

Volunteer health workers and the HIV city

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This paper follows the work of health volunteers associated with expanding antiretroviral therapy programmes in the city of Kisumu, Kenya. In the last five years, HIV clinics and their activities have been created as sites of intense activity, where resources, expertise, skills, medicines and technologies are concentrated, often in stark contrast to other, under-resourced health care services. Achieving the aim of providing antiretroviral medicines to HIV positive people and ensuring they stay on it requires intensive follow-up of patients and entails a large amount of paperwork, keeping patient records and tracking their progress and care. Much of this work is currently being done by 'Community Health Workers' and 'HIV Counselors', many of them volunteers. Though they receive little remuneration, HIV volunteers see their work as opening up opportunities - they are exposed to new forms of knowledge and expertise, they learn new skills, and they can access both long-standing and emerging networks and civic spaces, including NGO projects, government bureaucrats and 'community-based' or 'self-help' groups. As they move through the city, volunteers connect homes and clinic, track treatment regimens, and link up patients with various health care and welfare projects and the opportunities they offer. Yet in their movements between clinic and "the community", they also enact and reinforce demarcations and hierarchies - between the knowledge and expertise of the former and the ignorance and recalcitrance of the latter. The paper examines how these 'follow-up' activities inscribe a particular municipal topography, shaped by HIV knowledge, expertise and intervention, in which people are orientated towards non-governmental organizations and projects providing often transient services. It explores how follow up staff position themselves as brokers between state, NGOs and 'community' as the same time as reinforcing hierarchies of power and knowledge between these entities. Finally it asks what kind of political and civic spaces such health work creates in the city, and how these overlap or coexist with older trajectories of municipal public health.