heard Thembeka’s story first through casual conversations and later in a semi-structured interview sitting outside the HtC office where she described her experiences of learning HIV&AIDS work. As with other interviews at HtC, we were constantly greeted by passing children and colleagues. During the second semi-structured interview while sitting outside her HtC office door under a tree, Thembeka provided feedback on the first draft. She asked me to read her story aloud during which we discussed issues significant to her. Changes were incorporated into her final story.

Valencia has approximately ten years of experience working in Nairobi, Kenya. She came to Kenya from a teaching position with the aim of using her teaching experience to mobilise people to respond to HIV&AIDS, and her work in HOPE Kenya focuses on training church leaders. It is important to Valencia, an expatriate, that she be “taken as a local”. I first met Valencia in Nairobi in 2003 at an international conference on HIV&AIDS followed by a HOPE workshop. At that time she was developing materials to use in AIDS awareness and training for church leaders, primarily in the informal settlements surrounding Nairobi. I have met with Valencia and the HOPE Kenya team on each of my subsequent four visits to Nairobi prior to this study.

My first visit to HOPE Kenya expressly for the purpose of this research was in March 2009 followed by a second visit in August 2010. I met with Valencia again in October 2010 coinciding with a global HOPE workshop for all country managers and selected leaders. I found myself appreciating Valencia’s story during semi-structured interviews and over casual conversations in the Kenya office, in restaurants, and during several workshops. After my first research visit I sent Valencia an electronic draft copy of her story, which we discussed on my second visit during casual conversations and a second semi-structured interview. She made minor changes that we elaborated together and incorporated into the final copy.

Appendix D: Information, consent and approval

I obtained two types of consent forms from each faith-based HIV&AIDS program:

1. The International Organization, Country FBO directors, the HOPE coordinator and the local FBO
2. Program managers and staff

In addition I provided all entities with an information sheet explaining the scope and details of my research.

Consent forms and the information sheet are included in this appendix.

a. Consent participant information

MORE THAN TELLING A STORY: LEARNING ABOUT PRACTICE

WHO IS DOING THE RESEARCH?

My name is Diane Marshall, [the organization's name] Consultant for HIV&AIDS and student at the University of Technology Sydney, Australia carrying out doctoral research in the [the organization's name] HOPE programs. My supervisor is Professor David Boud at the University of Technology. I would welcome your assistance.

WHAT IS THIS RESEARCH ABOUT?

My research investigates how practitioners learn to do what they do in faith-based HIV&AIDS programs in community settings in Africa. This involves documenting stories of how program managers and staff learn together in their daily work in order to improve the well-being of individuals and communities affected by HIV and AIDS.

IF I SAY YES, WHAT WILL IT INVOLVE?

During my first visit to each selected HOPE project I will ask you as a program manager or staff to:

- Tell me your story during casual conversations and 1-2 interviews about how you learn to do what you do in your daily work. I will make a digital audio recording of these stories as well as take notes
- Participate in a half day focus group discussion in which you together with other staff tell the story of how you learn to do what you do in your work. This will also be recorded and notes taken. You will agree to keep all discussions confidential and not discuss details outside the group
- Draw maps of the key people, places, events, and sources that have been helpful, both personally and as a group, in guiding how you respond to HIV&AIDS
- Provide me with any relevant background documents such as reports, newsletters and stories about this HOPE program

I will write up your story and the group story and give them back to you for comment and input.

During a second visit I will ask you as a program manager or staff to:

- Comment on and suggest changes as necessary to the written record of both your personal story and the group story of learning to do what you do
- Be part of a half day focus group in which together you provide feedback on your understanding of learning together

You will receive the final versions of your personal and collective stories.

This research will be conducted in English. All the data will be stored under password or lock and no one other than myself and my supervisors will have access to the information collected. Pseudonyms instead of your name will be used in any related publications.

ARE THERE ANY RISKS?

This research has been carefully designed and the risks are low. It is possible that you might feel uncomfortable about disclosing any personal information about your learning experience. In extreme though unlikely circumstances you could sense a threat to working relationships or your position.

Care will be taken to respect both you and the information you provide. Ongoing opportunities will be given during my visits and throughout the research process for you to ask questions, to re-visit consent and to withdraw.

WHY HAVE I BEEN ASKED?

You are able to give the information needed to understand how program managers and staff learn to work effectively in faith-based HIV&AIDS organizations in community settings. Your experience is greatly valued. It is also expected that this process of reflecting on learning to do what you do in your context will be professionally enriching.

DO I HAVE TO SAY YES?

No, you are able to decline this request.

WHAT WILL HAPPEN IF I SAY NO?

Nothing. I will thank you for your time so far and will not contact you about this research again.

IF I SAY YES, CAN I CHANGE MY MIND LATER?

You can change your mind at any time and you don't have to say why. I will thank you for your time so far and won't contact you about this research again.

WHAT IF I HAVE CONCERNS OR A COMPLAINT?

If you have concerns about the research that you think I can help you with, contact:
Diane Marshall diane.g.marshall@student.uts.edu.au

Professor David Boud david.boud@uts.edu.au
University of Technology, Sydney, Faculty of Arts and Social Sciences
PO Box 123, Broadway, NSW 2007 Australia
Tel: +61-2-9514 2000

If you would like to talk with someone who is not connected with this research, you may contact the University of Technology, Sydney, Research Ethics Officer on +61-2-9514 9615 and quote this number: UTS HREC 2008-256

If you would like to talk to [the organization's name] leadership who is not connected with this research, you may contact:

[The organization's name] Regional
Director for Southern Africa
Tel:
Email:

[The organization's name] South Africa
Director
Tel:
Email:

[The organization's name] Malawi Director
Tel:
Email:

[The organization's name] Kenya Director
Tel:
Email:

b. FBO consent

To: The International Organization, [the organization's name] Country directors, HOPE coordinator, local faith-based organization
From: Diane Marshall
Date: November 2008
Re: Consent for participation in research

I ____________________________ as representative of ____________________________
agree to our [the organization's name] HOPE related program participating in the research project *"More than telling a story: Learning about practice"* being conducted by Diane Marshall, [the organization's name] consultant for HIV& AIDS ministries, and a student at the University of Technology, Sydney, Australia. This is for her Doctorate of Education. Funding for this research is personal and has not been allocated through [the organization's name].

I understand that the purpose of this study is to explore how practitioners learn to do what they do in faith-based HIV&AIDS programs in community settings in Africa. This involves documenting stories about how project managers and staff learn together in the context of their daily work in order improve the well-being of individuals and communities affected by HIV&AIDS.

I understand that although this research has been carefully designed to minimize any risk, participants could feel uncomfortable about disclosing personal or sensitive information. In extreme though unlikely circumstances they could sense a threat to working relationships or their position. This research will not impact access to services or benefits that they receive as part of my involvement in the HOPE program.

I am aware that I can contact Diane Marshall, her supervisor Professor David Boud or the [the organization's name] director if I have any concerns about this research. I also understand that I am free to withdraw my consent for this research at any time I wish, without consequences, and without giving a reason.

I agree that Diane Marshall has answered all my questions fully and clearly.

I agree that the research data gathered from this project may be published in a form that does not identify participants in any way.

____ ____/____/____
Signature (participant) dd mm yy

____ ____/____/____
Signature (researcher or delegate) dd mm yy

NOTE: This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: 02 - 9514 9615, Research.Ethics@uts.edu.au), and quote the UTS HREC reference number 2008-256. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

c. Participant consent

To: Program managers and staff in [the organization's name] related HOPE projects
From: Diane Marshall
Date: November 2008
Re: Consent for participation in research

I ______________________________ agree to participate in the research project *"More than telling a story: Learning about practice"* being conducted by Diane Marshall, [the organization's name] consultant for HIV& AIDS ministries, and a student at the University of Technology, Sydney, Australia. This is for her Doctorate of Education. Funding for this research is personal and has not been allocated through [the organization's name].

I understand that the purpose of this study is to explore how practitioners learn to do what they do in faith-based HIV&AIDS programs in community settings in Africa. This involves documenting stories about how project managers and staff learn together in the context of their daily work in order improve the well-being of individuals and communities affected by HIV&AIDS.

I understand that although this research has been carefully designed to minimize any risk, I could feel uncomfortable about disclosing personal or sensitive information. In extreme though unlikely circumstances I could sense a threat to working relationships or my position. This research will not impact access to services or benefits that I receive as part of my involvement in the HOPE program.

I am aware that I can contact Diane Marshall, her supervisor Professor David Boud or the [organization's name] director if I have any concerns about this research. I also understand that I am free to withdraw my participation from this research at any time I wish, without consequences, and without giving a reason.

I agree that Diane Marshall has answered all my questions fully and clearly.

I agree that the research data gathered from this project may be published in a form that does not identify me in any way.

______________________________________ ____/____/____
Signature (participant) dd mm yy

______________________________________ ____/____/____
Signature (researcher or delegate) dd mm yy

NOTE: This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: 02 - 9514 9615, Research.Ethics@uts.edu.au), and quote the UTS HREC reference number 2008-256. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

d. Ethics approval

24 November 2008

Professor David Boud
Communication & Learning Group
Faculty of Arts and Social Sciences
CB10.05
UNIVERSITY OF TECHNOLOGY, SYDNEY

Dear Diane,

UTS HREC 2008-256 – BOUD, Prof David, FLOWERS, Dr Rick (for MARSHALL, Ms Diane, – "More than telling a story: learning collectively about practice"

Thank you for your response to my email dated 18 November 2008. Your response satisfactorily addresses the concerns and questions raised by the Committee, and I am pleased to inform you that ethics clearance is now granted.

Your clearance number is UTS HREC REF NO. 2008-256A

Please note that the ethical conduct of research is an on-going process. The *National Statement on Ethical Conduct in Research Involving Humans* requires us to obtain a report about the progress of the research, and in particular about any changes to the research which may have ethical implications. This report form must be completed at least annually, and at the end of the project (if it takes more than a year). The Ethics Secretariat will contact you when it is time to complete your first report.

I also refer you to the AVCC guidelines relating to the storage of data, which require that data be kept for a minimum of 5 years after publication of research. However, in NSW, longer retention requirements are required for research on human subjects with potential long-term effects, research with long-term environmental effects, or research considered of national or international significance, importance, or controversy. If the data from this research project falls into one of these categories, contact University Records for advice on long-term retention.

If you have any queries about your ethics clearance, or require any amendments to your research in the future, please do not hesitate to contact the Ethics Secretariat at the Research and Innovation Office, on 02 9514 9772.

Yours sincerely,

Professor Jane Stein-Parbury
Chairperson
UTS Human Research Ethics Committee

Appendix E: Data generation guidelines, document review and data analysis

In chapter 6 I illustrate the overall iterative process of my data generation. Supporting detail for the process is included in this appendix.

I used the following criteria to select my research sites:

- The country level FBO HIV&AIDS program to consist of one or more distinct projects linked by a common strategy, each project with its respective manager and staff
- Each project to be operational at the time of research and have been so for at least one year
- Each project to have a minimum of three staff including the project manager, with a range of responses such as prevention, HBC and OVC care
- All participants to speak English, although English may not be their first language
- The Australian Department of Foreign Affairs and Trade (DFAT) travel advice the country to be orange Level three "reconsider your travel" or less

Although the HOPE International program operates in 12 countries – 1 Asian country and 3 sub Saharan countries representing 16 HIV&AIDS projects have DFAT levels greater than Level 3. Consequently this research is not representative of HIV&AIDS program managers and staff operating in politically unstable or volatile contexts.

Based on the above criteria, I selected the following four programs in Malawi, Kenya and South Africa compromising 6 projects to participate in this research, and obtained consent. Projects vary in scope, number of staff and total project cost.

- HOPE Malawi: A large program with 7 projects in HBC, family and community-based care of OVC, HIV prevention and church leadership training. Three projects fulfilled the research inclusion criteria over the course of data generation. I co-created narratives with 6 program managers and staff.
- HOPE Kenya: A community and church mobilization program comprising 1 project in multiple locations focusing on prevention, from which I co-created narratives with

4 program managers and staff.

- HOPE South Africa: A three-pronged program of HBC, HIV prevention and church mobilization initially comprising 3 projects in 3 locations. However 1 project withdrew from the HOPE South Africa program for reasons of inadequate reporting. Because this occurred after the initial data generation visit but before the planned follow-up visit, I admitted only 2 South African projects meeting the research inclusion criteria: Positive Living (PL), a large, comprehensive prevention and HBC project with 3 senior program managers contributing to this research; and Help the Child (HtC) a support project for OVC, from which I co-created narratives with 6 personnel. I also included the HOPE South Africa Coordinator.

These 3 countries have been operating as part of the HOPE International program since it was established in 2001. They provide adequate representation of well established and stable faith-based HIV&AIDS programs whilst remaining logically feasible. I was able to reach saturation with the 26 participants who were managers or staff in programs fulfilling the above criteria for the duration of this research.

Data generation arose out of the semi-structured interview and focus group guidelines used in the initial visit to each of the programs and a follow-up visit, together with observations and document analysis. I originally planned to include a social mapping exercise. However this was understood by participants in only two of the four programs as noted in chapter 3. Consequently I excluded it from my final analysis. I continually monitored the verbal narrated form of data generation and found no evidence that this was problematic for participants, rather the opposite: rich narratives were forthcoming and participants were comfortable and confident with this form of expression.

a. Semi-structured interview and focus group guidelines

I planned for interviews to be approximately 30-60 minutes in length. In practice hey ranged from 20 minutes to 1 hour 45 minutes. Generally those with English as their second language were shorter in length and I included additional time in casual conversation. Although I invited managers and staff in each program to participate in a half-day focus group, the bulk of this time was given to a culturally appropriate welcome and introductions accompanied by food and beverages. The focus group discussions ranged from 90 minutes to 2 hours.

Program Visit 1: Semi-structured interview schedule

1. Introduction to the research and consent
2. Interview guidelines
    a. Place – Including descriptions of:
        - Specific places or sequences of places of special significance
        - Distinctives of the particular HIV&AIDS work
    b. Time – Work experience in the past and present and expectations of the future
    c. Everyday HIV&AIDS work – what, how, when, where, with whom
        - Know-how and skills
        - Resources
    d. Learning HIV&AIDS work – Including descriptions of:
        - Aspects of HIV&AIDS work of which the practitioner is most proud
        - Examples of learning that the practitioner considers significant and how these came about
        - Examples of changed ways of learning and changes in HIV&AIDS work
        - Important moments and events
        - Boundaries
    e. Specific learning experiences – Including examples of:
        - Advice received and how the particular program learns from other people and programs
        - Advice given to others and how others have learned from this program

- Situations in which the program works with other organizations to produce desired outcomes including networking

f. Personal and social dimensions – With descriptions of the historical, cultural, social, economic and religious contexts:
   - Important relationships and people
   - Motivation, core values, attitudes, beliefs and hopes
   - Issues of power, gender and ethnicity
   - Sharing expertise, approaches and resources

3. Conclusion – Further questions and an expression of appreciation

Program Visit 1: Focus groups

Focus group themes are identical to those set out in the interview guide above.

Consent to participate in this research to be re-visited at the beginning of each focus group.

Participants are required to keep all discussions confidential and not discuss details outside the group.

Program Visit 2: Semi-structured interviews and focus groups

1. Revision of the research, process and consent

The aim is to revisit personal and collective stories. Participants provide specific feedback on the re-presentation of both their personal story and the collective story written in narrative form. They are asked to clarify any ambiguities, make corrections, and add additional information.

Focus group participants provide specific feedback on their collective story written in narrative form. They are asked as a group to clarify any ambiguities, make corrections, and add additional information they feel should be included.

2. Consent

This is to be re-visited at the beginning of the each participant interview and focus group. Participants are required to keep all discussions within the group confidential.

3. Semi-structured interview and focus group guidelines

- To what extent do these stories represent your story and that of HOPE Malawi / HOPE Kenya / HOPE South Africa (HtC and PL) in learning to do HIV&AIDS work?
- What particular part of this story / these stories that you feel strongly about?
- Where is there something that does not represent you?
- What needs to be changed? added? taken out?
- Tell me about something that you have recently introduced or changed since we spoke last time. Prompts may include: Why have you come to do it this way? What was important in deciding to bring about this change? What? Who? How? Where? When? What made it easy or hard?
- Describe 1) your personal approach, and 2) your project's approach to moving towards being more effective in HIV&AIDS work?

b. Document review

The following table summarizes the methods used and the scope of data collected within the four HIV&AIDS programs. Note that data were only collected from participants present for both field visits.

Table 3: Methods and scope of data

Site (# participants)	Malawi (6)	Kenya (4)	Sth Africa Program 1 (4)	Sth Africa Program 2 (10)	Total
Total field visit time	35 days	21 days	17 days	25 days	98 days
Individual inter-views (excluding conversations)	12	8	8	20	48
Interview hours	20hrs	8 hrs	8hrs	19hrs	55 hrs
Focus groups	3	1	2	2	8
Focus group hours	4.5	-	3	3	10.5
Mapping	Yes	No	Yes	No	
Review of program documents 2005-2010	23 program reports 29 newsletters	18 program reports 25 newsletters	23 program reports	31 program reports	95 program reports 54 newsletters
Field observation notes	Yes	Yes	Yes	Yes	

c. Data analysis process

Throughout my analysis I co-created narrative accounts of program managers and staff learning HIV&AIDS work using data drawn from conversations, interviews and focus groups, together with program documents and field observations. Although this work is described below as a series of steps, this is an iterative process.

1. Using NVivo9 software, conduct a theoretical sweep through the data with a set of a priori themes generated from my experience observing managers and staff learning HIV&AIDS work. Where data do not to fit these categories on my initial coding, merge these into a similar but more encompassing theme, or leave these uncoded for later consideration.
2. During this course, allow three key questions to guide reflection: what do the data show, what do I want to know, and how are these related? This results in a series of repetitive cycles in which I refine emerging patterns and themes.
3. Develop accounts of learning from these narratives that describe a series of learning activities attached to more than one individual at any one time. Make the full narratives available on request. My primary unit of analysis is learning practice – “doings, sayings, relatings” – not individuals. Examples of initial accounts of learning include: Peer advising, role modelling, mentoring and supervising, training / workshops / courses, listening to stories, trial and error, experiencing, relating (NGO, government, community, church), questioning, integrating and hiding knowledge (absence of learning).
4. Note particular ways learning activities are organized by unique relationships and arrangements of people, material objects and other practices together with details of time/place/temporality/spatiality that characterize them.
5. Consider spaces of multiplicity, noting where learning activities overlap, interweave and even conflict.
6. Identify where learning does not occur.
7. Refine emerging patterns and themes.

My research questions guide my reflection throughout steps 2-6: What activities uphold learning practices in this setting? How might they be described through a practice framework?

How are these practices organized? How do learning practices hang together and bundle? What makes learning possible?

Table 4 below: Narrative-practice research: An iterative process melding narrative inquiry and practice framework, illustrating how I analyse the narratives of program managers and staff learning HIV&AIDS work by linking the foundational concepts of Clandinin and Connelly's (2000) model of three dimensional narrative inquiry as described in Chapter 6, to my learning practice framework as described in chapter 4 and illustrated in Diagram 4: Conceptualizing the practice of learning: A framework for empirical research.

Table 4: Narrative-practice research: An iterative process melding narrative inquiry and practice frameworks

Clandinin and Connelly's (2000) Model of three dimensional narrative inquiry	Narratives of learning HIV&AIDS work	A learning practice framework (Kemmis 2009; Schatzki 2001a, 2012)
The outward dimension situated within specific places or sequences of places (place)	Prevention HBC OVC Training Program management	Doings – characteristic learning Activities and interactions Sayings – what people say they know and communicate
The personal-social dimension: Feelings, hopes, aesthetic reactions and moral dispositions, and conditions under which people's experiences unfold	Resources, tools, raw materials, technologies Country/region, rural/urban, ethnic focus, accessibility to services. Descriptive of local conditions – historical, social, cultural, economic Relationships – colleagues, beneficiaries, networks, 'experts'	Relatings – embodied learning Relationships between people and material objects in social space How learning activities are organized – practical understandings, general understandings, rules, teleological structure
The backward and forward dimension pointing to temporality – past, present and future – co-existing through memory and expectation	Motivation and purpose Values – beliefs, ethics, morals and faith Change and learning in relation to the development and impact of the epidemic over time, eg. ARVs, prevention, funding availability	Space – learning situated in multiple dimensions of context: objective place and spatiality Time – learning situated in multiple dimensions of time including objective place and temporality Past-present-future

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