The Development Research Centre on Citizenship is based at the Institute for Development Studies at the University of Sussex and is funded by DFID. The DRC has brought together researchers from Brazil, India, Mexico, Nigeria, Bangladesh, Angola, Kenya and South Africa over the course of a ten-year collaboration from 2000 to 2010. This book presents, in a distilled form, some of the major findings of the research undertaken by the South African team, based at the Centre for Citizenship and Democracy at the School of Government, UWC. It raises certain key issues and dilemmas around participatory governance processes in South Africa, including the ways in which we understand these processes themselves. The ways in which we understand citizenship and the rights of the citizen in participatory processes is a key theme. In particular, the book draws out some of the policy implications of problems encountered in implementing the notion of participatory democratic government in South Africa.
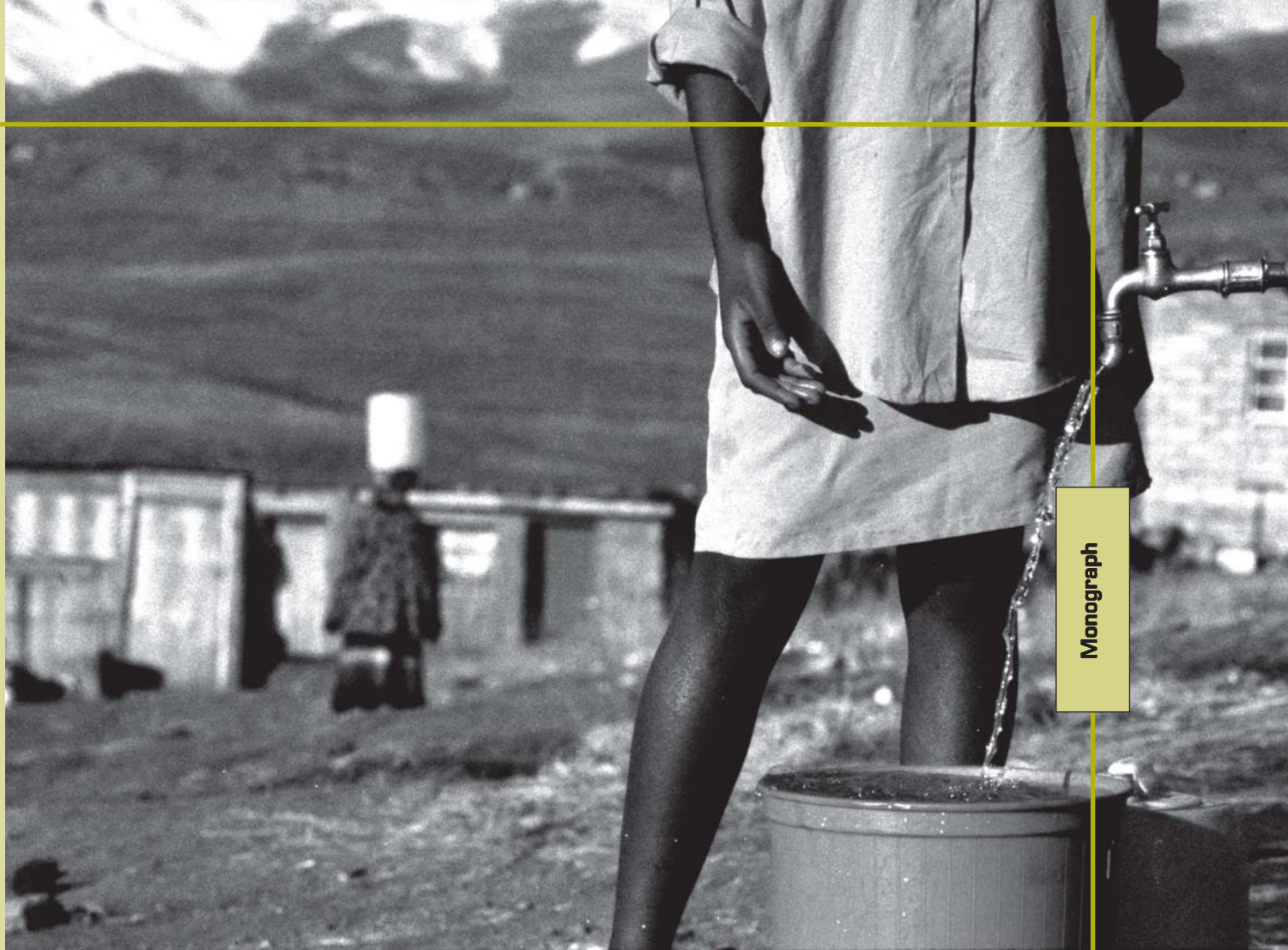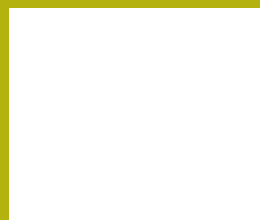
Monograph

African Centre
for Citizenship & Democracy

UNIVERSITY *of the*
WESTERN CAPE

DBBS
DYNAMICS OF BUILDING
A BETTER SOCIETY

ISBN: 978-1-86808-652-8

Participatory Governance?

Citizens and the State in South Africa

Edited by Lisa Thompson
African Centre for Citizenship and Democracy

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2007

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Introduction

1

Lisa Thompson

The author is the Director of the Centre for Citizenship and Democracy at the School of Government, UWC.

Introduction

The aim of this monograph is to present in distilled form some of the major findings of research undertaken by a South African team based at the School of Government at the University of the Western Cape from 2000 to 2005. The research was initially undertaken with an academic audience in mind, but has been rewritten to bring the policy issues to the fore for NGOs and those in the policymaking sphere of governance.

The chapters in this monograph derive from a collaboration with the Development Research Centre on Citizenship, Participation and Accountability (DRC), based at the Institute of Development Studies (IDS) at the University of Sussex in the UK and funded by the Department for International Development (DFID). The DRC has brought together researchers from several continents in the South, and collaboration has extended through the IDS network with researchers and policymakers in the North and South. Comparative case study work on Brazil, India, Mexico, Bangladesh, Nigeria and South Africa has been presented over the course of the five-year collaboration from 2000 to 2005. The programme has been extended for another five years, from 2006 to 2010, and it is hoped that the work presented here can be thematically extended and deepened in the years to come.

The chapters raise key issues and dilemmas around participatory governance processes in South Africa, including the ways in which we understand the processes themselves. How we understand citizenship and the rights of the citizen in participatory processes is, for instance, a key theme. Since the drafting of our new Constitution, with its strong emphasis on both civil and socio-economic rights, there has been plenty of policy debate on how these rights translate into policy and, even more critically, how they translate into actual dynamics of participation which are meaningful and empowering to citizens. Similarly, the responsibilities of citizens and the accountability of those involved in positions of power in governance have come increasingly under the media spotlight.

How do these notions help us to understand participatory dynamics in South Africa? How can these dynamics be improved upon? What is government doing (at different levels) and what are citizens doing and how do they understand their roles as citizens? These are some of the questions that the papers examine, sometimes quite critically, but always with an eye to clarifying what we mean by 'meaningful participatory governance'.

Steve Robins, for example, in his chapter on the Treatment Action Campaign (TAC) and the antiretroviral (ARV) programme roll-out, cautions us on the degree to which rights-based approaches to what he calls 'health citizenship' actually empower people affected by AIDS. He examines the experiences of a Guguletu-based men's HIV/AIDS support

group, Khululeka (which means 'freedom' or 'a feeling of freedom' in Xhosa), as an example of a group that, for a number of reasons, eschews more regularised forms of social movement activity (TAC, for instance) as well as government spaces of 'responsibilised citizenship' on HIV/AIDS such as clinics.

Robins examines the ways in which the dynamics of the support group interface with other aspects of health governance, in particular the public health system and policymaking processes. He focuses on how innovative community-based programmes give rise to new social identities and how these feed into broader public health debates and dynamics. Robins cautions that groups such as Khululeka have a role which is not easily subsumed by state policies or social movement activity. Indeed, as he puts it (on page 20):

> *AIDS activists claim that they provide much more than ARVs, condoms and the promise of more equitable access to health care. They also provide the possibility of meaning and human dignity for PWAs [people living with AIDS] facing a profoundly stigmatising and lethal pandemic. To reduce TAC and MSF to a rights-based movement solely concerned with access to health resources underestimates the movement's work at the level of the body, subjectivity and identity. Neither can mainstream social movement theory account for the powerful ways in which activists living with AIDS make meaning of their terrifying and traumatising journeys from the shadow of death to 'new life'.*

Robins's chapter alerts us to the different roles and goals of community organisation and the need for community-based organisations to help build up robust and powerful social identities at grass-roots level in order for participatory governance to have any real meaning.

John Williams' chapter on community participation in two health facility board (HFB) structures in Stellenbosch and Vredendal provides an exhaustive discussion of the ways in which government-created formal spaces of participation can both stimulate and hinder effective community participation. Williams interrogates the ways in which formal spaces of participation have been used as 'transitional' spaces for democratisation and the ways in which community participation has occurred in the two HFBs he analyses. He looks at the types of power relations to be found in such spaces, and how these can exclude local communities and privilege the opinions of elites, preserving the status quo.

He also focuses on non-participation as an 'opt out' for those who find formal public spaces of participation ineffective.

Williams concludes that HFBs as formal public spaces still have some way to go to change the ways in which participation by communities is viewed within these structures. As he puts it (on page 57):

> *In both Stellenbosch and Vredendal health care operates largely as an exotic, life-sustaining service, rendered by the godlike doctor and the saintly nurse, health care workers who are not merely much revered as caregivers, but fondly remembered by individual members of even the slightly better off communities, such as the Ebenhaeser couple who cried when they saw Dr Anna Louw at the farm gate. This is the missionary model of health care perfected!*

Bettina von Lieres examines similar issues relating to participation in formal structures (or spaces) created by the government, with a focus on the public policy spheres of health and land. She points out (on page 70):

> *In recent years … the limits of the state's democratisation strategies have become apparent. Many citizens feel alienated from the government and the state, and limit their participation to elections. Yet, for many South African citizens, formal electoral democracy means little in practice: they experience little or no engagement with local state structures, and have few institutional opportunities to 'oversee' the state as empowered citizens. There has been a marked failure on the part of the state to reach into marginalised areas and facilitate new institutional spaces for poor citizens.*

Von Lieres indicates that in the health sector, social movement activity (specifically as generated by TAC) has given meaning to participation, but in other spheres such as land, the ability of the marginalised to mobilise has been less effective. She points to the limitations of the legal assurances set out in the Constitution and in public policy on land in terms of translating rights into empowerment for the poor.

Von Lieres focuses on South Africa's land reform programme, which has to be understood against the backdrop of South Africa's apartheid legacy of land dispossession and appropriation and the new government's attempts to redress these huge historical injustices and landownership imbalances. She explores the adversarial relationship between the Landless People's Movement and the government with regard to the struggle by state and communities to define notions of citizenship in relation to land. She concludes (on page 75):

> *On the whole, the current status of citizen participation in land-sector decision-making highlights the state's lack of interest in and capacity for*

investing resources, energy or time in building new spaces for effective citizen representation and participation in the conception and design of public programmes or of new policies, rules and regulations.

In contrast, TAC has managed to transform state-community linkages through a powerful network of social actors mobilising at the local and global levels. While this relationship has also been adversarial, the strength of the social movement in relation to this area of public policy has enabled it to function powerfully and effectively.

Von Lieres concludes with a section on key challenges for policymakers which specifically addresses some of the issues surrounding the effectiveness of formally organised public spaces and how these could be made more effective. Her analysis emphasises the potential common ground to be found between community groupings functioning in what she terms 'middle spaces' (community-constituted spaces of representation) and more formal public spaces.

Chris Tapscott follows the same analytical path as Williams and Von Lieres by stating in his opening paragraph (on page 81):

Thirteen years into South Africa's new democracy, evidence from many different sources, including the media, academia and political leaders in the government, indicates that while progress has been made since the ending of apartheid, a large proportion of the population remains poor and marginalised.

This state of marginalisation has both economic and political roots. Yet, as Tapscott adds (on page 82):

Whilst this state of affairs is all too typical of developing societies in transition, the South African case is of interest because the failure to realise participatory democracy appears, at face value, not to be a consequence of political neglect on the part of the ruling party or of the state itself.

Tapscott goes on to examine some of the reasons for the difficulties that have arisen with participatory democratic processes. He looks specifically at the ways in which local government has translated its commitment to participation. Rather soberingly, he reminds us (on page 84):

Despite the best intentions of legislators and policymakers, however, it is evident that the majority of municipalities have thus far failed to give effect to the principles of Batho Pele and participatory democracy. Indeed, public frustration with what are perceived to be meaningless exercises in participation through ward committees, public meetings (known by the isiZulu and isiXhosa term imbizo*) and the like is steadily growing.*

Tapscott focuses on the ways in which municipalities attempt to draw citizens into processes and practices of local government. He points to, amongst other things, the gap between communities and local government regarding their understanding of the role of the citizen, as well as the rather instrumentalist approach of municipalities towards including communities in public participation processes around, for example, integrated development plans. Tapscott concludes that multiple layers of participation, starting at community level, are needed over a prolonged period to sustain more formal processes of participation.

Lisa Thompson's chapter deals with water policy and on how government provides for public participation in both supply and demand water policy strategies. Using the example of the Berg Water Project in the Western Cape, Thompson examines the ways in which local, provincial and national government are learning how to create meaningful public participatory spaces. She scrutinises two formal deliberative spaces set up by government – the Western Cape Systems Analysis (WCSA) process and the Environmental Monitoring Committee (EMC) – as government-organised spaces for non-governmental organisations and civil society representatives to play a role in monitoring the building of the dam.

Thompson focuses on four issues outlined by Cornwall and Coelho (2006:7–8) (on page 96):

- How *do civil society groupings, in particular the poor and excluded, become meaningfully involved in government institutional spaces?*
- *On what* basis *do people enter this sphere, and what is the nature of their representation?*
- Why *are they invited to participate?*
- *What does it take for these groups (again, especially those usually excluded) to have any* influence *over actual decision-making?*

Thompson demonstrates that the two spaces were dominated by the interests of government and that the ability of communities to make their voices heard in any meaningful way was severely limited as a result. She concludes (on page 111):

The most important issues with regard to the functionality of formal spaces lie in the government's rationale for inviting civil society into these spaces in the first place and in the extent to which interest groups can influence decisions. In the case of the WCSA, relevant stakeholders,

> *including 'interested and affected parties', were invited to participate, and some of these were finally included in the EMC structure. In both bodies, broader-based interest groupings such as the environmental movement were only partially represented.*

It is clear that the ability to influence decision-making was severely curtailed from within and outside these invited spaces because, as many WCSA participants intimated, the government never really offered any viable alternative to the Berg Dam. The purpose of participation, then, was to gain agreement from as many stakeholders as possible. … Similarly, the EMC process shows clearly the very narrow limits within which the government was prepared to tolerate criticism, as well as its response to a situation seen to be spiralling out of control.

On the other hand, those EMC members who fought to keep the EMC going have demonstrated that with sufficient expertise and knowledge of the law, the government can be challenged when the need arises. However, this form of action is less open to poor and marginalised groups.

The authors in this volume make an effort to illustrate the ways in which participation links to community notions of 'active citizenship'. How both political and socio-economic rights are claimed in different ways across issue areas are examined in the context of the different opportunities for active participation. These opportunities may be as a result of subverting formal spaces (as in the case of the Berg River EMC) or of the ability of communities to lobby government through grassroots mobilisation and the support of NGOs and CBOs (as in the case of TAC). These chapters show that for community participation in government-created participatory spaces to be meaningful, government officials must be prepared to accommodate the need of community representatives to see concrete results from their participatory efforts. Similarly, the strength of social movements' lobbying of government on specific issues (such as for anti-retrovirals for AIDS patients) is considerably strengthened by the leadership role of NGOs such as TAC.

It is also clear that tolerance for 'participatory dissent' is needed on the part of government. A vibrant democracy does not imply the absence of dissent but rather the constructive channelling of grievances and demands by both government and NGOs. Similarly, as Tapscott points out in his chapter, communities are in need of assistance in building vibrant community participation strategies to engage with government in ways that bring about

effective change. Government likewise needs to consider ways in which more formal channels of participation are able to accommodate the needs of communities, as voiced through channels of social activism. This could occur in a variety of different ways, with dialogue being the first and most important strategy. A commitment to change, and to ensuring genuine community empowerment among marginalised groups on the part of government institutions and officials is, of course, also critical to ensuring that any dialogue between government and citizens is meaningful over the medium to long term.

Khululeka – From Social Movement to Men's Support Group

2

A Case Study of Aids Activism
in Guguletu, Cape Town

Steven Robins

*The author is in the Department of
Sociology and Social Anthropology,
University of Stellenbosch.*

Introduction

Film director Darrell Roodt's *Yesterday* tells the story of a rural woman with HIV/AIDS whose migrant miner husband returns from Gauteng to his home village in KwaZulu-Natal to prepare to die from HIV. Both the dying man and his wife are stigmatised and isolated by most of the villagers. The wife builds her husband a corrugated iron room on the edge

of the village so that he can live his last days away from the inquisitive and accusatory gazes of unsupportive villagers.

Antiretroviral therapy (ART) and the possibility of treatment appear nowhere in Roodt's moving portrait of a couple caught in this tragic pandemic. *Yesterday* reflects the grim realities of AIDS as the bringer of social and biological death for millions on a continent where most countries do not have antiretroviral (ARV) treatment programmes. South Africa now has an ARV programme, as well as a national AIDS social movement, that offers the prospect of a more optimistic scenario, one in which people living with AIDS are able to access life-enhancing drugs that can return them to health and the possibility of reintegration into the social world.

This paper seeks to understand how the combination of ARTs and involvement in AIDS activism can dramatically change the subjective experience and identities of people living with AIDS (PWAs). It asks the following questions: What happens to people living with AIDS after they have started treatment? How do they reconstitute their lives following diagnosis and the initiation of lifelong ART? What challenges do they face when they get their lives back through ART, but now have to find work and support their families? How are these difficulties addressed in contexts in which employment is increasingly difficult to find? While the migrant miner in Roodt's *Yesterday* had access to wage income but not ART, the five to six million South Africans living with AIDS now have access to ARVs, but few have access to jobs.

This paper investigates the experiences of a group of young men in Guguletu who have attempted to address these problems of unemployment, poverty and HIV. The paper also draws attention to the limits of rights-based approaches to AIDS activism that do not adequately address questions of culture, gender, identity and the consequences of unemployment and poverty. Such approaches also seldom take cognisance of the social and cultural dimensions of illness and treatment.

The social character of illness

Pain, illness and suffering are often represented as inherently private and physical phenomena that have little to do with the social world. Yet numerous scholars have pointed out that the experience of pain and suffering is fundamentally social. For anthropologists, this observation is neither new nor surprising. Writing in the 1960s, Victor Turner (1961)

showed how the Ndembu interpreted the sick individual body as a sign of disease and disorder in the wider social body. Here, healing involved the realignment of the social order. Biomedicine, by contrast, tends to depoliticise and individualise illness. Paul Farmer (2004) is among a number of scholars who have challenged these discourses by drawing attention to broader social, political and economic structures that determine the epidemiological distribution and subjective experience of disease and suffering in the Third World. Farmer draws on the concept of structural violence to show how conditions of chronic poverty, gender inequality and everyday violence limit the life choices of the HIV-positive poor women he encounters at his HIV/AIDS clinic in rural Haiti. These patients are the literal embodiment of global structures of inequality and structural violence.

Farmer's linking of the individual AIDS-afflicted body to structural processes resembles anthropological accounts of how small-scale societies interpret the sick individual body as a sign of disease within the broader social body. South African AIDS activists belonging to the Treatment Action Campaign (TAC) and Médecins sans Frontières (MSF) make similar connections between individual people living with HIV/AIDS and the body politic. Here the wider social world is characterised by conditions of unequal and inadequate health care reproduced by the greed and profiteering of global pharmaceutical companies. These inequalities are also understood as the product of a legacy of apartheid racism as well as more recent forms of state indifference and inaction in relation to the provision of AIDS treatment in the public sector. With the decision in October 2003 to establish a national ART programme, activist attention has shifted towards monitoring this programme.

TAC and MSF activists argue that they are not only interested in ARVs, but also concerned with creating "empowered citizens" who understand the connections between biomedicine and the wider social world and political economy of health. This is evident in their legal challenge to the drug patents and pricing structures of the global pharmaceutical companies. TAC activists also share similar objectives with Northern illness-based social movements that advocate new forms of health citizenship, "citizen science" and "expertification from below". While TAC has been extraordinarily successful in using the courts and the streets to further popular struggles for access to health care, what happens once this battle for AIDS treatment is won, and what are the

limits of relying too much on rights-based approaches to activism? This paper investigates how the combination of HIV and structural unemployment has created new challenges for AIDS activism, and how this has in turn created the need for men's support groups that promote new forms of masculinity.

From social movement to men's support group

Khululeka (isiXhosa for "freedom" or "feeling free") comprises a group of thirty young men who, following their involvement in TAC and MSF ARV treatment programmes in Khayelitsha, established a men's support group in Guguletu, a township in Cape Town consisting mostly of isiXhosa-speakers. All of the members are living openly with HIV, and "Sipho" (not his real name), the founder member, speaks about how public disclosure allows one to "feel free" and this makes one stronger and better equipped physically and psychologically to deal with AIDS-related issues. Khululeka, which was established in 2005, has been involved in numerous community-based activities including AIDS awareness and sex education campaigns in public spaces such as township shebeens and the Nyanga Junction train station, on community radio talk shows (e.g. Bush Radio) and at funerals of people who died of AIDS. They have also been involved in collecting money for a family that was unable to pay funeral costs. The group's meeting place is a Rotary Club-funded shipping container in the backyard of the home of a member in Guguletu. As one of the founder members put it: "We saw that men were nowhere to be seen at support groups and clinics. They only come to clinics when they are seriously ill. They also drink and smoke too much, and this is a problem when you take ARVs. This is why we decided we needed to work with men."

Khululeka emerged in the context of HIV/AIDS and post-apartheid conditions of massive unemployment. Studies suggest that in the past young men stood a better chance of gaining access to formal employment that allowed them to pay *ilobola* (bridewealth) and thereby marry, have children and establish relatively stable family households. During the past three decades, however, dramatically rising rates of unemployment (currently estimated to be 30–40%) have made this life-cycle trajectory increasingly difficult to achieve. This has in turn undermined the ability of young men to assume the social roles of fatherhood. Mark Hunter (2006:106) observes that many Zulu-speaking men in KwaZulu-Natal

are abandoning pregnant women because of conditions related to poverty and unemployment. Many of these men are extremely frustrated at not being able to conform to accepted social roles of fatherhood, including paying *inhlawulo* (damages for impregnation) or *ilobolo*, and acting as a "provider". This creates conditions where manliness is partially boosted by *fathering* children, but at the same time those men who are unable to fulfil the social roles associated with *fatherhood* are branded as unmanly and "irresponsible" (ibid.). One of the reasons for the establishment of Khululeka was to address these obstacles to social reproduction and enhance the capacity of men to fulfil these social roles of fatherhood. Khululeka also aims to promote AIDS awareness and "responsible lifestyles".

Support groups such as Khululeka are involved in mediating new scientific and medical knowledge and technologies (i.e. ART) as well as new forms of "responsibilised" citizenship that are deemed to be necessary for treatment adherence and "safe sex" to take root. Two Khululeka members were trained as treatment literacy practitioners by TAC and MSF, and one of them was able to find employment as an AIDS counsellor in a health insurance company.

For Khululeka's members, being volunteer TAC activists is not viable. Most of the men are between thirty and forty years old and are keen to establish stable families. Having managed to come to grips with their seropositive status and having accepted the reality of lifelong ARV treatment, they have turned their attention to the challenges of acquiring skills so that they can find permanent employment and formalise their relationships through marriage. For many their hope is to find work as state-paid AIDS treatment literacy practitioners, patient advocates and counsellors within the public health sector. Khululeka volunteers are also deeply concerned about the AIDS denial and lack of knowledge about HIV/AIDS and ARV treatment in their communities.

Khululeka is an innovative offshoot of the South African AIDS activist movement, but it departs in significant respects from the organisational forms and objectives of TAC and MSF. Whereas TAC comprises ninety per cent women, Khululeka is one of a small number of men's support groups in South Africa. It focuses exclusively on working-class African men, a social group that tends to avoid interacting with the public health system. It is well documented that public clinics in South Africa tend to be "women's spaces". This gendered dimension of health

is especially problematic when it comes to HIV/AIDS. For example, men tend to arrive at clinics only when they are seriously ill, and they often "disappear" from the health system once they have been treated. In many cases HIV-positive men come in for the treatment of opportunistic infections such as TB and pneumonia, and vanish before they can be properly counselled and prepared for lifelong ART. Poor adherence to ARV treatment has become a particularly worrying trend given the very real dangers of drug resistance. Khululeka seeks to address these AIDS treatment and prevention issues as well as broader problems relating to skills development and job creation.

From rights to "responsibilised citizenship"

South African public health professionals and AIDS activists have begun to argue that rights to health care need to be complemented by "responsible" medication adherence and sexual behaviour and by healthy and stress-free lifestyles. This is also part of a shift from struggles over access to treatment to concerns with the demand for health care, health system responsiveness and secondary and tertiary prevention. From these perspectives, what is needed for AIDS treatment and prevention programmes to succeed is both a well-run and responsive public sector health system and empowered, knowledgeable and "responsibilised" client-citizens. Public health professionals and activists are in fact calling for an effective health system together with new forms of community participation and citizenship, or what Arjun Appadurai (2002) describes as "governance from below". It is these concerns that are at the heart of Khululeka's focus on innovative community-based initiatives in sex education, treatment literacy and social and economic support for people living with AIDS.

The following section investigates how involvement in TAC and MSF treatment programmes created the conditions for the emergence of new social identities, including the new masculinities that seem to be emerging as a result of community-based initiatives such as Khululeka. It draws on the anthropological analysis of rites-of-passage rituals to explain how these social processes have unfolded.

Rites of passage

The analysis below shows how TAC and MSF and support groups such as Khululeka have been able to create collective meanings of the extreme experiences of illness and stigmatisation of individual AIDS sufferers. It will be argued that it is precisely the extremity of "near death" experiences of full-blown AIDS, and the profound stigma and "social death" associated with the later stages of the disease, that produce the conditions for AIDS survivors' commitment to "new life" and social activism. It is the activist mediation and retelling of these traumatic experiences, the paper argues, that facilitates grassroots mobilisation. In other words, it is the profound negativity of stigma and social and biological death that animates the activist's construction of a new positive HIV-positive identity and social movement.

These processes of mediation can be distinguished from AIDS treatment in the public sector, where treatment is shaped by the conventional doctor-patient dyad and highly technical and depoliticised modes of biomedical intervention in the private spaces of clinics and doctors' consulting rooms. By contrast, TAC activism creates the conditions for collectivist responses to HIV and treatment. Whereas public health practitioners report that most of their HIV/AIDS patients wish to retain anonymity and invisibility at all costs, TAC successfully advocates the transformation of the stigma of AIDS into a "badge of pride" that is publicly displayed on T-shirts at township funerals, demonstrations, workshops and other public spaces. It is through these activist discourses that the social reintegration and revitalisation of isolated and stigmatised AIDS sufferers into a social movement and a caring community becomes possible.

While ritual may not appear at first glance to be a useful and appropriate concept for describing these modes of social mobilisation, this paper will draw on Victor Turner's analysis of the ritual process to understand the extraordinary biosocial power of ART and AIDS activism in a context of "hyper-stigma" and AIDS traumas of social and biological death. This will be done by analysing the illness and treatment narratives of "Sipho", a Khululeka member and AIDS activist on lifelong ART. Ritual analysis offers insights into the transformative power of these narratives and the death-to-life transitions that PWAs personally experience or witness. Turner's work can also throw light on the social status shifts

that take place when the stigmatised and isolated sick individuals recover and become reintegrated as healthy and socially active members of society.

Treatment testimonies

> *"I am like a born-again … ARVs are now my life"*

"Sipho" is an activist living with AIDS in his early forties. In 2001 he became desperately ill. He had headaches and dizziness, he suffered from thrush and a range of other opportunistic infections, he had lost almost thirty kilograms, his CD4 count was down to 110, his viral load was 710 000, he could not walk, he was barely conscious at times. He secluded himself in a room in his sister's house waiting for death. On 12 November 2001, he became one of the first fifty clients to participate in MSF's ART programme in Khayelitsha. His recovery was dramatic: after six months his viral load had dropped to 215 000, his CD4 went up and he was feeling much stronger. When I met Sipho in 2004, his viral load was undetectable and his CD4 count was 584.

Clinical indicators such as normal CD4 counts and undetectable viral loads do not adequately convey the social, psychological and spiritual recovery that Sipho and others have experienced on their journeys from "near death" to "new life". Neither do these indicators account for why Sipho viewed HIV as "a blessing in disguise". For Sipho, getting his life back through ART was a gift from God that he could not afford to squander.

> *I'm not a churchgoer [but] my faith comes from the time I got sick … In the Bible there is the story of a sick beggar on the road. Jesus comes by and tells the beggar to stand up. And he stands up. The miracle of Jesus revived him from death so that he could heal other people through the belief that Jesus is on earth. Faith is in yourself. If you don't believe in yourself, who do you believe in? God brought me back to life for a purpose. He wants me to go out there and talk to people. He's giving me another chance. A day could cost me a lot if I don't speak about HIV … I am like a born-again. ARVs, that's where my commitment comes from. It's like committing yourself to life because the drugs are a lifetime thing. ARVs are now my life. If I did not ignore life I would not be on ARVs…*

At the TAC national conference in Durban in 2003, before the announcement of the national ARV roll-out, I witnessed TAC members giving impromptu testimonies of their treatment experiences. Each highly charged treatment testimony was followed by outbursts of song, dance and struggle chants: "Long live, Zackie, long live. Long live, TAC, long live!"

> *I'm a person living with HIV. I received counselling before and after I tested. The counsellors at the hospital where I work as an admin clerk gave me nothing. I just found out I was HIV-positive and that was that. Three times I tried to commit suicide. Now I'm more positive than HIV-positive, thanks to TAC.*
>
> (Thirty-something black man)

> *I'm [Sipho] from Cape Town in the Western Cape. I was diagnosed in 2001 … I was very sick. When you get sick, you just ignore it. You say: "Oh, it's just the flu." You're in the denial stage. You say your neighbour is a witch … We thought this disease belonged to other people elsewhere in Africa. From my point of view, HIV is real, it's here. I never thought I would be here today. I couldn't stand, I was sick. My CD4 count was 110 and my viral load was 710 000. Then I started ARVs with MSF in Khayelitsha. Now I'm strong …*
>
> (Forty-something TAC activist and
> member of Khululeka)

These treatment testimonies – with their references to CD4 counts, viral loads and the role of TAC in giving them "new life" – have a quasi-religious quality. They also express the sense of personal empowerment that comes from having survived the passage from "near death" to recovery. The following section analyses Sipho's treatment testimonies by drawing on Turner's method of ritual analysis.

The ritual process revisited

Turner's *The Ritual Process* (1969) identifies three stages of *rites de passage* – separation, liminality/communitas and reintegration (see also Van Gennep, 1960). It would seem possible, based on the treatment narratives discussed earlier, that the extremity of the forms of stigma, ostracisation

and isolation that PWAs experience are analogous to the stage of ritualised separation identified by Turner. During this first stage, the individual becomes sick, is afflicted with opportunistic infections and may already be in an advanced stage of AIDS. The extreme state of illness often results in the withdrawal of the sick person from everyday social spaces, as in Sipho's story. The "smell of death" may also heighten stigmatisation, ritualised avoidance and social and physical isolation by neighbours and family members. Sipho's illness narrative, like Roodt's depiction of the ex-miner husband's painful and humiliating death from AIDS and the stigmatising ways in which his fellow workers and neighbours avoided him, draws attention to the extreme social isolation that can render AIDS sufferers "non-persons". An HIV clinician who works at an ARV roll-out site in Cape Town tried to explain how difficult it is to relate to patients with full-blown AIDS: "They are so sick that it is often very difficult to have a conversation with them." Although this doctor was an exceptionally dedicated and committed HIV/AIDS clinician, she spoke of being unable to socially interact with these skeletal patients: at this advanced stage of AIDS they were like the walking dead, almost completely cut off from society.

In the second phase, the sick person may seek biomedical treatment of opportunistic infections, join a TAC support group and enrol, depending on clinical indicators, for ART with MSF. The patient-activist gains basic scientific and biomedical knowledge about HIV/AIDS, including its symptoms and treatment. During this stage patients are in a state of liminality as their future health status remains precarious and uncertain. They are "betwixt and between" in that it is not clear whether they are dying or on the path to recovery and health. They may have to wait to find out whether the drugs will work and whether there will be serious side effects. Meanwhile, recruitment into TAC allows them access to a supportive community and non-hierarchical social space that is analogous to the experience of communitas that Turner describes as characterising states of liminality.

Finally, the recovery of the patient-activist with HIV/AIDS can be likened to Turner's third phase of reincorporation. In this third stage, the individual starts getting physically and psychologically well, the CD4 count increases, the viral load drops and the person begins putting on weight and rediscovers their appetite for food, sex and socialising. This phase usually involves social incorporation into the wider community

and society as an activist-citizen empowered with knowledge about HIV/AIDS and an ability to speak out in public spaces.

These biosocial passages and processes may also apply to ARV patients who are not members of TAC and MSF, but then they tend to be more individualised experiences. By contrast, in TAC and MSF it is not only the ARV patient who goes through these biosocial processes. Instead, such treatment experiences permeate the entire social movement, shaping its mobilisation campaigns, the activist identities of individual members and the everyday rituals and social practices of members

For Sipho, this phase culminated in personal empowerment and spiritual awakening that convinced him that "HIV is a blessing in disguise". TAC members living with AIDS are thereby reinstated into the social world as human beings with dignity; they have a new positive HIV-positive status. In the case of Sipho, this process of social reintegration also involved a commitment to a "new life" and social activism. This is what I mean when I refer to the biosocial passage from "near death" to "new life". While there are clearly dangers in seeking too close a match between Turner's model of the ritual process and the actual subjective experiences of activists such as Sipho, this approach can account for why the combination of ART and activism appears to have been so successful at reconfiguring the stigma, isolation and suffering of AIDS into a positive and life-affirming HIV-positive identity and quasi-religious commitment to "new life".

Social movements of the margins

Turner (1969) identified common themes and structural features in millenarian religious movements, counterculture hippies and Franciscans. For example, all these movements have comprised marginal, or self-marginalised, people who claim to be committed to the eradication of distinctions based on inequality and property. They are dedicated to the levelling of status and are based on an ethos of unselfish commitment to collectively shared ideals. According to Turner, these movements strive to instantiate a permanent state of liminality and communitas – a statusless egalitarianism – that is not much different to the middle passage of "traditional" rites of passage.

Like the social groups identified by Turner – millenarians, hippies and Franciscans – TAC consists largely of "social marginals" – that is, the sick and stigmatised poor, especially young black women. It is not

surprising that this social category of "marginals" would be drawn to a social movement that strives to eradicate distinctions based on status and hierarchy. They are either HIV-positive themselves or have family members who have been deeply affected by the epidemic. They are also, in many instances, members of a generation that the liberation struggle has left behind. Unlike the high-profile anti-apartheid activists of the 1980s, the majority of whom are now in government or business, TAC's rank-and-file members are generally without jobs and career prospects.

This post-revolutionary generation of young people are caught in liminal space – "betwixt and between" structural marginalisation and the dream of post-apartheid liberation. Many of them do not have the material means, education or cultural capital to move beyond this structural location of marginality and liminality. In addition, they face the very real threat of social and biological death from AIDS, making it unlikely that they will be able to move through the life-cycle rituals and trajectories of personhood of their parents' generation.

In other words, this social category is caught in the zone of liminality and the shadow of death. What happens when the transition from youth to adulthood and elder status is blocked by structural unemployment and the lethal equation sex = death? How is it possible to participate in social and biological reproduction and life-cycle rituals given such life-threatening circumstances? It is here, in the shadow of social and biological death, that the combination of ARVs, TAC and support groups such as Khululeka offers such a compelling possibility for "new life".

Conventional social movement theory cannot adequately account for how these structural conditions of marginality and biosocial liminality shape the political culture and lifeblood of organisations such as TAC and Khululeka. Neither is it able to explain how the experiences and "spoiled identities" associated with AIDS sickness, such as stigma, denial and discrimination, are reconfigured and transformed by AIDS activists into a "badge of pride", a new HIV-positive identity and form of social belonging. This new identity, I argue, cannot be understood simply in terms of the instrumentalist logic of political and economic struggles for access to health resources.

AIDS activists claim that they provide much more than ARVs, condoms and the promise of more equitable access to health care. They also provide the possibility of meaning and human dignity for PWAs

facing a profoundly stigmatising and lethal pandemic. To reduce TAC and MSF to a rights-based movement solely concerned with access to health resources underestimates the movement's work at the level of the body, subjectivity and identity. Neither can mainstream social movement theory account for the powerful ways in which activists living with AIDS make meaning of their terrifying and traumatising journeys from the shadow of death to "new life". It is in this passage from the space of social and biological death that Turner's analysis of the ritual process can illuminate how new HIV-statuses, subjectivities and convictions are able to take root.

On biological citizens and "responsibilised" subjects

Drawing on the successes of MSF treatment programmes and TAC treatment literacy campaigns in Khayelitsha and Lusikisiki, public health professionals have called for the creation of an empowered citizenry with high levels of understanding of health-related issues reinforced by community advocacy and mobilisation processes that promote the rights of people living with HIV/AIDS. David Coetzee and Helen Schneider (2004), for example, call for a rights-based "public health revolution" involving a "new contract" between health providers and clients. This paradigm shift is necessary if ART is to succeed. The advocates of this contract suggest that the passive and paternalistic surveillance model of direct observation therapy (DOT) TB treatment is not a viable solution for lifelong ART. Instead, what is needed, they argue, is a highly motivated, "responsibilised" and knowledgeable client with HIV/AIDS.

The idea of a contract between providers and clients is not new in the public health field. However, the nature and scale of the AIDS pandemic, along with the requirement of lifelong treatment, has reinvigorated calls for a change in the paternalistic culture associated with conventional public health interventions. These calls take place in a context in which South African DOT programmes are experiencing a declining cure rate for TB of only 53 percent. In terms of the new contract proposed by Coetzee and Schneider, clients would be entitled to free government health care, including ARV drugs and treatment support, but they would also need to show that they were "responsibilised clients" by demonstrating treatment adherence, disclosing their HIV status, using condoms, abstaining from alcohol abuse and smoking and so on.

The citizen-patient and the support group

It is perhaps not entirely coincidental that "responsibilisation" also appears in the recent work of political theorists writing about contemporary liberal rationalities of government (Barry, Osborne and Rose, 1996). Here the term refers to the ways in which, under liberalism and neoliberalism, the governed are encouraged to "govern themselves" by becoming responsible for issues previously held to be the responsibility of government authorities. This can contribute towards a creative tension between responsibilisation – that is, making citizens responsible for their own conduct – and state interventions, including public health programmes.

Rather than seeing "responsibilisation" as simply a neoliberal strategy to let the state off the hook, TAC and MSF activists regard it as the flip side of rights-based approaches that can be used to leverage the state into meeting its contractual obligations to its citizens. These leveraging strategies can involve the use of demonstrations, civil disobedience, grassroots mobilisation, the media, the courts, and scientific studies and statistics to shame or pressure the state into meeting its side of the contract with its citizenry.

The calls from public health professionals for a "new contract" resonate with MSF's own efforts to promote non-hierarchical relations between providers and clients, and between experts and patients. Yet these progressive models of health promotion and rights-based community mobilisation do not overtly acknowledge the significance of illness and treatment experiences; nor do they recognise the complex mix of religious, communal and activist discourses, interpretations and mediations of these experiences. Yet it is precisely the discursive power of these interpretive frames of illness and treatment that facilitate the making of new HIV-positive identities and "responsibilised" subjects. Rationalist and liberal individualist conceptions of the "modern subject" and the individual rights-bearing citizen are inadequate for understanding the transformative character of these new biosocial identities.

Sipho's treatment testimony reveals that AIDS illness experiences can be narrated in ways that reveal hybrid subjectivities and multiple interpretative frames, including religious, communal and rights-based discourses. In other words, the "responsibilised" citizen-patient that MSF and progressive public health professionals desire may not simply be a

product of modern, liberal individualist conceptions of the rights-bearing citizen. It is for this reason that Turner's analysis of the ritual process can serve as a useful heuristic device for producing a more complex and nuanced understanding of illness and treatment experiences. Treatment testimonies, this paper has argued, can provide a view into the social consequences and emancipatory possibilities of this potent triple-combination therapy: ARVs, AIDS activism and the individual experiences of the passage from "near death" to "new life".

Finally, Sipho's testimony reveals how a creative combination of religious, communal and activist mediations and interpretations of these traumatic transitions can, under certain conditions, contribute towards the "conversion" of HIV-positive people into committed and empowered AIDS activists *and* "responsibilised" citizens. These are also the goals of Khululeka.

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Transitional Governance and Community Participation

The Case of Health Facility Boards in the Western Cape, South Africa

3

John J Williams

The author is a teacher and senior researcher in the Centre for Citizenship and Democracy at the School of Government, UWC.

General introduction

Transitional governance and its problematics

'Transitional governance' refers to the systematic introduction of new forms of governance, especially at local government level, after the first democratic elections in South Africa on 27 April 2004. It relates specifically to the effort to democratise

institutional mechanisms of governance such as health facility boards (HFBs), formally promulgated as a legislative requirement in the Western Cape province in 2001. However, the concept of transitional governance reaches back to at least 1994, and it can be suggested that it developed as follows since then:

Pre-transitional period (before 1990): from the unbanning of the liberation movements to multiparty negotiations for a democratic dispensation in South Africa.

Transitional period (1990–1996): from the grassroots-driven Reconstruction and Development Programme (RDP) to the adoption of the neoliberal market-driven Growth, Employment and Redistribution (GEAR) economic programme.

Transitional period (1997–2000): from the introduction of GEAR to the first local government elections.

After 2000: the democratisation of institutional practices via sector-specific mechanisms such as the HFBs, launched in 2001.

What this research aims to achieve

This research project explores transitional governance via HFBs at two hospitals, one in Stellenbosch and the other in Vredendal. It examines their progress on this path since the birth of post-apartheid South Africa in 1994, their successes and achievements, their weaknesses and limitations, and also their challenges and prospects in relation to hospital management and service delivery.

Public participation is not a structural given. On the contrary, in the transition to an inclusive democracy, public participation arises from within an ensemble of competing power relations requiring a reorientation and reconfiguration of the directory and trajectory that gave rise to socio-political change in a specific society.

The trajectory and directory of social change in any particular sector of a nascent democracy are subject to both personal and collective learning experiences. The public must acquire and apply survival skills in order to claim and experience specific constitutional rights such as the right to health.

Thus, contrary to mainstream perspectives in existing literature, the problematic of this research project and its related assumptions suggest that the mere existence of formal democracy does not necessarily bring with it public participation in all public issues, or imply that constitutional

rights, such as the right to health, are experienced and affirmed in the actual, lived experiences of ordinary people at grassroots level.

The National Health Act, Act 61 of 2003 provides for a range of institutional and management structures such as HFBs to ensure equitable access to health services at grassroots level. This research analyses the HFBs as transformative agencies in post-apartheid health services at the two hospitals, with special reference to their constitution and management programmes vis-à-vis community participation.

Chapter 10 of the Constitution of the Republic of South Africa (1996) stipulates that public administration should adhere to a number of important principles, including:

- the maintenance of a high standard of professional ethics; the provision of services impartially, fairly, equitably and without bias;
- responsiveness to people's needs; the encouragement of the public to participate in policy-making; and the provision of public services in a way that is accountable, transparent and development-oriented (RSA, 1996).

The vision of the Constitution led to the formulation of the White Paper on Transforming Public Service Delivery (the *Batho Pele* White Paper) of 1997. This White Paper was a response to an outdated delivery system that did not meet the needs of ordinary people. The challenge was to improve the quality of service and care people experienced at state institutions and to let the public have a say in the types of services they received.

There are several critical issues affecting the theory and practice of public participation in the health sector:

- **Representation** as a core common concern: not only who speaks for whom, but how people come to represent themselves and their interests; people's (multiple) identities and the issues they identify with and how these are expressed within and across different kinds of spaces.
- **Political, historical, social and cultural context** in shaping participation in public policy processes.
- **Rules of the game** within official spaces – especially as they affect inclusion, representation, deliberation and voice – with a greater understanding of the **strategies and tactics** of those who participate.

Before I refer to the existing literature, let me indicate how the remainder of this paper is structured.

Research methodology
This research uses a number of research techniques to elicit, collate and interpret information germane to the inquiry:
- **interviews** with key HFB members, hospital staff and community members;
- **autobiographical narratives** of key community members;
- **discourse analysis** of key texts governing HFBs; and
- **content analysis** of development planning frameworks for Stellenbosch and Vredendal, that is, their respective Integrated Development Plans (a statutory requirement, hence they were readily available).

South Africa, especially as a post-apartheid constitutional state, has adopted a policy nomenclature that is replete with notions of public participation, grassroots-driven development and participatory governance. Health boards are part of this apparently democratic dispensation and, presumably, are also a concrete manifestation of the people's voice at local level. Even so, the literature suggests that the very notion of participation assumes a wide range of discourses, meanings and applications within and across different contexts (Hollar, 2001; Schönwälder, 1997). More importantly, perhaps, it would seem that participatory modes of governance and decision-making are profoundly influenced, if not shaped, by the contradictions, tensions, conflicts and struggles straddling not merely the political relations of power, but also the economic and ideological apparatus at local level (Baker, 2000; Escobar et al., 2002).

HFBs in context: The boards are influenced by their history and politics; by their institutional relations, vision and mission; and by their understanding of citizenship, democratic practice and participation.

HFBs and participation: The top-down power relations characteristic of these boards determine how notions of participation are structured and restructured within them. Their relationships with local and other spheres of governance impact on their relations with civil society in general and with non-governmental organisations in particular.

HFBs and the expression of democratic rights: The geography of participatory spaces influences the potential scope and actual extent of

participation. Conversations, ideas, and the presentation, representation and expression of rights discourses and citizen entitlements mediate the nature of public participation. Opportunities, demands, claims and instances of agenda setting, goal formulation and project execution are often the outcome of competing relations of power in different spheres of governance.

HFBs as mediators of citizenship rights and practices: The top-down approach determines how these boards configure and align policy processes and citizen opportunities to participate in institutional decision-making forums. The boards generate specific concepts of participation in health-related programmes and hospital management issues, and the resultant repertoire of claims to knowledge and expertise under changing circumstances impacts on the institutional forms of public participation. Theory and practice as relational nexus with regard to institutional attitudes, behaviour and reflexive practice in the actual lived experiences of citizens are the framing referents with regard to citizens as democratic agents at local level.

Literature review

Public participation in local institutions: spaces as forms of decentralised governance

The space for participation emerges from a legal construction, hence the notion of a 'rights-based' approach to development (Barya, 2000). HBs are part of decentralised governance as they have decision-making units based on networks of loyalty to a range of stakeholders at local level (Boschi, 1999). Central government frequently needs to challenge local elites to respond to the interests of ordinary people. Effective participation by ordinary people in HBs, however, can counter the elite (Crook and Sverrisson, 2001).

The presence of ordinary people on HBs presupposes the existence of the requisite political space to challenge the uneven relations of power at local level and even elsewhere (Kanyinga, 1998). Often, though, individualistic notions of participation can override and undermine such counter-elite strategies (MacKian, 1998). This tension between individual ambitions and collective goals in governing institutions is often mediated by party notions of accountability (Munro, 1996).

Whatever their operational defects, HBs often exist to gain acceptance from citizens for local forms of decentralised governance where the notion of 'public participation' fulfils such a legitimation role (Robinson, 1998).

Referring to the experiences in the public health sectors in Europe and the USA, Bossert (2000) states that the public participatory process seeks to establish a balance of interests to avoid being captured by special interests (see e.g. Gargarella, 1998). In his assessment this requires institutional flexibility and a willingness to be responsive to change. This institutional stance involves strengthening the capacities of interest groups (and potential interest groups); being aware of health issues; articulating specific interests; engaging in consensus-building activities; negotiating and lobbying different decision-making arenas; and participating in the implementation and monitoring of health sector reforms (see e.g. Sunstein, 1998).

Even so, in Bossert's judgement, some interest groups are usually more likely than others to organise themselves and to articulate their interests effectively. He argues that interest groups which are concentrated, with significant investment in health, have continual long-term stakes in the policy process. Accordingly, people like physicians, hospital management and insurance companies bring their substantial financial resources and status to bear on the policy process, effectively promoting their interests. In contradistinction, diffuse interest groups without significant investments and lacking resources – such as patients, especially poor patients, and taxpayers in general – are often unable to promote their interests effectively. Still, though, in Bossert's view, promoting civic networks and a broader interest in health concerns strengthens the basis for democratic life (see e.g. Mackie, 1998).

Participants as agents of democratic governance

Buèek and Smith (2000) argue that public participation in institutions of local governance allows for the possibility of revitalising democracy (Dallmayr, 1996). Such participation, in Lister's (1997) view, imparts to the individual participant a belief in agency and a conscious capacity, thereby investing the concept of 'citizen' with existential significance. This ontological refinement of citizenship is linked to the idea of performing one's duties as a citizen and also serves as an instantiation of the individual as an integral member of a specific community and society at large. Hence the apparent importing of regulated forms of

participation into such local forms of governance (Shaw and Martin, 2000).

Here it is important to point out that participation per se does not necessarily result in visible or desirable results, as it so often can be reduced to a mere ceremonial presence of participants in local institutions (Tully, 1999; Shaw and Martin, 2000). It is only when people claim or demand power to achieve concrete goals (such as implementing a specific plan, project or programme) that presence, participation and voice assume experiential significance at local level (ibid.). This means that participants must be aware of their abilities to make judgements and know how to effect meaningful change and play political roles as citizens (Mahajan, 2003). For such a change-inducing scenario to come to pass, citizens must act in a well-structured process (Wondolleck et al., 1996). And in the view of Yeich and Levine (1994), such joint cooperation improves collective political efficacy.

Experience as the reflexive lens of participation
Institutional participatory practices are often informed by the experiential knowledges of self-interested pressure groups (Barnes, 1999a). Indeed, people often participate as a result of previous experiences in decision-making processes in local institutions that lead them to associate participation with civil, political and social status and a feeling of connectedness (Higgins-Wharf, 1999; Elster, 1998). This range of subjective indicators suggests the need for a multi-perspectival approach to people's reasons for participating in local institutions of governance (LIGs). There are also people who do not participate in LIGs mostly as a result of negative perceptions or experiences such as language barriers, lack of funding, fear of government and its agents, feelings of betrayal and the idea that participation will not produce any meaningful results (Hollar, 2001; Chandhoke, 2003).

Whether or not people participate in LIGs, it has been established that the results of participants in LIGs vary as a result of spatio-temporal differences with regard to legal constraints, agency competition, geographic location and job mobility (Koontz, 1999). Patterson (1999), for example, indicates that the differential outcome of participatory democracy arises in part from a complexity of uneven power relations, distrust and a lack of belief in having a long-term impact on the status quo. Often people do not trust their representatives in LIGs as they are

frequently co-opted by the system and thus perceived as not caring about the constituencies whom they are supposed to represent (Robson et al., 1997). Nonetheless, as Chapman and Wameyo (2001) indicate, there is evidence to suggest that some participants do act as advocates of the interests of the poor and marginalised. Participation, especially in informal networks, has positive results in LIGs for ordinary marginalised people (Rahman Khan, 1998).

Empowering/disempowering interface: the fear of co-optation
Participation often gives ordinary people access to vital information about the methods used to compile, verify and audit expenditure data at local level (Jenkins and Goetz, 1999). Exposure to this information serves to generate a radical consciousness amongst ordinary people with regard to the possibilities for transformative budgetary allocations at grassroots level (ibid.). At the same time, though, active participation in LIGs makes ordinary people conscious of the possibility of co-option by status quo-oriented officials and politicians.

This danger of being politically assimilated also suggests a need to develop negotiating skills that advance the interests of the marginalised in society (Schönwälder, 1997). As Smith and Blanc (1997) point out, such negotiating skills should be accompanied by the development of practical mechanisms to promote the interests of ordinary people. Specific interests are usually only safeguarded through active participation in specific spaces of opportunity (Barberton et al., 1998; Cohen, 1998). It is only where a sense of dignity, vision and independence characterises participation that the notion of 'citizenship' assumes experiential substance and significance in the lives of ordinary people (Evans and Boyte, 1986).

Participatory spaces as living community networks
According to Escobar et al. (2002), such dignity and vision are profoundly influenced by the connection that ordinary people feel, and indeed have, to specific places on the ground, at home, in their communities as a living habitat. Such shared spaces then contain the possibility for the democratisation of everyday life as they connect actual people in existing spaces and places (Frederiksen, 2000). People in these living environments are linked to each other through multiple networks and alliances, thereby not merely validating one another's existence but also, in such social interrelations, redefining and contesting the dominant sociocultural

relations of power in a particular community (Harcourt and Escobar, 2002; Gambetta, 1998).

Thus, community groups can act as a countervailing force to corporations in specific areas (Jun, 2001). In this sense 'counter-spaces' and 'counter-publics' come into being where marginal groups claim, restructure and transform lived spaces as places of specific interests and representation (McCann, 1999). This occurs not just amorphously in a territorial space, but as an institutional challenge in policy-making forums (McEwan, 2000). In such instances the policy problematic focuses on representing the interests of institutional decision-makers and ensuring that they are equal constituent elements in the democratic process of interaction and deliberation (Mouffe, 1992a). In this sense, space as a social construct, and not an immutable given, is shaped by decision-makers representing the interests of a plurality of allegiances (Price-Chalita, 1994). This is the micropolitics of local action, where spaces are opened, closed, created or destroyed (Barker, 1999).

Participatory spaces of resistance

Such spaces can thus also become the sites of resistance, both conceptually and materially (Jones and SPEECH, 2001; Williams, 1999). The purpose for which particular spaces are used is, however, profoundly shaped by the prevailing traditions, mores and knowledges of the participating groups and the dominant relations of power (Probyn, 1990). Such relations of power would be connected to both the local places and spaces and the wider socio-political processes (Routledge, 1997). To the extent that ordinary people, the subaltern, can enter such wider socio-political processes, to such extent they can seek to overcome their isolation and marginalisation (Staeheli, 1996). Networking thus pursued would be a counter to status quo-enhancing policies (Atkinson, 1999). Networking also implies the shifting of influence beyond a particular place, as territorially bounded jurisdiction, but also shifting power relations – ie governmentality – beyond a particular institution to other institutions in the same place (Edwards et al., 2001).

Spaces for alternative knowledge formations and institutional change

Fischer (2001) observes that notions of knowledge and expertise do not merely influence the manner in which people articulate their concern, but often determine the extent to which people are heard and the extent to which their views are taken seriously. Thus institutional conditions

can either assist people in giving voice to their concerns or intimidate them (ibid.). This means that the knowledge of so-called 'non-experts' can indeed influence both the form and substance of policy frameworks and related programmatic outcomes (ibid.). In this regard, it is therefore necessary to investigate how people frame their arguments and, more specifically, the knowledge basis from which they draw their specific propositions (ibid).

However, as Geißel (2001) points out, the incorporation of local knowledges in policy frameworks is often contingent on pressures applied at grassroots level from international bodies (Negus and Roman-Velazquez, 2000) For example, often the ideas of fairness, justice and equity expressed in public pronouncements are only legitimate if they are accepted collectively, thus frequently necessitating a renegotiation of specific claims (Vira, 2001). This also means that public participation is often about who is included and not so much who is represented, which problematises the very means and styles of communication in policy forums (Barnes, 1999a; Hebdige, 2001; Golding and Murdock, 2000).

Transforming dominant relations of power in participatory spaces
Framing issues in new ways can be a transformative strategy, challenging existing perspectives on social reality (Bohman, 1996). Consciousness-raising, fund-raising and festivals can serve to engage excluded sectors in public participatory processes (Fraser, 1992). Power relations in institutions impact on participatory processes (Holmes and Scoones, 2000). Hierarchical relations of power embedded in language instantiate and symbolise differentiated access to the participatory process (Kohn, 2000). Deliberation often does not produce better decisions, but merely democratically valid ones (Miller, 2001). This means participatory processes legitimate the decision-making processes to the extent that divergent and often competing claims have been considered through debate, engagement and judgement (Miller, 2001; Johnson, 1998).

A critical, reflexive discourse comes into being where key democratic notions such as 'justice', 'rationality' and 'political will' underpin the deliberative process (O'Neil, 2000; Gambetta, 1998; Fearon, 1998). Where individuals change their perspectives through rational debates, the politics of presence exercises significant influence (O'Neil, 2000).

Non-participation: a voice of distrust in regulatory spaces

Patterson (2000) argues that non-participation in community-representative spaces does not necessarily mean apathy to the democratic process. On the contrary, entering space as a subordinate, unfamiliar with the forms and meanings of deliberative discourse and hidden transcripts, undermines participation as a rational, open and empowering democratic practice with government and its institutions (ibid.). However, experiential relations between the represented and representatives serve to improve trust in the process of public participation and government (Prior et al., 1995; Stokes, 1998).

Usually the most organised sections of the community have the time and money to participate in public forums (Smith and Wales, 2000). State actors, however, often mobilise people to participate in community forums (Abers, 1998). Also, advocacy groups, in solidarity with poor communities, can be effective vehicles to bring about substantial representation and empowerment of the marginalised in society (Baker, 2000). In poor communities, informal communication strategies such as street theatre can serve to conscientise and inform the marginalised about community issues and their rights vis-à-vis public institutions (Bratton and Alderfer, 1999). The amount of power and influence wielded by state officials close to the community participants often determines the success of the resultant public participation processes with regard to problems at grassroots level (Fung and Wright, 2001; Forment, 1996).

In a recent paper on community participation in Brazil, Lavalle et al. (2005) point out that ties to political parties and contractual relations often increase the ability of civil organisations to represent the poor in public participatory processes. Even so, competing power relations in the community, the political system as a whole and the state and its bureaucracies still seem to be decisive in the eventual outcome of a public participation process (Goetz and Gaventa, 2001). Often, though, the old-fashioned Freirian approach of awareness, competence and assertiveness in people and their leaders determines whether or not ordinary people are empowered at grassroots level (Ellis, 1993).

The literature is not clear about the place and role of public deliberation in policy formulation, as it rather vaguely refers to the institutional, structural and procedural issues underlying deliberative

decision-making (Michels and Van Montfort, 2001; Przeworski, 1998). When constitutional rights are taken seriously they do indeed tend to introduce new relations and discursive issues into specific policy agendas and frameworks (Seidman, 1999). Still, it has to be remembered that social relations exercise a powerful influence on how local knowledges are constructed and presented (Mosse, 1994).

In some cases where the right to participate in local debates is ubiquitous, contradictory understandings and visions of the existing and future social realities may indeed exist (Goodwin, 1999). It is under such circumstances of ambivalent realities and contestations around specific socio-economic agendas that the ideological construct of 'national interest' appears to exercise a cohering role in the public domain of competing policy frameworks (Ibid.).

Participatory democracy and its discontents
Civil society formations, such as urban social movements, can serve to construct both the anticipatory and receptive modes of dialogical relations and deliberative arenas for reflexive discourse of understanding, sympathy, encouragement and challenge in constructing alternative visions of society (Alvarez, 1993; Oommen, 2004). Redefining mainstream notions such as 'ability' may allow marginalised sectors of society such as the 'disabled' to enter deliberative politics and reshape the discourse and substance of actual lived citizenship (Barnes et al., 1999). Contextual realities shape how people feel about public participation and the extent to which it contributes to or detracts from their experiential frame of citizenship (Mansbridge, 1999; Mahajan, 2003).

Democratic participation is not a pre-existing text of social harmony, interaction and coexistence; on the contrary, it is only through participatory practices in the realm of conflictive power relations that democracy, as a political frame of reference, assumes experiential reality (Werbner and Yuval-Davis, 1999; Jayal, 2001). In the end, though, it would seem that prevailing ideas of public participation as a rational imperative – vitiated by language as a contextual game, often shaping and reinforcing dominant relations of power – influence both the experience and the results of public participation (Chandhoke, 2003).

Health facility boards in South Africa

The literature review above has captured some of the defining elements that constitute:

- spaces as forms of decentralised governance;
- participants as agents of democratic governance;
- experience as the reflexive lens of participation;
- empowering/disempowering interface: the fear of co-optation;
- participatory spaces as living community networks;
- participatory spaces of resistance;
- spaces for alternative knowledge formations and institutional change;
- transforming dominant relations of power in participatory spaces;
- non-participation: a voice of distrust in regulatory spaces; and
- participatory democracy and its discontents.

The empirical work in South Africa focuses on hospital boards as an historical instantiation of local governance and the related pre- and post-apartheid scenarios that inform them. This historical narrative is located in the context of the preceding literature.

Structures for public participation

The Western Cape Health Facility Boards Act, Act 7 of 2001, makes provision for public participation on HFBs. Section 6(4) explicitly states that community representatives must constitute at least 50% of an HFB. Sections 9 and 10 list the functions and powers of HFBs, including:

- approving the mission, vision and values of the facility;
- advising the management of the facility;
- strategic planning;
- monitoring the performance of the facility;
- being a watchdog and attending to the grievances, complaints and concerns of patients;
- fund-raising;
- considering appointments; and
- inspecting the facility and reporting findings to the head of the department (RSA, 2001).

Do HFBs:

- involve communities in the planning and provision of health services?

- establish mechanisms to improve public accountability and promote dialogue and feedback between the public and health providers?
- encourage communities to take greater responsibility for their own health promotion and care?

Stellenbosch HFB: constituent profile and history

The constituent profile of the Stellenbosch HFB
The Stellenbosch HFB of ten members includes four 'whites' (40% of the board, athough 2 427, or 19,6%, of the total Stellenbosch population of 12 393 are white), five so-called coloureds (50% of the board, 30% of the local population) and one black African (10% of the board, while the total resident population is 50,3% black African) (Hammers, 2004). As will be seen in the case of Vredendal, whites numerically dominate the HFBs, quite clearly disadvantaging the historically excluded sections of the population, with Africans in Stellenbosch especially underrepresented on the HFB (Stellenbosch Municipality, 2004:19, sec. 3.10).

The colonial apartheid origins of Stellenbosch Hospital
Institutional health care in Stellenbosch had its origin with the introduction of so-called 'Western' medicine at the Cape by the Dutch, and more specifically Jan van Riebeeck, who landed in 1652. From the eighteenth century onwards, the English also played a role. In the early nineteenth century, Stellenbosch was seen as a place where the pressure on the settlement in Cape Town and its health care services could be relieved (Baderoen, 2003).

Right from the outset racist planning frameworks characterised health care in South Africa in general and Stellenbosch in particular. J B Collins was appointed architect for Stellenbosch hospital in 1901, and his plans made provision for twenty-six beds for white adults (sixteen in the general and ten in the private wards), four for white children, sixteen for black adults (twelve in the general and four in the private wards) and four for black children (Baderoen, 2003:13, Krige, 1992:30, see also Town Clerk, Book 1V,1946).

There was a great deal of dissatisfaction amongst black sections of the population as they were not allowed access to the maternity facility at Stellenbosch Hospital. (PAH 381 H94/3/E4). Indeed, the general feeling

amongst the HB members was that a separate hospital had to be built for black people. Even before Stellenbosch Hospital was built, in 1938, a Colonel Wicht had already insisted that a separate hospital be built for black people (Krige, 1992:28), an insistence that assumed overt racial proportions on the birth of the apartheid regime in 1948.

This grandiose racist planning framework for health facilities came under increasing scrutiny after almost thirty years, with the 1976 Soweto revolt against apartheid institutions and practices. The apartheid government then realised that reform was necessary and singled out the health sector for this purpose. Consequently, the Health Act, Act 63 of 1977, which was put into effect on 26 May 1977, provided for the creation of community health centres, amongst other stipulations (De Beer, 1984:29). For this purpose, the Department of Health Services adopted the motto: "Health services outwards." (Kotzé,1972)

Community involvement in Stellenbosch Hospital
In 1960 hospital services in the Cape Province, including Stellenbosch Hospital, were taken over by the provincial administration. During the 1980s Southern Africa experienced financial hardship as a result of economic sanctions against the apartheid state. Consequently, shortages of funding for hospital services affected Stellenboch Hospital seriously. It was against this background that a greater dependence on community support for the maintenance of hospital services emerged. This led to the establishment in 1988 of the Stellenboch Hospital Action Group (STAG), a voluntary, charitable organisation which, structurally, was closely linked to the concerns and activities of the HB. In a sense it can be argued that the STAG is merely the community version of the HFB, as its activities are profoundly influenced, if not directed, by the concerns of the official HFB.

Stellenboch Hospital Action Group (STAG).
Public participation in the Stellenbosch HFB occurs also via STAG, which came into existence, as already indicated, because of the economic hardships preventing the central government from adequately funding hospital services as a result of a broad range of sanctions against the apartheid state. STAG, however, represents mostly the 'white' section of Stellenbosch residents who, from the outset, were concerned about the provision of adequate health care services to the community. Hence their various fund-raising drives to provide and maintain hospital equipment

and services and support staff training programmes such as a Xhosa course. STAG aimed to raise R500 000 in 1992. Within six months they had raised R175 000 (*Eikestadnuus*, 12 February 1993). Volunteers solicited the support of possible donors.

Money collected by STAG was used to fund important hospital projects to ensure adequate health services for the Stellenboch community. During 1996 STAG decided to fund the Free to Grow life skills course for personnel. The course was designed to instil confidence in personnel and give them pride in themselves and their work as health care workers, and did so by exposing personnel to various interpersonal skills and professional competencies that would benefit health care services at Stellenbosch Hospital. STAG made R24 000 available for the course (Coetsee, 1996, Notes, p.3). ABSA Bank offered R55 000, so STAG eventually contributed R23 000 (Coetsee, 1996, Notes, p.1) A total of 148 general assistants, assistant nurses and administrative assistants completed the training course (Coetsee, 1996, Notes, p.1). In the judgement of the HB and hospital management, the course improved both the interpersonal and professional skills of the Stellenbosch Hospital staff.

Since many hospital patients spoke only Xhosa, most nursing staff found it difficult to communicate with them. The medical superintendent told a meeting of STAG on 1 June 1999 that a communication course in Xhosa for staff was essential to overcome this problem (Coetsee, 1999, Notes, p.3).

The Reverend Van Zyl (a board member) identified Sara Fingo, a janitor at the hospital, as a potential presenter of a Xhosa course (Coetsee, 1999, Notes, p.2). The hospital matron was aware of another woman who could present a course at R250 per person. Eventually it was decided to contact a Ms Lambrechts, who was prepared to present a course to 12 courses participants at R240 per person (Coetsee, 1999: 2). It was decided to identify twelve staff members, possibly one from each section of the hospital, to attend the course. STAG decided to cover the costs of ten of them.

At a meeting on 20 June 2000, it was noted that the Xhosa course was approaching its end and that the University of Stellenbosch was prepared to offer it in the future (Coetsee, 2000, Notes, p.3).

On 6 April 1999 STAG decided to create a post for a personnel consultant (Coetsee, 1999, Notes, p.3) to assist staff with their personal problems and enhance the skills acquired during the earlier life skills

course (Baderoen, 2003:110). STAG would pay the person's salary provided he/she was not attached to the hospital. A Mrs Rautenbach was subsequently appointed.

In recent years transport for the indigent to and from the hospital has become a concern. The drastic nature of this problem was conveyed in a letter to the Hospital Board from one Hérine Fourie:

> *A disturbing incident contributed to the fact that I am involved with regard to a serious problem affecting Stellenbsoch Hospital currently. My household assistant in early December 2000 on her way home came across a shocking situation on the corner of Merriman Avenue and Bosman Street. A young girl (approximately) 18 years old was carrying her mother, an invalid on her back. The mother was discharged from Stellenbosch Hospital after a stroke treatment. The mother is paralyzed and her daughter had to take her home on a farm in Koelenhof. She did not have money and could therefore not afford taxi transport* (Coetsee, Letter from Fourie, 2001).

STAG decided to fund a bus. For the time being, the fund assists with the transport of patients by taxi.

The STAG members who started this hospital charity 16 years ago were still largely responsible for its administration, maintenance and activities in 2004. Though STAG is supported by the community at large, it is the view of the Stellenbosch Hospital matron that the black residents of Kayamandi, Cloetesville and Idasvallei should participate in and support the affairs of the hospital to a greater extent. However, it would appear that even members of the Stellenbosch HFB formally serving the black sections of the community still do not feel comfortable expressing their views on the role of the HFB, let alone participating indirectly in the management of the hospital via STAG. In short, it would appear that the black sections of Stellenbosch feel completed excluded from the HFB and merely use the hospital for health care services. In this instance black people are present as a pathological Other rather than as citizens co-determining the direction and purposes of the Stellenbosch HFB.

Vredendal HFB: Vredendal Hospital and its surrounding communities
Reporting on the official opening of extensions to the hospital in 1982, the local newspaper, *Ons Kontrei* ('Our Environment'), stated that it was the intention:

> *to encourage community involvement in the hospital as it has many needs to which the public at large can make a contribution. Indeed, when the provincial administration representative, P J Loubser, opened the*

extensions, he emphasised the need for teamwork and community support for the hospital, by stating that "whether it is the doctor, the nurse, the administrative assistant, the cleaner or the labourer or whosoever, work in a hospital can only be done effectively if there is teamwork, when people know their labour is appreciated. And, if such cooperation can be extended to the community at large, even better" .

In Vredendal there are fourteen board members, comprising four women and ten men. They are all white except a priest representing a faith-based community in Klawer. Seven of them are institutional members and the other seven are community members. Yet only 20,6% (2 941) of the total population of 14 292 are white, whilst 70,5% (10 075) are so-called coloureds and 8,9% (1 276) are black Africans (Hammers, 2004).

The hospital secretary provides secretarial support but is not a member of the board and therefore has no voting rights. There are two newspapers in Vredendal: one has been invited, viz. *Ons Kontrei.* The medical superintendent is Dr Jan van Dyk, a general practitioner who has worked in Vredendal since January 1984. In 1994 the HB became a HFB.

The Namaqualand radio station provides information sessions on health care, including HIV/AIDS, to the whole of the West Coast, comprising Citrusdal, Clanwilliam, Vanrhynsdorp, Vredendal, Bitterfontein and Doringbaai – a total population of approximately 50 000 people – covering all 'race groups' and especially the youth. The local authority, Matzikama ('Place of Water'), is also represented on the HFB. Vredendal has thirteen private general practitioners, eight of whom serve the hospital on a part-time basis. In this rural area the doctors are multi-skilled and are generally considered better than most general practitioners as they do not have access to their professional colleagues or specialists, as in the case of cities.

Dr van Dyk, the superintendent of Vredendal Hospital, has indicated that there is a financial crisis in health care in the province of the Western Cape as the national government has reduced its subsidy for hospitals in the province (Vredendal HFB, 2004: 12 Aug). He mentioned that the Government's funding formula was based on what is known as the 'numerical model', with reference to the number of people in the province.

The agenda for board meetings is usually set by the chairperson. Theoretically, anybody can put issues on the agenda by writing a letter to the secretary requesting that such items be presented at the next board meeting. Sensitive or controversial issues requiring additional or detailed

attention are usually handled by ad hoc committees. The Vredendal board is fortunate in having a chartered accountant as a member who assists with the administration of financial matters. This perhaps explains why the board's financial records frequently receive commendations from the national Department of Health.

The Cancer Association of South Africa (CANSA), a voluntary charitable health organisation, has a branch in the Vredendal area (Vredendal HFB, 2004: 12 Aug.). Home care chapters exist in Molsvlei, Rietpoort, Bitterfontein, Nuwerus, Vanrhynsdorp, Klawer, Vredendal, Ebenhaeser, Clanwilliam, Citrusdal and Lambert's Bay (Vredendal HFB, 2004: 12 Feb.).

CANSA in Vredendal focuses on home-based care, and also deals with TB and related lung diseases and diabetes. CANSA concentrates on fund-raising to improve local health facilities, and meets once a month to discuss health issues and related concerns. Since 1994, CANSA has also been focusing on HIV/AIDS patients, as the disease has become a serious medical problem in the area. According to the hospital superintendent, Africans have moved into Vredendal since the birth of post-apartheid South Africa. In terms of this explanation for the high incidence of HIV/AIDS in the area, African men regularly abuse coloured girls sexually, thus spreading the disease. Partly through CANSA's efforts, a woman from a historically white community came forward and identified herself as being HIV-positive in an attempt to destigmatise the disease and control its spread in local communities.

Achievements of Vredendal Hospital

The HFB and management of Vredendal Hospital cooperate closely in its overall administration and management. Consequently, they have achieved several distinctions for efficient management standards at the hospital. For example, the national Department of Health declared it a baby-friendly hospital in 2001 – the first hospital in the country to receive the honour.

Under the aegis and direction of the hospital superintendent, three wards at Vredendal Hospital were privatised and now admit private patients who pay for their medical care. According to the superintendent, this illustrates that public-private partnership, an economic strategy of the Government, can work when there is sufficient goodwill and cooperation (Vredendal HFB, 2004: 12 Aug.).

Yet goodwill does not seem to feature in Vredendal Hospital's history, as explicit racism seems to characterise interpersonal relations. For example, end-of-year functions for black and white staff members used to be held separately, and the whites appear to have been excessively privileged, as their functions seem to have been lavishly funded from the hospital's coffers. For example, in 1981, expenses for whites were R212,00 per person, while for blacks the figure was R167,40 (Vredendal HFB, 1981: 14 Dec.; 1981: 12 Oct., subsections 9a, 9b). More importantly, perhaps, the end-of-year function for whites was a barbecue, while blacks received a cold salad (Vredendal HFB, 1981: 14 Dec.). Reinforcing such discriminatory practices was the official signage which, in terms of apartheid diktat, littered the public landscape. For instance, in April 1983 a Mr W J Vermeulen introduced a motion at a board meeting insisting on proper, clear signage to the so-called 'non-white' entrance to the hospital (Vredendal HFB, 1983: 11 Apr., p.40, subsection 12a). Also, the black residential area is a considerable distance outside the town whereas the resident population of Vredendal North enjoys local clinics in a community hall on days that taxis run (Vredendal HFB, 1993: 10 February.).

What is quite remarkable about the HFB's minutes during the apartheid era, capturing the social relations, is their brevity – often only a few words with little explanation. In contrast, though, in the post-apartheid period the HFB minutes became substantially more detailed. It is against the ideologically entrenched background of racial separation and subordination of blacks that institutional transformation had to occur at Vredendal Hospital. A Mr Swanepoel visited the hospital in 1999 to explain the need for transformation in the civil service of South Africa (Vredendal HFB, 1999: 8 Apr., subsection 20.1). Part of the transformation would be a greater sense of institutional self-reliance, hence the apparent need to privatise Ward C (Vredendal HFB, 1999: 11 Feb., ref. 59.1/99). Institutionally, though, there does not seem to be a transformation plan. Indeed, already in April 1999, the matron drew the board's attention to the need for such a plan (Vredendal HFB, 1999: 8 Apr., subsection 44.1).

Like Stellenbosch, Vredendal Hospital does not have a single black medical doctor. Yet in the case of Vredendal, the hospital appears to be autonomous when it comes to the filling of posts, the shifting of funds and capital expenditure (e.g. the acquisition of medical equipment). These discretionary decisions are presumably influenced by the demographics

in Vredendal and environs, budgetary patterns, per capita subsidies and contracts. They are also influenced by the hospital's own resources, income levels, community donations, contracts with medical schemes and funds, and the private sector at large (Vredendal HFB, 1999: 14 Oct.). With so much leverage and discretionary power at the HFB's disposal, one is forced to ask the question: Ten years after the birth of the democratic South Africa, why did the HFB allow the transformation process to be stalled for a such a long time, apparently causing the transformation chairperson to resign (Vredendal HFB, 2000: 7 Oct.)?

Curiously, though, it does seem that the HFB entertains far less important issues, such as the provision of a special room for silence, meditation and prayer (Vredendal, 2001: 5 Apr.). Perhaps it all comes down to norms – the unspoken values implicit in the assumptions and life views of the HFB. In this regard the ruminations of Ms Archer, a senior citizen and former nurse, at a board meeting on April 2002 are quite revealing:

> *This is how we speak*
> *This is how we look*
> *This is the image we want to project*
> *This is taboo to us*
> *This we do not tolerate (Vredendal HFB, 2002: 11 Apr.).*

The preceding value judgment is quite clearly an assertive model, raising the question: Whose norms count during public participation, especially in a post-apartheid health care system? This question appears to have been answered, at least partially, when the Minister of Health of the Province of the Western Cape and his superintendent-general visited Vredendal Hospital and remarked that their impressions of the hospital were positive (Vredendal HFB, 2003: 22 Apr.). It is not clear, however, from the minutes of April 2003 on what basis they formed such a positive impression. Perhaps more valid is the recurring concern of the matron with regard to 'transformation', suggesting that Vredendal Hospital needs a workshop on 'transformation'. She repeated this request on 14 August 2003, and at the board meeting of 9 October 2003 members were advised that a transformation workshop had been scheduled for 7 November 2003.

Without any apparent controversy, the HFB made R4 000,00 available for the 2003 end-of-year barbecue. This time it was held together, and not separately (Vredendal HFB, 2003: 12 Jun.)! A small step for

Vredendal Hospital, but a giant leap for interpersonal relations and human dignity in a hospital where black people constitute 80% of the patients and some of the lower-order staff, but less than 10% of the HFB and hospital management.

Vredendal Hospital and environs: a rural profile of potential

Social agency, professional dedication and reflexive engagement: Dr Anna Louw[1]

Dr Anna Louw and her husband, Dr J H J Roux, were co-founding members of Vredendal Hospital. After completing her medical studies at the University of Cape Town in the 1940s, Dr Louw accepted a post at Vredendal, where the health care facilities were very elementary. She and her husband worked with District Sisters, a charitable organisation. According to Dr Louw, Vredendal was initially a settlement of poor black and white people, who came from Lutzville, approximately five kilometres outside Vredendal, and settled there during the depression years in the late 1920s and 1930s. According to her, poverty levels deepened when black people left the missions in Namaqualand, where they could not support themselves, and settled in Vredendal.

The missions played an important role in the health sector in Vredendal and environs. A case in point was the Rietpoort Mission Station, which was started in 1913 by a Dutch priest, Father Cornelius van't Westeinde, who died in 1959. He was succeeded by another Dutch priest, Father Van der Bergh, who passed away in 2003. Father Van der Bergh built the church in Bitterfontein for the Catholic members there. The services of one Sister Marie Hildegard, known by the mission's resident members as 'our doctor', were especially outstanding – a fact borne out by the fond memories of Dr Louw, who had regular contact with Rietpoort Mission Station during her more than 40 years of practising in Vredendal. The Rietpoort Mission's health care services, under extremely difficult circumstances, and usually through a skilful blend of improvised infrastructural methodologies – for example, ordinary wooden crates had to serve as shelves in its one-room pharmacy – contributed significantly to the overall welfare of the population.

In one sense, perhaps, this is community involvement and integration at its best, even though it is not clear whether the resident community had any direct say in the actual day-to-day running of the institution. This being a faith-based community, however, it could be readily

hypothesised that deferring such controlling rights and powers to the 'Good Shepherd', *à la* the spiritual model, and obeying the representatives of the Divine in their midst, could even be considered evidence of spiritual obedience, rather than existential indifference to the ethos of a participatory democracy. Even so, unless the management passes from one residential generation to the next, as in the case of the teachers at Rietpoort, this model of management can easily degenerate into generational dependency and fail to serve the all-round development of a dynamic community, albeit a faith-based community.

Then again, one should, perhaps, bear in mind Dr Louw's contextual understanding of this problematic:

> *People participate when things go wrong. When things go right they want you to get on with the job. You cannot force people to participate. You are talking about people, not things. Remember, in the new South Africa you cannot order people around!*

Dr Louw is a dedicated professional who has served Vredendal with distinction. At the age of 82 she is still playing an important role in the communities of Vredendal and is a household name and a respected physician, especially amongst the poor. During a trip to Ebenhaeser's black community, a young couple were overcome with emotion when they saw her driving up to an entrance gate. They greeted her and thanked her profusely for the wonderful work she and her husband were doing among the poor people of the surrounding farms. Dr Louw has tremendous insight into the socio-political issues that characterise health care in South Africa in general and Vredendal in particular, as reflected by her views on the history of the Vredendal HFB.

In response to my question as to why the Vredendal HFB's minutes were so cryptic, Dr Louw suggested that that was the way the Broederbond (a secret brotherhood of advisors to the apartheid regime, essentially a shadow government) controlled or tried to control the hospital. Consider, also, for example, how in 1964 an Afrikaner academic, P L Scholtz, sought to control the interpretation of certain information. This academic wrote a doctoral thesis on the Namaqualand region, including Vredendal, called *Die Historiese Ontwikkeling van die Onder-Olifantsrivier 1660–1902* (*The Historical Development of the Lower Olifants River 1660–1902*) which openly and brazenly propagates apartheid myths and doctrines; makes derogatory references to indigenous people such as the Khoikhoi and San (p. 129); singles out coloureds out for participating with the English

against the Afrikaners in the Anglo-Boer War (p. 134); and cites the Ebenhaeser Mission Station as a model for apartheid planning of separate residential areas for so-called coloureds in the rest of South Africa (p. 135). The Broederbond was essentially an intellectual think-tank for the apartheid government, its object being to ensure and maintain Afrikaner hegemony. Hence Scholtz's presenting apartheid doctrine in the guise of scholarship.

According to Dr Louw, district surgeons in Vanrhynsdorp have done very good work. Yet the death of black consciousness leader Steve Biko as result of deliberate neglect by a district surgeon cast suspicion over the whole system of district health care led by district surgeons, and it was discontinued with the birth of the new South Africa in April 1994. Their work is now done by highly competent nursing sisters.

In Dr Louw's view, the post-apartheid health care system may be based on very good intentions, but, in trying to change apartheid practices, the post-1994 decision-makers dismantled and destroyed a very effective health care system. In her assessment of the post-1994 governance processes, however, Dr Louw does not make any reference to the skewed distribution of health care services under the apartheid regime. Throughout her conversation, she is at pains to emphasise that, as medical practitioners, she and her husband were colour-blind as they treated patients' health conditions, not their colour!

She illustrated this humane approach to health care by introducing the researcher to her daughter-in-law, a specialist registered nurse, and son, a farmer in Vredendal. It is clear that both her son and daughter-in-law are appreciative of the attempts made by the present government to ensure sustainable primary health care through a seamless referral system for advanced specialist health services where required. For the son, Joubert, "the idea that the poorest person in this country can have ready access to the best medical care in the world is absolutely astounding! Surely, for any government, this must be quite an achievement!" Even so, Joubert maintains a healthy sense of balance in his observations when he remarks: "In the old South Africa we had very bad laws excellently implemented, in the new South Africa we have wonderful laws quite badly implemented."

Dr Louw's assessment of the present HFB is refreshingly straightforward: In her view they still seem to be imprisoned by an

apartheid mindset. This is a view shared by the former municipal CEO of the Matzikama muncipality, Gerhard Ras, who observes, quite trenchantly:

> *Their finances might well be in order, as they have been in order during the days of apartheid, but where is their transformation plan? How many black doctors do they have? How many black staff members do they intend appointing in the next few years in compliance with the government's requirement for 'demographic representivity' in public institutions? This is a new South Africa! It cannot be business as usual when under the guise of 'competency and experience' apartheid continues by other means!* (Ras, 2004)

According to Dr Louw, general practitioners are currently not, in fact, trained as general practitioners but as parochial specialists, and consequently find it difficult to deal with the host of interrelated symptoms and socio-economic problems experienced by the average patient. In her view, a patient should be examined holistically and not atomistically. Dr Louw illustrates her understanding of holistic medicine by indicating that in the 1950s, as part of the immunisation programme, more than 6 000 injections were given to people suffering from tuberculosis, diphtheria and typhoid fever. Educational sessions were held with patients and, consequently, the last case of typhoid fever was reported in 1954. In her view the clinics in Vredendal and environs are very important for health care, although too much is spent on their refurbishment!

Dr Louw retired on 31 December 1991 from her medical practice after 45 years of dedicated service, 41 of which she spent in the Vredendal area.

Towards an assessment of HFBs

This section provides a preliminary assessment of the HFBs at Stellenbosch and Vredendal, with a view to accenting theoretical insights and conceptual linkages with the literature on public participation.

Spaces as forms of decentralised governance
In the case of both Stellenbosch and Vredendal, health services extend beyond the hospitals to outlying districts in the form of several clinics which, in the case of Vredendal, operate within a radius of 210 kilometres from the hospital. Through a referral system at the clinics, patients are sent to specific hospitals, thus ensuring that they enjoy the most advanced

treatment required. The clinics are usually staffed by nurses ranging in seniority from nursing assistant to senior nursing sister.

The senior nurses are usually responsible for liaising with the superintendents-general of hospitals, who ensure that general practitioners visit the clinics regularly. During these visits, the nursing sister in charge makes the medical reports of patients available to the visiting doctor, who inspects them and recommends specific medical steps, such as discharge, continuing drug and other therapies or, if necessary, referral to a bigger medical facility, for instance a hospital such as Vredendal and Stellenbosch, for more detailed examination and treatment.

The approach followed to medical care would seem to be predominantly curative rather than preventive, even though the national Department of Health emphasises the latter approach, hence their adoption of a primary health care system for local communities (see, e.g., http://www.doh.gov.za/docs/index.html). Conversations with nursing staff at the clinics and the attending doctor quite clearly indicate their epidemiological approach to health care in these areas. They record and emphasise the types of diseases of patients, not their ability to manage their health by participating in the administration and governance of the clinics or hospitals. These structural silences suggest that health care workers themselves, from doctors to nurses, have yet to acquire a discourse and attitude that view health care as an intensely human condition of potentiality, reflection and meaningful involvement in all aspects that affect the individual and his/her environment.

This reflective engagement of people with their experiential space *à la* Henri Lefebvre (1991) is emphasised, if not prioritised, by South African's Constitution but not yet by the health practitioners of Stellenbosch and Vredendal hospitals. Though serving predominantly black people, these hospitals still largely operate as 'mystical' health centres, located in the 'white sections' and not as integral parts of especially the poor and historically disenfranchised communities of Stellenboch and Vredendal.

Participants as agents of democratic governance

Concern with broader community participation is recorded in reports on the earlier history of Vredendal Hospital. This concern to involve the

community was reiterated many years later by the current hospital secretary, who requested this researcher to present a workshop on public participation for Vredendal and its environs. The request has been communicated to the Regional Director of Health Services in Malmesbury and is being considered by the provincial Minister of Health.

Experience as the reflexive lens of participation

Dr van Dyk of Vredendal exemplifies experiential insight, holistic practice and critical but transformative engagement – even though of the charitable kind. The hospital superintendent's reported exposure to less-than-average white privilege during his youth and medical training seems to have sensitised him to the plight of the poor served by the clinics within a 210-kilometre radius of the hospital. Here two aspects should be mentioned: First, his experiential insight into the effect of poverty on one's self-confidence and the need to have supportive social relations during personal hardship and difficulties appears to direct his present critical stance towards the liberal notion of social change minus its structural inconvenience. Questioning the rhetorical stance and missionary image of the privileged in society, in his view, is a necessary position to assume, lest wonderful words take the place of wonderful deeds. Perhaps this is why he personally funded the privatisation of Ward C at Vredendal.

Second, however, anecdotal evidence suggests that the critical, sceptical stance of the superintendent can so readily translate into a lack of empathy vis-à-vis his patients. Some young people in the neighbouring black community have suggested that his own positionality in relation to outlying poor communities is highly questionable, as he presumably does not 'touch' his patients when examining them. This critical stance of members of the black community does not constitute imaginary space of alienation but experiential space of a dislocated emotionality: the patient finds himself/herself in an unfriendly and uncaring environment, occupied – ironically – by the very agent of meaningful praxis in health care. In this regard, consider, for example, the more than 420 kilometres that he travels to reach the outlying clinics, the emphasis on the visual images of poverty in the surrounding communities and his apparent admiration for the good work, especially in health and schooling, of Roman Catholic missionaries in surrounding poor communities.

Thus a critical stance is not necessarily sufficient, unless it is also informed by a structural nexus to the experiential space of the Other – in this instance, the poor of Vredendal and its environs. It is precisely the absence of such a material link, not merely as a critical observer of the discourse of change, but a consistent participant in the broader social imaginary of the majority of the inhabitants of Vredendal, that perhaps explains the urgent need for public participation in the affairs of the Vredendal HFB, as requested by the hospital's secretary.

Empowering/disempowering nature of participation

The current experiential model of participation suggests that the form, content and dimensions of institutional practices constitute a regulatory system via the agenda. In this instance 'voice' is directed by the secretary, who constructs the agenda (even though nominally every board member has the right to introduce issues for discussion). The secretary's apparent insight into substantive issues and concerns at the hospital appears to be beyond doubt and thus serves to direct meeting procedures, especially at Stellenbosch.

Here it is important to note that it is not only what is said or unsaid that is significant, but how issues are introduced: either with a sense of seriousness or with a gesture of nonchalance. Of course, this is not to suggest that a sense of humour should be absent from formal discussions, but merely that substantive discussion and analysis of issues would trigger greater interest. Apparently transparent issues such as the annual October musical festival in Vredendal are mentioned perfunctorily or enjoy glib attention, as if the events are unproblematic for the rest of the community, especially the black section of the populace, who seem not to feature as decision-makers on the board. Legitimating this important event on the Vredendal calendar would, among other considerations, require a proper survey of opinions in the population at large. This is patently not the case in Vredendal.

The chairperson of the board is equally influential, as he/she determines the extent to which issues are discussed or whether they are immediately referred to a subcommittee for further investigation. Also, interpersonal relations with the rest of the hospital board influence how issues are handled. It would seem that often issues are not discussed

with the requisite rigour, for fear of offending people of significant social standing on the board. In such instances the board fails to promote critical consciousness – a quality that is imperative where institutional transformation is urgently required in both Stellenbosch and Vredendal. In both cases, apparently, the concept of excellence is restricted to financial efficiency measures and is not extended to transformative measures. Hence, in both Stellenbosch and Vredendal. power assumes at least three interrelated forms:

- **Hidden power:** Issues connected to the poor as subjects of planning, rather than objects, appear to be excluded and delegitimised.

- **Invisible power:** Whilst it is true that processes, practices, cultural norms and customs shape people's understanding of particular needs, including health care, it is also true that the transformative role, possibilities and actions of HFBs can be represented in ways that change the context and power relations under which such health care services are extended to the community at large. Hence the importance of institutional transformation vis-à-vis dominant relations of power.

- **Visible power:** This shapes the formal ground rules of the hospital and hospital board. Doctors and nurses are respected members of an elite group. As a professional group they often use specific interpretations of official policies, laws, constitutions, regulations and conventions as institutional instruments to entrench dominant interests. In this regard the leadership appears to be quite forceful as institutional goals are achieved through stringent adherence to fiscal discipline. Indeed, Vredendal prides itself on being one of the few hospitals in the country that regularly record financial compliance with the statutory requirements of sound governance. Yet it could be argued that the Vredendal model of effective management is quite flawed, as it measures effective governance merely in terms of the overall image of hospital (a clear structural continuity from the apartheid era) and not as a nexus to the historically excluded black community of Vredendal – perhaps the only real test of sound transformative strategies in post-apartheid South Africa!

Participatory spaces as living community networks

Token participation and manipulation of information exist, especially in Stellenbosch and to some extent in Vredendal, as representatives do not have real power. These uneven relations of power assume distinct profiles of organic emasculation, such as:

- **Passive participation:** People participate as recipients of information; they are told what has been decided or what has already happened.
- **Participation by proxy:** People participate within a network, such as the Stellenbosch Action Group. Whilst this is ostensibly a form of self-mobilisation, people then embark on a range of internally agreed activities and, in the process, receive resources from various agencies but decide how such resources should be used.
- **Participation for material incentives:** People participate by contributing resources. For example, Dr van Dyk paid for the privatisation of Ward C at Vredendal.

Participatory spaces of resistance: participation in the interests of the status quo

Doing nothing about something that is structurally offensive is actually a type of action, as the apparent lack of action serves to maintain the offensive situation.

For example, in both Stellenboch and Vredendal HFBs there is absolute silence on and a total neglect of issues of critical consciousness in relation to institutional transformation. It seems that it is 'business as usual'. Presumably, in the case of Stellenbosch, this nonchalance towards institutional transformation has something to do with the fact that the current hospital management and HFB are all due to retire within a few years, so why bother with transformation? This apparent indifference translates into silence as a structural guarantor of the status quo, where whites continue to control the management of the hospitals and clinics, while blacks are largely the epidemiological laboratory where medicines and curative practices can be experimented with and tested. In this instance power is maintained through a lack of institutional transformation combined with internalised oppression – a lack of self-esteem – which entrench the status quo. In this regard, several observations are in order:

First, the colonial and apartheid destruction of the Aristotelian concepts of 'soul' (*psyche*), 'excellence' (*arete*) and 'purpose' (*telos*) gave rise to dependency, low self-concept and a lack of self-reliance, especially in the black section of South African society.

Second, with an almost missionary zeal, so-called whites, especially during apartheid, set themselves the task of studying the so-called 'coloured' problem. They appointed task teams and embarked on welfare programmes to 'uplift' blacks in general and especially the so-called coloureds – always, of course, within the predesignated confines, perceptions and ideological frameworks of the ruling white minority regime. With equal zeal, white academics and professionals studied the 'black problem', either as an anthropological construct or simply, in the case of so-called coloureds, as a sociological phenomenon, where issues such as poverty and a lack of self-reliance and intellectual distinction were not problematised as socio-historical manifestations and the consequences of colonialism-cum-apartheid, but as natural characteristics of those defined as 'coloured'. According to this view, such issues required a combination of religious interventions – hence the numerous missionary stations dotted about the so-called coloured settlements – and, if all else failed, prison-like, punitive, interventionist programmes such as 'reformatories for wayward youth'. Institutionally, therefore, so-called coloureds have always been viewed as a motley group of 'helpless' people in need of compassion, especially from their not-too-distant cousins, the so-called whites.

Third, it is the above anthropological gaze (see e.g. Gordon, 1991) and stance that perhaps mostly aptly explains the concern of hospital managers for the predominantly coloured settlements dependent on their medical care. Hence the visits to these outlying areas and especially the missionary zeal with which some medical practitioners approached health care for coloureds within their jurisdiction.

Transforming dominant relations of power in participatory spaces
It would seem that changing the uneven relations of power vis-à-vis historically excluded communities is contingent on a range of interrelated factors such as resources – not only capital and related infrastructure, but time, quite a scarce commodity in a profession which is losing its

staff to countries such as Britain, Canada and elsewhere. The black acting matron at Vredendal and the black nursing manager at Stellenbosch can only function maximally on their respective boards if they enjoy institutional support for their presence there. Such support for their active presence would be a structural acknowledgement of their ability to represent the interests of their respective constituencies.

Institutional affirmation for historically marginalised persons or groups is a very necessary, if not key, component of transforming prevailing negative perceptions and stereotypes of black aspirations and black abilities. It is such radical presence – 'radical' in the sense of transformative, not token – that translates into a critical consciousness of the need for structural opportunities for engagement and dialogue (even with the present researcher beyond the confines of a scheduled meeting).

Viewed as a dialectical simultaneity, these multilevelled processes of being, presence, engagement and reflection constitute the very necessary ensemble of transformative relations of power, if not in reality, then at least in potential. Such transformative potential exists, both in Stellenbosch and in Vredendal.

Non-participation: a voice of distrust in regulatory spaces as presently constituted

Here one can refer to the critical stance of the former CEO of the Matzikama municipality with regard to the transformative integrity of the current Vredendal HFB when he refers to the absence of a hospital transformation plan, of specific targets for empowerment and of specific timeframes for transformation as encapsulated in a community-endorsed business plan.

Participatory democracy and its discontents

The possibility of engagement and social change is at least rhetorically and potentially present in Vredendal, where the anthropological gaze upon the poor in outlying districts constitutes part of the perceived space of the material needs and interests of the marginalised – though still within the objectified realm of the Other and within the them-us divide. The superintendent's concern with the bigger picture – the outlying poor districts, especially Kliprand, Molsvlei and Stofkraal – must, however, be accented, and remedial and sustainable development programmes should be implemented across the sectors, including the health sector, to

extirpate the primordial forms of poverty rampant within a 210-kilometre radius of Vredendal.

Spaces for alternative knowledge formations and institutional change
Here one can readily refer to existing legislation that provides for the following normative criteria in the public participation process:

- transparency in decision-making – preamble to the Promotion of Access to Information Act;
- administrative efficiency – Promotion of Administrative Justice Act;
- equity in access to information – Promotion of Access to Information Act;
- active participation by citizens, especially the poor and marginalised, in decisions that affect their rights and well-being – White Paper on Local Government and Constitution;
- procedurally fair administration action affecting any person – Promotion of Administrative Justice Act;
- the right to monitor the implementation of planning – Local Government: Municipal Systems Act; and
- cooperative governance – Constitution.

Some tentative conclusions
In both Stellenbosch and Vredendal health care operates largely as an exotic, life-sustaining service, rendered by the godlike doctor and the saintly nurse, health care workers who are not merely much revered as caregivers, but fondly remembered by individual members of even the slightly better off communities, such as the Ebenhaeser couple who cried when they saw Dr Anna Louw at the farm gate. This is the missionary model of health care perfected!

Still, though, there would appear to be a whole typology or matrix of approaches to transitional governance vis-à-vis the efforts at transforming hospitals from apartheid instruments into democratic institutions, such as the following:

- bureaucratic model of governance: accents the role of the so-called expert through restricted compliance and coercion (the Stellenbosch Hospital as agent of change);
- consensual model of governance: emphasises conflict reduction through negotiations (the insight of Vredendal's secretary, requesting formal training in public participation);

- confrontation model of governance: highlights the apparently ingrained racist attitudes of institutional managers and the high expectations of democratic practices among the newly enfranchised citizens (the municipal CEO questioning the intentions of the current Vredendal hospital management);
- engagement model of governance: focuses on the need to create institutional harmony and cooperation between the previously advantaged (so-called whites) and historically disadvantaged (largely black) sectors of society (the official, constitutional stance of the South African government).

Policy implications of the preceding conclusions

With a view to ensuring a greater sense of inclusiveness, especially in historically marginalised black communities, a number of steps will have to be taken:

1. All people using the hospital services should be able to serve on HFBs, and not only those nominated by organisations with verifiable constitutions.
2. Invitations to serve on HFBs should be posted in public places accessible to poor people: churches, civic centres, bus stops, taxi ranks and schools. Where possible, flyers should be distributed from door to door in poor communities, as was the case during the struggle against apartheid.
3. People should be elected to HFBs, not nominated.
4. HFBs should have decision-making powers, not only an advisory role, vis-à-vis hospital management.
5. To encourage gender and racial equality, half of the positions on the HFBs should be reserved for women and black people.
6. The national and provincial Departments of Health must ensure that HFB representatives have the capacity to deliberate and are not intimidated by certain sections of the HFBs, often resulting in the total absence of black people from an HFB meeting. This happened at Stellenbosch in June 2005, when not a single black representative attended the scheduled meeting, perhaps partly due to their lack of commitment to community interests, of deliberation skills and of exposure to technical and substantive debates on health care – and, generally, their lack of self-confidence!

7. Election to an HFB should be voluntary and not 'forced' appointment, so that it is based on a person's commitment to the welfare and interests of a particular community.

8. Elected members of HFBs should have access to community platforms to engage the community at large about issues raised and discussed at HFB meetings, and also to ensure that specific information on HFB agendas and decisions is disseminated.

9. Since community participation is also about trust, reciprocal social relations and commitment to the values and norms of democratic practice, it is important that the national Department of Health – and, more particularly, its provincial counterpart – ensure that HFBs have clear goals, so as to:

- build local democracy;
- improve social relationships;
- address inequality;
- promote transparent governance;
- determine needs and priorities served by HFBs;
- promote sustainable development;
- foster integrated approaches to planning and development;
- improve the quality of decisions; and
- increase the prospects of the effective implementation of community-driven HFB-mediated decisions.

10. Since communities vary in terms of their abilities to participate in HFB-related matters, the national and provincial Departments of Health must ensure that there is a balance of different modes of public participation in local HFBs:

- **Participation as persuasion, where no active participation by citizens is foreseen:** This uses techniques such as paid advertisements, editorials, feature stories and media conferences.
- **Participation as information sharing, where communities become informed about the decision:** The purpose here is to improve awareness and understanding of a decision that has already been made and, if possible, to build up public support for it. Techniques to enhance participation in this regard include brochures, newsletters, newspaper inserts, displays, exhibitions and briefings.

- **Participation through consultation, where communities influence HFB decisions:** Here the purpose is to obtain input before a decision is made, enabling the public to influence the outcome. This involves two-way communication and a willingness to adapt plans to accommodate public interests, though the HFB retains the power to make the final decision and determine the extent to which the public can influence the outcome. Techniques to encourage community participation of this kind include formal hearings, public meetings, focus groups, conferences, workshops and advisory groups.
- **Public participation as collaboration, with joint decision-making:** Decision-making responsibility is shared with the public. The purpose is to make joint decisions based on agreement and shared responsibility. This means that the organisation has to be committed to implementing the agreements reached. In this instance, the community is represented in the decision-making process and is given decision-making authority. Techniques to facilitate public participation could include problem-solving workshops, mediation, negotiation and joint management committees.
- Participation as empowerment and self-determination, where decision-making responsibility is assumed by the affected communities: Here the purpose of participation is to assume responsibility for particular decisions, through delegated authority or full ownership. The community directs the decision-making process with other organisations, including government, and accepts the outcomes of particular decisions. Techniques to facilitate participation would include, for example, public/private partnerships.

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Notes

1. Based on an interview with Dr Anna Louw at Vredendal on 14 August 2004.

Widening Spaces for Citizen Participation

4

Bettina von Lieres

The author teaches at the Department of Political Studies, UWC and is an associate senior researcher at the Centre for Citizenship and Democracy at the School of Government, UWC.

Introduction

South Africa's transition to democracy has long been viewed as a standard-bearer for democracy on the African continent and as a beacon for democratic change globally. The introduction of democracy in 1994 brought a democratic constitution, a wide range of new democratic institutions and a new development agenda that emphasised citizen participation and new possibilities for democratic engagement.

In recent years, though, the limits of the state's democratisation strategies have become apparent. Many citizens feel alienated from the government and the state, and limit their participation to elections. Yet, for many South African citizens, formal electoral democracy means little in practice: they experience little or no engagement with local state structures and have few institutional opportunities to 'oversee' the state as empowered citizens. There has been a marked failure on the part of the state to reach into marginalised areas and facilitate new institutional spaces for poor citizens.

Despite the paucity of opportunities for citizen participation, there is now evidence of grass-roots initiatives creating new interfaces between marginalised people and the institutions that affect their lives, particularly those of the state. In South Africa's health and land sectors, citizens are building a new set of institutions and practices capable of providing new opportunities for poor people to participate in building democracy. In the field of AIDS/HIV activism, there have been significant successes in opening up new spaces for citizen-state interaction and in creating a viable social movement capable of engaging the state both nationally and locally. There is evidence of fresh strategies of popular mobilisation that use multiple sites of engagement, ranging from the courts to spaces of popular mobilisation. Social movements like the TAC are helping to create formal and informal intermediary spaces in which citizens engage the local state. These new struggles raise important questions about citizen participation in South Africa: they require us to look at the challenge of building a new relationship between citizens and their government.

Citizen engagement in the land sector

According to many analyses of post-apartheid South Africa, the challenge for democracy and citizen participation is not to initiate democracy, but instead to 'deepen' it. This view holds that while there is much evidence in South Africa of discourses of participation and active citizenship that build on traditions of liberal democracy, there is also growing evidence of a widening gap between legal assurances of participation and the actual inclusion of poor citizens in democratic processes.

Amongst the key obstacles to greater citizen participation in the land sector are structural poverty and inequality. More than 70% of the country's poorest people reside in rural areas, and more than 70% of all

rural people are poor (Aliber, 2003). Rural poverty is due to the land dispossession and migrant labour systems initiated in the colonial era and refined under apartheid rule. Between 1960 and 1983 more than 3.5 million people lost land and homes through forced removals of one kind or another (Cousins, 2004).

In line with the Constitution, post-apartheid South Africa's current land policy has three distinct components: a land redistribution programme, aimed at broadening access to land among the country's black majority; a land restitution programme to restore land or provide alternative compensation to those dispossessed as a result of racially discriminatory laws and practices since 1913; and a tenure reform programme to secure the rights of people living under insecure arrangements on land owned by others, including the state (in communal areas) and private landowners. (Cousins, 2004). On the whole, land reform has been limited, with less than 2.3% of agricultural land transferred, under the redistribution and restitution programmes combined, between 1994 and the end of 2002 (Greenberg, 2004:9). The land tenure programme is mired in controversy over traditional authorities and communal tenure regimes (Cousins and Claasens, 2004:16)

In post-apartheid South Africa rural citizens are bearers of rights which involve little, if any, meaningful inclusion in local decision-making processes. The majority of rural citizens are either poorly paid and insecure farm workers, labour tenants or unemployed 'farm dwellers'. There was certainly no attempt by the apartheid state to develop citizen capacity for engagement (rural government was in the hands of appointed chiefs and completely excluded rural communities), and the situation now is not dramatically different. The introduction of democracy in 1994 aroused many expectations of new forms of citizen participation in rural areas. However, for labour tenants and farm workers, post-apartheid democracy has meant little more than "the formal extension of minimum labour standards and formal protection against arbitrary eviction" (Greenberg, 2004:10). Weak rural state structures have offered little protection against abuses of power by farm owners against tenants and farm workers, and rural citizens have been offered few new opportunities for meaningful political participation.

The state's inability to reach into rural areas is, at least in part, due to the way in which traditional leaders and authorities are redefining local government in these areas. Koelble points out that "there is a certain

irony in the fact that the professed instrument for weakening the tribal authorities – the Municipal Structures Act of 1998 and the Municipal Systems Act of 1999 – have become instruments for the re-assertion of chiefly power" (2005:7). He notes that from 1999 the number of municipalities went down from 850 to 284, while the actual area covered by local government structures increased dramatically with the inclusion of former bantustan territories. Traditional leaders occupy 20% of the seats in municipal government because, according to the new local government legislation, they are to be consulted by the elected officials on matters pertaining to development. As Koelble observes, "this form of representation goes far beyond the restricted and vague role given to tribal authorities in the constitution" (2005:8). In addition, the Communal Land Rights Act of 2004 gives traditional leaders the right to distribute communal land and control its usage (Ntsebeza, 2004). Against this background, and in the context of an absent local state, traditional leaders are reasserting their power in rural areas. Citizen participation can be severely circumscribed by the cultural and political power traditional leaders wield in their communities.

In addition to the state's inability to set up effective local government in rural areas, state planning for greater inclusion has been limited to technocratic exercises where participation amounts to little more than consultation or information sessions by the state. One of the few institutional innovations for ordinary rural citizens, the concept of communal property associations (CPAs), was established in 1996 and aimed at facilitating active engagement by the very modest number of beneficiaries of land restitution and redistribution programmes in decisions around tenure and management of communal assets. The CPAs were designed as an alternative to trusts, which had given too much power to appointed trustees, but even this innovative structure is now generally considered to have failed to achieve both its democratic and its practical goals. The reasons for the collapse of the CPAs are numerous. Cousins writes that "constitutions have been poorly drafted and often misunderstood by members, and the rights of members (especially in relation to land and resource use) are often ill-defined. In some cases traditional leaders have contested the authority of elected trustees, and in others elites have captured the benefits of ownership" (2005:14). Conflicts over different interpretations of entitlements and the bindingness of decisions have led to the collapse of some CPAs.

Since 1999 there have been few opportunities for civil society groups to engage directly with policymakers. After 1999, in particular, "the new emphasis in redistribution policy on de-racializing commercial agriculture and creating opportunities for emergent farmers, rather than on reducing poverty and enhancing the livelihood opportunities of the poor and marginalized, provoked a great deal of negative comment, but little sustained mobilization, from civil society" (Cousins, 1994). Today most opportunities for citizen engagement take place in short-term 'project' spaces, with few opportunities for engagement in democratic, multi-stakeholder spaces.

Despite failures to implement new forms of citizen participation, there are multiple discourses and practices of citizenship in South Africa's land sector. Non-governmental organisations (NGOs), the state, donor agencies and emerging rural organisations engage in dialogue around issues of legislating, policymaking and participation. Cousins points out:

> [D]iscourses of popular participation, accountability and socioeconomic rights have contended with realpolitik considerations of stakeholder negotiation and bargaining; notions of 'continuing struggle' and popular mobilization have been cut across by emerging discourses of 'lobbying and advocacy' to influence policy. Concerns to build the capacity of rural people to claim their rights and decide on their own futures have battled with approaches to project planning that involve consultation with 'beneficiaries'. (Cousins, 2004)

Where discourses and practices of participation are promoted by the state, they are often limited to formal 'consultations' and information sessions presented by the government. Since 1999 there has been no significant consultation with NGOs, unions, community groups or other stakeholders, and no public consultation forums have been established.

Since 1998 one of the key stumbling blocks in the development of new forms of citizen engagement has been disagreement around the identity and definition of 'citizens' in the land sector. An example of this is in the area of tenure reform policy and activism. The major focus of attention in the state's land tenure reform policy has been a series of negotiations between various state and non-state stakeholders around a new law to provide improved security of tenure in communal systems. Land tenure policies have been largely framed according to a 'market-assisted' view of land acquisition and redistribution, in which there has

been a shift from seeing rural community members as 'active agents within local struggles', whose efforts to 'mobilise and organise' should be supported, to portraying them as 'beneficiaries' or 'clients' with varying needs or demands for land whose expression the government has to 'facilitate'. As a result , the state has become the locus of key decision-making on land, even when it consults stakeholders or outsources functions (Cousins, 2004).

Lack of consultation between citizen organisations and the state has resulted in highly adversarial relationships between the parties. Cousins points out that one partial exception is the working relationship between a National Land Committee (NLC) affiliate, the Border Rural Committee, and the Commission on Restitution of Land Rights, with the acceptance of restitution claims for land lost through 'betterment' (land use) planning in the former 'homelands' during the apartheid era (Cousins, 2004).

Recent developments may point to the emergence of more active forms of citizen engagement with the state. In 2001, with the support of the NLC, a broad social movement representing rural and urban residents, the Landless People's Movement (LPM), was formed to challenge the government on the inadequacies of its land reform programme. The LPM grew out of a series of efforts by rural NGOs like the NLC to construct a rural social movement. Amongst its precursors were the Rural Development Initiative, a coalition of rural NGOs and community-based organisations (CBOs) with a broad-based rural character created in 1998, and a joint initiative between the Rural Development Services Network and the South African Municipal Workers' Union to form a national grass-roots movement around rural water provision based on the demand for 50 litres free per person per day (Greenberg, 2004:16).

The LPM has begun to construct an identity around multiple demands (access to basic services, freedom of movement and freedom to stay in one place, and participation by people in decisions affecting their own lives) and the issue of landlessness. It mobilises rural and urban marginalised people, and has engaged in a series of high-profile mobilisations and land occupations involving large numbers of its members. While there are internal tensions in the movement around the issue of how to engage with the state (with some NGOs seeking a continuation of critical engagement with the state and others advocating

a more antagonistic relationship), the LPM can already be said to have had a significant impact on relations between citizens and the state. The state has responded with a "mixture of reform and repression", while other national stakeholders have become "more vocal about their opinions on land distribution" (Greenberg, 2004:31). The Congress of South African Trade Unions and the South African Communist Party have supported the LPM's call for a land summit. In addition, business leaders have begun to call for the implementation of the government's land programme.

On the whole, the current status of citizen participation in land-sector decision-making highlights the state's lack of interest in and capacity for investing resources, energy or time in building new spaces for effective citizen representation and participation in the conception and design of public programmes or of new policies, rules and regulations. The opening up of legal democratic frameworks has not automatically guaranteed effective democratic self-representation by marginalised rural groups. Most engagements by citizens have been mediated by pre-existing practices of political engagement through NGOs or by traditional authorities. As yet, there is little evidence of 'middle-space' engagement – that is, situations in which rural citizens interact with the local state on their own terms to achieve their goals, forge new relationships with state actors and traditional authorities, influence policies or demand new ways of delivering services.

New democratic spaces and political context in South Africa: the case of the TAC

Recent developments in the health sector and AIDS activism highlight the complex dynamics of inclusion that result from attempts to foster greater participation by the urban poor in new democratic spaces. As in the land sector, these dynamics result from the state's failure to provide adequate space for greater citizen engagement. The difference is that in the health and AIDS sector, a strong social movement has carved out new spaces for sustained engagement at the intersection between civil society and the state.

The TAC is attempting to build up middle-level citizenship through its own involvement in intermediary state-run institutions, as well as a variety of more informal spaces. In its attempt to mobilise support, it is struggling more and more actively for the opening up and democratisation

of intermediary local state institutions such as schools and clinics. For instance, the TAC-supported Médecins sans Frontières (MSF) AIDS treatment units in Khayelitsha and Lusikisiki are located in state clinics. In this way, the TAC and MSF are trying to disseminate the politics of rights and health citizenship in the middle-level institutional fabric of society. The aim of these initiatives is to transform practices at these institutions with the aim of bringing them closer to the people and transforming them into spaces that mediate relations between citizens and the state. The TAC's regional offices and local branches also work closely with locally based CBOs so that they can create links with state-run local clinics. The organisation trains AIDS counsellors and treatment literacy practitioners, and carries out audits of clinics and hospitals running prevention of mother-to-child transmission and antiretroviral (ARV) programmes.[1]

As well as venturing into the middle ground between the state and the public sphere, the TAC's local branches also pursue grass-roots social mobilisation efforts in highly localised spaces. In August 2002, the TAC launched a campaign to have the local clinic in Nyanga, one of Cape Town's more impoverished townships, kept open for five days a week instead of two. TAC activists recognise that these local spaces are not transient, and that they provide important sites for engagement with the local state.

This organisation is an example of a new social movement that has constructed its own arena of action in multiple spaces. Its strength lies in its capacity to mobilise the poor in a variety of spaces, ranging from the institutions that serve as an interface between people and governmental authorities of various kinds to more transient opportunities such as one-off campaigns aimed at opening up deliberation over policies.

Future challenges for the TAC lie in consolidating past gains among its members specifically and South African society broadly. These challenges are becoming particularly evident as ARV programmes are launched in rural areas characterised by chronic poverty and marginalisation, where there has been little AIDS activism and social mobilisation. It is in these large, remote and underserved areas, many of them in the former bantustans, that the sociocultural and political obstacles to AIDS treatment are most pronounced. It is here that the TAC's brand of AIDS activism and social mobilisation could mean the difference

between life and death, but may be most difficult to mount and sustain. It is in these rural areas that the TAC's tried and tested methods of political mobilisation and engagement could face their biggest challenges. Here, as in the land sector, the absence of intermediary and 'middle space' institutions and practices gives free rein to the dynamics of power and exclusion.

In urban areas, however, diverse TAC activities and interventions have helped create new political spaces for engagement locally and nationally. The TAC's initiatives cut across institutional and non-institutional spaces at the intermediary level between the state and other more structured public spaces and are capable of generating multifarious relationships with the state. As a result of the TAC's contestation in multiple sites and across the boundary separating state and civil society, ordinary citizens have been able to build up their political capabilities for democratic engagement. Alongside the TAC's effective use of the courts, the Internet, media, e-mail and transnational advocacy networks, a crucial aspect of its work has been its recruitment of large numbers of mostly young and unemployed black women into its ranks. The TAC's interventions in these multiple spaces have allowed its members to experience effective citizen engagement. The challenge for the future lies in translating these forms of engagement into longer-term 'middle space' institutions capable of mediating the relationship between the state and its people.

Key challenges for policymakers

1. **Local context matters:** It is important to understand existing local spaces and dynamics of participation before introducing new institutions and spaces for participation. Sometimes local power dynamics prevent citizens from using new institutions effectively. At other times local spaces and practices can be more effective than new institutions in getting citizens to participate.

2. **Participation demands multiple spaces and practices:** High levels of structural poverty mean that citizens are often unable to use formal institutions for participation effectively. Participation involves many learning processes, and some of these happen most effectively in non-institutional settings led by civil society organisations.

3. **Participation is a right, not something handed out by the state:** Effective citizen participation relies on a widespread culture of rights, in particular the right to participation. It is vital that citizens are educated about the right to participate and their right to 'oversee' the state.

4. **Participation must be long-term and not expert-driven:** The lack of organised local social movements and the absence of a layer of intermediary institutions has meant that citizen engagement often remains restricted to involvements in 'projects'. These are often short-term and expert-driven and do not produce long-term institutions and possibilities for citizen participation. It is vital that citizen participation processes not be expert-driven, but instead involve ordinary citizens.

5. **Participation is about 'voice' and `self-representation':** Poor citizens in particular often have little capacity to assert claims and represent themselves, so it is vital that new institutions and spaces for participation generate a culture that upholds the right to a 'voice'. Marginalised people are often unable to organise themselves to participate in public policy debates and other broader forms of democratic engagement. The opening up of new democratic institutions and spaces does not automatically guarantee democratic self-representation by these groups. Participation approaches need to include enough time and resources for education around the right to, and practices of, self-representation.

6. **Participation is both institutional and non-institutional:** The TAC's approach is an example of citizen participation that cuts across institutional and non-institutional spaces. Through its contestation in multiple sites, the TAC is plainly enabling ordinary citizens to build up their political capabilities for democratic engagement. Its interventions in these diverse spaces have allowed its members to emerge from the margins of the political system.

   New sites of participation amongst marginalised people in post-apartheid South Africa may be longer-term, stable spaces that poor people fashion for themselves and through which they engage with the state (such as in the case of the TAC), or they may be once-off adversarial spaces in which they gain a sense of the legitimacy

of their concerns (such as in the case of the land sector). Although the latter forms of participation may be short-lived, with little apparent long-term effect, they nonetheless provide participants with opportunities to engage simultaneously in a variety of participatory contexts in both institutional and non-institutional spaces, and allow for the articulation of new forms of citizenship from below. They also reaffirm the important role of democratic local state structures in facilitating new spaces for citizen participation from the grass roots. The real challenge for democracy in South Africa lies in building a strong 'middle space' politics, one in which urban and rural citizens engage actively with the state in defining the new democratic landscape. It is here that the real potential for deeper forms of democratic inclusion amongst South Africa's marginalised lie.

7. **Participation means broadening the culture of 'representation':** The politics of representation (who represents whom and through which channels) can often derail well-designed participation processes. It is vital that there be a shift away from regarding political parties and formal organisations as the only legitimate vehicles for citizen participation. Citizens must have sufficient opportunities for 'unaffiliated' participation.

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Notes

1.   Information on MSF-TAC collaboration supplied by Steven Robins.

The Challenges of Building Participatory Local Government[1]

5

Chris Tapscott

The author is the Dean of the Economic and Management Sciences Faculty at UWC, and is a senior associate researcher at the Centre for Citizenship and Democracy at the School of Government, UWC.

Introduction

A major challenge facing newly democratised states is the need to ensure that the formal processes of representative democracy (that is, the actual process of voting in elections) become meaningful for ordinary citizens and particularly the poor. Thirteen years into South Africa's new democracy, evidence from many different sources, including the media, academia

and political leaders in the government, indicates that while progress has been made since the ending of apartheid, a large proportion of the population remains poor and marginalised (e.g. Bond, 2000; Terreblanche, 2002; Daniel et al., 2005; and Hirsch, 2005). These sources also substantively concur on the fact that the poor are unable to participate meaningfully in political and administrative processes that affect their welfare.

Whilst this state of affairs is all too typical of developing societies in transition, the South African case is of interest because the failure to realise participatory democracy appears, at face value, not to be a consequence of political neglect on the part of the ruling party or of the state itself. As this paper will reveal, there is considerable evidence in legislation and government policy of a commitment to promoting popular participation and creating opportunities for the voices of the poor to be heard.

Whilst some critics of the government's achievements have rightly pointed to the failure of state departments to effectively implement the policies which have been formulated, it is also clear that the shortcomings of these institutions alone do not explain why, under a system of governance so seemingly supportive of participation, there has been mass protest reminiscent of popular action in the apartheid era.[2] The findings of this paper point to a variety of factors that inhibit the participation of the poor in local governance. In the first instance, it is suggested that the ways in which identity and citizenship are understood in South Africa do not lend themselves to effective participation in the existing liberal democratic model of local government. Linked to this, the effects of racial, ethnic and class distinctions, combined with a lack of social capital, work against the development of a common understanding of citizenship. In so doing, they also hamper the mobilisation of poor and marginalised groups and create, instead, opportunities for the emergence of self-serving interest groups in both the polity and the administration.

The focus of this paper is on the ways in which the current structure of local government (the supposed foundation stone of democracy in South Africa) inhibits opportunities for the poor to be heard and for their interests to be advanced with respect to service provision, employment creation and so forth. It also considers how citizenship is formed (if at all) in different segments of society, and how participation is understood by political leaders and public officials at different levels of the governing

hierarchy and by the poor themselves. The point of departure for this discussion, is the formal framework established to promote participatory democracy throughout state structures**.**

The formal dimensions of participatory democracy

The legal framework for the development of participatory democracy is well established in South Africa. In 1993, on the eve of the transition to democracy, the ANC (then the government in waiting) signalled its commitment to participatory governance in the publication of its Reconstruction and Development Programme (RDP). The RDP, according to its founding tenets, committed itself to "grassroots, bottom-up development which is owned and driven by communities and their representative organisations" (ANC, 1994: para. 2.2.3). This ideal was given effect in the 1996 Constitution, which stipulates that "[p]eoples' needs must be responded to, and the public must be encouraged to participate in policy-making" and asserts that "[p]ublic administration must be accountable" (RSA, 1996: ss 195(1)e and f). The Constitution also requires that national legislation must ensure the promotion of these values and principles. To that end, a large array of legislation has been enacted which explicitly charges different state structures with responsibility for the promotion of citizens' participation.

The 1997 White Paper on Transforming Public Service Delivery, known as the Batho Pele (Sesotho for 'People First') White Paper, aimed to establish "a framework for the delivery of public services which treats citizens more as customers and enables the citizens to hold public servants to account for the services which they receive" (DPSA, 1997: para. 1.2.12). Treating citizens as customers, according to the White Paper, implied "listening to their views and taking account of them in making decisions about what services should be provided ... (and) treating them with consideration and respect" (DPSA, 1997: para. 1.3.3).

Building on this theme, the 1998 White Paper on Local Government espoused the need for what it termed "developmental local government", an approach which commits municipalities "to work together with local communities to find sustainable ways to meet their needs and improve the quality of their lives" (DCD, 1998: section B). Implicit in this approach is the need for local government to actively promote the participation of citizens, particularly those from marginalised sections of the community:

Municipalities need to be aware of the divisions within local communities, and seek to promote the participation of marginalised and excluded groups in community processes. For example, there are many obstacles to the equal and effective participation of women, such as social values and norms, as well as practical issues such as the lack of transport, household responsibilities, personal safety, etc. Municipalities must adopt inclusive approaches to fostering community participation, including strategies aimed at removing obstacles to, and actively encouraging, the participation of marginalised groups in the local community.

At the same time, the participatory processes must not become an obstacle to development, and narrow interest groups must not be allowed to capture the development process. It is important for municipalities to find ways of structuring participation which enhance, rather than impede, the delivery process (DCD; 1998: section B 1.3).

The idea of grass-roots participation in local systems of governance was given further expression in the Local Government: Municipal Systems Act of 2000, which explicitly instructed municipalities to "establish appropriate mechanisms, processes and procedures to enable the local community to participate in the affairs of the municipality" (RSA, 2000: s 17(2)). The Act states:

> *A municipality must develop a culture of municipal government that complements formal representative government with a system of participatory governance, and must for this purpose –*
>
> *(a) encourage, and create conditions for, the local community to participate in the affairs of the municipality ... [and]*
> *(b) contribute to building the capacity of –*
> *(i) the local community to enable it to participate in the affairs of the municipality; and*
> *(ii) councillors and staff to foster community participation ...*(RSA, 2000: s 16(1)).

Despite the best intentions of legislators and policymakers, however, it is evident that the majority of municipalities have thus far failed to give effect to the principles of Batho Pele and participatory democracy. Indeed, public frustration with what are perceived to be meaningless exercises in participation through ward committees, public meetings (known by the isiZulu and isiXhosa term *imbizo*) and the like is steadily growing.

Participatory democracy in practice

In its early months, the new government made concerted efforts to promote a more participatory form of governance, and steps were taken to canvass the views of the key constituencies in the formulation of legislation and policy. The process proved time-consuming and costly, however, and as there was an urgent need to repeal a plethora of apartheid laws and formulate a wide range of policies, the practice was abandoned. As a consequence, the policy formulation process, although considerably more transparent than in the past, is once again at a remove from the public at large, with all the concomitant distrust that this generates amongst those who are unable to follow policy debates in the media.

At the local level, the objectives of municipal government, as set out in the Constitution, include providing "democratic and accountable government for local communities" and encouraging "the involvement of communities and community organisations in the matters of local government" (RSA, 1996: s 152). It is argued, however, that various other provisions in the Constitution, together with their enabling legislation, limit democratic accountability and undermine public trust in local politicians and, indeed, in the entire system of local government. For instance, the Constitution provides for a hybrid electoral system by which half of the councillors in a municipal council are elected by proportional representation and the rest according to ward representation. Either way, the accountability of the elected officials to their constituencies is questionable, in that all candidates are selected by the party political leadership. Not surprisingly, candidates elected on the proportional representation list typically answer to the party leadership who supported their candidature rather than to the ward communities to which they are subsequently assigned. The sense that councillors view their constituents in purely instrumental terms is neatly captured in the words of Xolile Mlumbi, a resident of Khayelitsha protesting against the inadequacy of municipal services. "Local councillors", he asserts, "only use us as a ladder to get to higher positions. During election time, they canvass for our support and promise us everything, but once that is over they desert us" (Maposa, 2005). This view is supported by an Afrobarometer survey conducted in 2005, which found that nationally only 14% of community members knew the names of their elected local government councillors. (Logan et al., 2006:11)

It is also evident that local politicians frequently do not communicate effectively with their constituencies. Most citizens in the rural areas have little understanding of the workings of local government and few actively participate in the process of local governance. In a study conducted in 1999, for example, 91% of those interviewed in the then Northern Province (now Limpopo) had no understanding of local councils, 86% were not well informed about parliament and 89% had no knowledge of the policymaking process (Roefs and Liebenberg, 1999).

A further factor limiting public confidence in the commitment of local political representatives is the constitutional provision for floor-crossing.[3] This provision allows a limited period (the 'window period') twice in each term of office in which elected representatives may cross the floor from one political party to another. This process not only betrays the mandate given to councillors by their constituencies, but can also change the balance of power in closely contested municipalities. The electorate's response to this practice has generally been one of cynicism at its self-serving political expediency for elected representatives (nicknamed 'crosstitutes') and consequent alienation from the political process (Faull, 2004; Merten, 2004). A survey conducted in 2004 by the *Washington Post*, the Kaiser Family Foundation and Harvard University found that 63% of respondents felt "some" or "strong" disapproval of floor crossing (*Washington Post* et al., 2004).

Senior government officials have acknowledged the inability of most local governments to establish effective mechanisms for consultation with their citizenry or for their participation in decision-making, but ascribe this largely to the newness of the system of municipal government and to a lack of administrative capacity at this level of government.[4] The political leadership of the ANC has also readily acknowledged the problems of nepotism and corruption as further limiting both the delivery of services and popular participation. The perception that municipal councils, and indeed provincial and national government, are uncaring is reinforced, however, by an apparent reluctance to discipline corrupt or inefficient officials. The government has been slow to discipline offenders. In a number of well-publicised cases, municipalities have declined to dismiss senior officials or political office bearers even in blatant cases of misconduct.[5]

While there is no doubt that administrative incapacity and corruption restrict public participation, and that these phenomena are mutually reinforcing, there is also evidently a varied and confused

understanding of the meaning of 'participation'. In part this is because participation, as demonstrated above, is being promoted in a top-down fashion, rather than being permitted to develop at grass roots. As a precondition for the receipt of central government grants local authorities are expected to establish mechanisms for the promotion of citizen participation. Thus, in terms of the Local Government: Municipal Systems Act, each newly elected council must, within a prescribed period, prepare and adopt an inclusive plan aligning its projects, programmes, budgets and other resources with the sustainable development priorities of the community (DBSA, 2000:5). The Act stipulates that the preparation of such an integrated development plan (IDP) must include an extensive process of public consultation, both to determine local priorities and to promote a sense of citizen involvement in the running of the municipality. Unfortunately, in many municipalities this exercise has been carried out very superficially. Lacking the capacity to draw up an IDP, municipalities frequently commission consultants to draw up one on their behalf. The consultants, usually working to a template, typically prepare a draft report from secondary sources rather than on the basis of information gathered through public consultations.[6] The draft IDP report is then presented to the community by local councillors (who themselves often do not fully grasp its contents) in a series of one-off meetings. The result is a document lacking local relevance, with little or no buy-in from the community, in which participation is seen as a task that has to be completed, rather than as a critical part of local governance.

In that respect, the managerialist notion[7] of the 'citizen as customer'[8] is a problematic one. It is problematic because it equates the political rights of a citizen with the market demands of a consumer. Yet, despite the appeal of market-driven efficiency in the delivery of public goods, the relationship between citizen and political office bearer or public administrator can never be the same as that between customer and entrepreneur. Firstly, the citizen has no choice of suppliers and cannot take his or her custom elsewhere. Secondly, through the payment of taxes, a citizen effectively relates to municipal officials as their employer and hence has different expectations of accountability. More importantly, the process of consultation (in the form of market research) between customer and supplier is ultimately oriented towards the need of the entrepreneur to maximise profits. Transposing this idea to the level of local government, it is not hard to see how some municipal officials and office bearers might see the process of consultation as being oriented to the needs of their own

departments (a legal requirement which must be completed) rather than being of intrinsic value to ordinary citizens.

Whilst official understandings of 'participation' undoubtedly limit the extent to which ordinary citizens are able to engage in processes of government and influence decisions affecting their lives, it is also evident that the official understanding of what constitutes 'citizenship' limits it even further.

The liberal democratic model of citizenship

In considering the extent of popular participation, one may validly question the appropriateness of the liberal democratic model of governance in South Africa. In most so-called third-wave democracies, such as South Africa, the unquestioned presumption of interested states in the West and, indeed, of political leaders in all parts of the political spectrum within the country, was that the only valid model of democracy was the liberal democratic one. However, the South African case clearly demonstrates that the introduction of a liberal democratic mode of governance, in unadapted form, into social settings which have developed differently from the West's is inherently problematic. This is because the liberal democratic ideal is premised on the assumption that a specific form and level of associational life (including the extent to which communities are used to working together and trusting each other) is in place. Furthermore, the ideal is based on a fairly simplistic understanding of what it means to be a citizen in a highly unequal developing state. For a start, it assumes a considerable degree of commonality between the citizens in the society, relating to their income levels, their educational status, their understandings of the workings of a democratic system and, not least, their ability to influence decision-makers in ways that will improve their livelihoods.

This is evident in the South African Constitution, which not only prescribes "a common South African citizenship" and asserts that all citizens are "equally entitled to the rights, privileges and benefits of citizenship", but also maintains that they are "equally subject to the duties and responsibilities of citizenship" (RSA, 1996: s 3). This takes for granted that the majority of the country's inhabitants not only have a clear understanding of the rights, privileges and benefits to which they are entitled, but equally understand how these rights might be achieved and, linked to this, have a sound grasp of their duties and responsibilities as citizens. This view is exemplified by the Minister of Provincial and

Local Government, who has said: "Our people have a right to expect improved performance by their public representatives as well as by public servants who are in the employ of municipalities. As citizens, they also have an obligation to know the channels which need to be followed in order to institutionalise their relationship with organs of the democratic state" (Mufamadi, 2005).

The ways in which citizenship is shaped, it is evident are a product of the socio-political environment in which ordinary people are socialised and the ways in which they develop norms and values. In South Africa, as is well known, this process was severely distorted by apartheid rule, which actively sought to limit organised social life in black communities and to promote distrust through its divide-and-rule policies. As a consequence, racial and ethnic identities remain strong and shape the way in which individuals and communities perceive the state and interact with it. In other words, many individuals still think of themselves first in terms of their race and ethnicity and not, as had been hoped, as South African citizens.

Research[9] has demonstrated that the development of social capital and generalised trust in South Africa was severely retarded by centuries of colonial and apartheid rule. Such a deficit is likely to impede the consolidation of democracy in this country by restricting prospects for the development of more inclusive national identities and the emergence of some common understanding of citizenship. This, in turn, it is argued, will restrict overall socio-economic development.

Rejection of the participatory model

Disillusionment with the performance of municipalities has become increasingly widespread as the people lose trust in the institution of local government and appeal to higher levels of government for assistance. The recent nationwide protests against poor service delivery at local government level reflect the concerns of citizens who are growing tired of the rhetoric of participation and empowerment unaccompanied by any material gain (Tabane, 2004). Citizens have created their own popular mode of participation, which entails mass protest, often with violent overtones. In this respect, many communities have reverted to forms of engagement with the state which characterised the struggle against apartheid. Commenting on widespread protest in the Free State province, Anna Buthelezi, chairperson of the provincial legislature's portfolio committee on local government, said:

> *Residents told us that for them to be heard they had to toyi-toyi [demonstrate] to receive attention from the provincial and national government. It appeared that the ward committees were not working or that those who were protesting were not involved in committees. (Tabane, 2004)*

In the countrywide protests over the lack of housing, poor service delivery and unemployment, there was a sense of disappointment that communities had been compelled to seek alternative channels to be heard, because this meant that the established participatory forums had failed to yield results. Xolile Mlumbi of Khayelitsha justified protest action this way:

> *People who live in shacks that are made of zinc material get shocked by the electricity, and that's very dangerous. We can get burnt anytime in this place. The city seems unconcerned by all our problems. Our children are also at risk of getting cholera. We live in a low-lying area with no essential services. When it rains the water just sits there in small pools for days and ends up getting filthy. Children play with this water and get skin problems. There are no toilets. People relieve themselves anywhere. This exposes people, especially small children, to health risks. Nothing seems to happen from the city's side. (Maposa, 2005)*

Another Khayelitsha resident, Nolusindiso Nqola, added:

> *We are not protesting because we like it; we protest because we've been living in appalling conditions for years. It also seems that protest is the only language that is understood by government officials. (Maposa, 2005)*

Aggravating this situation, apparently, has been the refusal of some government officials to recognise the legitimacy of these alternative forms of participation:

> *We've waited for too long, and nothing has happened. We have been protesting for housing in the past two months and nothing has been done about that. We are being ignored by our leaders and the government. The mayor, Nomaindia Mfeketo, even told us that she won't speak to protesting people. (Maposa, 2005)*

The paths to participation

A major challenge to establishing more effective channels of participation relates to the breakdown of trust between citizens and the state and, indeed, to the polity itself. Research by Fox suggests that there are steps which policymakers can take to promote more inclusive forms of governance and regain public trust. He speaks of the importance of what

he terms "political opportunity structures" which can create public environments facilitating citizen participation (Fox, 1996:11). These initiatives are indirect, and so avoid the problems of top-down initiatives to promote participation. If those parts of an administrative or political system that are authoritarian in nature (treating citizens dismissively, for example) can be eliminated, under-represented and vulnerable groups (the poor, women and ethnic minorities) are likely to feel more confident about engaging with the government and established participatory structures. And the more corruption and administrative inefficiency are openly dealt with wherever they occur, the more the trust of ordinary people is likely to grow and the more willing they will be to work in partnership with the state and with local government in particular.

According to Fox, governments can encourage participation by demonstrating that citizen action actually influences important government decisions (Fox, 1996:13). This exercise in participatory democracy is time-consuming, but, when effected properly, produces a buy-in which ensures that citizens take official policy seriously. It also makes them less willing to accept policies forced on them by self-serving elites.

What remains an area of concern, though, is the fact that most understandings of participatory democracy overemphasise the effectiveness of formal politics in influencing policies in ways which substantively, and rapidly, improve living standards.[10] By exaggerating the importance of political processes (including local elections, ward committees and *imbizos*), significant as these are, the approach largely overlooks the importance of many less overtly political, but highly influential, channels generally not open to the poor and marginalised. These include shaping public opinion through the media, through economic pressure exerted by chambers of commerce and industry, through ratepayers' associations and through the range of informal social networks which influential elites typically establish. It is as a response to their inability to effect meaningful change through formal political channels that the disempowered communities' resort to protest (and often violent protest) can best be understood.

In many respects the development of participatory democracy in South Africa is a work in progress. Much of the writing on the consolidation and deepening of democracy in this country, and elsewhere in the developing world, has tended to be ahistorical in the extent to which it underplays the length of time taken to achieve stable democracies

in the Western world. Whilst the processes of democratisation in developing states might be expected to unfold more rapidly in an increasingly global world, with a rapid transmission of ideas, projections on the rate of this change generally appear to be based on hope rather than on an objective reading of the social and political economies of transforming societies. This is because the processes of socio-economic development and the deepening of democracy seldom, if ever, fit neatly into the time frames assigned by international donors or even by national governments. The transformation of South African society and the deepening of its democracy will probably take generations, and the process is likely to be both uneven and discontinuous. Policymakers and administrators would do well to factor this reality into their thinking.

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Notes

1   Research for this paper was supported by grants from the Dynamics of Building a Better Society programme, funded by the Flemish Interuniversity Council (VLIR) and the Development Research Centre on Citizenship, Participation and Accountability, funded by the Department for International Development (DFID) in the UK.

2   During the course of 2005 and 2006 there was widespread protest action across the country by communities demanding better service delivery.

3   Floor-crossing provisions were introduced by the Constitution of the Republic of South Africa Amendment Act, Act 18 of 2002 (in particular Item 4(2) of Schedule 6A to the Constitution), and the Local Government: Municipal Structures Amendment Act, Act 20 of 2002.

4   Acknowledging the continuing problems of capacity at the local level, the Minister of Provincial and Local Government, Sydney Mufamadi, has said that the "system of local government is new and somewhat complex... So in that sense the current generation of local government practitioners are pioneers who are learning by doing, which explains why we have so many capacity constraints" (Mufamadi, 2004).

5   There is evidence that corruption is being taken more seriously in the Western Cape, where the provincial government has announced the establishment of an anti-corruption unit under its Project Consolidate specifically to crack down on nepotism and corruption in municipalities. The manager of the project, Gerhard Ras, stated that "We will look at the way municipalities handle their funds from the government for specific services for the indigent. We have reason to believe that these funds are not being used specifically for their intended use" (Dreyer, 2004).

6   Concerns about the role of consultants was expressed by President Thabo Mbeki when he addressed the third national conference of the South African Local Government Association in September 2004: "[W]e still rely too much on consultants and other outsiders. I think it is time to move beyond relying on consultants, crisis interventions and other interim measures and put in place effective senior management in municipalities" (Quintal, 2004).

7   The Government Communication and Information System, the official articulator of government policy, states: "Managerialism is outcome and citizen-oriented, focusing on empowering management, holding them accountable and modernizing the operations of government. Managerial public administration is result-oriented, focusing less on bureaucracy, procedures and regulations and more on decentralisation, delegation of authority to managers and accountability for performance" (GCIS, 2000:54).

8   The Batho Pele White Paper uses the terms 'citizen' and 'customer' interchangeably.

9   See Askvik and Bakke (2004) for a discussion of the extent to which social capital and trust have developed in South Africa.

10   This perspective is typified by Houston and Liebenberg, who maintain that "The consolidation of democracy in South Africa ... entails achieving higher and higher levels of public participation in the political process and the development of institutional channels that enable effective public participation" (2001).

'Created' and 'Invited' Spaces:

Participatory Strategies and Processes and their Impact on the Environmental Policies Leading to the Building of the Berg Dam

6

Lisa Thompson

The author is the Director of the Centre for Citizenship and Democracy at the School of Government, UWC.

Introduction[1]

This paper examines the public participation process leading to the approval of the Berg Dam in the Franschhoek area of the Western Cape and the subsequent establishment of the Berg Dam Environmental Monitoring Committee (EMC). The first space, the Western Cape Systems Analysis (WCSA) process, was created to elicit public participation and approval for the

building of the dam. The second space, the EMC, was mandated to monitor the building of the dam and related environmental impacts.

Such formally constituted, government-created, public participatory spaces have come to be understood as 'invited' spaces and are said to hold the promise of deliberative democracy in action, in that they involve civil society and government in decision-making. This paper investigates the extent to which these two spaces exemplify that promise, in the context of other participatory strategies followed by civil society relating to the building of the Berg Dam.

The problems which have arisen in both of these invited spaces serve to highlight four dilemmas of participation discussed by Cornwall and Coelho (2006:10–11) which will be addressed in this paper:

- *How* do civil society groupings, in particular the poor and excluded, become meaningfully involved in government institutional spaces?
- On what *basis* do people enter this sphere, and what is the nature of their representation?
- *Why* are they invited to participate?
- What does it take for these groups (again, especially those usually excluded) to have any *influence* over actual decision-making?

These four dilemmas of participation vividly highlight both the dangers and the potentialities of public participatory processes in terms of the stress which each dilemma brings to bear on the normative and prescriptive elements embedded in the notion of participatory governance. The current stress on participation as 'a good thing' tends to persist long after the rationale for participation has faded into the background of both analytical and policy discussions.

Cornwall and Coelho (2006:7–8) discuss the normative underpinnings of the dominant narrative on participation as outlined by Archarya et al. (2004:41), which assumes, amongst other things, that there is an inherent 'democratising logic' to civil society which offsets the bureaucratic logic of government, the interest-based nature of representative institutions and the exclusionary logic of the market. In this dominant view, prevalent in and purveyed by North American institutions and international organisations dominated by the United States, such as the World Bank, participation by civil society can only be a good thing in terms of the products of participation – that is, more deliberative institutions which better represent the needs of all, especially poorer communities.

The normative assumptions of the benefits of participation revolve around this initial assumption of a stronger, more democratically functional state evolving from strong civil society engagements at the local level. It is assumed that citizens find it easier to influence decisions within an institutionalised framework, as this reduces the overall cost of participation and increases the likelihood of influence, especially at the local level, and that these decisions then percolate upward to influence and possibly even change policies at national level, making them more responsive the needs of all. Embedded in this assumption is that having civil society participate at the local level means their needs are understood more clearly, resulting in better-defined policies and processes which, in turn, could lead to the inclusion of the chronically poor and marginalised in state upliftment programmes through better targeted education and health policies, for instance. This, in turn, leads to the creation of "better citizens who would then be able to contribute to social, political and economic development" (Cornwall and Coelho, 2006:6).

The assumption that formal participatory spaces are characterised by rationalist, deliberative processes in which poor communities, amongst others, can make meaningful interventions has been recognised as a flawed one (Edwards and Gaventa, 2004; Gaventa, 2005). The success of public participation depends very much on the actual basis for the participatory process in question, as the processes discussed here illustrate. The four dilemmas of participation set out above serve as useful pointers to the ways in which groups interact within formally invited spaces. They also help indicate why and how 'exit' strategies are used – that is, when non-participation is seen as a more effective way of wielding political or democratic influence – as well as when and why civil society groupings choose to create other participatory spaces, such as social movements and community-based organisations, or even loose groupings.

Participation versus mobilisation?

Political contestation within 'invited spaces' produces a variety of different strategies. Invited spaces can become sites of challenge and are sometimes claimed back from government as conquered spaces (Cornwall and Coelho, 2006: 6-8). Or they may become rubber-stamp factories, legitimising government decisions and processes.

The Berg Dam participatory processes illustrate some important elements of the variable power that civil society can bring to bear on political processes through multiple strategies of engagement. Arguably, the EMC might not have been set up in the first place had it not been for the lobbying of the environmental movement to have the dam's construction halted, lobbying which took place *outside* the formal spaces created by government. The complexity of civil society interests – including the interests of those so often lumped together in the 'pity box' marked 'marginalised' or 'poor' – is also often underestimated, as is the power of marginalised communities to exercise their democratic right to 'voice'. In this context, it has been argued that mobilisation can be a more effective form of participation than formal participatory processes (Bond, 2002). Yet the so-called 'institutional benefit' discussed earlier is often sufficient to lure interest groups to pursue more than one participatory strategy, sometimes simultaneously. This is what happened in the case of the environmental movement's resistance to the Berg Dam and its final co-option onto the EMC. The value of these dual strategies and the outcomes they seek is one of the central points discussed in this paper.

To put the discussion of these participatory processes in context, it is necessary to outline the nature of the debates on water management in South Africa and how they relate to global discourses and dynamics around the management of water scarcity.

The environmental movement and state-led water resource management in South Africa

South Africa's current water resource management policy framework is internationally admired for its commitment to social justice. Since 1994, two new regulatory laws have come into force, the Water Services Act of 1997 and the National Water Act of 1998. The former laid the basis for the government's free basic water programme, which was begun in early 2000. In spite of the policy commitment to equity and historical redress, current policy approaches to water provision and natural resource management in South Africa show a definite tendency to see water resource management as a technologically oriented exercise. This is moderated by the environmental movement's involvement with government in a highly politicised debate around the socio-economic rights of citizens which are recognised in policy, free basic water being the most important. It is argued that the dominance of neoliberal economic

ideology in this scientifically constructed water management policy framework is in the interests of big business and industry, wealthy farmers and urban elites rather than the poor, as Bond et al. (2001, 2002), McDonald (2000) Mehta (2006) and others have pointed out.[2]

Critics of government policy also argue that the 'science' of water development management tends to obscure many of the trade-offs which are being made at a policy level with regard to managing water both as a 'scarce' commodity and as an economic good (Mehta, 2006). Therein lies the inherent tension between the South African government's commitment to social justice in the provision of water services on one hand and the sale of water for profit on the other. This is rooted in macroeconomic tensions between developmental state objectives and global pressure to conform to neoliberal state behaviour.

Bond (2002) points out that, in the South African context, neoliberal strategies such as the Growth, Employment and Redistribution strategy and the New Partnership for Africa's Development have met with strong resistance from a wide range of civil society groupings, in particular those involved in campaigning for sustainable development, which of course includes the environmental movement. The World Summit on Sustainable Development showed up both the strengths and weaknesses of the movement. Most strikingly, the relative prominence and influence of these groupings during the summit stand in sharp contrast to their relative lack of influence on national and regional development and environmental strategies. Bond admits as much in regard to South Africa: "From evidence of differing degrees of protest ... it should be obvious that only in exceptional cases do the social and environmental justice movements reach a sufficiently high level of irritation and relevance to worry the ANC" (2002:362).

In the Cape region, the most influential organised groups in the environmental movement have been the Environmental Monitoring Group (EMG) and the Wildlife and Environment Society of South Africa (WESSA), as well as, to some extent, the local branch of Earthlife Africa and the South African Municipal Workers' Union (SAMWU).[3] Their involvement in getting regional water resource management issues onto the national and global agenda and their interaction with grass-roots activism illustrate the possibilities and pitfalls of government-managed participation strategies on water and development. In relation to water (and other areas), the environmental movement has to contend with the

ostensibly scientific technical policy rationales of supply-side water management, as outlined below.

The Western Cape Systems Analysis participatory process

Water scarcity was not perceived as a major cause for concern by provincial government in the Western Cape until the 1990s (Mostert, 2004; Van Zyl, 2004). At that stage, the government argued, a combination of factors, including some drier winter seasons and rapid urban expansion in and around Cape Town, was leading to increased water needs. There was also a political dimension to water demand projections, as environmental groups such as WESSA and EMG have pointed out. The formerly Western Cape government, then dominated by the Democratic Alliance (DA), led the way in emphasising the need for adequate water supply to ensure that Cape Town was able to meet its developmental and, more particularly, industrial needs.

Paradoxically, until the mid 1990s the City of Cape Town (CCT) did not have a water demand management strategy, although CCT officials argued that such strategies were available when necessary, especially in the form of water restrictions. However, water use in greater Cape Town was a casual affair in many senses, with government departments such as the parks division (and many others) using water without accounting for it and allowing free water concessions on the use of treated effluent to golf and leisure developments such as Ratanga Junction and Century City (Mostert, 2004). A large amount of water was unaccounted for, with the city's 2001 Water Services Development Plan putting the figure at 23% in 2000. Leakages in townships, illegal tapping of water and unmetered systems increased this loss.

In addition, the Western Cape already has a number of large dams supplying Cape Town and outlying towns. The largest and most important of these are the Theewaterskloof Dam in the Villiersdorp area, which is part of a larger inter-basin transfer scheme including the Berg River; the Voëlvlei Dam in the Breede River area; The Wemmershoek Dam in Franschhoek; and the Steenbras upper and lower dams in the Helderberg–Gordons Bay area. All of these are 'large dams' by international standards, and there are a number of smaller dams and diversion schemes as well.

The building of yet another dam, as opposed to introducing water demand strategies, has been framed as an issue of 'supply assurance'. This line of reasoning can be traced from the pre-1994 government to the DA-led alliance of the late 1990s and still prevails in the provincial and local government structures dealing with water now (Dowling, 2004). This is in line with the dominant dam-building ethos still prevalent in many states in both the developed and developing world, where the justificatory point of departure is the notion of water scarcity and related water shortage and drought scenarios.

As one local government interviewee put it privately, dam building "used to be a simple process, we decided we wanted a dam and then we went ahead and built it". The Berg Dam proposal came at a time when the global environmental movement's influence and its critique of large and 'mega' dams had begun to filter down to national contexts worldwide, strengthening the hand of local environmental movements. The date initially proposed for the completion of the Berg Dam was in the early 1990s. However, Dr Kader Asmal, the first Minister of Water Affairs and Forestry in the new democratic government, was not only dedicated to democratising natural resource management, but also committed to ensuring that water management strategies were brought into line with international environmental concerns on managing water scarcity. He was particularly committed to the guidelines of the World Commission on Dams (WCD), both through his involvement as a commissioner in the secretariat based in South Africa and with a view to establishing South Africa as a role model through his guidance. The WCD process aimed to set in place international 'best-practice' guidelines for the management of water resources both nationally (particularly in terms of developmental aspects of water resource management like dam building) and internationally. Thus early pressure from local environmental groups on the proposal to build the Berg Dam led to the WCSA evaluation process, which took place in 1995 and 1996 (Ninham Shand, 1999:4).

While the WCSA ostensibly aimed to bring about a process of participatory and democratic decision-making on water supply and demand management in the Western Cape, it must be seen in the context of how it was managed by both provincial and local government structures. The provincial Department of Water Affairs and Forestry (DWAF) and the CCT at local government level proposed a set of options

to a group of selected 'interested and affected parties' at a series of publicly advertised meetings.

Documentation from Ninham Shand Consulting Services (a firm of consulting engineers which, incidentally, has been contracted to provide engineering support for the construction of the dam) confirms that while options were debated, the 'plain language' information sheets given to participants on the alternatives, all of which were supply-side options, listed the Skuifraam Dam (as the Berg Dam was then called) first and argued it to be preferable (WCSA et al., 1997). Another document clearly demonstrates DWAF's support for Skuifraam:

> *Although studies have identified the best options from a technical point of view, the ideas of the people who use the water must now be heard. This together with the technical studies, will make it clear which options to implement first. But because the situation is urgent, DWAF has agreed to start more detailed planning on the Skuifraam scheme. Of course if the Skuifraam Scheme cannot be developed now for any reason, this detailed planning will have to wait.* (Water/Amanzi, 1995:3)

This extract, indicating that DWAF had decided to go ahead with planning the Berg Dam because "the situation is urgent", creates the impression that in the absence of short-term intervention, severe water scarcity was a certainty.

Another area of concern for participants was that the entire WCSA process was being run parallel to the development of an environmental impact assessment (EIA), which is mandatory in terms of environmental legislation, giving many participants the impression that they were involved in a post hoc process. Mainly as a result of dissatisfaction at the way in which the process had been contructed, a task team of the civil society representatives involved in the deliberation process was elected in 1996 to deliberate on the supply- and demand-side options set out in the WCSA documentation. A series of independent reports were commissioned and a social impact study was also done (WCSA et al., 1997). The outcome of this process was that the task team gave the go-ahead to the dam on condition that the EIA process elicited no strong objections from other interested and affected parties.

The environmental movement's resistance to the Berg Dam

The EIA process, also organised by Ninham Shand on behalf of the government, was finalised in 1997. Yet between 1998 and 2000 the building of the dam was put on the back burner while the World Commission on Dam's process ran its course and while the CCT, at Asmal's insistence, showed some movement towards putting in place a water demand management programme, which still did not exist in any coherent form.

Fuelled by the World Commission on Dams process, there were further objections to the dam from local and national environmental groups, such as WESSA and the EMG, which had begun to play a much more prominent role in water and environmental issues in the Western Cape. These groups took the Berg Dam case to the WCD multi-stakeholder symposium held in Gauteng in July 2001. Before this, at a meeting held at Spier in February 2001, Mike Muller, then director-general of DWAF, gave a presentation which, according to him, showed how the Skuifraam Dam process fitted in perfectly with the WCD guidelines – a view strongly contested by environmental movement activists both before and after the meeting. Muller's report addressed this resistance in strong terms:

> *Those [civil society groups] who engage most actively in the planning process with the luxury of the long view are often concerned with keeping – or extending – their existing privileged access to the resource, preserving the environment they want, often to the exclusion of the majority of our people. They often have the resources to dominate consultative processes... As the situation in many rural communities shows, such misguided campaigns are also not in the interests of poor.* (Muller, 2001:4)

Muller also took strong exception to the ways in which the local environmental movement derived support and strength from the global movement:

> *If our decision processes are further confused by interventions which are simply innumerate, or by those which are promoting broader (and sometimes only peripherally related) international environmental campaigns or local political programmes, we will manage from crisis to crisis which is not in the national interest.* (Muller, 2001:4)

Nonetheless, the resistance of the environmental movement, spurred on by the WCD guidelines, came too late. The EMG, supported by SAMWU,

Earthlife Africa Cape Town, WESSA and the South African Rivers Association opposed the building of the Berg Dam through official submissions made in 1999. Their opposition was based on three factors: the lack of demand management on the part of the CCT, the increase in cost to Cape Town's water supply and environmental impacts on the whole of the Berg River system (EMG, 1999). SAMWU opposed the dam more specifically for the effect of water tariffs on the poor:

> *It is SAMWU's position that there will be a drastic increase in water tariffs as a direct result of this project that will hit the poor of Cape Town, who are battling to pay for water.* (SAMWU, 1999)

Some of the points made by the EMG's submission to the Department of Environmental Affairs and Tourism (DEAT) and DWAF were reiterated in a letter to Asmal's successor, Ronnie Kasrils, in February 2001. The group drew on its considerable involvement in the World Commision on Dams process to argue that the dam needed to be more thoroughly debated before being implemented. The EMG stated that if it could be demonstrated at a multi-stakeholder workshop, against the background of the WCD, "that the dam is indeed the last resort and is the best option", environmental groups would support it (Greeff, 2001). Economic viability in the light of other options was also highlighted. However, Kasrils's reply dismissed any further deliberations on the dam:

> *As regards the Skuifraam dam I would like to reiterate what I have said at the recent WCD Forum meeting. The processes which have been followed up until this point had been thorough and closely conformed to all prescripts of existing rules and regulations. We have examined the processes followed against the WCD guidelines and found there to be good compliance…. I trust that you will understand my position on this issue and that I have to take into regard that delays in the construction of Skuifraam Dam will cause the risk of severe water shortages to the Cape Metropole to be simply too high.* (Kasrils, 2001)

Part of the problem about the participatory process surrounding the Berg Dam in both its formal (WCSA) and informal (environmental lobbying) dimensions is that the government's scientific validation for the dam was packaged within the frame summarised in Kasrils's letter above. Participants, even those in the environmental movement, lacked the scientific language and knowledge to effectively counter the government's claim that without the dam, a scarcity of water in the Western Cape could lead to severe supply-side problems.

Fieldwork on water service delivery in the Western Cape shows that the supply-side bias certainly has had a negative impact on the attention paid to water demand and service strategies. As the Berg Dam case clearly shows, 'scarcity' is a fungible concept that can easily be used to political ends. Even a layperson can see that the urgency attached to the water scarcity of the early 1990s was fabricated. While the 'urgent necessity' of the dam has been stressed since that time, the Western Cape has managed without severe water restrictions except in three drought years – largely thanks to those few demand management exercises that the government has attempted. The point is worth dwelling on: the dam's due completion date is *seventeen* years after the urgent need for it was identified. The dam, which was supposed to be built as fast as possible – hence the initial haste of the WCSA process – will finally be complete in 2007.

One dare not underestimate the extent to which the technicist nature of the scarcity debate can constrain effective civil society participation. More importantly, supply-side schemes cost vast amounts of money in comparison with demand-side strategies and also push up water costs. These broader contextual issues should not be lost sight of in this review of how civil society groupings participated in the two invited spaces, because the *how* and the *on what basis* elements of participation were most strongly affected by the nature of the discussions in those spaces.

The creation and uneasy existence of the Berg Dam EMC

The National Environmental Management Act, Act 107 of 1998 (NEMA), makes provision for EMCs as public participatory spaces to oversee ecologically or developmentally sensitive environmental policy processes. The logic behind EMCs is that while they are in fact created by government, they are intended to be fundamentally non-governmental in their representation of the interests of all 'interested and affected parties' in sustainable development processes. EMCs are set up, where deemed appropriate by DEAT, through the record of decision (ROD) process following an EIA, itself a formally constituted participatory process. As a result, EMCs fall into a strange category of public representation – that of a government-organised non-governmental organisation, or GONGO, most of whose members are from civil society groupings, including the chair. There are, of course, government

representatives as well, but they are there to assist in the exercise of public monitoring – in theory, at least.

The Berg Dam EMC is the first to be constituted since NEMA came into effect, and its creation, evolution and current state of institutional torpor are useful indicators of the potentialities and limits of this type of government-organised space. The circumstances leading up to the establishment of the EMC are not particularly unusual in environmental debates, especially those about dam building, so the problems that have beset this EMC are likely to arise again in the future.

The EMC was set up in 2003 and consists of stakeholders who will be affected by the dam, that is, upstream and downstream users (but notably not broad-based urban groups). According to the ROD which came into effect once the EIA process had gone through governmental channels, the government had to set the EMC in place to ensure the ongoing participation of interested and affected parties. Ratepayers, previously disadvantaged groups, farmers, businesspeople and those involved in Franschhoek's tourist trade are represented, as well as the CCT, local and provincial government and DWAF. Interestingly, while Paarl, Wellington, Villiersdorp and Franschhoek are represented through civil society groupings, the Cape Town metropolitan area is represented only through environmental groups, and there are no urban user associations on the EMC despite the cost and environmental implications for urban water users. So, while the dam is being constructed mainly for urban water usage, the EMC represents only 'rural' civil society. The degree to which this is a strategy to legitimate the acceptance of the dam has been debated within and outside the EMC. Certainly the perception of co-optation is an issue that has raised its head throughout the EMC's short and troubled life.

David Venter, independently elected chair of the EMC, says that the three major issues that have bedevilled the EMC since its inception are: water quality and the salination effects of the dam on the lower Berg River; the indemnity of committee members; and socio-economic factors relating to livelihoods and the environment (2004).

Debates around water quality are led mainly by Dr Martin Fourie of the West Coast User Group, a retired engineer with the scientific knowledge to be able to challenge DWAF and Ninham Shand's projections of the effects of the dam on the Berg River estuary. According to Fourie, the issue of water quality was not addressed by the original

EIA and the impact of higher salination levels on the Berg estuary will be severe, causing ecological damage and affecting downstream industries and potential industrial development (2003; 2004a).

It is clear that the issue of downstream water quality cannot be ignored. However, it is an especially difficult debate for the layperson to enter. Flow-weighted averages, which are used to determine water quality in rivers, are worked out using scientific calculations and forms of modelling that are quite impenetrable to the layperson. In simple terms, the debate is about how often the average of salinity levels is checked, as these levels can vary greatly, depending on offtake and seasonal rains. Fourie's argument is that the original EIA used projected averages that did not take sufficient account of this variability in the Berg, so the grave salinity problems that the West Coast will face are not found in Ninham Shand's EIA report. Given the fragile ecosystem and development status of the West Coast, this could have serious long-term consequences, especially in terms of employment opportunities, but also, of course, for industry.

Fourie has the support of environmental groups, but has been unable to exact any clear commitment to the problem he has highlighted within the EMC. Indeed, he is seen as something of a figure of fun by engineers at Ninham Shand who claim his data is unscientific. The company's chief engineer on the project, Dr André Görgens, puts it this way:

> *[His] approach is not totally scientific, although it has a fair degree of science in it. Right from the start I used to appreciate Martin's role because he was 'pushing the boundaries' and he was basically doing what all of us should be doing which is go out there and fight for our rights as we see them, even if we may see them wrongly. I am not saying what he is saying is not right. But his data is suspect.* (Görgens, 2004)

Regarding the negative effects of the dam, Dr Mike Luger, also of Ninham Shand, places the onus of proof on the West Coast community and in particular on Dr Fourie:

> *As a latecomer to the process for whatever reason he is painting a very particular picture and he has made an enormous amount of noise etc. about the lack of involvement and possibly the inadequate attention to water quality. In some ways I think he has a point, remembering that the environmental approach itself, and the WCSA process did include all areas. A meeting was held in Saldanha, and after the Skuifraam EIA all the notifications were in all the regional presses. There is a responsibility in all environmental processes for people to identify themselves and to participate in studies when given the opportunities.* (Luger, 2004)

The basic thrust of these arguments on the part of Ninham Shand, as one of the engineering firms overseeing the building of the dam, and also the government's view, is that the EMC is not the 'right place' (or space) to bring up the problem of salinity effects on downstream users. This should be done through the catchment councils (which have yet to be set up) or through the EIA process, which ran its course in the late 1990s. Paradoxically, then, this particular environmental impact is seen as outside the mandate of the committee. This raises concerns regarding the real power of the committee as a civil society watchdog.

Thus the EMC, set up to monitor the building of the dam and to ensure civil society input into the process, has not been given powers of intervention should anything untoward happen in the short or long term. This brings one to another issue of contention, that of the indemnity of those who sit on the committee, especially wealthy Franschhoek entrepreneurs.

As Venter (2005) has pointed out, if, for example, toxic substances are flushed into the Berg River during the building of the dam, the EMC cannot halt construction, even though the committee is seen as ultimately responsible for addressing civil society issues. Instead, the EMC has to report to the Trans-Caledon Tunnel Authority (TCTA), which is the government company appointed to oversee the building of the dam (and which also, incidentally, oversaw the building of the highly controversial Lesotho Highlands Water Project). The TCTA, in turn, reports to DWAF. EMC members fear that problems could evolve into potential liability cases. Similarly, should salinity levels increase dramatically in the Berg River estuary during the building of the dam, as predicted by Dr Fourie, the EMC will have no power to halt construction. Ironically, then, civil society representatives rather than the government may be held responsible by those outside the committee. While the government has argued that this will not be the case, sufficient doubt has been created within the committee to convince some of its members that the EMC may well turn out to be a government-created non-governmental scapegoat.

The question of the mandate and power of the EMC also came to a head over its name. Members of the committee argued that since the ROD referred to a 'management' committee, by rights it should be given more power over the process of dam-building. The government responded by changing the name from 'management' to 'monitoring'. While members felt cheated by this sleight of hand, the issue of indemnity is the channel

through which the issue of powerlessness has been turned around and pointed back at the government. The EMC has consistently questioned the degree to which the government has given it a mandate to play a useful monitoring role over the building of the dam, and the committee's focus on issues such as indemnity (to the great discomfort of the TCTA and other government representatives) shows a lay understanding of the ways in which government can use formally created spaces of participation as a way of trying to control civil society resistance to or dissatisfaction with policy decisions. At the time of writing the indemnity issue had not been resolved (Venter, 2006), and this is one of the reasons for the Franschhoek community no longer being part of the EMC.

The third participation and legitimacy issue in the EMC relates to its monitoring of the empowerment initiatives which the dam contractors are committed to through the TCTA. At an EMC meeting on 10 June 2004, the agenda was set aside so that the Franschhoek community could be heard. Just two weeks earlier the new TCTA-appointed contractor had already subcontracted a company in Paarl to do the stone-crushing and bush-clearing required before the dam construction could begin, promptly undermining the affirmative action commitment in the eyes of the majority of local residents. The civil society representatives on the EMC felt they had been put in a very compromising position:

> [W]e can no longer sit here anymore … we have to look at what options we have, and we have decided certain actions must be taken. We are sick and tired of the TCTA … and even though thousands of rands have been spent on consultants … this Franschhoek First policy is on paper and nothing more … we are not going to accept TCTAs attitude … we as the previously disadvantaged are seeing our opportunities being taken away … so we have decided to leave the EMC. (EMC, 2004)

Subsequent efforts by the EMC chair to bring the Franschhoek community back into the committee failed, largely because the TCTA representatives refused to apologise for the TCTA's conduct in relation to undermining the Franschhoek First policy (Venter, 2005; 2006).

With the Franschhoek community out of the committee as of 2005, officials of both DEAT and DWAF claimed that it had become 'dysfunctional' and should be replaced by public meetings as a more 'functional' form of public involvement. At the same time, DEAT released an official document outlining the duties of EMCs (DEAT, 2005). The document, rather revealingly written by an employee of the TCTA, offsets the Berg Dam EMC against three other EMCs which, according to DEAT,

are 'functional'.[4] The document is clearly an attempt to depict the Berg Dam EMC as dysfunctional because of its members' inability to fulfil their mandate (disregarding the fact that the mandate changed during the life of the committee). The indemnity question is treated as a non-issue because, in terms of NEMA, the EMC is not a legal entity:

Given the limited monitoring role of the EMC, it is difficult to envisage a situation in which the negligence of a member acting within their mandate as such could cause foreseeable loss to a third party and so provide the basis for a claim. If civil proceedings were to be launched by a third party for compensation for harm suffered, … [t]he EMC would not be cited as a defendant since it is not a legal entity. (DEAT, 2005:14)

In sum, the document illustrates the inability of DEAT to mediate the impasse reached within the committee and its attempts to justify the purely 'monitoring' role of the committee, as well as its attempt to dismiss the concerns of members of the committee without attending to the causes of the problem. Hence the EMC's perception that it has very limited power to influence the government with regard to its environmental monitoring role.

However, remaining EMC members – most notably those representing stakeholder interests downstream of the dam – insisted that the EMC still had a role to play. In the end it came down to the question of legality. Backed by legal counsel, members of the committee declared that it would be against the ROD for the EMC to be disbanded, and an interdict was brought against DEAT to this effect. After several meetings between the chairperson, DEAT and the TCTA reached deadlock, it was finally agreed that the EMC would continue to function, once 'conduct guidelines' were laid down. However, the EMC's role has been drastically reduced to keeping track of what are known as 'sustainable utilisation processes' and monitoring environmental activities related to the dam in terms of the environmental management plan (Venter, 2006).

Conclusions

We return to our discussion of the usefulness and legitimacy of public 'invited' spaces:

- *How* do civil society groupings, in particular the poor and excluded, become meaningfully involved in these formal institutional spaces?
- On what *basis* do people enter this sphere, and what is the nature of their representation?

- *Why* are they invited to participate?
- What does it take for these groups (again, especially those usually excluded) to have any *influence* over actual decision-making?

It is clear that formal public spaces such as the WCSA process and the EMC hold limited potential if government representatives see them as 'warm and cosy spaces' where interest groups will not raise potentially divisive and conflictual areas of concern. Interest groups themselves, as representatives of civil society, also hold different and perhaps conflictual views of what is important in participatory processes, in relation both to each other and to government. The Berg Dam EMC shows government at its worst in mediating civil society inputs that are seen as 'dysfunctional'.

The question of who participates and how is also crucial to understanding how truly 'participatory' such invited spaces are. In the case of the WCSA, no 'disadvantaged' groups as such were invited to attend. Instead, the poor were represented through the lobbying process undertaken by the environmental coalition, which included SAMWU. In the case of the EMC, representatives of disadvantaged groups became conscious of their limited influence due to the prevailing lack of compromise and therefore chose to withdraw.

Different interest groups expect different things from participation. Environmental groups might still see some point in attending EMC meetings in order to be part of environmental monitoring processes. But other representatives, such as the Franschhoek community, clearly felt the exercise was a waste of their limited time, as their interest lay not in environmental monitoring, but in the EMC's role as a monitor of socio-economic justice. For some groups visibility and official representative status may be seen as ends in themselves, while for others representation does not hold the same weight without very specific, tangible outcomes. The extent to which representation leads to co-optation onto processes that civil society might oppose is also a distinct problem. As issues of downstream impacts (especially salination) have been shifted further and further down the agenda, the usefulness of environmental monitoring is also brought into question.

The most important issues with regard to the functionality of formal spaces lie in the government's rationale for inviting civil society into these spaces in the first place and in the extent to which interest groups can influence decisions. In the case of the WCSA, relevant stakeholders, including 'interested and affected parties', were invited to participate,

and some of these were finally included in the EMC structure. In both bodies, broader-based interest groupings such as the environmental movement were only partially represented.

It is clear that the ability to influence decision-making was severely curtailed from within and outside these invited spaces because, as many WCSA participants intimated, the government never really offered any viable alternative to the Berg Dam. The purpose of participation, then, was to gain agreement from as many stakeholders as possible. The question of whether or not the dam was 'best practice' in terms of global (WCD) guidelines was never really debated because of the government's emphasis on imminent water scarcity, an argument couched in technical terms comprehensible only to a few. Similarly, the EMC process shows clearly the very narrow limits within which the government was prepared to tolerate criticism, as well as its response to a situation seen to be spiralling out of control.

On the other hand, those EMC members who fought to keep the EMC going have demonstrated that with sufficient expertise and knowledge of the law, the government can be challenged when the need arises. However, this form of action is less open to poor and marginalised groups.

The two examples of 'invited spaces' described here show some of the limits and potentialities of forms of action available to civil society both within these spaces and outside them. The most effective outcomes are achieved in a social, economic and political environment where civil society inputs are valued even when they are overtly critical. It is perhaps this analytical aspect that pinpoints the inherent weakness of participatory governance as a concept – the degree to which a government views participation as a mere vehicle for legitimacy in decision-making, rather than as something that ought to bring about change.

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Notes

1   This paper was prepared for the biennial conference of the South African Association of Political Studies, hosted by the Department of Political Studies, University of the Western Cape, on 5-8 September 2006.

2   Critiques of the government's water demand policies are based on evidence that poorer communities pay relatively high tariffs, thus

'carrying' richer communities, and that the 6kl free basic water allocation is insufficient. These critiques find resonance and support with broader-based social movements, especially those that are union-based, but the environmental movement has also taken government on about the extent to which the integrated water resources management strategy has not curtailed the heavy bias towards supply-side water management and towards dam building to the detriment of the environment.

3   SAMWU has played a role in advocating water as a free basic right and also opposed the building of the Skuifraam Dam – not for ecological reasons, but because of the costs that would be passed on to poorer consumers.

4   The most important difference between the Berg EMC and the others is that government is the developer of the Berg Dam rather than a private company. The TCTA, as a government-owned company, is directly responsible for the financing and implementing of the Berg Water Project (which includes the dam and a supplement scheme).