

**AN AFRICAN CITY AND THE MODERN PLAGUE:  
TRANSFORMATIONS IN GOVERNANCE AT THE MOMENT  
OF MBABANE'S HIV & AIDS CRISIS**

C. Ntombini Marrengane

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## ABSTRACT

This study examines the governance of Mbabane, Eswatini, a Southern African city, at the height of the global HIV epidemic (1995–2005), which cut through the continent like an unstoppable plague. Located at the epidemic’s epicentre, the Kingdom of Eswatini held the unfortunate distinction of having the highest infection rate in the world, with one in every three adults testing positive at the end of the 20<sup>th</sup> century. Such devastating numbers required a response at every level of government. This study looks at the intersection between governance and the crises unleashed by a modern plague at an urban scale. In response to the devastating effects of the epidemic on city residents, Municipal Council of Mbabane (MCM) officials adopted innovative strategies to mitigate the epidemic’s impact, extending beyond the city’s legal mandate. Through a deliberate process, the council reoriented its focus away from its core mandate of command and control of urban space to engaging and experimenting with city residents, civil society organisations and, most importantly, traditional authorities who directly influenced the expansion of the city and yet remain excluded in meaningful ways from urban management. By adopting this novel approach, the MCM found ways to align its service delivery mandate with the unprecedented needs emerging at the household level because of the unfolding HIV epidemic.

This study uses qualitative methods, to explore the extraordinary efforts of city officials to govern the city during crisis through ‘incremental bricolage’ – a term used to define the governance processes that emerged in a complex urban setting amid a crisis. This term describes the provisional, collaborative, and collective decision-making across institutional structures in an environment of bifurcated governance. Incremental bricolage provided a pathway for the council’s engagement with traditional authorities, an influential but long-ignored urban stakeholder. Incremental bricolage also offered new opportunities for the council to develop partnerships to meet the changing needs of urban residents because of the deadly plague. By repurposing relationships and capacities within the council and across organisations outside the municipality, the governing body led a process of rationalising and equitability extending the reach of HIV support and care services across the city. Disrupting the notion of dysfunctional governance systems in African cities, this case draws attention to the conditions under which urban local authorities operate. This case also highlights the flexibility and innovation demonstrated by MCM officials and other key governance stakeholders to meet the

needs of city residents in a bifurcated urban context at a moment of crisis triggered by a global epidemic.

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## TABLE OF CONTENTS

ABSTRACT.....	iii
CHAPTER 1   INTRODUCTION .....	1
1.1 Overview.....	1
1.2 Weaving Crisis and Governance Together .....	3
1.3 Mbabane: A Window into A Plague.....	7
1.4 Profile of Mbabane .....	9
1.5 Research Questions.....	12
1.6 Thesis Outline .....	15
CHAPTER 2   HEALTH, EPIDEMICS, AND CODES: GOVERNING AN AFRICAN CITY IN THE MIDST OF A PLAGUE .....	17
2.1 Introduction .....	17
2.2 Blueprint for Healthy Cities.....	18
2.3 Pathways to Healthy Cities in the Global South.....	22
2.4 Epidemics, HIV, and the City .....	28
2.5 Speculative Boundaries of Governance.....	32
2.6 Competing Narratives .....	39
2.7 Everyday Governance in African Cities .....	43
2.8 Governance, Traditional Authorities, and the Development of African Cities .....	47
2.9 Conclusion .....	49
CHAPTER 3   YOU ONLY FIND OUT WHEN YOU GET THERE: RESEARCHING URBAN ESWATINI IN A COMPLEX MOMENT OF THE HIV CRISIS.....	51
3.1 Introduction.....	51
3.2 Methods and Aims .....	53
3.3 Points of Entry .....	56
3.4 Timing.....	59
3.5 Positionality: Ethics and Reflexivity .....	61
3.6 Work and Process .....	63
3.7 Data Exploration and Challenges.....	69
3.8 Challenges on the Ground.....	83
3.9 Conclusion .....	85
The qualitative .....	85
CHAPTER 4   COMPETING SYSTEMS OF GOVERNANCE: UNDERSTANDING THE HISTORICAL DRIVERS OF POWER IN ESWATINI.....	86
4.1 Introduction.....	86
4.2 How the Monarchy Shapes Governance.....	87
4.3 Land – A Tale of Inheritance and Alienation .....	90

4.4 Colonial Rule and the Road to Independence.....	94
4.5 Governing Urban Space in Mbabane.....	103
4.6 Conclusion .....	108
CHAPTER 5   GOVERNING MBABANE: A CITY AT A MOMENT OF CRISIS.....	109
5.1 Introduction.....	109
5.2 Constraints to Urbanisation in Mbabane and the Hunger for New Ideas .....	110
5.3 The Path to Reimagining Governance .....	115
5.4 Negotiating A Suite of Expertise .....	120
5.5 Reframing Community–City Relations .....	125
5.6 Governance Beyond the Statutes: Responding to A Different Need – HIV.....	134
5.7 The Role of Chiefs and Bricolage in Response to HIV and AIDS in Mbabane...	141
5.8 Conclusion .....	144
CHAPTER 6   CRISIS AS A CATALYST FOR CHANGE.....	146
6.1 Introduction.....	146
6.2 Reordering and Extending Urban Management Priorities.....	149
6.3 Coordinating an Urban Response to Crisis Across and Between Sectors .....	156
6.4 Integrating Chiefs in The City: Ephemeral and Improvised.....	164
6.5 Governance and Crisis .....	165
6.6 Conclusion .....	168
CHAPTER 7   A PERSISTENT PLAGUE FROM GOVERNING IN CRISIS TO PRACTISING INCREMENTAL BRICOLAGE .....	170
7.1 Introduction.....	170
7.2 Key Findings.....	171
7.3 A Plague as a Window into Governance .....	174
7.4 Refashioning a Partnership in Crisis.....	176
7.5 Incremental Bricolage – Patchwork, Collaboration, and Governing in Crisis .....	180
7.6 Contributions to Scholarship.....	183
7.7 Conclusion .....	187
SELECT REFERENCES.....	189
APPENDIX 1   ORGANISATION INFORMATION & LIST OF INTERVIEWS.....	210
APPENDIX 2   QUANTITATIVE SURVEY INSTRUMENT FOR MUFP .....	212

## LIST OF FIGURES

Table 1.1: Human Development Indicators for Kingdom of Swaziland 1990–2005 (World Bank 2021 and UNAIDS 2022).....	7
Table 2.1: Eleven Parameters of a Healthy City (Source: Hancock and Duhl 1986) .....	20
Figure 3.1: Photo of expanded municipal cemetery at Sidwashini (Golomoski 2015) .....	47
Figure 3.2: Map of Mbabane and the settlements for upgrading as part of the MUFP (Lowsby and DeGroot 2007) .....	51
Figure 3.3: Photo of informal housing in Mbabane (Shabangu 2005a) .....	53
Figure 3.4: Photo: Research team visiting informal homesteads in peri-urban Mbabane (Shabangu 2005b) .....	54
Figure 3.5: Aerial photo of unplanned settlements in Mbabane utilised for household and community participation on potential upgrading (Airborne Laser Solutions 2005).....	61
Table 3.1: Summary of informal settlements survey and household characteristics (Martin and Mathema 2005) .....	66
Figure 4.1: Maps of 19th-century land concessions and native reserves (Doveton 1937) .....	81
Figure 4.2: Map of 19 <sup>th</sup> century native reserves (Crush 1980) .....	
Figure 4.3 Proposed governance under the Westminster Constitution drafted on the eve of Swazi independence from the United Kingdom (Potholm 1972 and Levin 1997).....	88
Figure 4.4 Diagram of the political and administrative system of <i>Tinkhundla</i> (Sihlongonyane and Simelane 2017) 90	
Figure 4.5 Comparison of Roles and Responsibilities of Municipal Administrators as per the Urban Government Act and Chiefs as representatives of traditional local government (GOS 1969 and Dlamini 2008) .....	91
Figure 5.1: Nkwalini Zone 3 – informal house made of stick and mud (Shabangu 2005c) ....	96
Figure 5.2: Unpaved footpaths (Shabangu 2005d) .....	96
Figure 5.3: Improvised water collection from natural springs Shabangu 2005e).....	96
Figure 5.4 MUFP Project Structure (Martin and Mathema 2005) .....	106
Figure 5.5 Sample map used to train NUFs (Mathema 2005). .....	111
Figure 5.6 Hand drawn map of select settlements (Shabangu 2005f) .....	111
Figure 5.7 MUFP Focus Group discussion (Shabangu 2005g) .....	113

## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMICAALL	Alliance of Mayors and Municipal Leaders on HIV and AIDS in Africa
ANC	Ante Natal Clinic
CAS	Country Assistance Strategy
COVID19	Coronavirus 2019
CPS	Country Partnership Strategy
CSO	Central Statistics Office
CZL	Community Zone Leaders
DHS	Demographic Health Survey
DPMO	Deputy Prime Minister's Office
EWSC	Eswatini Water Services Company
FDG	Focus Group Discussion
GOE	Government of the Kingdom of Eswatini
GOS	Government of the Kingdom of Swaziland
HCP	Healthy Cities Project
HCM	Healthy Cities Movement
HDI	Human Development Indicators
HIV	Human Immunodeficiency Virus
LAMAS	Local Authorities Management Association of Swaziland
MAC	Multisectoral AIDS Council
MCM	Municipal Council of Mbabane
MEDP	Ministry of Economic Development and Planning
MOF	Ministry of Finance
MHUD	Ministry of Housing and Urban Development
MHSW	Ministry of Health and Social Welfare
MUFP	Mbabane Upgrading and Finance Project
NERCHA	National Emergency Response Council on HIV and AIDS
NUF	Neighbourhood Upgrading Facilitators
PHC	Primary Health Care
SADC	Southern African Development Community
SARS	Severe Acute Respiratory Syndrome
SLGP	Swaziland Local Government Project
SNALA	Swaziland National Association of Local Authorities

SNL	Swazi Nation Land
SUDP	Swaziland Urban Development Project
SWSC	Swaziland Water Services Company
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNISWA	University of Swaziland
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

## CHAPTER 1 | INTRODUCTION

### 1.1 Overview

African cities have multiple identities in the public imagination. On the one hand, in an era of accelerated urbanisation, they are described as economic engines (Hommann and Lall 2019) and culturally vibrant hubs that connect the global economy and serve as pathways to opportunity (Racki et al. 2014; Watson 2014). On the other hand, these cities are often deemed congested, having decaying infrastructure that attracts migrants but cannot absorb them (Resnick 2021; Turok 2016; Visagie and Turok 2020). Nevertheless, the reality of African cities is more complex and defies simple explanations, as neither description holds in times of crisis. In an era increasingly defined by uncertainty, shocks and crises are territorially unbounded and destabilise entire communities. Notwithstanding official statements from national and regional leaders, the obligation to respond to these crises falls on urban local governments.

In-depth and localised research on urbanisation in Africa has brought into focus the complex dimensions and multiplicity of urban growth patterns in one of the world's fastest urbanising continents (UNDESA 2019; Vearey et al. 2019). These bodies of research provide insights into robust urban African worlds (Förster and Ammann 2018; Siame et al. 2021) and examine urban management and sustainability challenges in terms of local contexts instead of in comparison with technologically advanced cities in the Global North. Yet, within these discussions, governance at the city level is primarily influenced by the legacy of colonial-era public administration institutions (Home 2013; Myers 2003).

While indigenous systems of local governance are widely acknowledged within rural settings (Amanor and Ubink 2008; Berry 1993), there is renewed interest in the integral role played by traditional authorities in the rapid urbanisation of the African continent (Beall 2006; Beall and Ngonyama 2009; Korbéogo 2021; Marrengane et al. 2021; Simelane and Sihlongonyane 2021). Traditional authorities play a central role in the African urban narrative and have a significant influence on the expansion and settlement of African cities during both peaceful times and crises (Abass 2023; Beall and Ngonyama 2009; Fuseini 2021; Sihlongonyane 2021; Simelane and Sihlongonyane 2021; Tieleman and Uitermark 2019).

In today's world, which is characterised by crises, how is governance exercised in African cities? Which authorities hold significance, and how prominently is their authority displayed in the public sphere of governance? This dissertation builds on the research of contemporary African urban scholars (Obeng-Odoom 2017; Pieterse et al. 2018; Smit 2018) and examines governance practices in an African urban local authority during one of the most significant public health crises of the last century: the HIV and AIDS epidemic. It focuses on the responses of the Municipal Council of Mbabane (MCM) in addressing the challenges posed by the HIV and AIDS crisis to city management and governance in 1995–2005. I use the notion of incremental bricolage to analyse the responsive, careful and situated governance practices which emerged in response to the crisis set in motion by HIV and AIDS. Incremental bricolage builds on the work of Strauss's (1962) concept of processing existing fragments in a way that reimagines them and produces a transformative outcome. Cleaver (2002) has used this idea within the context of natural resources management. I apply concept of bricolage to my analysis of a bifurcated city and the progressive changes to governance practices in time of crisis.

The extent and costs of the global HIV epidemic are well documented at the national level in various regions around the world, with Africa being the focal point of this narrative (UNAIDS 2020). It is widely acknowledged that the HIV epidemic reversed the considerable progress in economic growth and social development achieved on the African continent during the mid-20th century (Illife 2005; Poku 2005; Whiteside 2002). While extensive research has been conducted on the biological, epidemiological, and socioeconomic impacts of HIV and AIDS (Fauci 2008; Illife 2005; Piot et al. 2001), there remains a critical gap in understanding how this epidemic has impacted governance. More specifically, in a literature dominated by clinical research, there is limited investigation into how governance levers were applied to meet the changing needs of households affected by the epidemic. In other words, how did this epidemic and its related crises influence how governments, cities, and communities managed and utilised resources on a city scale?

Although HIV and AIDS are no longer seen as the pressing threats they once were, in a world increasingly marked by ecological, political, and social crises and uncertainty, this case study of Mbabane – an African capital city besieged by the HIV and AIDS crisis – serves as the starting point for my research on governance in an urban African context.

## 1.2 Weaving Crisis and Governance Together

My fascination with the relationship between urban governance and HIV and AIDS was seeded by a fellowship in the international public health sector and a work opportunity examining the spread of HIV and AIDS and the response of local governments in South Africa's largest cities. This research, completed in 2003, provided insight into how local governments undertook myriad approaches to mitigate the impact of HIV and AIDS at the city level (Kelly and Marrengane 2004) in South Africa. After this initial research on South African cities, my interest shifted to the Kingdom of Eswatini,<sup>1</sup> where I had the opportunity to engage as an urban specialist at the World Bank<sup>2</sup> Mission in Pretoria. In 2004, the Kingdom of Eswatini was one of two countries in the Bank's portfolio which had urban development projects. The Swaziland Urban Development Project (SUDP)<sup>3</sup> – designed to improve urban management and the living conditions of low-income households without access to basic services – was launched in 1995 (World Bank 2008). By 2005, the project was in its final stages, and the HIV and AIDS epidemic had left an indelible mark on Eswatini. My role was to support the closure of the SUDP in compliance with institutional guidelines. These duties included meeting and debriefing project partners and stakeholders, which allowed me to witness firsthand the dynamics and tensions typical of governance arrangements in Eswatini, specifically within the urban terrain. I will elaborate on this in chapters 4, 5, and 6.

I gained insights from this work by understanding the project's successes and shortcomings. One factor that could not be accounted for at the time the project was designed and that severely impacted the project's trajectory was the HIV and AIDS epidemic. By 2008 the Bank's new country partnership strategy (CPS) for Eswatini was under preparation and focused on cooperation and potential lending operations. The development of the CPS and its preceding

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<sup>1</sup> On 19 April 2018, on the 50th anniversary of the kingdom's independence, the head of the state, King Mswati III, announced that the Kingdom of Swaziland would henceforth be called the Kingdom of Eswatini. In this thesis, it will be referred to as Eswatini for brevity. Government documents before 2018 have been cited as being published by the Government of Swaziland (GOS), and documents after that by the Government of the Kingdom of Eswatini (GOE).

<sup>2</sup> Hereafter, the World Bank will be referred to as the Bank in the main text and the World Bank in citations.

<sup>3</sup> The SUDP emerged from progressive discussions between the Bank's Urban Development Programme, the United States Agency for International Development, and the Swazi Ministry of Natural Resources and Energy, all of which aimed to investigate and identify remedies for the barriers to effective management of rapid urbanisation in the early 1990s. This coalition of agencies studied the main constraints to sustainable urban development and provided recommendations for how the state could lead the effort to manage urbanisation. See DeGroot (1989) and World Bank (2005).

country assistance strategy (CAS) were, in principle, guided by the priorities of the receiving country and the main concerns of donor countries as represented by their agencies (Hellenier 2002). The CPS, however, is not static and must be revised annually to reflect changing conditions, priorities, and available resources for development assistance. As a member of the southern African urban team, I was asked to review a working draft of the Swazi CPS. While drafting such documents was considered a career builder, it did not explicitly require comprehensive knowledge of the history, politics, or governance systems of Eswatini. Nor did it require ever having been there. The draft strategy, intended to guide development assistance across various sectors, therefore, began in a surprising way.

The document's opening paragraph offered a condensed version of Bantu migration theory. It then awkwardly framed the trajectory of Eswatini from an obscure precolonial society to an underdeveloped replica of modern European monarchies. Rather than demonstrating a grasp of the contemporary pressures and developmental challenges faced by the Swazi government at the beginning of the 21<sup>st</sup> century, the draft CPS offered little reflection on the power relations central to Swazi society. Instead, the draft document demonstrated limited understanding of the local context and provides an example of how international development assistance can be built around what the donor has to offer rather than what is most useful. This example offers an example of how the formulation of development assistance takes place in some instances can be developed within a shallow interpretation of local history, context, and power dynamics (Carothers and De Gramont 2013). Yet these three elements are central to understanding the nuances and layers of governance and their incremental building. Without in-depth knowledge of local realities, ideas about how governance is imagined and constructed in an African context are, to use Myer's (2003) words, 'enframed by the verandas of power'. In other words, the governance and management of shared resources appear to be easily understood when defined by colonial standards and the mission to create European-inspired cities on African soil. This approach prompted me to question how much positive developmental impact is possible when the assumptions about governance practices in Africa, both generally and at the city level, do not reflect local realities or the capacities of local authorities to piece together innovative responses to crisis.

These assumptions are apparent in the way African cities have long been problematised in scholarly and normative literature as spaces which are poor, institutionally weak, and socially

exclusionary (Beall and Goodfellow 2014; Davis 2006). Growing housing demands, unbounded informality breaching the city boundaries, and insufficient infrastructure seemingly testify to the dysfunctionality of urban spaces on the continent (Pieterse 2008; Rakodi 2014; Thornton and Rogerson 2013). Yet, these cities and the urbanising settlements within their footprint find a way to function. In Simone's words, 'urban Africans have long made lives that have worked' (Simone 2005: 1). This begs the question: how does urban governance work in the African context?

This question is intriguing and forms the central part of this doctoral research. The African continent is urbanising faster than ever before (OECD 2020; UNDESA 2016; UN-HABITAT 2020). Notions of urbanisation and "cityness" vis-à-vis the African continent, currently home to 54 countries, are contested and complicated (Gervais-Lambony 2014). Despite efforts to make sense of what we observe on the ground and postulates theories, examining and seeking to find "the African city" reveals a striking diversity in settlement types, sizes, and constructions (Fernandez 2014). Upon closer inspection, the sweeping statements about the high rates of informality, unmet housing demand, fragile infrastructure, and economic inequality (UN-Habitat 2008; UN-Habitat 2010) tell an incomplete story.

In the last decades of the 20th century, research on governance in African cities has focused on urban management, notions of democracy, political pluralism, and decentralisation within the existing administrative architecture (Adamolekun 1991; Ikeanyibe 2016; Ndegwa and Levy 2004; Devas and Korobe 2000). Yet, as some researchers acknowledge, the relationship between effective governance, political reform, and democratisation in African cities is not always linear (Barkan and Chege 1989; Fuseini 2021; Korbéogo 2021; Yakubu et al. 2021). Governance practices in African cities are rich and layered. We can observe a broad spectrum of administrative, formal, and informal arrangements, which together create a tapestry of governance that is orderly and bureaucratic sometimes and fluid and contested at others (Fuseini 2021; Marrengane 2021). Contemporary African cities, as Myers (2011) notes, encompass a certain 'diversity and complexity' that resists a singular description. This vast continent holds a multitude of urbanisation patterns and land systems (Fernandez 2014; Sawyer 2014). Among them are cities designated under colonial rule to operate under conditions of bifurcated authority – customary and colonial (Mamdani 1996; Myers 2011; Stren and Halfani 2001). While colonial rule has officially ended, and the legacy of bifurcated spaces and

authority remains to a large degree (Sihlongonyane 2021; Mamdani 1996), are there ways in the context of crisis that local municipal and traditional authorities work together in important ways? This is a question this thesis engages.

More recently, scholars such as Bekker and Fourchard (2013) have noted that the treatment of governance in the African context has rarely been applied to the sub-national levels of government. While there are efforts to contemporise the analysis and planning of urban spaces in African cities, the practice of governance in these contexts has seen little discussion. The presence and endurance of systems of governance that do not neatly fit into typologies of northern regimes form the basis of my study. My work will build on the work of governance scholars (Benz and Papadopoulos 2006; Chhotray and Stoker 2011; Peters and Pierre 2006; Pierre 2000) and analyses their contributions in urban environments that do not function under unitary systems but instead operate within their distinct norms and standards. This provides new opportunities to explore urban governance and its impact.

When examining what governance can look like in an urban African context, scholars face the challenge of identifying common threads among diverse urban problems in a heterogeneous environment. For example, which urban community members can participate in decision-making about land administration or tax revenue allocations? Under what circumstances are city officials (appointed or elected) empowered to execute service delivery mandates? Who determines which mandates are adopted by local authorities? These questions hint at the myriad responsibilities urban local authorities face and must address to manage their jurisdictions effectively. While these issues alone are quite compelling, over the last two decades, African cities have had to address concerns beyond just urban development. Since the advent of HIV, local authorities in sub-Saharan Africa have had to respond to a public health crisis that has grown exponentially. With more than 70% of the global burden of HIV cases and almost 80% of AIDS deaths globally have occurred in sub-Saharan Africa (UNAIDS 2002a). The epidemic has permanently altered the social fabric of communities across the African region (Gould and Woods 2003; UNAIDS 2002a), more so in urban areas (Kelly and Marrengane 2004; Van Donk 2002; 2004). This epidemic has shaped cities and places in particular ways, and in this study, I consider how these dynamics unfold in Mbabane, Eswatini.

### 1.3 Mbabane: A Window into A Plague

One may wonder what there is to learn from a study of governance and institutional power in Mbabane, a small and geographically isolated corner of southern Africa, described by Daniel as a ‘dependent, peripheral economy with limited potential for domestic capital formation’(1982: 105). It is precisely those characteristics that sit uncomfortably juxtaposed against a context of rapid urbanisation and a devastating global epidemic that make this case pertinent. It is easy to overlook a case study of Mbabane, Eswatini, assuming it to be less interesting than those of larger cities in neighbouring South Africa or Mozambique. Still, its size and the difficulty governing the space make this case worth exploring. Furthermore, the way this case stands in stark contrast to the clichéd view of Africa as a rural and static landscape (Förster and Amman 2018) makes it a compelling one. It illustrates the complexity and fluidity that characterise contemporary African cities.

Eswatini is one of the few places where urbanisation, governance, and the mitigation of HIV and AIDS intersect in a tangible way. Prior to the first reported case of HIV and AIDS in Eswatini in 1986 (GOS 2000; Whiteside et al. 2006), the country, like others in sub-Saharan Africa, enjoyed the benefits of a growing economy and rising human development indicators (HDIs).<sup>4</sup> The arrival and rapid spread of HIV fundamentally changed the development trajectory of the nation (Table 1.1).

Table 1.1 Human Development Indicators, Kingdom of Swaziland 1990–2005

Year	Life expectancy at birth	GNP per capita (USD)	Primary school completion rate	HDI value	HDI rank	HIV prevalence (%)	Global HIV prevalence (%)
1990	62	1,355	61%	0.462	104	2.2	0.3
1995	57	1,833	61%	0.597	115	15.7	0.4
2000	44.4	1,728	70%	0.577	125	24.8	0.8

<sup>4</sup> HDIs are a statistical composite of key development indicators which, measured together, offer insight into the extent to which the economy and the well-being of a nation can be measured. Eswatini’s figures reveal increasing HIV prevalence rates and a simultaneous declining life expectancy, which are a harsh example of the devastating toll of HIV and AIDS on national development (Mabuza and Dlamini 2017; UNDP 2007).

2005	40.9	3,083	71%	0.547	141	25.7	1.1
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Source: World Bank Open Data Portal – Data for the Kingdom of Eswatini 1960–2022; UNAIDS 2006a.

As Table 1.1 illustrates, the life expectancy of Swazis plummeted with the onset of the HIV epidemic despite positive development indicators, such as higher incomes and improved primary school completion rates (UNAIDS 2002a). The epidemic’s trajectory in Eswatini is not unusual; by the end of 2000, more than 20 African countries documented a decline in life expectancy due to the HIV epidemic, with six countries experiencing declines in life expectancy of more than seven years (UNDP 2001: 13). By 2004, Eswatini was home to a population of 1.01 million (CSO 2008) with the highest percentage of people living with HIV and AIDS in the world at just over 39% (UNAIDS 2013; Whiteside and Henry 2011; Zamberia 2011). Although the number is comparatively small compared with the number of cases in other countries in sub-Saharan Africa – the region hardest hit globally by the epidemic – the impact is unparalleled.

Eswatini is part of the southern African region, which is often described as the epicentre of the HIV epidemic (Kalipeni et al. 2004). Halperin and Epstein (2007) point out that although southern Africa comprises less than 2% of the global population, it accounts for at least one-third of all HIV cases worldwide. The 2007 Demographic Health Survey (DHS), which presents data relevant to the timeframe of this study, estimated the national HIV prevalence in Eswatini to be 25.9% among individuals aged 15–49 (CSO 2008; Zamberia 2011). This implies that one in every four people of reproductive age in Eswatini lived with the virus; among women visiting public health antenatal clinics (ANC), the prevalence rate was 42% (Whiteside 2006). From a low prevalence of 3.9% among ANC clients in 1992 to 42% in 2010 (UNAIDS 2006a, UNAIDS 2012), the spread of HIV and AIDS in Eswatini has been alarming. In addition to the swift onset of the disease affecting working-age adults, who constitute the backbone of the Swazi economy, there was an equally alarming decline in family breadwinners. HIV and AIDS have irrevocably reshaped the demographic patterns in Eswatini (Daly 2001). With 15% of children aged 0–17 classified as orphaned primarily due to the epidemic, the development gains of the post-independence era in Eswatini were largely eroded (UNAIDS 2006a, UNICEF 2006).

The sheer devastation wrought by HIV compels one to examine the responses of other state as well as non-state actors who worked to influence, control, facilitate, and, at times, frustrate the efforts by Mbabane's administrative authorities to fulfil their governance mandates and address the unfolding HIV crisis simultaneously. This study analyses the governance relationships and power dynamics among various actors actively combating a global disaster with significant local consequences. By investigating these dynamics between municipal structures, public administrative structures at the central government level responsible for urban development, and the role of traditional authorities, this research surfaces the overlapping and sometimes contradictory roles of stakeholders at the heart of urban governance in the Swazi capital.

My case study centres on Mbabane when the epidemic was at its height and AIDS-related deaths peaked globally (UNDP 1995). Given the prevalence of HIV and AIDS across sub-Saharan Africa and the massive investments into the health sector by funding agencies and international organisations to address it, the question of how local authorities respond to and what role they play in managing the burden of health disasters warrants examination. This case illuminates efforts by an under-resourced urban local authority to respond to the crisis at the city level. It highlights the balancing act required to mediate the voices of urban stakeholders both inside and outside the administration. In this study, I use the lens of the HIV crisis as an entry point to examine Mbabane's layers of governance and the specific tools applied by the MCM to respond to a global crisis at their doorstep.

#### **1.4 Profile of Mbabane**

During the span of this research in Eswatini, 60% of households in the nation's largest city and the capital, Mbabane, resided in informal settlements or slums (Martin et Mathema 2005). Mbabane is separated from Eswatini's commercial hub and second largest city, Manzini, by 25 km. The two cities function as anchors to the largest urban agglomeration in the country, which contains an economic corridor that is home to the nation's largest industrial estate, Matsapha, and the University of Eswatini in Kwaluseni.<sup>5</sup>

There are few records of master plans for Mbabane. At the time of its creation in 1902 in the aftermath of the Anglo-Boer War, the victors relocated the nation's administrative capital from the lowveld town of Bremersdorp to the highveld settlement near the Mbabane River from

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<sup>5</sup> In 2018, the University of Swaziland was renamed the University of Eswatini.

which the city derives its name (Matsebula 1988). The settlement that was established in Mbabane was not unlike other settlements and served as an outpost from which the administration of the British colony could be managed. In the years immediately after the Anglo-Boer War, the population of Mbabane remained small and segregated, mainly consisting of Europeans. Swazis were confined to native reserves due to the legacy of land concession agreements from the previous century (Home 2014; Lowsby and DeGroot 2007). These land concessions, discussed in more detail in Chapter 4, established a longstanding foothold for Europeans and white South Africans in Eswatini and their economic and political hegemonic interests.

Although in 2005 Mbabane has a significantly smaller population of only 70,000 (CSO 2007) compared to nearby national capitals, such as Pretoria and Maputo, it confronts similar issues. These challenges include growing informality, poorly resourced city administrations, and increasing demand for safe shelter, clean water and adequate infrastructure driven by a swelling urban population (UN-HABITAT 2010).

Though the rapid rise in the cases of HIV and AIDS among males and females of reproductive age in Eswatini reflected trends seen in neighbouring South Africa, Botswana, Lesotho, and Mozambique, the case of Mbabane stands out for several reasons. First, compared to cities across the border, it relies massively on its comparatively small economy. In the 2000s Swazi urban local authorities like Mbabane, revenue was determined by property taxes and other service charge collections, unlike its South African counterparts, who benefitted from transfers from the national fiscus (SACN 2009). This left Mbabane with fewer resources to deploy and implement its national HIV policy, necessitating innovative approaches to address the epidemic that reshaped the city.

Additionally, like other urban settlements in Eswatini, including those officially declared as cities and towns by an act of the parliament, Mbabane has a parallel authority structure in place. Each city and town has an administrative authority and a traditional authority or *Tinkhundla*.<sup>6</sup>

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<sup>6</sup> *Tinkhundla* (plural) or *Inkhundla* (singular) is defined as an indigenous system of local government that decentralises authority and enables public participation outside of the public administration system (Mkhonta 2007). While there are divergent definitions, scholars such as Simelane (2017), Mamba (2006), Levin (1991), and Booth (1983) agree that the structure of the *Inkhundla* is at the centre of traditional authority in the daily lives of Swazi citizens in both rural and urban localities across the Swazi Kingdom. As a governance institution, the

This complex system of traditional authority and power, intricately linked with the Swazi monarchy, is discussed in detail in Chapter 4. It is important to note that although the Kingdom of Eswatini is known for championing cultural values and its commitment to its hereditary monarchy, it is not frozen in time. Contrary to the impression in popular media over the past ten years, Eswatini has implemented significant changes in the legislation and the policymaking environment concerning public sector accountability and transparency (Simelane, HY 2012). Yet, the modernisation of the national legal framework, while appraised as a milestone, has not altered the locus of power in the kingdom (Fombad 2007; Maseko 2008; Mthembu 2022). Consequently, since 2021, calls for a transition to democracy have increased, accompanied by public protests and other forms of activism (Masuku and Limb 2016; Mthembu 2022). Regional policy analysts have also criticised King Mswati III for the continued ban on political parties and the use of new legislation to constrain the space for dissent (Masuku and Limb 2016; Vandome et al. 2013).

Notwithstanding, the central government has taken significant steps towards achieving an objective legal framework to enhance governance at every level of the state, particularly in its growing urban and peri-urban centres.<sup>7</sup> Notably, in 2005, Eswatini commissioned and promulgated the first constitution in more than 30 years since its independence. This shift is significant for several reasons, the most compelling one being that it is an opportunity to witness the negotiation and amalgamation of two parallel systems of governance in a post-colonial state. Eswatini had previously been without a constitution since its ‘independence era’ constitution was declared ‘unworkable’ and repealed by King Sobhuza II in 1973 (Baloro 1994:25; Dlamini 2016; Levin 1990). Eswatini adopted constitutional reforms in July 2005 when the new constitution was ratified (Dlamini 2005). For instance, one reform was that the new constitution codified into a single document the roles and responsibilities of administrative and traditional authorities as well as provided a road map for a system of accountable local government across the nation (Marrengane 2021, Mkhonta 2007). These major policy shifts aimed to incorporate the tenets of accountability and good governance into Eswatini’s

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*inkhundla* is embedded in the 2005 Swazi constitution and is composed of three to ten chiefdoms effectively representing the *Ngwengyama* at local level.

<sup>7</sup> The ministries of finance, economic planning and development, and housing and urban development, with the support of the World Bank, have implemented the Swaziland Urban Development Project (SUDP) and the Swaziland Local Government Project (SLGP), which were aimed at using governance to enhance service delivery and access to basic services for Swazi citizens.

statecraft, and seemingly draw it into closer alignment with electoral democracies in the region (Matlosa 2017).

The Swazi case offers a compelling perspective to explore these issues because, unlike many other African contexts, the traditional leadership in Eswatini enjoys recognition in law as well as in custom. They have not been bureaucratised or stripped of their cultural or political significance, as has been the case in other parts of the continent (Fisiy 1995; Kyed and Buur 2006); instead, they remain a critical part of Eswatini's governance narrative at every level of authority. My study examines the history of the MCM, focusing on the actions the council took from 1995 to 2005 when new HIV infections in Eswatini increased dramatically. The spread of a disease classified as a global epidemic in urban Eswatini meant that the council had to deliver services in a rapidly changing environment with high infection rates, which impacted society as a whole and weakened municipal capacity for service delivery (Merson et al. 2008; Parker 2002).

### **1.5 Research Questions**

The primary focus of this research is to examine how the HIV and AIDS epidemic can be used to study governance practices in a bifurcated city where governance and institutional dominance are not clear. Mbabane serves as a striking example of how the HIV and AIDS epidemic had a profound and devastating impact on Swazi society in a relatively short time frame. The epidemic forced the state to use all available resources at every level to mitigate its impact and rethink the administrative and legal boundaries for an appropriate response. My research employs qualitative methods to understand these responses and gain insight into the different pathways through which governance takes place in an African city during a crisis.

The empirical crisis central to this case serves as a canvas for teasing out the characteristics of a fragmented city with two systems of authority effectively responsible for urban governance. The research that forms the basis of this thesis is presented as a case study. This qualitative methodology is used to clarify the complex environment in which city officials in an urbanising local authority fulfil governance mandates while addressing contested authority and a looming health crisis. The case study is also a crucial account of the development and evolution of urban governance in a country where the administration and distribution of space and its uses are still based on lineage and perceived loyalty to the monarchy. Such an environment enables an

examination of intersecting and competing agendas, offering insights into politically and socially loaded relationships that must be managed to deliver basic services. This case also contributes to growing studies on governance in Eswatini and on Mbabane in particular a regionally significant city in southern Africa.

The topics of urbanity and governance have generated volumes of research as scholars have sought to grapple with defining the mechanism itself and locating it in specific geographies. Research on African cities has evolved from historical accounts to reflective provocations on the realities and possibilities of urbanisation on a continent that, until recently, has been largely regarded as rural. This research accepts that Africa's future is unquestionably urban. Further, it acknowledges the broad and rich diversity that forms the continent's urban tapestry. However, the recognition of this condition makes defining and understanding what constitutes urban in the African context a mammoth task that goes beyond the scope of this research.

Instead, this study investigates how one urban African local authority approached the challenges of urbanisation in the context of a devastating developmental crisis in the form of the HIV and AIDS epidemic. It is centred on how the MCM, operating in a resource-strapped environment, managed to deliver on its governance mandate while prioritising built-environment services and responding to the unforeseen HIV and AIDS crisis between 1995 and 2005 that changed the needs of the communities they served. It is juxtaposed against current scholarship and seeks to disentangle the realities of governance in an African city. Critically, this research also seeks to understand if current perspectives on urban governance are robust enough to consider the range of demands on local authorities that fall outside the long-established mandates of local governance and administration. In other words, how do urban local authorities respond to public health crises such as Ebola or HIV and AIDS, which require services well outside their statutory mandates but intimately change the nature of the services city officials are required to deliver?

Further questions that guide this research straddle the disciplines of urban studies, public health, and political studies. This work is grounded in what Connell (2014:212) identifies as 'asymmetries in knowledge', which emanate from attempts to collocate northern scholarship and ideas with governance realities as they appear in the Global South. I use an empirical case to explore the notions of urban governance in an environment that does not neatly reproduce

institutions and relationships found in urban spaces in Northern contexts. The complexity of institutions and social relations generally palpable in the governance of African cities as well as the subject of this thesis, Mbabane, necessitate a reassessment of the definitions and standards by which they are appraised.

In the context of the HIV and AIDS crisis in Mbabane, I wish to study how an epidemic influences the emergence of unconventional ways of governing amongst longstanding stakeholders. What pathways lead to the incremental repurposing of existing governance institutions and relations for an effective crisis response? These questions reflect on the multiple layers of governance, both visible and invisible, in a bifurcated local authority.

Further, I examine how governance arrangements at a city level were remade and refashioned to respond to the crisis sparked by a global public health crisis. Academic literature has reflected extensively on the responses to the health crisis at the national level. My study looks at how city-level responses were formulated and shaped by the shifting and expanding responsibilities of urban managers during the HIV epidemic.

In this study, I focus on the period 1995–2005, which was selected for four reasons. First, by 1995, as the first decade of the HIV epidemic ended, its nature had changed radically from being a ‘minority’ disease – typically prevalent among men who have sex with men – to a generalised epidemic. Second, during this period, many African states stopped denying the existence of HIV and, at varying paces, undertook recommendations from the World Health Organisation (WHO) to establish infrastructure to monitor and manage the disease (Illife 2005).<sup>8</sup> Third, this period marked the peak of the epidemic in Eswatini due to a combination of the high rate of sexually transmitted infections (STIs) and the slow rollout of antiretroviral therapies in Eswatini (NERCHA 2008). Fourth, this time frame is relatively recent, meaning documentation and data are available more readily.

There are, however, several limitations to the material included in this research. This study does not address the biomedical literature on HIV and AIDS, nor does it focus on the moral

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<sup>8</sup> The bold decisions made by both middle- and low-income countries, such as Brazil and Uganda, marked a turning point in the epidemic. Their examples proved that while significant investments in the public health system are important, decisive leadership is critical in launching a national response to the fight against HIV. Low-income African countries such as Uganda and Senegal offer concrete examples in contrast to wealthier African nations such as South Africa, which struggled to come to grips with the spread of the virus (Parkhurst et al. 2004).

debates surrounding the epidemic. These two issues have been debated in other fora and are outside the ambit of urban governance and, therefore, not included here. The questions and analyses presented in this study are based on examining state-led mitigation efforts within the context of a decentralised state and urban governance.

Another limitation of this study is its in-depth analysis of one southern African city. It should be noted that the problems outlined and reflected upon in this study are found throughout the region and continue to be faced by local authorities, large and small. Mbabane is a capital city and, therefore, has many characteristics that other capital cities in southern Africa share: it is a destination for economic migrants and represents welfare and social opportunities that do not exist in cities and towns outside this urban centre.

## **1.6 Thesis Outline**

In this thesis I draw on notion of incremental bricolage to explain the mechanism which shifted governance practices at a time of crisis. This is the framework of this thesis which is organised into seven chapters. Chapter 1 sets out the main themes and questions that prompted a study of the city of Mbabane and its response to the HIV and AIDS epidemic from 1995 to 2005.

Chapter 2 presents an overview of two sets of literature anchoring this study – healthy cities and governance. In the first half of this chapter, I examine how health became a part of the urban management agenda and is linked to the larger conversation on how cities are governed, particularly in times of crisis. In the second half of the chapter, I present and discuss a selection of the existing scholarship on governance in African cities. By examining these two strands of literature, I highlight the limited literature that examines the intersection of governance and HIV at the urban level in the African context – a connection that is central to this case study. I then outline how this existing literature informs the positioning of my research.

In Chapter 3, I outline the qualitative methodology applied to complete this research. I clarify the theoretical perspectives and knowledge claims that form the basis of this study. I also describe my fieldwork journey, highlighting the contrasts between planned modes of research, the challenges encountered, and the practical steps taken in the field. I conclude this chapter by presenting the data sources and discussing the limitations of the collected data.

Chapter 4 offers a historical narrative that sheds light on where power rests in urban Eswatini and the institutional framework in place. I also discuss the state's administrative architecture, its power dynamics, and the non-state actors that influence the urban landscape in the capital city. This chapter illustrates the sociopolitical milieu in Mbabane that determines the governance pathways that ultimately shape this case study.

Chapter 5 is the first of two empirical chapters in this study. In this chapter, I outline the governance pathways explored by MCM to mitigate the impact of HIV on city residents within its jurisdiction. In doing so, I highlight the overlapping layers of authority and power dynamics that extend beyond public administration, which significantly influenced the growth of Mbabane. The city's governance occurs simultaneously within the chambers of MCM, guided by the Ministry of Housing and Urban Development (MHUD), using the tools of public administration and within the communal spaces of the *Tinkhundla*. In this chapter, I explore how, in the face of the HIV emergency, the inherited bifurcated governance structures and the accompanying tensions between public administrators and traditional authorities were relaxed, giving way to new forms of collaboration to address the devastating epidemic.

In Chapter 6, the second empirical chapter, I trace the collaboration and new governance tactics adopted by the council with key urban stakeholders in direct response to the HIV crisis. I draw attention to the experimentation and resulting governance innovations that emerged. Central to these innovations and their effectiveness was the role of traditional leadership in the effective governance of a city in crisis. By highlighting the role of traditional leadership, I demonstrate that despite its location outside of public administration, it is central to Mbabane's governance.

Chapter 7 is the concluding chapter, where I draw attention to how a crisis at the city level set off by a public health emergency is a valuable lens for understanding the dimensions of governance in an urban African context. As presented in this case study, the realities of governance provide a vital contribution to the growing body of contemporary research on African cities. Upon examining the governance realities – particularly in areas defined by the limitations of a bifurcated system of authority – I assert that opportunity and evidence of experimentation and innovation in governance exist at the city level.

## CHAPTER 2 | HEALTH, EPIDEMICS, AND CODES: GOVERNING AN AFRICAN CITY IN THE MIDST OF A PLAGUE

### 2.1 Introduction

In an urban health crisis, local governments play a critical role in finding ways to address the source of the crisis and mitigate its destructive impact on residents. However, research tends to focus on the visible response efforts of the central government to the crisis, particularly in the African context. These efforts are commonly driven by a combination of institutions from the health ministry, international experts financed by donor agencies, and purpose-driven inter-agency taskforces that are responsible for formulating an appropriate response to the crisis. These bodies plan the coordination and deployment of resources, including engaging specialists with particular skill sets and assets and planning the distribution of pharmaceutical therapies (Grünewald and de Geoffroy 2014).

However, further discussion is warranted of the pivotal role sub-national governments play alongside local partners in pooling resources to respond to area-based calamities (Wilkinson et al. 2020). Addressing this gap is essential for enhancing our knowledge of governance at the city level. Such research will provide nuance with regards the often overlapping and intricate relationships that form the basis of governance, and in this case enable the repurposing of existing relationships between key decision makers in local governance that create pathways for incremental bricolage.

In this chapter, I explore two bodies of literature that are not commonly discussed together but intersect at a tangible level in this case study of Mbabane during a time of health crisis – the scholarship on “healthy cities” and governance. A wealth of literature has been published on the vital role that health and well-being play in the growth and development of cities (Harpham 2009; Johnson and Marko 2008; Yang et al. 2018). Understanding health in an urban context requires linking individual health, environmental influences, and ecological dynamics (Grant and Braubach 2010) through an interdisciplinary approach. This is a defining feature of public health scholarship focused on the determinants of health. This literature is critical in establishing the link between health and its spatial dimensions. It has long occupied scholars across various regions and dates back to the Hippocratic monographs, published more than 2,000 years ago, which examine the influence of climate, culture, and local environmental conditions on health (Meade and Emch 2010; Phillips 2012). The drive to understand the

influences on health in urban spaces has laid the foundation for the institution of policies and frameworks for the administration and control of urban space.

By examining a range of scholarship, I provide an overview of the key themes in each domain of the literature. In this chapter, I focus on the following five elements. First, I present an overview of select literature on healthy cities and epidemics to explain how health has been framed historically in an urban context. In this section, I focus on institutional responses to city health crises rather than the epidemiological or physiological side of this phenomenon, which has been treated exhaustively in the clinical literature. Second, I highlight the disjunct between the origins of the pursuit of health in cities in the Global North and the Global South. Third, I outline how the scourge of HIV and AIDS has evolved in the context of urbanisation. Fourth, I delve into the governance discourse, focusing on the role of sub-national governments. In doing so, I aim to focus on governance at the coalface, where every citizen feels it. Fifth, I shed light on a few key conditions that define governance in an urban African context, including historical legacies that shape the governance abilities and capabilities of urban local governments.

Finally, I bring together this literature to reveal the commonplace and inventive governance approaches crafted in a context created by an unprecedented public health disaster. In this study, the notion of a linearly crafted governance model in an urban context is measured against the realities of a complex political and social environment that sustains not only an administrative system inherited from the colonial era but also an even older system of political authority – traditional Swazi leadership. The tension between these two leadership systems is central to my study of a city in crisis. In tracing the intersecting lines of health and governance in cities, I will highlight how crises have been treated in scholarship, thus setting the scene for this case study.

## **2.2 Blueprint for Healthy Cities**

The health of populations residing in peri-urban and urban spaces has long occupied the imagination of urban planners, physicians, geographers, and historians across time (Johnson and Marko 2008; Porter 2005; Rosen 1958). Even before the forces of globalisation fundamentally transformed economic and political systems, ecological transitions, and patterns of disease, scholars were fascinated by the connections between health and the environment

(Meade and Emch 2010; Rosen 1958). Medical geographers, such as Meade and Emch, and historians, such as Rosen, point to ancient civilisations – including Roman engineering skills and the works of Hippocrates– to demonstrate a longstanding curiosity about the impact of environmental and spatial characteristics on the well-being of populations (Meade and Emch 2010; Tountas 2009). Similar works have been documented in ancient societies in China, Egypt, and India (Tulchinsky and Varavikova 2014). These early texts foreshadow the development of what is now recognised as the discipline of public health. Definitions of public health have evolved, as various scholars have attempted to rank the influence of the environment, infrastructure, and disease incidence and the availability of treatment on the nature of health in an increasingly urban world (Rosen 1958; Vlahov and Galea 2002). Different perspectives on public health have been influenced by administrative histories (Porter 2005) and the legacy of pioneering medical practitioners who experimented with diets, access to services, and infrastructure to reduce the fragility of the health of populations.

By the 19th century, seismic shifts in settlement patterns, economic growth on the European continent, and unprecedented population growth set the scene for a series of epidemics, which heightened the need for understanding and controlling the factors influencing health and the environment in Europe’s growing urban centres (Porter 2005). Outbreaks of smallpox, yellow fever, and cholera, to name but a few of the highly communicable diseases, ravaged European cities and towns and challenged generally accepted theories of disease such as miasmatic pollution.<sup>9</sup>

Key figures such as Edwin Chadwick and John Snow (Ashton 2021), in their roles as social reformers and medical officers in cities in Victorian England, sought to understand and influence the squalid living conditions of urban dwellers thought to be catalytic in the spread of disease. In Great Britain, efforts to understand and contain highly contagious illnesses led to the formation of the Health of Towns Association in 1844. The association was founded on the premise that the state could create standards through planning, which would help influence and manage the health of urban residents by addressing inadequate sanitation and overcrowding. The promulgation of the Public Health Act of 1848 in England was a turning

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<sup>9</sup> The miasmatic theory of disease, popular in the 19th and early 20th centuries, was based on the assertion that all illness is caused by inhaling contaminated air. It was believed that all illnesses, communicable and non-communicable alike, could be spread this way. For example, diseases such as cholera and obesity. For more information, see Halliday’s article (2001) on miasma in Victorian England.

point following a series of public debates on health in towns. The legislation evidences the intersecting discourse on ‘sanitising space’ and urban planning (Freestone and Wheeler 2015:17), contributing to the well-documented progression of state-driven efforts to manage health within cities (Porter 2005).

Even global institutions came to focus attention on health and cities by emphasising the importance of the physical, mental, social, and environmental well-being of city residents (Awofeso 2003; Ashton 2002; De Leeuw and Simos 2017; Flynn 1996; Hancock 1993; Tsourous 1995), as expressed in the 1948 constitution of the World Health Organization (WHO):

Health is a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition. (WHO 1948: 1)

The notion of healthy cities is highlighted in how the organisation defines and expresses health, including the importance of integrated and interdependent aspects of environmental and physical well-being in addition to the physiological health of populations.

The momentum that led to the modern Healthy Cities Movement (HCM) included a WHO initiative focused on promoting primary health care (PHC) at the 1978 *Health for All Conference* in Alma Ata, jointly hosted by the WHO and UNICEF. Given that PHC and HCM share core concepts (van Naerssen and Barten 1999), the notion of healthy cities gained further impetus when these concepts were combined and articulated in the 1984 Ottawa Charter for Health Promotion. This charter ultimately led to the development and launch of WHO’s Health Cities Project (HCP) in 1986 (Werna et al. 1999).

Although the discourse in public health in the decades that followed grappled with the environmental, epidemiological, and social determinants of health, the seed of urban health in the form of the HCM had been sown much earlier, defining and promoting the health of urban dwellers in Canadian and European cities (De Leeuw and Simos 2017; Flynn 1996; Hancock 1993). The movement centred on three ideas. First, health is a local issue, and efforts to improve and manage health necessitate local action. Second, urban settings matter in assessing and

managing the health and well-being of city dwellers. Third, local governments play a critical role in shaping the physical and political environments that promote and maintain healthy living for all (Flynn 1996; Hancock 1993; Tsourous 2015).

Table 2.1 summarises the initial criteria for a healthy city as outlined in the first HCM paper prepared for the WHO to define a healthy city. It offers a holistic approach to health as envisioned by the WHO in supporting community-based or locally-driven preventative health initiatives (Ashton et al. 1986).

Hancock clarifies that the definitions and descriptions of the typology of a healthy city given by Hancock and Duhl (1986) were meant to guide processes rather than represent a fixed end point in promoting health at the city scale (Hancock 1993; Kenzer 1999). According to Hancock (1993), the role and purpose of local governments in HCM is to,

build health into the decision-making processes of local governments, community organisations and business, to develop a range of strategies to address the broad social, environmental and economic determinants of health. (Hancock 1993:8)

The HCMs, as termed by Kim et al. (2022), also have their roots in the WHO HCP.

<b>Table 2.1: Eleven Parameters of a Healthy City</b>
<ol style="list-style-type: none"> <li>1. A clean, safe, high-quality physical environment, including housing quality.</li> <li>2. An ecosystem that is stable now and sustainable in the long term.</li> <li>3. A strong, mutually supportive, and non-exploitative community.</li> <li>4. A high degree of public participation in decision-making and control over the decisions affecting one’s life, health, and well-being.</li> <li>5. The meeting of basic needs – food, water, shelter, income, safety, and work – for all of the city’s people.</li> <li>6. Access to a wide variety of experiences and resources with the possibility of multiple contacts, interaction, and communication.</li> <li>7. A diverse, vital, and innovative city economy.</li> <li>8. Encouraging connectedness with the cultural and biological heritage and other groups and individuals.</li> <li>9. A city form that is compatible with and enhances the above parameters and behaviours.</li> <li>10. An optimum level of appropriate public health and sick care services accessible to all.</li> <li>11. High health status, both high positive health status and low disease status.</li> </ol>
Source: Hancock and Duhl 1986.

Table 2.1 illustrates that the development and maintenance of a healthy city are premised on a multidimensional understanding of the drivers of health that come together at the local level (Galea et al. 2005). It also underlines that health promotion in urban spaces require action beyond the individual or household level.

Scholars such as Kim et al. (2022) offer helpful constructs of the linkages between cities and health presented in the literature. A series of works on urban health paradigms by Kim et al. (2020; 2022) flag the major elements of scholarship on health and cities, particularly highlighting how the built environment is indicative of the well-being of urban residents. Kim et al. (2022) present and evaluate four approaches that integrate public health and urban planning: the medical industrial city, urban health science, healthy built environments, and health social movements. The authors are careful to point out that these are based on research in countries in the Global North and that urbanisation patterns and economic development differ markedly from those in the Global South. Nevertheless, the approaches identified by them are a valuable and coherent way to make sense of the overlap between these two disciplines that are critical in the study of African cities and go further than Galea and Vlahov (2005). As these paradigms illustrate, the terrain of biomedical and epidemiological health research has been well covered in public health research. Some works also highlight how health is managed based on risk factors (Anand et al. 2007), planning practice, spatial design, or urban planning codes (WHO 2020).

In the next section, I turn to how ideas about public health in cities of the Global South are treated differently, influencing how the leadership in contemporary African cities understood its role in managing crises with roots in public health.

### **2.3 Pathways to Healthy Cities in the Global South**

In an increasingly urbanising world, the relationship between health and urban spaces holds greater significance in the African context. Research from the United Nations (UN) and the Organization for Economic Cooperation and Development (OECD) confirms that rapid urbanisation is now one of the African continent's defining features (OECD 2020; UNDESA2018; UN-HABITAT 2018). This significant shift has also been acknowledged in urban scholarship, which confirms that the narrow, bucolic notions of rural African landscapes are outdated and warrant re-examination (Pieterse and Parnell 2014). From a low base of less

than 3% urbanisation rate in select nation states in 1950 to a projected 76% urbanisation rate by 2050, the expansion of African cities has irrevocably changed the landscape of the continent (OECD/SWAC 2020; Vearey et al. 2019).

‘Cities have emerged on the radar of international development partly due to unprecedented demographic growth, impacts of climate change, increased human exposure to natural hazards and other urban risks’ (UN-HABITAT 2020: 3).

In an environment where urban settlements are now becoming the norm, African cities hold dichotomous identities. Descriptions are extreme, ranging from African cities as vehicles to accelerate national development (Turok 2019) to dystopian and poverty-filled images (Davis 2006) juxtaposed against ‘enclaves of affluence’ (Khadiagala 2002: 111). However, given their ubiquity and continued growth, the well-being of city dwellers is of critical importance. The state’s preoccupation with the health of populations residing in cities is longstanding (Home 2013; Rosen 1958; Yang et al. 2018) and is driven by many contemporary agendas. Such work is often initiated from the perspective of urban planning, applied as a tool to create order and, more importantly, manage risks and hazards in human settlements (Duhl et al. 1999).

Driven by a mercantilist agenda, the imaginations of public officials and policymakers in colonial and metropole environments have focused on extracting materials and labour at a minimal cost (Home 2013; Johnson and Marko 2008; Njoh 2008). Within these problematic agendas, race- and class-based discrimination was embedded and disguised as the promotion of hygiene and disease prevention in increasingly crowded living conditions (Achola 2001; Molina 2006; Parnell 1993). The ‘sanitation syndrome’, a phrase coined by Swanson (1977: 387), encapsulates this discriminatory praxis, which foreshadowed segregationist policies that would become the backbone of spatial apartheid in South Africa in the 20th century (Parnell 1993).

The public health literature relevant to the healthy cities discourse focuses on the primary and systemic factors which influence the health of urban dwellers (Amri et al. 2022; Ottersen et al. 2014; WHO 2008). This literature builds on the cannon of biomedical and epidemiological scholarship on the biomedical and social determinants of public health, and this is also true within urban spaces (Ottersen et al. 2014; WHO 2008). What is less explored is the extent to which health in cities is considered in the fluid and evolving language of governance at the city

level. In other words, this involves seeing health not through the lens of health programming dispensed through central ministries and concerned only with formula-based clinical interventions but instead as a collective challenge to be addressed from multiple perspectives by a coalition of stakeholders with state and non-state resources. In this space between collective management and health promotion, which does not hinge on a biomedical solution, the case of Mbabane proves helpful. In Mbabane, we see the key themes and challenges the city faces in that the small space between the management of urban infrastructure and health promotion does not take an explicit medical approach.

However, efforts to peg urban health as a global priority are more recent (Alirol et al. 2011; Galea et al 2005; Tsourous 1995). The HCP concept was introduced to the African continent in the late 1990s when the WHO Regional Office for Africa formally adopted it and initiated capacity building for HCPs in African cities (Rice 2021). A few scholars have flagged some of the regional differences in the priorities and institutional arrangements that shaped the adoption of the HCP outside of Europe (De Leeuw and Simos 2017; Flynn 1996; Kenzer 1999; Harpham 2009; Rice 2021). For instance, while Europe and North America tend to focus on health equity using urban planning tools, De Leeuw and Simos (2017) point out that in regions marked by slums and inadequate infrastructure, health equity has visible and spatial dimensions. Therefore, the focus shifts to priorities linked to community development and food security in the face of precarious living conditions.

Rice (2021) highlights critical issues with the HCP paradigm in the Global South by underscoring the problematic practice of using data from cities in the Global North to measure and define global challenges in the Southern context and promoting Northern cities as benchmarks for a healthy city. Carmichael et al. (2019) reiterate this in their recent work, highlighting efforts by local authorities to curb the proliferation of fast-food outlets as an example of health promotion in British cities in contrast to the poverty and health inequities prevalent in some African cities. Herrick (2014) takes a broader view, arguing that conversations about urban health are based historically on aspirations and colonial prototypes, which misses the contemporary challenges, such as ecological and environmental sustainability, that need to be part of the discussion of urban health.

While I agree that Northern ideas of healthy cities are the yardstick by which health promotion at the city level is measured, Rice advances an important critique. He points out that the health city paradigm introduced at the end of the 20th century was not introduced in a knowledge vacuum (Yang et al. 2018; Rice 2021). The concept of healthy cities did not necessarily introduce concerns about public health in urban settings in the Global South. Conversely, in the African context, it marked another instance of installing a parallel set of practices in African cities that pushed into the background existing indigenous systems and practices that ensured healthy and harmonious urban communities. The lacuna of data on urban health in cities of the Global South is partly due to what Mathee et al. (2009) call the complex relationships between inequality, a lack of infrastructure, capacity deficits, and health outcomes (Rice 2021). The discourse on healthy cities has evolved since 1986 and the result has been a shift from a focus on highly communicable diseases to include the vulnerabilities and risks associated with environmental health and lifestyle illnesses (Sarkar and Webster 2017). This turn brings into focus not just different priorities within the context of healthy cities in the global north and global south but highlights the health inequities cemented by socioeconomic and geographies (Corburn et al. 2020). While beyond the scope of this research, the rich literature on health inequality and poverty reduction gives insight into the fragmentation in scholarship on health in cities of the global north and global south (Stephens 1996).

Relevant to my study is the critical role of local government, which is implicit in the planning and designing of health programmes even if it is not tasked with their implementation (Flynn 1996; Galea et al. 2005). Hancock and Duhl (1986) argue that health should be viewed as a cross-cutting feature of policymaking, integral to decision-making by city officials, rather than a predetermined programme of action focused on a specific disease or virus (Hancock 1993). The fundamental shift being emphasised is that health must be a factor in all decisions taken at the city level. In doing so, the HCP would provide a vehicle through which cities could collaborate and share models and experiences on promoting health at a city scale. These plans were conceived for a North American and European context (Ashton 1988; 2002) but have been adopted by cities in countries in the Pacific, including China, Japan, and Australia (De Leeuw and Simos 2017).

African cities are no strangers to calamity. In urban landscapes that offer poor infrastructure, lack of employment, and inadequate access to shelter, urban residents have also had to bear the

brunt of epidemics caused by highly infectious diseases. Parasitic and bacterial infections leading to malaria and tuberculosis, respectively, had dogged urban populations. In the past 40 years, Ebola epidemics in West and Central Africa and the HIV and AIDS pandemic on a global scale have been added to the roster of afflictions undermining the health and well-being of city dwellers. In the everyday management of cities, public administration and the extent to which it makes efforts to integrate health promotion may be hidden from view. However, during crises such as a large-scale epidemic, the consequences of the absence of health promotion can be catastrophic.

In an interconnected world and across city boundaries, the work of health promotion expands beyond adopting novel approaches to urban design and planning. The frequency of outbreaks, particularly in urban areas, requires new ways of responding, not just by public health officials tasked with preserving and promoting the health of urban citizens by minimising hazards but also by city government officials, who find themselves hosts to unwanted crises. In Latin America, Asia, and Africa, most urban residents are faced with the challenges of inadequate shelter, compromised access to safe water and sanitation, and insecure land tenure (Sclar et al. 2005), which result in an increased precarity, which can escalate the environmental and socio-economic risks part of urban life (Adger et al. 2020).

While promoting and maintaining public health is a priority for the state at all government levels, there is limited clarity regarding the explicit role of local government. From its colonial origins, public health, sanitation, and the reduction of health risks have long been central to the health agenda of the state across all levels of government. The idea of providing space for civil society and local governments to contribute to health policy and consciously foregrounding the role of local government in health policy has historically been absent from the overarching command and control agenda of the state in urban areas. This has been a focus of research in contemporary literature. For instance, the connection between urbanisation trends and disease burden has been established in public health scientific and popular literature (Duncombe et al. 2019; Gubler 2004; Johnson and Marko 2008).

Within this research, considerable effort has been devoted to the nexus between disease and vulnerability amongst urban populations, taking into account their socio-economic status and access to health infrastructure (Wilkinson et al. 2020). Studies highlighting these crucial factors

advocate for multiprong responses that connect communities with support through the channels existing among civil society, faith-based organisations, and nascent community networks known as community action networks (CANs).<sup>10</sup> These significant advancements in formulating and applying local solutions to epidemics found in cities remain incomplete if the efficacy of urban local governments in responding to health crises is not studied.

Rice (2021) and Harpham (2009) argue that the organising principle of decentralised governance, which is at the core of the HCP, has been translated in the Global South with great difficulty. Harpham (2009) notes the tension between central government ministries and agencies responsible for formulating policy, creating budgets, mapping out implementation strategies, and developing municipal health strategies by urban local governments that adopted HCPs. Thus, there are two arms of the government competing to develop and resource health plans. Furthermore, HCPs were often donor-funded, which often rendered their implementation or planning inconsistent. Changes in donor programming or loss of political champions in the international donor community meant a loss of funds with which to implement HCPs (Harpham 2009), thus making HCPs another poorly translated idea from the Global North without sufficient adaptation and localisation to be effective.

Crisis in the literature on cities tends to focus on urban social distress linked to socio-economic conditions, housing deficits, and climate change, wherein the role of local government is explicit (Nelson et al. 1998). In contrast, in the literature on a health crisis triggered by a global pandemic, such as HIV and AIDS, while the role of the local government is acknowledged, the focus is on its ability to implement national policy or guidelines (Bell et al. 2009). There is scant discussion on how local governments can find the resources or capacity to deliver on their core mandate in the area instead of the role of local government, which is neither explicitly identified nor resourced. In contrast, newer scholarship notes the growing number of works on cities, community actors, and diseases such as Ebola (Gillespie et al. 2016), SARS, or COVID-19 (Maxim and Morrison 2022).

In the face of a catastrophic health crisis, the Eswatini central government was decisive in identifying and implementing several interventions that made a significant contribution to

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<sup>10</sup> CANs are informal, activist- and community-led networks that emerged in response to the national lockdown enforced during the COVID-19 pandemic. For more information, see van Ryneveld et al. (2022).

mitigating the impact and slowing the spread of HIV. Increased condom availability, public education on HIV transmission, preventative measures, and pre-exposure prophylaxis are just some of the measures put in place by the central government through the Ministry of Health and Social Welfare (MHSW) to slow down the transmission of this deadly disease.

However, none of these measures falls within the statutory ambit of the local governments in Eswatini. The critical and yet unmapped responses of urban local governments such as the MCM could provide important insights into the debate on governance in African cities. Though research has been conducted into the impact of HIV and AIDS at the national, regional, and city levels in the African context (Goebel et al. 2010; Kelly and Marrengane 2004; Richter et al. 2014), the links between the two concepts have not been extensively discussed. Part of the gap can be explained by the tendency to focus on the data aggregated at the national level and less capacity at the local level to gather and analyse how these developmental challenges are visible at the urban scale. This gulf between what is known and understood at the national level about health and infrastructure and city level data helps to amplify the notion that these disciplines exist separately as unrelated domains of scholarship, whereas, in practice, they co-exist on the ground. This tension is visible even outside of the health sector. On the one hand, the central government develops blueprints and models for the delivery of services, but it also mandates the tailoring of solutions to local realities under the budget and resources of local government (Coafee and Headlam 2008).

## **2.4 Epidemics, HIV, and the City**

Epidemics have left an indelible mark on human development. Widespread occurrences of fast-spreading and highly contagious diseases have decimated populations in Europe, Africa, and Asia (Pitlik 2020). While some have clear geographic origins (Pitlik 2020), and their transmission has been limited regionally, the era of globalisation means that outbreaks are no longer confined geographically (Huremovic 2019). In this context, the most significant global health and developmental challenges of the last 50 years have been HIV and AIDS.

This literature review highlights the absence of a dialogue between the literature on governance and that on HIV at a city level. There are two main lines of thought concerning governance and HIV. The first is based on scholarship that has engaged with the issue of governance in terms of national sovereignty and state security, focusing on external relationships and how the state

maintains its integrity (Davies 2008; De Waal 2003; Fourie and Schonteich 2001; Poku 2001). The second is a contribution from the health sciences that links HIV and governance, intending to protect the health and welfare of citizens by restricting the entry of HIV-positive immigrants regardless of their length of stay (Davies 2008).

The literature on HIV and AIDS is dominated by clinical and epidemiological perspectives, which in an African context present the raging disease primarily as a biological phenomenon whose evolution, adaptations, and impacts are measured in human development and behavioural indicators (Barnett and Blakie 1992; Fauci 2008; Illife 2005; Piot et al. 2001; WHO 2002). Added to this perspective over time are bodies of research on the socio-economic development and outcomes of HIV (Barnett and Clement 2005; De Waal 2003; Haacker 2004; Lowenson and Whiteside 1997). Cumulatively, this research offers a macro-level examination of the multidimensional impacts of HIV and AIDS.

These studies help us understand the global reach and impact of the HIV and AIDS epidemic as well as its toll at regional and national levels. The efforts to account for and understand the impact of HIV and AIDS have resulted in massive investments and intense policy debates on who was most vulnerable, the modes of transmission, and how to manage acute infections (Dickinson and Buse 2008; Kilmarx 2009), particularly in the absence of a cure. What is less understood – and is the preoccupation of this study – is how HIV and its consequences are managed at a sub-national level, specifically the city level.

As in cities of the Global North, local authorities in African cities, when faced with the prospect of allocating resources into urban service delivery integrating ‘health and sustainability ambitions’ find that they ‘frequently lack resources and capacity to ensure that proactive enforcement can be operationalised’ (Carmichael et al. 2019: 160).

Biomedical research on HIV and AIDS – including studies on mortality, morbidity, evolving treatments as well as the ethics of prevention – has been covered exhaustively in public health and social science texts (De Waal 2003; Lowenson and Whiteside 1997; Mykhalovskiy et al. 2009; Piot et al. 2008; Piot et al. 2001; WHO 2002) and is beyond the scope of this study. Nor does this study explore the economic or financial costs incurred by the state due to the HIV crisis (Dixon et al. 2002; Gaffeo 2003; Johnston 2013; Conroy et al. 2006; Whiteside 2001). Similarly, the health policy research on HIV and AIDS at the global and regional levels has

contributed to a substantial body of knowledge (Barnett and Whiteside 2002; Parker 2002). However, understanding how sub-national governments respond to a public health crisis outside clinical care remains unclear. Therefore, in this work, the catastrophic impact of HIV has been explored from the view of the sub-national state to lay the foundation for investigating the applicability and fit of scholarship on governance at a time of crisis in a southern African city.

A recurring theme in the literature is that HIV is not viewed or understood in the same way by central and city governments. At the level of the central government, the disease has been responded to in policy and clinical terms; for example, notifying the disease, developing guidelines for immunisations, or reducing barriers to accessing healthcare. In contrast, at the city level, while the policy guidelines may be implemented, the primary task is service delivery. When an epidemic is unfolding, the needs of vulnerable households are less predictable and require flexible responses from the branch of government closest to the city's residents. In other words, delivering vertically constructed health programmes relies on the "silver bullet" of well-funded and rapidly developed medical advances within central government structures. Meanwhile, for urban local government, a horizontal approach that considers the range of socio-economic determinants of health is the driving element of developing mitigation responses.

It is interesting to note that national governments were quick to establish national councils dedicated to managing HIV and AIDS. However, in the second and third decades of the epidemic, most of the impact was on communities, workplaces, and households, where local authorities with limited guidance struggled to approach this unfolding disaster. While in general, great efforts were made to mobilise resources and technical expertise to design prevention, anti-stigma, care, and support programmes, this investment and effort were concentrated at the national level (Allen and Heald 2004; Fobil and Soyiri 2006; Kanduza 2003; Zungu-Dirwayi et al. 2004), leaving sub-national governments to figure out how to respond to the epidemic on their own (Kelly and Marrengane 2004). States did not have a uniform approach to formulating HIV and AIDS policies. Some were developed centrally and others resulted from more participatory processes with communities. Still, the fundamental issue was that these policies did not provide an explicit or funded role for local governments

to participate in a meaningful way other than to copy the efforts or seek the approval at national level (Allen and Heald 2004; Kelly and Marrengane 2004).

Burris et al. (2007) examine governance as a means for creating a healthy urban environment through the delivery of policing, sanitation, and housing by applying innovations. The limit of this approach is two-fold: first, the innovations do not consider health crises that evolve into developmental crises beyond the city level, as in the cases of outbreaks of communicable and non-communicable diseases. Second, city officials are not invited to adapt and prototype ways in which health messaging, information on health services, or community resources can be shaped and disseminated on the ground. The top-down nature of formulating solutions and policies leaves key partners formally out of the mitigation loop.

In this dissertation, I give attention to the messy and unacknowledged link between urban governance and health that must be recognised to develop and offer an appropriate response to a developmental crisis such as HIV at a city level. Much of the literature on healthy cities focuses on the impact of the built environment, pollutants, and environmental changes on city residents. However, in this case, the attack does not come from an external source that can be sanitised, arrested, or eradicated through the actions of a state institution. Instead, the harm that the city must mitigate comes from the behaviour and practices of residents in both urban and rural areas, manifesting in ways that urban governments cannot ignore. The high infection areas unfold amid precarious tenure arrangements on the expanding peripheries of the city and demand a city-level response. Yet, as posited by Khadiagala, governance and health in African cities are manifestations of ‘the distribution of power and resources in socioeconomic structures facing physical, infrastructural, and fiscal constraints’ (2002: 111). This is particularly the case in urban settings where complex governance arrangements are in place. Focusing on how these bodies of literature interconnect and produce new logic for managing African cities provides points of departure for deeper engagement with African urban geographies. Examining these two divergent bodies of scholarship is at the heart of my study on the response of an African city to what can be called a modern plague at the end of the 20th century. This study is anchored in the following question: How does a sub-national government govern in the context of rapid urbanisation and a global pandemic? In this pursuit, this chapter unpacks the prevailing notions about governance to make sense of the research findings.

The literature discussed in this section demonstrated the dynamic and central role of health in an urban context. While the HCM reflects the time and political environment in which it was created when attempting to translate it into African contexts, questions about how this concept travels across borders and can be applied persist. The critical gap that requires further exploration is how urban local governments in African cities adopt and drive response to epidemics in an environment marked by insufficient human capacity, strained financial coffers, and institutional dualism. Attempts to respond fruitfully require an examination of the above constraints within the context of the bifurcated systems of governance and influential informal institutions, which are not given due consideration despite their power and influence on resource management in a city during a crisis. These efforts constitute the foundation of the bricolage or repurposing existing resources that is central to the slow and deliberate what that governance stakeholders in Mbabane efforts to find ways to respond meaningfully at city level to the HIV epidemic.

This section presented select literature on the origins of healthy cities and their translation into Southern contexts. The review surfaces the connections between health and governance and the importance of exploring these linkages in less-resourced urban environments. In the next section, I review the literature on governance at the sub-national level and contextualise it within the discourse on healthy cities. This will act as a background for the central case study of this work – the governance of Mbabane during a crisis.

## **2.5 Speculative Boundaries of Governance**

The complex and layered environment demands that we probe what constitutes governance. Here, Altrichter's (2010) pieced-together definition using the works of de Boer et al. (2007) and Benz (2004) is helpful. Altrichter (2010) examines governance as two different but adjacent processes. On the one hand, it is seen as a framework for coordinating stakeholders for a specific action. On the other hand, it hints at the possibility of being a bricolage, creating a new way of working over a specific period. By building on this concept and clarifying its temporal nature, presents the building blocks of what we see unfold in in Mbabane through the process of what I define as incremental bricolage. This idea is critical to understanding the case of Mbabane and how it responded to the HIV crisis.

Despite extensive literature on the subject, governance is a highly contested term. Researchers have sought to explore the boundaries of governance by applying it in different disciplines and levels. Over the past three decades, the topic of governance has been integrated into research across several disciplines ranging from information technology to tourism.<sup>11</sup> Schneider (2004: 25) posits that its ‘conceptual vagueness’ is one of its central characteristics. The puzzle surrounding the term governance lies partly in the language used to describe and critique it. Kooiman (1999:72) argues that the reason for this flexible application of the term is the lack of agreement on its definition and, at the same time, the need for a language to communicate the ‘interdependencies’ typical of governance arrangements.

Robichau (2011) convincingly argues that the broad and numerous interpretations of the term “governance” have confused rather than clarified contributions. Peters and Pierre (2006) agree with this line of reasoning by deeming governance an ambiguous term. Referencing these scholars, Ansell and Torfing (2016) and Zumbansen (2012) are mindful in stating that varied and interdisciplinary studies found in the literature on governance (Pierre 2005; Pillora and Douglas 2011; Stoker 1998) reflect geographical biases. This indicates that multiple understandings of the term are central to the scholarship on governance. However, the lack of a singular definition allows this concept to travel across geographies and disciplines. It also reveals the global struggle to distil and define collective approaches to shared goods as well as ‘the changing role of the state and state-society relations’ (Fawcett and Daugberg 2012: 196). For instance, Ansell and Torfing (2016) and Gupta et al. (2015) propose that governance is an ‘analytical lens’ that enables us to make sense of society.

Given the rich literature on governance, it is helpful to locate the main branches of the scholarship on governance, which have been influenced by longstanding bureaucratic and top-down approaches to decision-making (Fukuyama 2013). In adopting this broad approach, Ansell and Torfing (2016) take stock of and make sense of the range of stakeholders, jurisdictions, and institutions that must coordinate to take collective action. This includes network governance, which is anchored on the principle that all actors, across institutions and

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<sup>11</sup> Some of the extensive literature on governance across disciplines includes Ruhanen et al. 2010; Candel 2014; Barnett 2013. Khan 2011.

different sectors, can work together to increase the flow of information, goods, or services and deliberately overcome obstacles (Carlsoon and Sandstrom 2008; Klijn et al. 2010).

Related to network governance is collaborative governance, which seeks to shift the locus of power from the state to the constellation of actors coming together to work on a specific issue (Ansell and Gash 2008; Emerson et al. 2012). More recently, Kjaer (2023) highlighted the work of collaborative governance in formal and informal settings, indicating the transferability of these governance models. Another vehicle for participating in decision-making for actors outside of the corridors of power is participatory governance. This type of governance is crucial for bringing marginalised voices into the decision-making process (Newig et al. 2018). Other branches of governance scholarship are corporate governance (Mallin 2016; Kooiman 1993) and non-profit governance (Stone and Ostrower 2007), which refer to the way organisations perform their core work and acknowledge the intersection of public and private institutions in the work of collective decision-making.

While these examples focus on internal relations at a national or sub-national level, governance literature also addresses the relationship between states and international organisations. This scholarship spans international relations and political science and focuses on governance models that extend and apply beyond territorial boundaries. Global governance and good governance are two examples of phenomena that guide relationships between states and international organisations on issues of global significance (Castells 2005; Pierre and Peters 2020; Weiss 2000).

These important contributions to governance scholarship demonstrate how governance is a bridge between many sectors, communities, and institutions. Meta governance, by contrast, is focused on governance norms and principles or put another way, ‘the governance of governance’ (Kooiman and Jentoft 2009, p818). What these elements of governance literature have in common is that they contribute to our contemporary understanding of the subject and are also reflective of the scholarship focused on the Global North. Within academia, there is an extensive domain of literature in which scholars have traced the genealogy of the term “governance” and its twin “government” back to the works of Plato, Hegel, and Weber to explain the inherent tensions between power and knowledge (Bevir 2010; Brooks 2006; Plattner 2013). Bevir (2010) foregrounds philosophical debates between developmental

historicism and reductionist theories as central and part of the enduring tension between the idea that phenomena are shaped by their socio-political context and that theory can be explained and applied through objective criteria and principles.

Over the past 50 years, scholars and critics have framed the evolving notions of governance by drawing clear connections from the historical literature, which articulates governance as an act purely associated with formal institutions such as those found within public administration and the accompanying ‘hard tools’ of governance such as legal frameworks and regulations (Blomqvist 2022: 285). In this literature, the term governance is commonly described as applying a set of rules for organising authority. The spectrum of interpretations in this literature and a common theme of all of these interpretations of governance is that the concept refers to acts of regulating and administering institutions and resources. Scholars such as Pillora and Douglas (2011) and Stoker (1998) readily state that the vocabulary of government to governance was developed with a lens of the intuitional environment as influenced by perspectives from the United States and Britain, that is, it focused less on institutions and more on the tools of management (Stoker 1998). Leaning back on Weberian thinking (Jain 2004), these explanations of governance place heavy emphasis on rational frameworks, formal structures, and detailed rules based on efficiency that explicitly guide the channels through which governance is practised (Gerth et al. 2013). In this spectrum of interpretations, the common thread is that governance refers to acts of regulating and administering institutions and resources.

The importance of institutions as symbols and embodiments of governance has held for decades, maintaining the emphasis on institutions, hierarchies, and top-down leadership (Blomqvist 2020). In the 1980s and 1990s, governance literature anchored on ideas of hierarchical public administration came into direct opposition with newer ideas emerging from public management literature, which sought to challenge the idea that governance could only happen within the confines of governments (Tenbensen 2005). In this new age, scholars began to reconsider the boundaries of governance relationships and the utility of centring the state, in effect, leaving all responsibilities for managing resources and delivering services that reflected the evolving needs of citizens. To investigate the limitations of this approach, in *Understanding Governance*, Rhodes (1997) seeks to unpack why, in the British context, government policies do not succeed and the role of transnational and local intermediary institutions in stifling

meaningful policy implementation. This thinking reflects the move to explore and consider the roles of stakeholders beyond the state, which are critical to delivering on public good mandates. This pattern mirrors the changes to governance observed by Ostrom (2010) in North and South America, where notions of governance are not limited to a singular pathway culminating in the delivery of services. Instead, citizens, whether individuals or private sector firms, visibly influence how services are prioritised and participate in their delivery. These stakeholders, although central to effective governance and management of collective resources, are, in fact, outside of the state's bureaucracy and work through a series of layered networks.

In his work on governance, Stoker (1998), a contemporary of Rhodes, built on this idea of layered and interconnected relationships. Stoker articulates the core of governance, considering a different collection of stakeholders and state institutions. In his paper 'Governance as Theory', Stoker posits, 'Governance is ultimately concerned with creating the conditions for ordered rule and collective action. The outputs of governance are not, therefore, different from those of government' (1998: 17). At the core of Stoker's contributions is the idea of governance as an 'organising framework' (1998: 19) rather than a fixed set of relationships or institutions.

Stoker goes on to present five ideas on governance in the British context, which are helpful to consider when examining how governance is constituted in geographies beyond the United Kingdom and, in particular, urges us to focus on what is unfolding on the ground rather than ideas or formalities that have been labelled as tradition. First, he rejects the idea that a single model is an effective or accurate way to characterise the work of the governance. He argues that the idea of a single institutional perspective, such as the Westminster model, is inaccurate because it suggests a single instrument for effective governance rather than the complex and shifting relationships between agencies, the state, the private sector, and civil society in particular (Stoker 1998). Second, he points out that governance can happen both in partnership with the state and beyond. He amplifies this with examples from the non-profit sector in the United Kingdom, which delivers social services without the resources or infrastructure of the state.

Moreover, among these different models or designs of governance, there is a failure that, in Stoker's estimation, provides valuable lessons. Casting debates on governance in terms of public administration and political theory, scholars such as Rhodes (1997) and Hirst (2000)

argue that some inherent features of governance or administration include hierarchy, an emphasis on management strategies, and a client-service provider relationship between the state and citizens. Reductions in the reach of the state, regulation of how government services are executed, and creation of a private sector ethos in government are some of the transitions that Rhodes's typology captures (Rhodes 1997). Rhodes (1997) highlights the shift in the locus of power from the state to a new architecture of networks, which may include the state as the central instrument that influences and manages this process.

Hirst (2000) also reflects on the British government and its administrative structures and catalogues the progression of ideas about governance and their manifestation in the modern state. These classifications trace the shift in government from durable political and authoritative structures in the British context to the privatisation of public services and the entry of the private sector into the supply chain of public goods ((Hirst 2000; Rhodes 1997). Using the example of the shifting frontiers of the European Union, Sloat (2003) consolidates these ideas and argues that older views of governance as territorially bounded or limited to nation state boundaries no longer serve as limits to governance praxes.

A second element of the literature on governance is anchored on the idea that governance can be understood effectively by applying a cross-disciplinary lens (Burriss et al. 2008). Rather than focusing on institutions, these scholars argue that people are the central actors in governance, and they use a range of means to achieve a specific outcome. Their reasoning highlights what they call 'institutional fetishism' (Burriss et al. 2008:3), particularly in legal scholarship, and raises the question: How does governance manifest if we move away from organisations? Pierre (2000) and Krahmman (2003) answer this question by explaining the shift from 'government' to 'governance' as part of a global shift from reliance on formal state institutions to networks of state and non-state actors. What is interesting about this shift is that it has not been limited to one level of government. Instead, political authority and influence at national, regional, and sub-national levels are now shared with stakeholders inside and outside government (Krahmann 2003).

Augmenting this tension is the shift from an institutional focus on the hierarchy of government and the architecture of the state to the practice of governance (Burriss et al. 2008). The continued evolution of the discourse on governance and the emergence of several types of governance,

as explained by Tollefson et al. (2012), encompasses traditional, multi-level, and network governance. The distinction between these is evident in the limitations of the state in producing and distributing community resources over time. Crawford and Helm go on to define it in this way:

Network governance is a particular framing of collective decision-making that is characterized by a trend for a wider range of participants to be seen as legitimate members of the decision-making process in the context of considerable uncertainty and complexity. (Crawford and Helm 2009: 75)

As mentioned, Stoker (1998) posits that the notion of governance has evolved from a literal translation of the term government to include networks and institutions that are found outside of state structures, but which pay tribute to the creation of conditions for coordinated and collective action to arrive at decision-making (Chhotray and Stoker 2009; Stoker 1998). By focusing on this definition, I will turn to its implications in a Southern context in the next section.

For the purposes of this study, the framing of governance by Chhotray and Stoker (2009) is useful:

Governance is about the collective rules of collective decision-making in settings where there are a plurality of actors or organisations and where no formal control system can dictate the terms of the relationship between these actors and organisations. (Chhotray and Stoker 2009: 3)

These works bookend one part of the governance literature in that they build on a careful study of governance through the lens of public administration and political science in the United Kingdom. This wide variance in understandings and definitions of governance demonstrates a longstanding debate on what governance means, who can exercise it, and how outcomes can be influenced (Pierre 2000). In extending the focus beyond the Global North, scholars such as Devas (2001a; 2001b), Tandler (1997), and others highlight the limitations of governance structures or relationships across state institutions that are poorly capacitated, with limited budget, and under the larger shadow of central government.

In this section, I outlined the messy and contested ideas that dominate scholarship on governance across disciplines. I now turn to the subset of the literature on governance at the city level or in urban settings. This selection of the literature provides essential background for the way the subject of this study, an African city, has been examined, catalogued, and framed in the literature.

## **2.6 Competing Narratives**

The practice of governance within the context of cities beyond the Global North is rich and reflective of the vivid political and social landscapes in which it unfolds. Scholars in the fields of planning and geography have, over the last two decades, made substantial contributions to chronicling the failures of colonially imposed approaches in managing cities in Africa (Watson 2009), articulating the challenges in grappling with the complex realities (Lindell 2008; Roy 2014) and boldly seeking what Bhan (2019:653) terms as ‘new vocabularies’. This tension is central to understanding the governance praxis in an African context.

In this section, I discuss some of the key arguments forwarded by theorists and practitioners on what constitutes governance within African cities. Having previously reflected on select governance literature from the Global North, I summarise some of the contemporary forms found in African states and cities throughout the region. I then reflect on their relevance and limitations in understanding and analysing the specific dynamics at work in this case study of Mbabane, Eswatini. The wide breadth of scholarship on governance demonstrates to an extent the ‘conceptual vagueness of the term’ (Schneider 2004: 25), and this description also holds in the African context.

Despite more than six decades of independence from colonialism, the central issue in urban governance that continues to dominate the trajectory and development of African cities is how these cities define and measure their ability to govern using old tools and paradigms. Devas (2004) examines governance through the lens of the subject, categorising research as political, sociological, technocratic or policy-based analysis and urban planning. Despite this and further progress in the analysis of governance both as a tool of regulation and as a lens for understanding political economy, Obeng-Odoom (2017) points out that understanding governance has not necessarily translated into resolving the grand dilemmas plaguing African

cities. Governance, particularly ‘good governance’<sup>12</sup> – defined by the Bank in the early 1990s as an essential ingredient in resolving inequality, reducing poverty, and enabling inclusive development – has yet to live up to its promise (Gokce 2019). According to Obeng-Odoom (2017), the crux of the challenge is that there remains a disconnect between theories of governance and their potential to deliver inclusive and equitable futures and the realities of how governance plays out at the urban scale in different contexts. As Gokce (2019) points out in his work on good governance in fragile states, even with the building blocks of governance – including accountability, transparent and participatory political systems, and the rule of law – in place, without state capacity, the extent to which governance can facilitate and enable an inclusive and productive society is limited.

Appreciating that this observation, while not new, continues to hold purchase requires delving into the rich body of existing scholarship and consciousness of the distance that shapes the notions of governance in an African context and how these ideas clash with governance on the ground. This divergence puts into focus Obeng-Odoom’s argument that despite experiments with formulae and bureaucracy, governance theories that shape urban development continue to perpetuate and entrench the very issues they claim to address (2017). As Simone (2005) argues, one of the key issues in examining urban systems on the African continent is the distinction between urbanisation and urbanity. Select African cities such as Nairobi, Kinshasa, and Conakry were designed to establish and force an ‘engagement with the European world’ (;4 Simone 2004:139; Owuor and Mbatia 2012). Their histories and governance systems differ significantly from those of the African cities that predated the arrival of foreign traders and European settlers. My study acknowledges that the origins and trajectories of African cities include wide and varied geographies, and there is no homogeneous category called the African city (Mabogunje 1990). This argument is valid when reflecting on the sources of governance theory and models and their linkages to implementation.

A second set of narratives on governance in African cities has been formulated by international development agencies that seek to market knowledge, expertise, and models that can be implemented in a variety of contexts. In the late 1980s and early 1990s, governance literature

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<sup>12</sup> Gocke’s (2019) definition of good governance building on the scholarship from the World Bank defining governance as the sum of four features: accountability, transparency, and information a legislative framework and a public sector capable of management.

shifted its focus from the construction of governance to its relational side, such as its interaction with institutions in and beyond the state. This research encompasses the body of scholarship generated as the theme of governance evolved from focusing on internal scrutiny to assuming a comparative approach in international relations, particularly in the context of good governance (Grindle 2007).

Weiss (2000) summarises the development the notion of governance as a term first used to describe notational systems of administration. Overtime however Weiss (2000) also notes that among international development scholars such as Rosenau (1995) the idea of good governance has garnered attention as it linked to national governing systems for the purpose of earning of international development assistance. In separating the threads of the competing, and sometimes inharmonious, chords of governance, Weiss (2000) provides vital signposts. Within a territory, governance is viewed as effectively and efficiently applying and distributing resources for the public good. However, within the international arena, governance is applied politically and territorially. Part of this shift is attributed to what Sloat (2003) sees as a move away from viewing governance as a ‘territorially bounded’ device for managing collective resources (Sloat 2003:129). Based on the shifting frontiers of the European Union, Sloat’s (2003) work examines historically connected boundaries by nation state border and how they continue to influence governance in contemporary scholarship demonstrating how it plays out at the national, regional jurisdictions, and local levels of the state.

Linked to this line of thinking is the scholarship on how good governance, given its core elements as defined by the Bank (1992), manifests at a national level. As has been mentioned, transparency and accountability are the cornerstones of this model. Within countries, this takes the form of multiparty democracy and decentralisation, enabling power and the tools of power to be shared and exercised beyond a single party or institution. This literature proposes decentralisation and democratic reform as tools for enabling and maintaining effective governance at a national scale. Decentralisation, defined as a restructuring of systems of authority to share decision-making authority, responsibility, and resources across central, local, and regional levels, gained currency, particularly during the 1980–2000s (UNDP 1997).

Veigel and Governance (2012) explains that decentralisation efforts were driven by the belief that centralised states created an environment where poverty coupled with dysfunctional and

ineffective state machinery were entrenched. The notion that locating decision-making power and the required financial resources closer to the communities to be served underpinned the idea that decentralisation could address longstanding dysfunctionality in highly centralised administrations. Ndegwa and Levy (2004) frame the decentralisation process as the result of political and technical changes that enabled accountability, resources, and responsibilities to be integrated with communities and, by extension, their representatives in the form of elected local government. Within this framework, the stakeholders mentioned previously – namely communities, officials, and civil society – are the central actors.

Having surfaced the foundations of governance scholarship anchored on themes of regulation, hierarchy, and bureaucratic institutions, it is essential to take note of the shift in narratives on the collective management of resources and communities, which have been influenced by the progression of ideas on what governance means at a sub-national level. Contributions from global bodies such as the UN have helped to elaborate on how governance is articulated broadly and specifically in the urban context. In UN Habitat's (2002) *Inclusive Cities* framework, urban governance is defined as:

Urban governance is the sum of the many ways individuals and institutions, public and private, plan and manage the common affairs of the city. It is a continuing process through which conflicting or diverse interests may be accommodated, and cooperative action can be taken. It includes formal institutions as well as informal arrangements and the social capital of citizens.

Urban governance is inextricably linked to the welfare of the citizenry. Good urban governance must enable women and men to access the benefits of urban citizenship. Good urban governance, based on the principle of urban citizenship, affirms that no man, woman, or child can be denied access to the necessities of urban life, including adequate shelter, security of tenure, safe water, sanitation, a clean environment, health, education and nutrition, employment and public safety and mobility. Through good urban governance, citizens are provided with a platform that will allow them to use their talents to the fullest to improve their social and economic conditions. (UN-HABITAT 2002: 14).

This characterisation effectively captures the progression in scholarship discourse from a focus on hierarchies and bureaucratic architecture (Sager and Rosser 2021) to a focus on relationships, networks, and collaboration as tools for public management in the 1990s. In more recent literature, governance research based on empirical data collection has been concerned with the quality of systems and their ability to sustain and nurture the communities that rely on them. What remains to be explored is the application and effectiveness of local governance norms and standards as tools for resolving resource and developmental challenges.

In urbanisation, the concept of governance is central to understanding the layered and complex set of relationships that combine to produce the decisions that guide the use of collective resources. In the next section, I turn to examples from the African continent that highlight the diversity of examples of how governance is enacted in cities throughout the region. I discuss the example of traditional leadership as a locally rooted and grounded governance mechanism that has not been sufficiently discussed or embedded in conversations about governance in African cities.

## **2.7 Everyday Governance in African Cities**

The previous section highlights some of the guiding thoughts that have informed the progression of scholarship on urban governance in an African context. The diversity of jurisdictional and institutional combinations visible when scanning the African urban landscape offers a window into how governance is articulated and represented in African cities. Just as no single governance model articulates all the power relationships and flows of resources in northern cities, the same is true on the continent. The above-discussed literature helps contextualise the evolution of ideas on governance generally and the changes that have manifested in debates on governance at a city level. However, literature on governance that is geographically focused on the Global South has a radically different starting point. It is less about how the state functions and more about how it struggles to consolidate itself and recruit and maintain the capacity to translate the many laws and policies that define it into tangible and measurable delivery on the ground (Fukuyama 2013; Levy 2004). In this section, I discuss key arguments forwarded by theorists and practitioners on what constitutes governance in African cities. Having reflected on the global governance literature, I summarise some of the contemporary forms that are found in African states and cities throughout the region. I then

reflect on their relevance and limitations in understanding and analysing the specific dynamics at work in the urbanising centres of Eswatini and Mbabane.

When considering the diverse histories of African cities, certain key characteristics shaped by European colonialism significantly influence the framing of governance issues, which are directly relevant to this research. First, many African cities colonised by European powers were established for commercial trade, consolidating political and/or military control in an environment completely alien to the metropole (Harris et al. 2012; King 1985). Second, oftentimes, an African city controlled by an expatriate minority was established to administer and maintain control of newly won territory. Third, in the face of growing urbanisation, the emergent urban policy by officials manifested a desire to control and regulate (Harris et al. 2012). Several scholars from both Northern and Southern perspectives have contributed to the literature on how urban jurisdictions, both formal and informal, were founded, ordered, governed, policed, and regulated (Coquery-Vidrovitch 1991; Harris et al. 2012; Pieterse and Parnell 2014; Rakodi 2014; Simone 2014). At independence, many African cities, including the city of Mbabane, did little to redirect or remake governance structures at national or sub-national levels. As Schindler observes, ‘After the demise and break up of colonial empires, the governments of newly decolonized nation-states maintained the disciplinary regimes that had been imposed by colonial rulers’ (Schindler 2017: 53).

African cities have, in their post-colonial incarnation, been the subject of debates aimed at challenging the normative standards of performance and governance based on cities from the Global North, as examined in the works of Pierre (2005), Rhodes (1997), and Stoker (1995). There has been some consensus that African cities at times defy neat descriptions and can be described as ‘a never ending construction’ (Kalimase in DeBoeck and Plissart 2014: 259; Pieterse 2014), which pulls and presses against invented ideals of administrative efficiencies and a well-functioning state which, based on the literature, appears as the antithesis to the African city.

Within the academic discourse on urban governance, there are broad categories of thought that must be mentioned to situate this study in an African context. Scholars have embedded discussions of governance mainly in terms of the state and its political or territorial influence at national and international levels. Bontenbal (2009) gives insight into how governance at a

city level has also become the subject of international policy debates. However, these arguments are primarily extracted from scholarship and research-focused experiences from the Global North. A nuanced body of literature exists on how the state manifests itself and acts in relation to citizens, civil society, and the private sector in the Global South. These conversations often do not focus on the role of the sub-national state as a sphere of governance on its own terms in African cities, which my thesis will explore in chapter 5. Governance at the sub-national scale is often overlooked in countries and cities where institutional architecture is weak, state capacity is limited, and a significant component of city life is outside the boundaries of administrative and legal structures (Simone 2011). Kihato et al. (2013) explains that in limiting the analysis to a state-centred focus, we render invisible the regulation and functioning of cities that happen outside of state-sanctioned channels.

What is interesting is that in the last decade, there has been an emphasis on marshalling resources at the policy level to identify and apply paradigms used in other regions of the world to gain clarity on governance praxes in African cities (UN-HABITAT 2010; World Bank 2007). This effort has been guided by a host of international donor agencies that have sought to package and offer neatly crafted urban development solutions that can be used as a counterweight to the palpable and stubborn anti-urban bias visible in many African states (Smit and Pieterse 2014). As interest in urban development in the African region has increased, bilateral development agencies and multilateral organisations such as the UN and the Bank have worked to conceptualise, fund, and support the implementation of political and financial manoeuvres that are considered commonplace in the developed world but still represent a fresh approach in African cities (World Bank 2007).

In Africa, urban governance has been recognised as a practice of planning and managing urban areas (Chigumira et al. 2019). Yet Myers (2003) suggests that in the case of independent Zanzibar, urban governance in an African city is not just one thing. It is sustained by a set of multidimensional and layered relations that operate in particular ways. The archetypal colonial city was designed to physically embody the control and framing of physical space as the system of colonialism seeks to enframe and control both the people and space over which it seeks to establish domination.

However, a review of contemporary African cities pushes past rigid definitions and architectures. It makes way for seeing the outcome of the transactions through negotiations that have resulted in a functional governance practice (Simone 2005). Muchadenyika (2015) clarifies this further by illustrating how the relationships between the government and the communities that enable governance are complex and often mediated by civil society organisations. They employ both formal and informal ways of engaging. Using the lens of informality, Roy (2009) and Lindell and Utas (2012) explain how life in African cities is organised and how it has a logic that creates structure and networks, which may appear to the casual observer as ‘chaotic informal urban activity’ (Lindell and Utas 2012: 409). Lindell also terms this as ‘multiple sites of urban governance’ (2008: p1895).

In her work on Kampala, Uganda; Dakar, Senegal; and Cape Town, South Africa, Resnick (2014) highlights the tensions between vertically divided authority across central and local governments. Usually, the competition among political factions exacerbates poor service delivery, with flooding, waste and sanitation, and infrastructure becoming sites of struggle. However, this arrangement is alien to Eswatini, where political parties have been outlawed since 1973. Similarly, Uganda has a no-party political system where officials must run as individuals without a political banner (Resnick 2014). Therefore, the visible tensions between central and local governments in these countries are less shaped by political differences and more so by intergovernmental struggles for dominance. As Resnick (2014) points out, the importance of decentralisation as a governance objective has been embraced at least rhetorically to improve accountability and corresponding service delivery. Regardless of the stated objectives, the reality of decentralisation in African cities has been motivated by politics. The benefits the central government gains or loses determine the decentralised responsibilities the local government receives.

It is also evident in structures that do not fit neatly into civil society categories, such as traditional leadership. My study examines the organisational structure of the sub-national government in Eswatini not only by focusing attention on a city characterised by a dearth of scholarship but also by reflecting on the complexities resulting from the city being governed by two very different sets of rules. Often, in the contemporary literature on African cities, the emphasis is on modernity (Pieterse 2010), economic competitiveness (Turok 2019), and global identities. What this perspective fails to consider are the very specific terms on which African

cities with dual governance systems or active traditional authority systems in place are governed.

At the core of my research on Eswatini's capital city is an examination of the administration and functioning of an African urban centre. Before exploring the case of Mbabane, it is crucial to examine urban governance in the context of African urban studies. The perspective from which the question of governance is explored in the current scholarship is linked to the origins and existing tensions at the establishment of each city and its history. In this study, the notion of a linearly crafted governance model in an urban context is measured against the realities of a complex political and social environment that maintains not only an administrative system of governance inherited from the colonial era but also an even older system of political authority – that of traditional Swazi leadership. In the next section, I discuss the role of traditional authorities in contemporary African cities.

## **2.8 Governance, Traditional Authorities, and the Development of African Cities**

This study acknowledges that the origins and trajectories of African cities include wide and varied geographies, and there is no homogeneous category called the African city (Rubin et al. 2023). However, in the urbanising context of the continent, there is a common thread that is present in the history and contemporary life of African cities – that of traditional authorities (Marrengane et al. 2021; Marrengane 2021). The scholarship on how chiefs or traditional authorities govern in an African context varies (Collard et al. 2021; Goodfellow and Lindemann 2013; Mamdani 1996). Scholars point out that the clash between colonial and traditional systems of authority was resolved in various ways, with direct rule by colonial administrators at one end of the spectrum and delegated indirect rule through chiefs on the other (Eggen 2011; Mamdani 1996). The literature on traditional authorities is dominated by research on chiefs wielding influence in rural contexts over common assets such as land or water and customary rights (Amanor and Ubink 2008). Another set of research locates the chiefs in their traditional spheres of influence and, by extension, into the political arena, taking on roles relating to electoral politics utilising processes that are part of the democratic systems (Berry 2017; Oomen 2005). Adding to this dynamic and complexity are the continued existence and active engagement of traditional authorities in state administrations with urban jurisdictions. This reveals the tensions that still exist more than 50 years after independence.

In their study on contemporary African cities, Muchadenyika and Williams (2020) illustrate how, in the Zimbabwean context, traditional authorities and other interest groups were integrated into urban local government as councillors designated with special interests in the mid-1990s to assure election outcomes. This example from Zimbabwe is not isolated and highlights that the primary tension that must be investigated does not exist only between urban local government bureaucracy and a parallel system of traditional leadership: often, more stakeholders outside this relationship play a role in the management of the city. In a very tangible way, Roy's splintered urbanism (2009) is demonstrated in the Swazi context, where the private sector is a demonstrated alternative to poor public sector service delivery.

However, in Eswatini, the traditional leadership is often in conflict with hierarchies of public administration at sub-national levels. For instance, traditional authorities offer alternative and accessible ways of attaining a home in the city and the privileges of urban citizenship. As Beall and Ngonyama (2009) correctly indicate, the incorporation and tensions surrounding the role of traditional authorities and urban administrations are by no means limited to the southern African context. Examples from Senegal, Ghana, and Botswana offer insights into this institutional multiplicity (Fueisni 2021; Korbéogo 2021; Molebatsi and Morobolo 2021) that is at the core of the contested governance observed in many African cities.

How does the surfacing of the longstanding role of traditional authorities in the urban and peri-urban corners of Africa inform the literature on African cities that characterise them as urban local authorities at sites of weak institutions, fragmented spatial development, and unevenly distributed infrastructure that entrenches inequality? My research extends Lindell's (2008, p1895) notion of 'multiple sites of urban governance' by closely examining the impact of governance actors beyond the state and an exploration of the ways governance is presented in the African context (Resnick 2014). The need for rethinking governance in African cities is even more pronounced when taking into account the authority and conflicting agendas of institutions, hierarchies, and stakeholders involved inside and outside the state, all of which are engaged in a moment of crisis.

The different registers at which arguments and definitions of governance are presented manifest the broad range of geographic, political, and social conditions in which this term is applied. The theoretical imprecision (Robichau 2011) of this popular but awkwardly defined

term highlights the need to expand how governance is conceived and on what terms, particularly in African cities with more than one understanding of authority and who has the right to govern. This provides a framework for understanding how these ideas interconnect and contribute to producing new logic for managing crises outside of clinical interventions in African cities.

## **2.9 Conclusion**

In this chapter, I presented an outline of two bodies of literature central to this case study of Mbabane during a crisis. The first strand of literature on public health in cities focused on the management of epidemics. Cities have long been central to studying the development and the impact of diseases. The literature on healthy cities marks the entry point for a study of disease in the context of the built environment, leaning heavily on environmental factors, while the clinical and epidemiological literature focuses on risk factors, prevention, and disease mapping. Rather than a clinical or environmental examination of how communicable diseases such as HIV unfold in urban spaces, this chapter reviewed the literature on the governance challenges faced by sub-national governments in managing the impact of the epidemic. The crisis catalysed by the HIV and AIDS epidemic in Mbabane provides a basis for interrogating how urban management realities are instrumental in understanding governance in African cities. These impacts include how governance operates in visible and invisible registers at the city level.

The second body of literature examined concerned governance, which is at the heart of this study. This literature review highlighted the themes that have dominated scholarship on governance over the past two decades. It drew attention to the remaining gaps in the literature when examining African cities during a crisis. Adding to this dynamic and its complexity are the continued existence and active engagement of traditional authorities alongside state administrations within urban jurisdictions. This reveals some of the inherent tensions that still exist more than 50 years after the official end of colonialism.

This chapter examined how the idea of governance has travelled and evolved when applied to southern contexts, specifically African cities. The purpose here was to outline how the challenges of service delivery and socio-economic development, both within and beyond the scope of urban local authorities, form a critical part of the reality of governance in urban

African contexts. Both of these literatures were juxtaposed against the vast literature on HIV and AIDS that has been published over the past 40 years. The literature on the epidemic provides a lens for interrogating how governance research responds to the urban management realities found in African cities. In the next chapter, I outline the research strategies adopted in this study.

## CHAPTER 3 | YOU ONLY FIND OUT WHEN YOU GET THERE: RESEARCHING URBAN ESWATINI IN A COMPLEX MOMENT OF THE HIV CRISIS

A city is more than a place in space; it is a drama in time.

– Sir Patrick Geddes<sup>13</sup>



Figure 3.1. Expanded municipal cemetery at Sidwashini, Mbabane, which opened in 2008 after the Mangwaneni Municipal Cemetery reached full capacity. Source: Golomski 2015.

### 3.1 Introduction

From outside Eswatini's borders, it is hard to grasp what the place with the world's highest prevalence of HIV looks like. But as you drive into the capital city, if one looks there are scenes that tell of the devastation and harsh reality of growing cemetery on the city's edge in Figure 3.1. When speaking of Eswatini, some of the dated phrases that come to mind are 'the Switzerland of Africa' (Debly 2014: 248). This description from the 20th century are as much a commentary on Eswatini's geography as the nation's historical ability to maintain a calculated 'passivity' in the face of the conflict in Mozambique (McGregor 1998) as well as manage diplomatic relations with an authoritarian South African state (Bischoff 1988; Daniel

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<sup>13</sup> Quoted in C. Rayner and F. Bonnici (2022: 87).

and Vilane 1986). What such simplistic descriptions overlook are the complex realities and evidence of missed opportunities that face you when you get there.

When I arrived in Mbabane in 2004, I immediately noticed how the city seemed unchanged from my childhood memories: a small urban core surrounded by mountains dotted with criss-crossing footpaths and houses of all shapes and forms. Some homes had been built incrementally from whatever mud and timber were available, while others were evidently architecturally designed. However, both were constructed without planning permission and thus were designated informal by city authorities (Lowsby and DeGroot 2007).

A more careful look, however, revealed something beyond the informal dwellings stretching around the perimeter of the city. Two new features stood out. First, new ubiquitous signs about HIV prevention, such as the ones in Figure 3.2, were abundantly displayed. Second, fresh graves in new and expanded municipal cemeteries (Field notes 07/05/2005).

Figure 3.2. HIV awareness posters. Source: Photograph by R. Phelps (2007).



In this chapter, I explain the empirical and field-based research process I undertook in this study on urban governance. I lay out how I examined the complex architecture of governance in Mbabane through the prism of the HIV crisis. In the sections that follow, I explain my entry into Mbabane as an urban specialist from a development institution, I was immediately confronted with the magnitude of systemic challenges—poverty, infrastructure deficits, and an

HIV epidemic that permeated society. Within this context, I became deeply intrigued by how Swazi local authorities navigated the interplay of governance systems, socioeconomic dynamics and their imprint on the urban landscape. This all created a compelling framework for research.

It began with side discussions in between formal meetings about the urbanisation and its impact on the nation's capital. I took note of the fact that over the period of the visit we received apologies at different time from different team members who were at short notice unavailable due to family reasons. As the days progress we enjoyed more open discussion about the pressures that some our colleagues were experiencing. In and frank conversations they shared small insights into the devastating impact of the HIV epidemic. As I listened carefully and observed I wanted to learn more about what steps the city of Mbabane was taking to address what the MHSW (2000) in the *National Strategic Plan for HIV and AIDS 2000-2005* that warned the:

...epidemic has reached such a stage, affecting nearly every family and all the institutions of the society and the economy of Swaziland. Serious demographic, economic, social, cultural and spiritual impact can be foreseen for the coming two to three decades. (MHSW 2000:9)

After that first visit, I kept a diary of notes each time I visited Eswatini which helped me to make sense of what I was seeing and learning. These notes and recollections informed my decision to adopt a grounded theory approach to the developing research project and let the patterns and themes I saw inform help me to refine and gradually understand some the ways that this local authority applied its resources and leveraged its relationships with other urban stakeholders to develop a means of mitigating the impact of HIV at city level. These observations form the basis of what I term incremental bricolage.

### **3.2 Methods and Aims**

The decision to focus on Mbabane rather than another region of Eswatini gave my research territorial scale it also offered me a case as a starting point instead of a hypothesis (McGhee et al., 2007). To understand what was unfolding in the city amid increasing urban pressures and a deadly epidemic, I sought to make sense of the city as a site of study, exploring how city dwellers navigated these phenomena through the lens of governing institutions (Field notes

11/07/2007). As Yin (2009) explains, case studies are useful when trying to respond to ‘how’ questions and the investigator cannot control the unfolding of events.

Furthermore, a grounded theory approach (Glaser and Strauss 1967) allows one to develop theories informed by the data and identify patterns and processes that can shed light on a particular case (Cutcliffe 2000). This approach was well aligned with my intention to look retrospectively at the work to mitigate HIV and AIDS in Mbabane. Similarly, using an inductive approach allows one to understand the context and the empirical research to better align the study and the conceptual framework (Howard-Paynes 2016). In addition, the research environment – which I had no control over – required flexibility and required me to consider a range of data given how dynamic the context was. Ultimately, I sought a framework that did not require rigid adherence classical scientific techniques (Barbour 2001; Mays and Pope 1995).

Reviewing the events that unfolded in Mbabane from 1995 to 2005, I determined that a case study approach was a suitable means to examine the policy frameworks and governance decisions implemented by key actors in managing the city and its growing HIV epidemic. The study was not neatly categorised as a history or current events (Yin 2009), instead it was over a continuum requiring a method that implicitly accepts that events cannot be directed (Yin 2009) but only observed. In trying to comprehend these events, it became evident to me that using qualitative methods would enable me to better understand the attitudes, opinions, and events (Kang and Hwang 2021) that were unfolding as part of the crisis. The case study methodology also proved attractive because it enabled me to gather data from various sources, including interviews and the study of key documents (Zucker 2016). For the following factors, I found the case study methodology to be the most suitable research approach. First, the urban local government response to HIV was in no way static and, therefore, could not be analysed as a one-off event. Therefore, the case study method allowed me to assemble evidence of what had occurred as the council sought to manage the HIV crisis within its ambit.

As Flyvberg (2006: 311), argues the advantage of a case study is that it reveals ‘diversity, allowing the story to unfold from the many-sided, complex, and sometimes conflicting’ perspectives as understood by research stakeholders. The fact that there were so many stakeholders also supported the decision to use the case study approach, as overlapping

methods (Yin 2009) would be required to document the responses of the urban local authority and incorporate a range of data, including archival material, grey literature, and other documentary materials (Field notes 04/08/2011).

Lastly, this study of Mbabane is well suited to the case study method, not because of its unique attributes, but precisely due to the characteristics it shares with many other African urban local authorities. Although other African urban local authorities cannot replicate the processes of HIV and AIDS mitigation particular to Mbabane, this study does offer an opportunity to examine existing notions of urban governance in Africa. In the next section, I outline the process I used to identify and collate data on trends in Eswatini, in general, and on governance practices, in particular.

I used several qualitative methods to flesh out the story of Mbabane, including observations and interviews (Field notes 11/07/2007). I was also motivated to document and learn from what I saw unfolding in the MCM, convinced that not enough space was being devoted in the literature to HIV and AIDS mitigation work by Africans acting as agents of their own rescue (Field notes 10/5/2004). I believe much can be learned from the field – it is not a blank slate. Furthermore, the case of Mbabane demonstrates that governance can take many different forms and can be effective even as it departs from inherited frameworks. Indeed, my project work, and later my doctoral research in Mbabane, detail the experimentation and hard-won advances made by urban local government authorities and their partners in response to the crisis and highlight the bespoke interventions they introduced that built on their strengths and existing resources. The decision of which theoretical lens to apply to this doctoral research was straightforward in many ways.

Added to the documentary evidence that I had available to me was the data generated through observation. (Field notes 11/07/2007), as result of my position as part of the technical advisors deployed to Mbabane. These observations were documented from the perspective of programme management but were instrumental in being able to witness and gather data that that if asked directly could bring harm or hardship to respondents. (Boyko 2013) in context of palatable stigma surrounding the HIV status

In puzzling over the best way to approach my doctoral research and learn from the epidemic in Mbabane, many factors had to be considered. First, at what scale could I reasonably collect

data on HIV in Mbabane? Secondly, what tools were available to assemble and analyse data in response to my initial research questions? Because I had participated in preparing the Mbabane Upgrading and Financing Project (MUFP), and had supported the conclusion of the SUDP, I had knowledge of and access to the draft plans for the peri-urban sections of Mbabane and, in particular, the council's plans to upgrade the remaining informal settlements in the city. The household surveys administered in preparation for the upgrading programme aimed to quantify who lived in the informal sections of the city, their income levels, and their willingness to engage with the local authority about increasing access to basic services. As the survey was designed to collect demographic and economic data, I was allowed to include additional research questions on the composition of the households and their health profiles. None of the questions explicitly stated HIV due to the secrecy and stigma that surrounded an HIV diagnosis. The questions aimed to capture the impact on households living without consistent access to basic services and to set a baseline for local authorities to understand the service delivery needs of affected households.

The data collected as part of the household survey was used complementarily with the data collected using documentary evidence. Together, these elements contribute to what Yin calls 'an empirical inquiry that investigates a contemporary phenomenon (the "case") in-depth and within its real-world context' (Yin, 2009: 18). Moreover, this research aligns with Parnell and Pieterse's (2016) call to reconsider what research conditions entail in African cities by grounding this work in political and locational processes associated with managing urban development and governance in the Eswatini capital. While the project generated a treasure of data, it was overwhelmingly quantitative. To understand the nature of the challenges facing urban local governance in Mbabane, qualitative research methods were required to generate insights into the scale of the problem and the spectrum of responses that the city put forth (Field notes 10/07/2007).

### **3.3 Points of Entry**

How did I come to research the intersection of urban governance and HIV mitigation at a city level in Mbabane? To fully explain the context of this research and my ability to access critical data, it is vital to elaborate on my point of entry as a researcher. Having been trained in public health – specifically, reproductive health – I had a keen interest in understanding how HIV and AIDS had dramatically changed the social and economic fabric of southern Africa, particularly

in urban spaces. In 2004, I was invited to contribute to a Bank-financed urban development project in Eswatini that aimed to reduce the growth of informal settlements in the capital due to the high prevalence and devastating toll the HIV epidemic had levied on Swazi society. Following the completion of my primary research on HIV and South African cities<sup>14</sup> (Kelly and Marrengane 2004), my expertise was sought to investigate similar questions in a Swazi context, wherein the impact of the HIV and AIDS epidemic had been far more severe (Whiteside and Whalley 2007).

I entered Mbabane as a technical specialist tasked with looking beyond the epidemiology of the virus to gain a local, contextualised understanding of the impacts of HIV (Field notes 7/6/2004). Under the direction of the MCM, MHUD, and Ministry of Finance (MOF), I was tasked with researching if and how the city of Mbabane could work to effectively reduce the impact of HIV and AIDS on its residents as part of the MUFP. Launched in late 2004, the MUFP<sup>15</sup> was designed to build on the successes of the 1995–2005 lending operation the Swaziland Urban Development Project (SUDP). With the SUDP completed, the MUFP was a the proposal for a detailed plan for upgrading the remaining informal settlements in Mbabane. It was envisioned that the design and execution of the MUFP would incorporate some of the hard lessons learned in the implementation of the SUDP (World Bank 2010). Specifically, the MUFP would take a community-driven approach to ensure that residents, who were the ultimate beneficiaries, had a say in the design, cost, and mechanisms of urban upgrading, ultimately becoming active partners with the city and the MHUD in making Mbabane ‘a city without slums’ (Cities Alliance 2005, p25;Lowsby and DeGroot 2007).

During my initial field visits, I learned that one of the challenges for the city was the blurred line between institutional responses to HIV and the pressure to provide physical care and support to its most vulnerable residents (Field notes 10/05/2004; 7//6/2005); the subject featured often in project meetings. Officials shared information on organisational activities to

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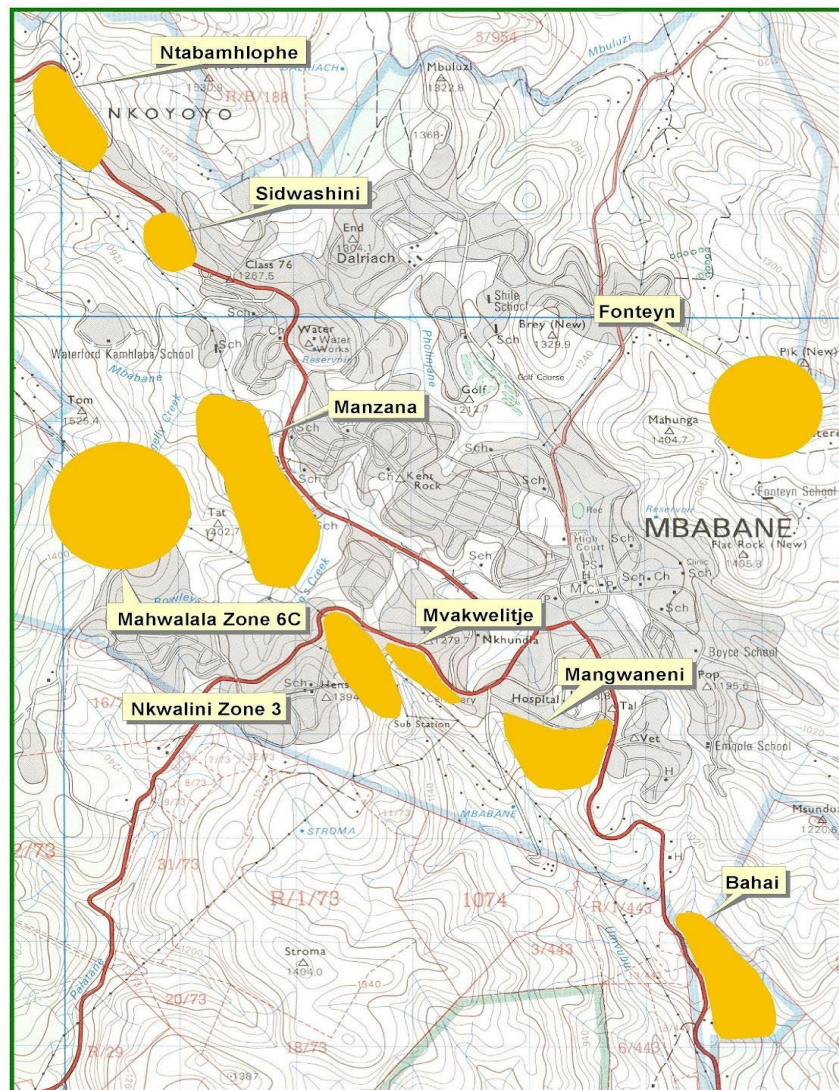
<sup>14</sup> Kelly and Marrengane (2004) consolidated qualitative research on the nine largest cities in South Africa and examined their approach to HIV and AIDS mitigation, particularly in light of the expansive developmental agenda South African local authorities faced in the democratic era. I interviewed informants and reviewed key policy documents to better understand the policy decisions related to HIV mitigation in South African metropolitan areas. This was a departure from earlier work in South Africa that focused on data at the national and provincial levels but aligned with emerging scholarship and policy related to local government responses.

<sup>15</sup> The MUFP was funded through the Cities Alliance and signalled a critical step in extending its funding beyond South African cities and into Eswatini, Mozambique, and Tanzania. More information on their strategies for cities without slums can be found at [www.citiesalliance.org](http://www.citiesalliance.org).

promote HIV awareness, and the issue resurfaced when discussing the absence of local team members as they were busy taking care of affected family members (Field notes 7/5/2005).

My duties in the MUFP shifted throughout the project's lifespan. My role shifted from exploring how people living in select settlements in Mbabane experienced HIV and AIDS and how their experience intersected with the city's efforts to mitigate the illness (Field notes 09/05/2004). Figure 3.3 illustrates the location of the settlements. As part of the team, I advised and guided data collection, ensuring that the dignity and privacy of respondents were not compromised. As the project ran its course, I became interested in some of the questions that were emerging outside the project's scope.

Figure 3.3. Settlements identified in Mbabane for upgradation as part of the MUFP. Source: Lowsby and DeGroot 2007.



In the epidemic's 30 years, a great deal of scientific and social research focused on understanding the epidemiology of the virus, the knowledge and attitudes of at-risk populations, prevention strategies, and therapeutic interventions has been undertaken globally (Dieffenbach and Fauci 2011; Mykhalovskiy and Rosengarten 2009; Oppenheimer 1992). The research and analysis in eastern and southern Africa – the sub-regional epicentre of the pandemic – mirrored these themes. However, these studies share one critical limitation that is of interest to this study: they are predominantly focused on rural environments, resulting in an incomplete picture of the epidemic's impact. Having a clear understanding of both the prevalence of HIV and AIDS in urban settings and the particular needs of affected urban households is critical for understanding the long-term impacts of the epidemic. It also explains how state institutions, particularly those managing urban centres, formulate and implement policies to cultivate and support healthy, safe, and sustainable communities. I focused on this gap as the city sought solutions and creative means to respond to the epidemic. This gap also served as the impetus to request permission from city officials to conduct the research that serves as the basis for this thesis.

### **3.4 Timing**

The research for this study was conducted in three phases. The first phase of research and data collection took place under the umbrella of the MUFP. During this early stage of my research, I explored the impact of HIV and AIDS on the communities selected for the project. I participated in several project meetings on upgrading and formalising urban settlements. However, inevitably, the subject of HIV and AIDS would come up, although not directly. During the focus group discussions (FGDs), I learned about the changing needs and spending patterns of households that were supporting family members who could no longer work or care for themselves (Field notes 16/7/2005). Further, I reviewed household survey data collected by Siswati-speaking research assistants on the material conditions of urban settlements and household incomes from April 2004 to December 2005. During this period, I spent five weeks in Eswatini, supporting and observing technical experts working along with the community and participating in project meetings with the local team.

The second phase occurred after the MUFP concluded, during the preparatory period of the Bank's new urban lending operation.<sup>16</sup>, This request was prompted by the Bank's record of providing valuable technical assistance and research to support Swazi officials. At this time, I sought formal permission from the municipality and the ministry to explore the impact of HIV on governance at the city scale. I travelled to Mbabane and secured meetings with senior officials in the MHUD and the MCM to make my case. I received permission to delve into their work as I explored my research question. In both cases, permission was granted in face-to-face meetings (Field notes 07/07/2005). As I was also supporting the SLGP preparation, I took the opportunity to extend my trips, when possible, to engage with agencies inside and outside the government working on HIV and AIDS to understand the context fully and map the key stakeholders whom I later approached for in-depth interviews.

The technical specialists brought on board to design and implement the MUFP concentrated on localising and tailoring the agenda of the global partnership, seeking to reduce urban poverty and create pathways to dignified shelter. As a part of this team, I could not help but wonder how this under-resourced urban local authority, which was serving a growing population amid an epidemic, could meaningfully contribute to mitigation efforts. This question represents the seed of my research. My curiosity about the intersection of governance and HIV in Mbabane emanated from informal discussions during the design of the MUFP, in which council officials, while keen on finding ways to improve access to basic services and enhance tenure arrangements for urban residents, continually returned to the high toll of HIV and AIDS on the city. I kept asking myself where HIV fits in the city's mission statement: 'to provide quality services, good governance, a safe and clean City' (Municipal Council of Mbabane 2003 p4).

While exploring these questions, I continued my professional role on the project. On the one hand, my institutional role as part of the Bank enabled access to senior management in MCM, the Deputy Prime Minister's Office (DPMO), and the National Emergency Response Council on HIV and AIDS (NERCHA) (Field notes 7/6/2005). On the other, I was careful not to misuse that access, considering how guarded Swazis were towards outsiders, which I had experienced and witnessed during my research (Field notes 05/12/2005). There were often repeated

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<sup>16</sup> The new Bank lending operation was for the Swaziland Local Government Project (SLGP). This new project was designed to provide technical assistance and expertise to the central government, urban local authorities, and communities with the purpose of extending service delivery to rapidly growing in peri-urban areas which was only approved in 2010.

questions about the “real” purpose of my research. Such questions arose in the context of the work produced by other international researchers, which narrowly focused on the monarchy and its extravagant lifestyle during an unparalleled HIV epidemic (Mabuza and Dlamini 2017; Field notes 05/12/2005).<sup>17</sup>

At the same time, there were contradictions between the King Mswati’s early declaration of HIV as a national disaster (Mabuza and Dlamini 2017) and promotion of HIV and AIDS messaging while he publicly maintained multiple concurrent relationships, identified as one of the drivers of the epidemic (Halperin and Epstein 2007). Though concurrency is closely linked to elevated transmission, it was accepted for various reasons. This suggested that the social norms around this practice would have to be addressed to make an impact on transmission rates (Ruark et al. 2014).

My research focused on building upon the existing body of research on the social and economic dimensions of the HIV epidemic to understand the nature of the epidemic within a specific geography and institutional context. This research does not focus on the impact of HIV on the general municipal government as an employer, which has been covered by scholars such as Rosen et al. (2005). Nor does it seek to repeat work by private or public sector institutions or financial systems on HIV and AIDS (Colvin et al. 2007; Lule and Haacker 2012; Marchal et al. 2005; Zungu-Dirwayi, 2004). Instead, I focus on how the urban local government responded to the epidemic, utilising its position and authority to craft a governance response to HIV and AIDS. They pulled together stakeholders and experimented with partnerships with other actors to formulate, resource, and deliver a locally relevant mitigation effort. Consequently, this study is vital for expanding scholarship on governance practices and innovations in African cities.

### **3.5 Positionality: Ethics and Reflexivity**

All research is filtered (Koch and Harrington 1998) through flows of power, social status, and insider and outsider knowledge (Rowe 2014). Having participated in the project design and implementation of the Cities Alliance<sup>18</sup>–funded MUFP and researched elements of the project,

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<sup>17</sup> The film “Without the King” by Michael Skolnik released in 2007 was repeatedly mentioned as motivation for questions about my research efforts.

<sup>18</sup> Established in 1999, the Cities Alliance is a global coalition of urban stakeholders dedicated to creating sustainable cities and reducing urban poverty. Initially funded by a partnership between the Bank and UN-HABITAT, the organisation mobilised resources to support slum-upgrading programmes and promote long-term

I must reflect on these filters as applied to this research. I actively participated in the design and commissioning of the operations research for a Cities Alliance grant activity. I held a central role as a Bank representative, allowing me to be a part of the MUFP and facilitating my ongoing access to many key informants and documentary materials.

There is also a need for reflection on my position as an African woman entering a space that was patriarchal and socially rigid; I engaged with my interlocutors in ways that contradicted my social location, at least on the surface. These multiple subjectivities were sometimes in conflict during the data collection process undertaken as part of the MUFP and later as part of this study. Loftsdottir (2002) reminds us that ‘a researcher’s identity is never singular’ (Loftsdottir 2002: 325), further amplifying the argument that a researcher can never be a neutral actor or a blank canvas (Henry et al. 2009). Feminist scholars such as England (1994), Nagar (2002), and Rose (1992) eloquently articulate that the positionality of the research must be examined through a range of lenses, including the institutional and political. Working on urban development in southern Africa, I often found myself in spaces where local and central government officials looked past me at the beginning of meetings, asked how I came to be there, and wondered where the urban specialist was (Field notes 13/05/2004).

Another critical element of the research process that deserves underlining is the concept of reflexivity. Pillow (2010) highlights the need for the researcher to understand the impact and challenges of conducting research. Starfield (2013) notes that reflexivity requires self-reflection and acknowledging one’s biases, preferences, and position in the research process. Going further, Bourke (2014), Robina (2001), and Rowe (2014) highlight the power of the researcher as the one conducting the research and also expressing and controlling the representations of the research outcomes and the amplification of the research participants’ voices. While Rowe (2014)’s work explicitly focuses on action research, these cautions are equally valid for qualitative research in general. In relaying governance decisions related to urban management during the HIV and AIDS epidemic and representing the multiple views of the community, traditional authorities and municipal officials must be aware that it is in amplifying the voices of particular stakeholders that the voices of others become less audible.

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planning at the city level, all of which was based on the creation of partnerships between cities, the private sector, the national government, and local communities. For more, see World Bank 2007.

During the course of MUFP I benefited from discussions with forthright officials and civil society representatives who were clear that that HIV and AIDS was indeed an emergency for Eswatini (NERCHA 2005).. The conversations held were frank and open about how to manage the impact of HIV and AIDS or at the very least good handle the material needs of communities within the city. When I returned to Mbabane later as a researcher with the permission of the council to engage in this study I was fortunate to meet with those same officials who were more than ever committed to finding ways to stem the impact and to share their experiences (Field notes 11/07/2007). My previous introduction to my key informants in my role from a development and agency and my return as a researcher mirrored the insider outsider position that Berger (2013) refers to. My previous role meant that I was already seen as a trustworthy and even a partner in supporting the work of officials. It enabled me to collected data from a position of knowledge rather than embarking on my research without any contextual understanding or connections to institutions which ultimately facilitated my research process and access. In addition to ensuring that sought and received permission for my subsequent research I also kept communication open with the key officials who facilitated my research access (field notes 11/07/2007).

### **3.6 Work and Process**

Mbabane is relatively small – covering just over 81 sq. kms – and its terrain spans uneven elevation, sharp inclines, and large boulders (Lowsby and De Groot 2007; World Bank 2005) as indicated in Figure 3.4. These features make it challenging for public administration to provide basic services in unplanned parts of the city. During my initial field visits for project work, I became familiar with the geography and the inherent challenges of operating in the unplanned and unmanaged expansions on the city’s periphery (progress report Q4 MUFP/CA Archive Box 4 2006).

Figure 3.4. Peri-urban homestead in Mbabane Source: Shabangu (2005a)



Figure 3.5. Research team visiting informal homesteads in peri-urban Mbabane Source: Shabangu (2005b)



These settlements are located within a short distance of the city centre, allowing residents easier access to transport, work opportunities, and social infrastructure, such as schools and clinics, which are unavailable in rural areas. At the time of this study, 70% of the rural Swazi population lived below the poverty line (World Bank 2001), providing at least one push factor for migration and the establishment of urban households. These peri-urban informal settlements mushrooming across the city were unplanned extensions of formally established townships, see Figure 3.5. The juxtaposition of unplanned and planned settlements, separated by legal jurisdiction, reveals the dual nature of urbanisation in Eswatini.

The traditional *Tinkhundla* system governs land tenure arrangements in rural areas. Such land is designated as Swazi Nation Land (SNL) and is held in trust by the Swazi people under the authority of the monarchy (Whelpton 2005). Under this system, rural lands are available to all Swazis but remain under the administration of chiefs on behalf of the monarchy. The same arrangements apply to urban areas. While differently classified pieces of land – some title deed land and the rest SNL – make up the geographic tapestry of Mbabane, these different tenure arrangements are invisible to the eye. Yet, they form the basis upon which governance authority – whether the council or *Tinkhundla* – is applied.

I learned in our walkabouts with council officials that the classification of housing as informal and illegal was fundamentally tied to obtaining building permissions, which the MHUD had banned since 1996 (Ndlela 2005) in order to manage the rapidly expanding city.. Only by looking at the latest map of the city could it be confirmed whether these structures fell under the city's jurisdiction or were part of the expanding urban periphery (Field notes 10/05/2004). Critically, there are two major consequences to this arrangement. First, despite the advantage of access to the urban transport network, commercial zones, and social infrastructure, residents living outside the legal jurisdiction of Mbabane are not taxed or required to contribute to municipal services. This does not mean they do not use them, just that they are not financially obligated to pay for such services as registered municipal ratepayers. Second, as the municipal government does not have jurisdiction or influence over land distribution under the *Tinkhundla* system, the council also has no input or influence as to where or how land is allocated for settlement outside the urban boundary (Lowsby and DeGroot 2007). The allocation of land and, consequently, the expansion of the city is solely in the hands of traditional authorities entrusted by the king to manage the SNL.

Upon closer inspection, what first appears to be an orderly inner city overrun by chaotic informality along the perimeter is something else. It is, in fact, two systems of governance operating in the same space, see Figure 3.6 (Field notes 10/05/2004). Each institution – *Tinkhundla* with the support of the monarchy and the MCM with the support of the MHUD – enforces its authority without deliberate or constructive engagement with the other. Another feature of Mbabane is that it has an entrenched system of traditional governance. These customary authorities have come into conflict with the city council in part due to what customary authorities see as overstepping where they wish to assert their authority bestowed by the supreme customary authority in Eswatini, the King (Simelane and Sihlogonyane 2021) Any overtures by the MCM to engage with traditional authorities on urban development plans or upgrades repeatedly encounter this sore point.

This thread of the narrative on governance in Mbabane links closely to the second issue observed in the city. While originally beyond the jurisdiction of the MCM, the informal settlements have been incorporated into the municipal boundary. However, they still lack access to municipal services. The third issue is the pressure on the MCM to provide the basic services outlined in the 1969 Urban Government Act, namely solid waste disposal, road

provisions, and maintenance of public spaces. The fourth issue is unwillingness of residents both inside and outside the urban edge to pay for municipal services that do not benefit them. These preferences typically depend on the location of residence or ability to pay.

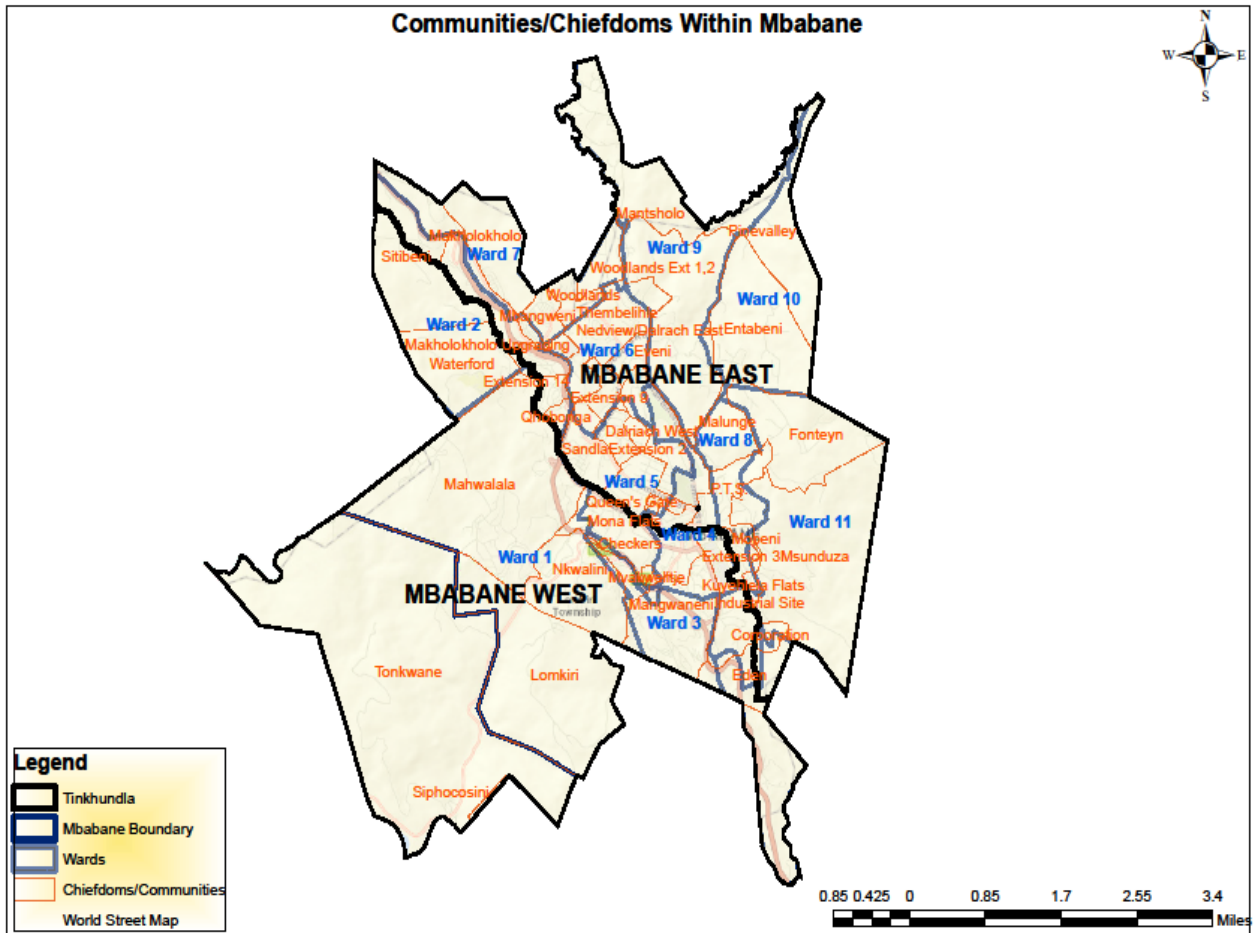


Figure 3.6: Map of Mbabane Wards, and *Tinkhundla* boundaries, source: Datamatics 2024.

Due to a combination of geographic serendipity and the national government’s centralised provision of water and electricity, residents in Mbabane’s formal and informal areas are not dependent on the municipality for these critical basic services. Residents with means have access to water through the Swaziland Water Services Corporation (SWSC),<sup>19</sup> while others benefit from access to natural mountain springs (Field notes 11/7/2011). Electricity is also provided via the state-owned electric company, and access is determined by the ability to pay rather than by legal status of a given settlement within the municipality.

<sup>19</sup> SWSC has since been renamed the Eswatini Water Services Corporation (EWSC).

In this complex environment, the national government and city officials were facing the additional burden of a devastating and growing number of HIV cases. What did this look like at a city scale? In a place where public health data is not analysed spatially, statistics from the Central Statistical Office (CSO), which collects data on behalf of the central government, the picture is incomplete because the national and regional data had not been disaggregated at the city level (progress reports-Q1 MUFPP/CA Archive Box 3 2005). Moreover, the data that was collected was based on questions formulated for a national census rather than a survey aimed at uncovering what the impact of HIV looked like within urban centres. This was revealed through conversations with municipal officials, community-based organisations, and key informants at the National Emergency Response Council on HIV and AIDS (NERCHA), who had been tasked with coordinating the national response to HIV and AIDS.

When I arrived in Mbabane, I learned that regular and comprehensive public education and awareness-raising programmes, in addition to testing care and support, were being held on the transmission of HIV, all of which fell outside the purview of the council. I found that besides meeting the health and social protection needs of households with infected members – which were being handled by public health institutions and community-based organisations – the urban local authority had an unconventional role. I wished to understand the approaches the council adopted, within the scope of its responsibilities, to mitigate the local impact of HIV. In this pursuit, I encountered aware and motivated officials at every level of governance, eager to learn from other African cities facing similar circumstances (Field notes 07/05/2005). I also observed that the senior management in the city council was committed to testing and experimenting with different approaches to meet the needs of the urban households affected by HIV.

My work on the project hinged on my previous work experience in South Africa, and the question of how urban local authorities did and might work to mitigate the impact of HIV on the city inspired the questions that form the basis of my research in Mbabane. Like other urban local authorities scrambling to respond to the epidemic on its doorstep, the MCM first modelled its response on the work of the central health ministry, in this case, the MHSW. A significant emphasis was placed on raising awareness through posters with health-promoting messages and public education campaigns, as evidenced by annual global AIDS day observations using

municipal resources and promoting a culture of testing and knowing one's status (Field notes 05/12/2005).

In addition to these measures, the MUFP project required thinking about other solutions that could be implemented within the ambit of the local authority as drivers of development and sustainability at the local level. This is where my research questions were seeded. Based on international best practices, we recommended several steps to the MCM to appraise itself on the size and nature of the epidemic within the city, including clinical data collection and household surveys (World Bank 2005). In time, I became interested in what other steps, beyond supply-side recommendations by development agencies, had the municipality identified and resourced of its own accord to respond to the epidemic. In other words, what informed and shaped the local authority's mitigation efforts? It can be safely presumed that they did not become conscious of the costs of this plague belatedly – they had been grappling with the epidemic since the late 1980s (Field notes 05/12/2005). How, then, were they addressing this situation? With this question in mind, I sought to leverage my knowledge of Mbabane and governance in Eswatini to formulate the research that became the heart of this thesis.

### **3.7 Data Exploration and Challenges**

One of the defining features of scholarship on Eswatini is the difficulty in accessing information from outside Eswatini's borders (field notes 11/05/2004). As a researcher, I found that global practices regarding the transparency and availability of public documents and data were not universally applied by the state within Eswatini (Field notes 11/05/2004). Beyond statistical data transmitted to international bodies such as the Bank, the UN, or the WHO, locating the sources that serve as the foundation for internationally available data was challenging (Duminy et al. 2014; Pieterse 2014). The task is compounded when seeking to disaggregate data to an urban scale using data calculated at a national or regional scale (Cheru 2005 Kessides 2006). One can only learn which documents and data are readily available once they are in the country and have contacted their key informants (Field notes 11/05/2004). While there is a government printing office tasked with publishing all government policy papers, gazettes, and development plans, many of these documents had not been digitised, catalogued, and made accessible online at the time of this research. A small selection was available through a government portal, but without a doubt, having the ability to travel to Eswatini and gain an

audience with government officials and local experts in urban governance was not only advantageous but critical for undertaking any consequential analytical work.

Thus, data was collected in two phases. In the first phase, the quantitative and qualitative data based on household services were collected as part of a Bank- and Cities Alliance–funded grant that supported the upgradation of the nine remaining informal settlements within the city’s jurisdictions. This data collection task was part of the preparatory phase of mobilising funding to make the case for the second phase of data collection. This was based on archival research conducted in direct support of this thesis. In the following subsections, I elaborate on the distinct data sets and how they were collected.

### *Qualitative Data*

The MUFP generated six types of data relevant to my study, collected over five different periods from 2005 to 2011. The first set of data comprised aerial photos of Mbabane. These photographs proved to be an essential resource in providing evidence that enhanced my understanding of some of the topographical challenges that must be considered in the mapping and service delivery planning for the Swazi capital. The second type of data collected was quantitative household data from the MUFP socio-economic survey administered in the same settlements (Martin and Mathema 2005). These quantitative surveys were complemented by a second in-depth panel survey administered to select households from the same cohort. The panel survey was conducted over one year, and a subset of the households’ samples was included in the quantitative data collection process.

The third set of data utilised in the preparation of this study was data from the *Swaziland Demographic and Health Survey 2006–07* (CSO 2008). The survey – conducted by the CSO of Eswatini with the support of USAID, NERCHA, UNAIDS, and the WHO – is a population and health survey completed every ten years to track changes in the population over time. The fourth set of data was archival material from six institutions: the MCM, the MHUD, the AMICAALL, the NERCHA, the University of Eswatini, and the Eswatini National Archives. The fifth set of data came from unstructured interviews with key informants in the local and central governments of Eswatini, who were tasked with urban management in Mbabane. Lastly, secondary data on the lived experience of people living with HIV and affected households in Mbabane during 1995–2005 was collected as well (Field notes 07/06/2005).

### *Participant Observer*

Another source of data in the course of this research was the collection and documentation of observations in my interaction's key informants and organisational representatives from government and civil society representatives that I had the opportunity to engage with over of this research. This method was an appropriate way to collect observations and information relevant to the construction of this case study. As a method it was more advantages that I could take in the views of key informants within context whether that was a meeting with officials or within the context of meeting community members. Using this method I could collect data not only on the views expressed but also document how these views were received by the larger group. This was particularly useful when meeting with more junior members of the council or civil society who were more open to sharing their views on the not only the challenge of HIV and AIDS broadly but also how they interpreted health communication and promotion in the course of their urban work. There were of course challenges is using this method. I was not an impartial observer and was not perceived as such. In that respect I made every effort to keep two sets of Field notes. The first was a running commentary of what I saw and heard. The second was diary I keep on the experience of undertaking the research from my perspective and in having their two sources to look back on I was able to reflect on how my ideas about the research were influenced and changed over time. When employing this method I communicated with my informants before starting and there were times when I was asked to put my pen down.

I found this method most useful when observing the facilitation and engagement by community development experts with at settlement level whether in the context of collecting observational data and in the context of settlements meetings which would a sample of households in each settlement and the customary leadership of the area or Zone Leaders.

### *Key Informant Interviews*

I also was able to arrange key informant interviews during the course of this study. Vis-à-vis the types of data utilised in completing this study, I used a purposive sample. I identified and interviewed key informants within the structures of the MCM and the MHUD to document the role of the urban local government in service delivery from an institutional perspective (Field notes 18/07/2011–21/07/2011). Here, I wanted to elicit their expectations of the urban local authority in terms of the legislation and their perceptions of what the MCM – as a representative of the state – could do to reduce the pressures on households caused by the HIV and AIDS epidemic.

Further, I interviewed representatives of the ESWC. The ESWC was established as a result of the first International Bank for Reconstruction and Development (IBRD) urban project in Eswatini to improve urban water delivery (Simelane 2016). These interviews were unstructured; I was able to secure them given my past role in the MUFP and the formative SLGP, which also formed the basis of the next IBRD loan to Eswatini in 2009 in the urban sector (Field notes 04/08/2011).

In addition to these interviews, I also used the notes gathered during programme work on the MUFP and the preparation of the SLGP to flesh out an understanding of the limitations of urban local authorities in responding to HIV within their very prescribed public mandate and the reality of urban governance in a city entirely altered by the impact of the epidemic. In total, I conducted 20 interviews with senior officials from the MCM, the NERCHA, the Alliance of Mayors Initiative for Community Action on AIDS at the Local Level (AMICAALL), and the MHUD (Field notes 04/08/2011). The interviews with each of the key informants provided rich insight into not only their location in the Mbabane governance tapestry but their own necessarily personal reflections on the impact of HIV and AIDS. The field notes that I compiled were used to help me situate my own thinking about the relationship between HIV and governance at the city scale rather than for presentation. The research tools I used besides note taking were recordings and photographs. These were purposely used to make sure of accuracy in my documentation and recollections. In my view while the research is intended to bring to light both weight of the epidemic and the herculean effort of urban stakeholders to find ways

to create a collective response based on their own assets I did not seek to expose or make vulnerable those who trusted me with their time and stories.

The second set of data was collected from its inclusion in the Bank-financed SUDP. The SUDP was launched in 1995 and concluded in 2005. Like many African urban centres, more than two-thirds of the population of Mbabane resided in unplanned settlements during the period of my study (DeGroot 1989; World Bank 2002). These unplanned settlements represented most urban residents at the time (DeGroot 1989; World Bank 2002). It is worth noting that being in an unplanned settlement in Mbabane did not equate to living in temporary or poorly constructed housing. In this instance, it can be defined as any temporary or permanent housing erected on land within the jurisdiction of the MCM without considering or trying to adhere to existing zoning or planning legislation that defined the conditions under which housing could be legally constructed.

It must be highlighted that simultaneous planning was undertaken for the census of the select informal settlements in Mbabane; the CSO was preparing to undertake the national population and housing census, which is conducted at 10-year intervals. While helpful for the general characteristics of the population of Eswatini, the CSO survey had a gap in its previous editions. It did not provide data on urban living conditions in Swazi cities, including Mbabane. Part of the reason for this was that the enumeration areas were not aligned with urban wards before 2007 and, therefore, the data collected was challenging to disaggregate. Previous surveys used the administrative regions as the primary geographic unit of analysis. These regions cover the entire nation but do not provide in-depth data on declared urban areas. Although the CSO was working towards alignment of enumeration areas and the subdivision areas as demarcated by urban local authorities, it was decided by project leaders that a census of the select informal settlements in advance of the national census was still desirable and would enable work to proceed as the data for the national survey was processed.

*Census of Mbabane's Informal Settlements*

Figure 37. An aerial photo of an unplanned settlement in Mbabane that is utilised for household and community participation in the potential upgrade plan



Source: (MUFP/MCM Archive Box 3 - Airborne Laser Solutions 2005)

I will first lay out an overview of the quantitative data collection process. This will be followed by explanations of the qualitative data sets. The first type of data collected was quantitative household surveys. The subject of the MUFP, as has been mentioned, was the upgrade of housing and an extension of basic services to households in the nine informal settlements identified by the MCM. Following the project's official launch in February 2005, which was attended by the MHUD, the MCM, and the Bank representatives, the council had permission to collect data in the project sites (MUFP/CA Archive Box 5 2005). Subsequently, a survey data expert was engaged and community-level introductions with community zone leaders (CZLs) were launched in partnership with the MCM. The CZLs had a traditional standing in their community; without their input, the data collection would not be permitted (MUFP/CA Archive Box 5 2005).

Once the CZLs had been invited to learn about the project, community-level meetings with the residents of each informal settlement were held. This process aimed to foster higher community participation and commitment to the project at the outset. This was a lesson learned from the implementation of the SUDP, which did not adequately consider the views of the community and their traditional leaders (Martin and Mathema 2005).<sup>20</sup>

The initial quantitative data collection process unfolded as planned. At the same time, the CSO announced plans for a 2006 data collection process for the demographic and health survey (DHS). The last DHS had been conducted in 1996. As this process took place, the quantitative survey was drafted by the appointed specialist and reviewed by the MCM, the MUFP team leader, and the MHUD and the Bank representatives for technical robustness. It was pretested and refined before the launch of the formal survey in May 2005 (MUFP/CA Archive 2005). The preparation of the survey documents and the household questionnaire was the first step to gathering the formal input of the MCM staff to ensure that the data collected would provide the information needed to take steps towards improving service delivery.

The surveys were drafted in consultation with the MCM and were built on early windshield surveys of each community (King 2004). The quantitative household survey was designed to present a snapshot of the households in the selected settlements and give the MCM concrete data about the residents therein, including demographic information about household members, household income and expense history of tenure, current living conditions in the unserved settlements, and access to basic services. This baseline data assessed the need to upgrade services in their communities.

The panel collected the same data over time to identify any changes in the material conditions of households in the settlements and examine if these changed in households over time. Field workers collected the survey data from the communities being surveyed. Approximately 900 surveys were completed (See Appendix 2). Interviews were conducted face to face using pen and paper to document responses. Although the survey instruments were in English, field workers were encouraged to translate the questions to survey participants in Siswati should a question be unclear to the survey participant. Table 3.1 summarises the population of each of

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<sup>20</sup> The careful work of engaging with beneficiary communities about their understanding of the MUFP and the assessments made about the limitations to the upgrade due to the terrain has been well documented by Martin and Mathema (2005). However, it is beyond the scope of this study.

the selected settlements, confirming the pattern of high levels of informality in African cities as noted often by urban scholars (Croese et al. 2016; Parnell and Pieterse 2014; UN-HABITAT 2018). I also used reports on settlement level in depth household interviews conducted by the project staff in Mangwaneni, Fonteyn, Mahwalala Zone 6C, Mvakwelitje, and Nkwadini Zone 3, which were conducted to assess community attitudes towards the upgrade of their settlements and the anticipated costs (Field notes 022/05/2005) These interviews totalled 50 and enriched the data from the household hold surveys and formed the basis for in-depth interviews held with key informants.(Field notes 22/05/2005).

### *Sampling Framework*

The census of the nine informal settlements in Mbabane had two purposes. The first was to quantify the number of households located in each settlement. Until this stage, the council had anecdotal information on the growth of shelters, which ranged in quality from corrugated iron shacks to architecturally designed homes constructed from solid materials. This city-level data collection enabled the administrative local authority to determine the residents of these settlements, their arrival, and the commencement of their tenure at the current site (MUFP/CA Archive Box 5 2005). This data, including observations from data enumerators, provided a better understanding of the conditions within the expanding settlements. The second purpose was to determine the level of services settlement residents could access at the time of the survey. Critically, the survey provided baseline information to assist the council in developing service-level options with corresponding costs that residents could consider as part of the preparation for the upgrade (MUFP/CA Archive Box 5 2005).

The sampling of households in the nine informal settlements was guided by probability sampling (MUFP/CA Archive Box 5 2005). This sampling frame included only households in the selected settlements, which were chosen randomly. Using this technique, all households in each settlement had an equal chance of being selected, which enabled a realistic representation of the characteristics of the study population, while at the same time, limiting potential selection bias. Moreover, as the population sampled was living in the selected settlements and drawn from communities identified as being located in undeclared areas of the municipality, the respondents shared many characteristics. This thus enabled data collection that was

representative of the targeted population's similarities and differences (Palinkas et al. 2015) across income levels and employment status.

The data collected from the household surveys included data from a quantitative census questionnaire administered once as a baseline. The census questionnaire was administered in June 2005. It is worth noting that this was on the eve of the DHS undertaken 2006–2007 and was a follow-up to the *1997 Population and Housing Census* (CSO 2008). Therefore, the data collected as part of this exercise offered new insights into a large but understudied population, which was and is central to the expansion of the urban fabric of Mbabane. The panel questionnaire, in contrast, recorded information such as:

- Demographic profile of each household, including the age profile in five-year increments
- Household composition: Number of people, relationships
- Household monthly income and expenditure
- Tenure and ownership arrangements
- Employment status
- Health status of household members
- Number of buildings or rooms that make up the homestead
- Access to toilets, clean water, and refuse removal
- The presence of income-generation activities at the homestead, including property rental
- Access to telephones
- Presence of livestock
- Distance to public amenities such as health facilities, bus stops, or parks/recreation spaces

Central to this data collection were the questions about household composition, income, and expenditure, as well as access to basic services and the health status of household members. The interview schedule was pretested before the formal start of the data collection. The schedules were also appraised for ethics by the Bank operations team before data collection. Separately ethics approval was also sought for the interviews completed as part of field work. Select settlements were targeted based on a set of aerial photographs taken under the auspices

of the MUFP in 2005 (progress report Q2 MUFP/CA Archive Box 5 2005). Each homestead in the select settlements was visited. The register of households was then compiled in table form, as seen in Table 3.1.

Table 3.1. Summary of the informal settlement survey and household characteristics

Settlement name	Number of plots surveyed	Number of households	Total number of residents	Average household size
Bahai	55	130	444	3.4
Fonteyn	132	340	1,148	3.4
Mangwaneni	192	735	1,849	2.5
Manzana	95	927	3,413	3.7
Mahwalala Zone 6C	50	334	1,202	3.6
Makhokholo	39	100	299	2.6
Mvakwelitje	49	292	654	2.2
Nkwalini Zone 3	107	438	1,094	2.5
Sidwashini	105	410	1,065	2.6

Source: Martin and Mathema (2005)

Overall, 900 households were sampled across the informal settlements (progress report Q4 MUFP/CA Archive Box 5 2006). The household survey was developed collaboratively with the MCM, relied on the expertise of technical specialists, and was reviewed by the urban development team. Trained enumerators collected quantitative data based on the household survey (King 2004; Lowsby and DeGroot 2007). The enumerators participated in a seven-day training programme in June 2005, during which the project and the data collection instruments to be used were explained. The training also provided an opportunity for the enumerators to gain an understanding of the survey's technical and substantive aims. Chiefly, enumerators were sensitised to what the proposed project could mean for the residents of the selected informal areas, the purpose of the questionnaire, sampling procedures, and how to conduct the survey. The training workshop also included role-play to help enumerators practice

implementing the survey and an opportunity to work with a Siswati linguistic specialist to translate the questionnaire accurately, ensuring robust data collection.

### *Focus Group Discussions (FGDs)*

The first type of qualitative data was collected through FGDs organised in 2005 in consultation with the MCM in the identified informal settlements. The FGDs were organised and executed in eight of the nine settlements by a Siswati-speaking community liaison employed by the project (terms of reference MUFP/CA Archive Box 6 2005). The community liaison had detailed knowledge of each of the settlements and the institutional frameworks in place. The institutional frameworks included traditional lines of authority, such as the designated induna and chief, municipal bylaws, and housing legislation. Across the eight sets of FGDs, the group size ranged from 10–20 people and was mixed in terms of socio-economic profile and gender (Field notes 16/05/2005). The FGDs aimed to elicit information about the upgrade that had occurred under the SUDP before 2005 and determine the willingness of community members to participate in further upgrade activities (MUFP/CA Archive 2005).

While the agenda of the FGDs did not explicitly include discussions on HIV and AIDS in the selected settlements, they were insightful in other ways. The FGDs documented the everyday lived experiences of households in informal Mbabane and made visible the tensions that existed between communities and the MCM with regard to access to basic services and payment for municipal services (progress report Q2 MUFP/CA Archive Box 5 2005). Importantly, these FGDs also highlighted the bifurcated form of governance that prevailed at the settlement level, where traditional authorities remained key gatekeepers to access these households (Martin and Mathema 2005; MUFP/CA Archive Box 5 2005) and were influential in the settlement of the undeclared parts of peri-urban Mbabane. In the course of the sessions, participants also revealed some of the ways that HIV and AIDS had impacted their households (Field notes 18/05/2005).

These insights surfaced in the context of the affordability of municipal services. Residents spoke of the loss of household incomes due to illness and the reallocation of household budgets towards the care and support of infirm members or extended family. Most striking was the mention of the absorption of extended family members from affected households. Such arrangements were influenced by traditional leadership in the area which will be elaborated in

Chapter 5 (progress report Q3 MUFP/CA Archive Box 3 2005). The links between the changing needs of households made vulnerable by HIV and AIDS, their ability to access basic services, and the influence of traditional leadership are explored further in Chapters 5 and 6.

### *Archival Research and Document Analysis*

It must be acknowledged that as a source of data, the archive has definitive weaknesses that cannot be ignored. The archive is inherently problematic as it records only a part of the story. This recorded history is largely shaped by the agenda of the institution that retains the documents, which, by their very nature, cannot be neutral (Mbembe 2002). With this in mind, I sought to access historical records on governance in Mbabane and its particular challenges to validate the data compiled in the course of the MUFP and test its findings against perspectives from outside of the institutions that funded the work, specifically, the Bank (Field notes 10/07/2007). As my doctoral research progressed, in November 2009, I travelled to Eswatini to three times to conduct archival research on Mbabane's bifurcated governance system to understand its historical linkages to urban development in Eswatini.

As has been mentioned, the government of Eswatini does not make its public documents digitally accessible (Field notes 07/11/2009). Therefore, the best way to evaluate scholarship and documentation generated in Eswatini is to travel there. During my 2009 field visit, I focused on identifying and gaining access to relevant documents at the national archives located in Lobamba and at the University of Eswatini's (UNESWA) main campus at Kwaluseni. Despite being the subject of decades of ethnographic and social research on governance systems (Bonner 1983; Crush 1980; Kuper 1944; Levin 1990; Matsebula 1988; Rose 1990), the documentation on Eswatini held at the archives on governance was nominal (Field notes 07/11/2009).

Gaining access to the archives came with its own challenges. The policy outlining who could access the archive and under what circumstances was not widely shared, so I needed to travel there to learn the criteria for access. Upon arrival, I learned that requests for permission to access the archival records were processed by the director, and entry was based on it (Field notes 07/11/2009). The purpose of my research and visit were communicated to the director via an application form, and once approved, I was permitted to visit the main archive room.

After a few hours in the main viewing room, I realised there was very little material about the MCM there. However, the archive houses objects of cultural and biographical significance related to the reign of King Sobhuza II, the Swazi monarch at the time of independence from Great Britain in 1968, and the first and longest-reigning of only two post-independence Swazi monarchs. The archive also contains large exhibits of his personal effects and photographs but only a few historical materials on urban councils and their development in Eswatini.

Following the visit to the national archives, a trip to the library on the main campus of UNESWA proved more fruitful, as it maintains a special collection titled *Swaziana*,<sup>21</sup> which includes locally produced research on the history and governance of Eswatini generally but also at the *Tinkhundla* level. The research housed there included honours and master theses that are only available in hard copy and cannot be removed from the Swaziana special collection (Field notes 07/11//2009). These provided valuable insights into the work of locally based Swazi scholars, their thinking in trying to understand the governance system, and the concerted effort by the monarchy to preserve its status and power concerning governance matters. My visits to the library were invaluable in understanding the evolution of perceptions concerning *Tinkhundla* as a governance mechanism, its progression from an indigenous governance system to one acknowledged in law by the 1978 Order in Council Order (Dlamini 2016; Qwabe 2016), and, later, its incorporation into the 2005 constitution (GOS 2005).

During this field visit, I was granted access to the MHUD's body of work that supported the MCM in enhancing service delivery. These improvements enabled the council to update its financial systems and assess ways to formalise the existing informal settlement. These documents were located at two sites. The first was the central MCM Civic Building located at Mahlokola Street in Mbabane and the second was MHUD's Mhobodleni facility (Field notes 14/08/2011). This facility is a decentralised MHUD office that offers residents access to government officials closer to their homes, some 20 km from the ministry building in Mbabane. Access to both locations can be gained with permission from the MCM and the MHUD.

Additional documents were identified by researching the grey literature generated primarily through donor-funded activities in Eswatini related to governance and the urban sectors. It was

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<sup>21</sup> Here, *Swaziana* refers to the special collection of primary and secondary research on Eswatini, including academic research and grey literature that contributes to the Swaziland National Bibliography.

supplemented by a review of the existing legislation governing urban administrations. I also examined draft policies that had not yet been approved by the MHUD but were under consideration at the time of this research. These include a draft local government and decentralisation policy and the local government bill (Field notes 12/07/2011).

Based on the types of data collected, this section explained the process and methods of data management and analysis. Since the data collected for this study was in several different formats, several approaches were employed to organise and analyse it. The household survey data were entered into MS Excel to generate an overview of the quality of service in each urban settlement. The same process was followed for the baseline household data and the panel data. The FGD data was summarised in a report format, with key terms coded to discern patterns and trends. Although not a comprehensive set of documents, the collected archival material and policy documents aided my understanding of the functioning of urban governance in Mbabane, particularly in a bifurcated system. Most importantly, the documentary analysis enabled me to compare the framing of service delivery and HIV management in policy documents against how these themes unfolded on the ground. By comparing these perspectives, utilising available data from the project census and the DHS, and incorporating the insights of informants, I could construct an understanding of how urban governance evolved during the study period.

#### *Data Analysis*

My approach to data analysis is based on thematic analysis. Using field notes, my research diary, transcriptions of interviews and archival material I have mapped out recurring themes. This method allowed me to systematically manage the data from a largely subjective experience of data collection (Labra et al 2019). In approaching this research, I wanted to look beyond the startling epidemiological data which told one often repeated version of the Swazi experience of HIV and AIDS. That devastating picture was unquestionably true, but I also wanted to shine a light on what I saw as the equally important work undertaken by a range of urban stakeholders (Field notes 10/07/2007). These stakeholders came from a range of organisations and held different and entrenched views on the everyday business of governing Mbabane. Yet this crisis engendered a collective agreement that what mattered was finding a way to come together in a resource constrained environment and to organise themselves. With

this shared perspective, they were able to creatively and thoughtfully allocate limited resources on city wide basis while working together to find ways to mitigate the epidemic.

The work of tracing and organising the themes enabled me to categorise the large number of documents in particular that I was able to amass over the my visits to Eswatini. Many of the most critical documents are not available electronically and thus in my trips I prioritised both interviews and collections of documents that could not be found outside the country (Field notes 10/07/2007). In undertaking the steps in thematic analysis, I at times struggled with the deluge of documentation and took time to understand what would be most useful. The process of trawling through the documents which included minutes, newspaper article, reports, grey literature and photos. As my focus was increasingly drawn to relationship between the council, customary authorities and communities as the site of intersection ((Field notes 10/07/2007). With this dynamic in mind, I was able to see an emerging narrative, and which challenged underlying assumptions that I carried with me based on similar research on South African cities (Kelly and Marrengane 2004). The case of Mbabane did not align with my expectations (Field notes 10/07/2007) and this deepened my curiosity and motivation to understand the intersection of governance and HIV and AIDS as a crisis in this Southern African capital.

### **3.8 Challenges on the Ground**

#### *Challenges*

Five major challenges were encountered while undertaking research for this thesis. First is the absence of a systematic or comprehensive catalogue on the breadth and duality of local governance in Eswatini. There is no single source to obtain information on local governance or urbanisation in Eswatini. The documents, whether consultant reports, academic literature, or donor policy documents, are scattered. Research on local governance in Eswatini requires a diligent and unyielding search to amass the unpublished theses, consultant reports, and donor-sponsored publications that are published online or circulated outside Eswatini.

A significant number of the research documents I did locate were part of the *Swaziana* collection at the UNESWA. Others were located through networking and by visiting donor offices to directly request copies of their publications (Field notes 11/7/2011). With this

approach, I did not always find literature that provided insights into the development of sub-national governments, but what I did find added texture to the case I sought to document.

Second, the literature not related to local governance focused exclusively on traditional structures within rural communities. This rendered invisible how traditional structures operate in the urban local governance context, as there was limited literature on the relationship between the urban local government and traditional authorities. Third, there is a nascent but growing catalogue of literature on urban local governance and urbanisation in Eswatini is a specialisation that is attracting further contributions from scholars interested in this part of southern Africa (Dlamini and Mabaso 2011; Mamba 2019; Sihlongonyane and Simelane 2017; Simelane 2013).

Fourth, gatekeeping is a major issue concerning access to information. Accessing existing or published material, such as annual reports, budgets, and promotional material, depends largely on contacts. This information is not available online; one requires knowledge of the item's location or assistance from someone who knows about it to gain access. Moreover, locating the information does not guarantee access, as photocopy machines, scanners, and printers are frequently unavailable. The institution may refuse to share information or reproduce it for research purposes. Ironically, a formal research permit is not required in Eswatini to undertake work; however, there are many informal and unwritten rules.

Fifth, despite the ubiquity of HIV-prevention messages and health promotion media in Eswatini, stigma and an unwillingness to name HIV as the reason for increased vulnerability prevailed (Root 2010). Disaggregating the reasons for household vulnerability and the need for material support at the household level, whether it was due to the loss of parents or income earners, was an uncomfortable and difficult conversation which posed challenges for obtaining objective data (Desmond et al. 2004). More delicate was the issue of the public pronouncements on HIV prevention by national leaders juxtaposed against the public examples of risky behaviours such as concurrent multiple partnerships and short-term relationships (Mabuza and Dlamini 2017), which tacitly endorsed the very drivers of the epidemic, making discussions in the context of seeking to understand mitigation efforts a very tightrope to walk (fieldnotes 14/7/2011).

### **3.9 Conclusion**

The qualitative methods utilised to collect and examine the range of data available illustrate evidence of a textured and complex African capital city with a bifurcated governance structure and pressing development challenges. The mix of qualitative and quantitative data amassed in completing this research study presented both a great opportunity and a great challenge – a challenge and an opportunity that were embedded in the research was organising the data and making sense of patterns regarding the original research questions. This investigation had to be undertaken to integrate the quantitative survey data and unstructured responses from key informants. The central task was to organise the different types of data in ways that enabled sense-making and pattern identification in responses to the original research questions. These included qualitative inputs and detailed descriptions of the material conditions on the urban periphery of the capital city. In the next chapter, I outline the drivers of governance in Mbabane, which are central to understanding governance in this capital city during its crisis.

## CHAPTER 4 | COMPETING SYSTEMS OF GOVERNANCE: UNDERSTANDING THE HISTORICAL DRIVERS OF POWER IN ESWATINI

### 4.1 Introduction

The scope and scale of the HIV epidemic in Africa, and more specifically, in southern Africa, is well documented (Dwyer-Lindgren 2019). The works of Daly (2001), Golomski (2018), Mabuza and Dlamini (2017), and Whiteside et al. (2006), among others, offer detailed insights on the socioeconomic costs of the epidemic in Eswatini. This study seeks to build on those works and examine the impact of the HIV and AIDS epidemic on governance at a local scale, thereby highlighting some unique aspects of governing during a crisis in an urban African setting. The geographic isolation of the Kingdom of Eswatini, nestled within the politically dynamic region of southern Africa, has contributed to the lack of literature on its distinctive governance arrangements. However, understanding the levers of power in Eswatini is critical to making sense of the impact of the HIV and AIDS epidemic beyond health metrics in this southern African mountain kingdom.

In this chapter, I lay out the key features of the governance environment in Eswatini, which shaped the city-level response to the HIV epidemic in Mbabane. The fact that Eswatini is an ‘absolute monarchy’ is often mentioned in research on the southern African kingdom. In popular media, the country is frequently compared to other long-standing monarchies in the Global North. Yet, these accounts do little to help us grasp the organisation of power in Eswatini. Understanding the complexity and nuances of power in Eswatini requires a firm grounding in its history and a familiarity with the critical moments in its governance trajectory. Until recently, much of the scholarship on governing structures in Eswatini primarily focused on ethnographic and cultural narratives. In this chapter, I provide an overview of the historical events and political tensions that are integral to understanding city-level governance in contemporary Eswatini.

In the previous chapter, I presented the origins of my doctoral research, the research design, and an overview of the data utilised in completing this study. In this chapter, I outline the key drivers of power in Mbabane – namely the monarchy, colonial governance frameworks, and

the enduring power of traditional authorities and their roles— as a fundamental feature of local governance. Each of these elements is integral to the way the city-level response to HIV and AIDS was formulated in Mbabane. Significantly, though governance processes in African cities are typically considered to be rigid and inflexible, the case of Mbabane provides a window into an innovative set of city-level responses to a modern plague. In the following section, I discuss the monarchy and its influence on governance in Eswatini.

#### **4.2 How the Monarchy Shapes Governance**

An introduction to the governance context of Mbabane requires an overview of the systems of authority in Eswatini and the drivers of power that underpin decision-making within and beyond the administrative state. The first major power structure that influences the ways that governance plays out in Eswatini is the monarchy. Eswatini has been covered extensively in anthropological works on the nature of Swazi social relations. In historical scholarship, the monarchy is presented primarily as a reflection of ethnicity, culture, and identity (Kuper 1947; Matsebula 1988). Several seminal works document the experiences of Swazis living at the turn of the 18th century (Bonner 1983; Daniel 1982; Marwick 1940) into the mid-20th century (Levin 1991; Matsebula 1988). Through the biographies of the kings and queens who led the nation or the House of Dlamini,<sup>22</sup> we gain some insight into the importance of the monarchy in the national consciousness and its reproduction in the cultural and material life of the nation (Bonner 1983; Kuper 1947; Matsebula 1988). Seminal works such as Kuper's (1978) biography of King Sobhuza II focus on the primacy of Swazi values and traditions, portraying the monarchy as an outward expression of those principles (Levin 1991; Magongo 2009). Today, however, the monarchy is the subject of critique in popular media and international discourse (Woods 2017). The Swazi monarchy is often negatively depicted in the media because of its long-standing refusal to give way to participatory political systems and, at the same time, the gratingly extravagant lifestyle enjoyed by the royal family amid the profoundly entrenched poverty in the country, which affects over 60% of the total population (Bohler-Muller and Lukhele-Olorunju 2011; Maphalala 2021; Masuku and Limb 2016). Think tanks such as Chatham House emphasise the glaring inequalities between the opulent lifestyle of the few Swazis close to the monarchy and the poor majority (Vandome et al. 2013). It is estimated

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<sup>22</sup> Anthropologist Hilda Kuper was a biographer to King Sobhuza II and, with her unprecedented access to the monarch, produced five volumes and numerous articles on the cultural life of the Swazi people. See *An African Aristocracy: Rank Among the Swazi* and *The Uniform of Colour, A Study of White-Black Relationships in Swaziland*.

that the wealthiest 20% of the population has access to more than 50% of the national income, whereas the poorest 20% have access to less than 5% of the national income (Vandome et al. 2013; World Bank 2005). For this reason, Eswatini is ranked amongst the most unequal nations in the world (Masuku and Limb 2016). Such stark inequality and poverty are not abstract considerations in a country with a population of just over 1 million people.

In the face of these circumstances Dlamini and Laddusaw (2019) and Sihlongonyane (2003a) aptly highlight the contradiction between external critiques of the monarchy and continued internal support for the cultural institutions it represents. While the monarchy has been the target of international condemnation and reproach for decades, it continues to represent, in law and practice, a significant lever of power. Moreover, as Potholm (1977) argues, the monarchy effectively determines who exercises power at the national and local levels and how.

At the very heart of Swazi traditional life lies the institution of kingship which serves as the lynchpin of the entire socio-political system. ... Faced with considerable exogenous intrusions and pressures, the Swazis did not become a broken tribe, but retained their sense of nationhood and cultural identity by means of their attachment to the Crown (Potholm 1977: 133–134).

Before the arrival of European settlers in the land that is today recognised as Eswatini, power relations in the state exclusively centred on the royal house, its internal hierarchy, and its relations with neighbouring kingdoms (Stevens 1963; Potholm 1966; Matsebula 1988). The king, or the *Ngwenyama*, symbolised the essence of Swazi values, and this high regard has not waned over the years (Sihlongonyane 2003). According to Stevens, the attachment is so great that many say, ‘Without a king, we would no longer be a people’ (1963: 329). This view was often expressed in the days leading up to and immediately after independence, when King Sobhuza II actively worked to ensure that the Swazi identity, national pride, and territorial integrity were maintained. This included efforts to reclaim lands annexed by neighbouring states (Griffiths and Funell 1991; Stevens 1963). Fifty-six years on, this attachment remains intact.

Thus, in much of the scholarship on Eswatini, the Swazi monarchy, its citizenry, and its statehood are presented as irrevocably intertwined and interdependent. Sihlongonyane (2003)

explains that the affinity between the Swazis and their monarch is actively nurtured, which the monarchy has used to reinforce the legitimacy of traditional institutions.

Evidence of the monarchy being the locus of all decision-making and legitimacy in Eswatini can be found in abundance (Kuper 1947; Matsebula 1988; Levin 1997). What is not often explicitly discussed is the architecture and structure of the monarchy, which has weathered colonial governments and, more recently, calls for multiparty democracy. While the king is a central figure, the monarchy is not constituted by the king alone.<sup>23</sup> The king, who ascends on a hereditary basis, rules in collaboration with the *Ndlovukati* or Queen Mother (Barker 1965; Dlamini 2008; Nyeko 1976; Matsebula 1988). This partnership is supported by ongoing advice from the *Liqoqo*, a small group of advisors who report directly to the king, acting as the executive body of the Swazi National Council (SNC) or the *Libandla* (Dlamini 2008). Membership to the *Liqoqo*, also called the King's Advisory Council, is based on merit and comprises both aristocracy and commoners (Dlamini 2008; IBA 2003; Matsebula 1988; Nyeko 1976). The *Liqoqo*, because of its small size, responds to day-to-day matters, in contrast to the larger *Libandla*, which comprises every Swazi adult regardless of lineage or class (Matsebula 1988). Because of its size, it is usually held once a year at the national capital, where the king's residence is located. Within the kingship structure, and below the *Liqoqo* and the *Libandla*, are the princes and *Tindvuna*, or advisors to the king (Matsebula 1988).

The above elements form the foundation of the monarchy and traditional authority system, and they are replicated at a local level in the administration and governance of chiefdoms in Eswatini. It is important to note that the arrangements that govern the traditional authority, known as Swazi Law and Custom, are not codified (Dlamini 2008; IBA 2003). The absence of explicit documentation on the functioning and operation of the traditional authority leaves the governance of Eswatini open to the interpretation of members of the royal household, advisors, and other interested parties. Eswatini's traditional leadership system differs from neighbouring

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<sup>23</sup> In Eswatini the king's successor is not identified prior to the death of the current monarch (Matsebula 1988; Barker 1965; Kuper 1947). Instead, a complex selection process based not on the paternity of the child but the status of the mother within the royal household and the means through which she came to be part of the household are assessed (Barker 1965; Matsebula 1988). This process highlights the importance of the king's mother. Thus, the king and queen mother work together to administer Swazi laws and customs – a dual monarchy (Vieceli 1982; Matsebula 1988). As Kuper (1947: 55) states, 'there is a delicate balance of powers, legal, economic and ritual' between the *Ngwenyama* and the *Ndlovukati* as they work together to administer the land, mineral wealth, and courts of the nation (Kuper 1947; Dlamini 2008).

South Africa in that it is hereditary and cannot be acquired through political or state influence (Koelble and LiPuma 2011; Simelane and Sihlongonyane 2021).

As the head of the traditional government, the King has ceremonial and political responsibilities. As a monarch, he plays an active role in traditional ceremonies and rituals (Dlamini 2008). This includes being a unifying and politically neutral figure in the nation. However, the King remains the arbiter of boundary, land, or succession disputes between chiefs, thereby remaining the centre of power. Under the traditional system, the king exercises more influence than any other organ of the state (Dlamini 2008). While other power structures are present in the state, the seat of power is firmly located within the monarchy. This view of the monarchy was tested in the late 19th century, when the Swazi kingdom was effectively destabilised by a combination of foreign capital and border insecurity, which led to the beginning of the dispossession of the most visible symbol of citizenship – the land. In the next section, I will discuss how a combination of foreign capital and diplomatic pressures led to the erosion of the nation's patrimony. This weakened but did not erase the backbone of governance in Eswatini: the monarchy, through its local representatives – the traditional authorities.

#### **4.3 Land – A Tale of Inheritance and Alienation**

The second major theme that underpins governance in Eswatini is the land. Land is the most plentiful and valuable natural resource in Eswatini. Eswatini is physically surrounded by the Republic of South Africa and the Republic of Mozambique, making it necessary to maintain cordial relationships with both nations. Due to its geographic location and climate, Eswatini has been well-suited for large-scale agriculture for more than three centuries. As early as the 18th century, Eswatini attracted foreign commercial farmers and cattle ranchers as it had a suitable climate for establishing winter grazing grounds (Bonner 1983). In addition, Eswatini possessed some mineral wealth, including gold and tin (Bonner 1983; Doveton 1937), which further increased foreign demand for access to Swazi territory as prospectors sought their fortunes. However, what mattered more than how outsiders perceived the land was how the Swazi themselves articulated its significance. All land in this period was deemed Swazi nation land and was governed by a customary land tenure system whereby it was held in trust by the king on behalf of the nation (Matsebula 1988; Rose 1992; Sihlongonyane 2021). In this way, each Swazi was ensured access to land both for settlement and the pursuit of their livelihoods.

Hughes (1972) divides the land history of Eswatini into three main periods – consolidation of the Swazi nation, the concessions period, and independence. This thesis focuses on the latter two periods as they give insight into grabs for power and efforts to maintain it.

Following the consolidation of the Dlamini dynasty in the 18th century (Bonner 1983), during the reign of King Dlamini IV (r. 1875–1889), or King Mbandzeni as he was also called, Eswatini experienced competing pressures from immigrants from both Great Britain and the Boer Republics to provide land for commercial operations, including mining gold, tin, and asbestos as well as animal husbandry and agriculture (Booth 1983). According to Matsebula (1988), the Swazi monarchy initially accepted the presence of white settlers, believing they would serve as a buffer in ongoing conflicts with other nations, such as the Pedi and the Zulus. Further, it was also accepted that starting an armed conflict with settlers was not an option for the Swazis, given their small numbers. Therefore, the Swazi monarchy permitted European settler populations to establish themselves in Eswatini to discourage military incursions by other Nguni clans and avoid conflict with the Europeans as well. This strategy initially gave the Swazis the respite they sought from armed conflict. However, the long-term consequences were unforeseen. For a significant part of the 19th century, King Mbandzeni granted land to foreigners through concessions to manage diplomatic relations with its larger and more powerful neighbours. However, this practice later led to the struggle for land by the Swazi people (Bonner 1983; Matsebula 1988).

The introduction of concessions by King Mbandzeni in the late 1870s effectively changed the basis on which Swazis could access land within their own country (Bonner 1983; Matsebula 1988; Potholm 1966, 1982; Simelane 1991). Bonner (1983). However, there was and remains a fundamental disagreement about the powers, rights, and privileges the concessions transferred. According to the Swazi, only land that was not needed by any Swazi could be granted under a concession and only for a discreet amount of time. The maximum allowable period for the concession or lease was the lifetime of the concession holder (Matsebula 1988). In contrast, concession holders regarded the concessions as a permanent cession of land rights.

Over time, Swazi monarchs became concerned about the expanding use of land by settler communities and petitioned the colonial administrators and the British monarch (Matsebula

1988; Stevens 1963). Various scholars state that King Mbandzeni agreed to temporary concessions for specified land uses assuming that all land and mineral rights would revert to traditional authorities at the expiry of the concessions (Matsebula 1988). All Swazis residing in areas adjacent to the leased land remained entirely under the rule of the Swazi monarch (Booth 1983; Mashasha 1974; Matsebula 1988; and Simelane 2012a). As Matsebula (1988) explains, this is because:

According to the Swazis, what was being passed on were usufruct rights over the lands in question. The Swazi law, in this case, stems from the fact that land is collectively owned by the nation.... The king merely holds it in trust for the nation. As such he has no power to sell or alienate land from the nation ... Swazi law and custom from time immemorial did not, and today does not, allow any sale of national land (Matsebula 1988: 52).

Unfortunately, the alienation of rights to SNL was to be the legacy of King Mbandzeni's reign (Crush 1987; Daniel 1982; Levin 1985; Levin 1990; Mashasha 1974; Matsebula 1988; Ndwandwe 1968; Potholm 1977). In this instance, alienation refers to losing legal and *de facto* rights to access and utilise land. Furthermore, during the early 1900s, through the enforcement of land concession agreements, land expropriation, and taxation schemes, Swazis were increasingly pushed off productive land for the benefit of concession-holders. Davies, O'Meara, and Dlamini argue that echoes the South African Natives Land Act (No. 27 of 1913), formulated to force Africans off the land and into the mines (Davies et al. 1985; Booth 1985). By the early 20th century, due to 'extensive land alienation', nearly two-thirds of the most agriculturally productive and robust land was no longer in the hands of Swazis but under the control of European prospectors and farmers (Booth 1985: 116). The Swazis were relegated to native reserves (Crush 1980; Matsebula 1988), which became overcrowded and unproductive, necessitating the integration of Swazis into the economy and their initiation into the migrant labour system (See Figure 4.1).

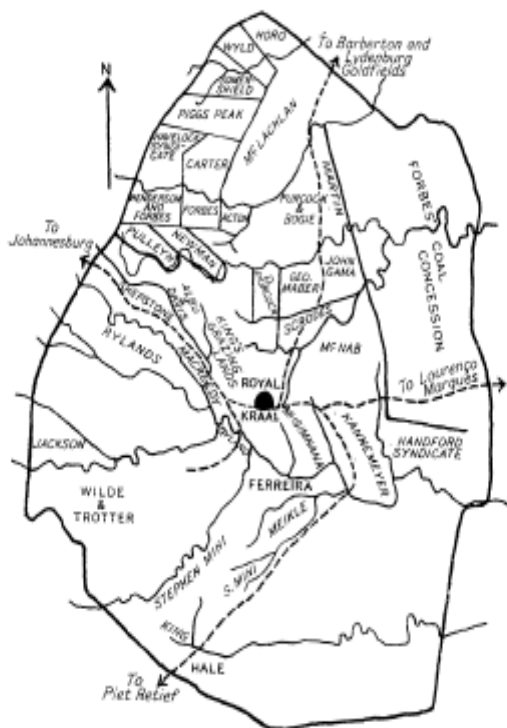


FIG. 18.—Map of the Concessions held by Europeans

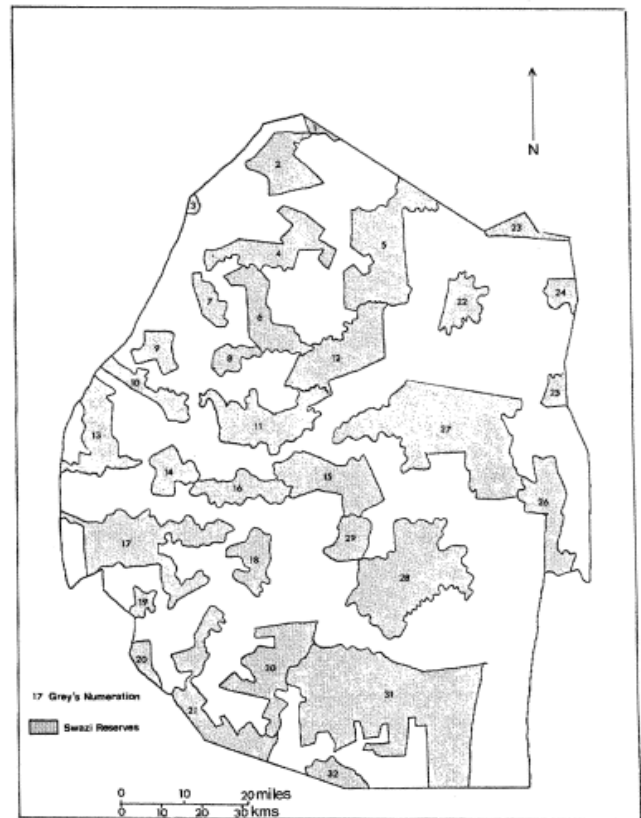


Fig. 2: Demarcated Swazi Reserves, 1908

Figure 4.1. Land concessions in Eswatini at the end of the 19th century Source: Doveton 1937. Figure 4.2 Distribution of Native Reserves, source: Crush 1980

What is significant about these events is that through a combination of factors – namely concessions and land alienation – the authority of the monarchy and other Indigenous leadership over Swazi land resources was undermined and made illegitimate in favour of foreign capital and interests (Fransman 1979a; Crush 1980). Consequently, from 1880–1889, traditional authority structures and practices that had evolved with the growth and expansion of the Swazi nation in previous decades were increasingly restricted as King Mbandzeni increasingly engaged with representatives of the British Crown and the South African Republics (Bonner 1983). As their numbers grew, the concessionaires organised themselves into a committee to assert their economic power within the political arena to advance European interests and address affairs within their territories, leaving the Swazis to be ruled by themselves (Matsebula 1988). According to Matsebula (1988), the creation of a separate or parallel system was criticised at the time; however, it was justified as a means to ensure that European powers did not intervene in governance in Eswatini due to their unhappiness with

the way King Mbandzeni ruled over Europeans (Matsebula 1988). Again, the nation's position and political direction were shaped by perceived external threats and powers rather than being self-directed. The concession period led to the effective dispossession and displacement of Swazi people (Dlamini and Laddusaw 2019). The advent of the Anglo-Boer War at the end of the 19th century further marginalised Swazi interests. It minimised the attention colonial officials paid to Swazi demands to reclaim lands leased by concessions and recognise their sovereignty (Stevens 1967). The influx of Europeans and their scramble to take control of Eswatini in 1881–1889 sowed the seeds of what Bonner (1983: 6) calls 'conquest by concession' and created the trajectory that led to the third phase of governance in Mbabane – colonialism.

#### **4.4 Colonial Rule and the Road to Independence**

The third major link in understanding the contested governance system in Eswatini is colonialism. Eswatini and its administration have often been compared to the heavy-handed settler regimes in neighbouring states. This body of literature tends to describe the fortunes of Eswatini's larger and more politically volatile neighbours – South Africa and Mozambique – as well as the relationship of the Swazi territory and its citizens to colonial actors in Europe. In some respects, Eswatini is an anomaly in that foreign dominion was not achieved through armed repression or economic hegemony but through political negotiation in the late 1800s, aimed at preserving Eswatini as a separate entity from its larger neighbours, each with specific motives for annexation (Matsebula 1988: 105).

Following the Anglo-Boer War, Great Britain eventually came to rule Eswatini in 1903. The British opted for a dual system of governance, thereby establishing a practice that remains in place today. Unlike in other British colonies, where Britain ruled indirectly, in Eswatini, Britain established a resident commissioner, Francis Enraght-Moony, who exercised executive, legislative, and judicial powers on behalf of the British Crown. The ensuing British administration relegated indigenous Swazi authorities to the margins and undermined their authority. The authority of the Swazi king was confined to traditional Swazi laws and customs (Dlamini 2008; Great Britain Colonial Office 1921; Mashasha 1974). As Swazi sovereignty continued to erode, the Swazi monarchy retained its authority to govern its territory and people without interference (Matsebula 1988). In 1907, the King of England was declared sovereign

in Eswatini, and the King of Eswatini was reduced to a paramount chief (Mashasha 1974; Stevens 1963). In the decades after British protectorate status was established over Eswatini, several requests were made to the British monarch to recover lands appropriated by foreigners through concession arrangements. Matsebula (1988) details the considerable Swazi efforts to reclaim land and status within their own country from 1903 until just before independence but without success.

Having inherited a geographically divided country, the British sought to consolidate the practice of land dispossession by consulting with the South African minority government on its formula for native management (Simelane 1991). The main consequence of colonialism in Eswatini, which is of relevance to this study, is that the structures established during the transition from independent kingdom to territory have shaped how the state functions today; in other words, the creation of a British administrative system alongside traditional Swazi systems of authority continues to influence governance in Eswatini today. Unlike other British colonies, where chiefs, traditional or appointed, were used as vehicles for administration (Crowder 1964), in Eswatini, the British maintained control and authority over most aspects of governance, relegating Swazi authorities to the domain of Swazi law and custom (Fransman 1979a; MacMillan 1985; Matsebula 1988).

Over the next five decades, the Swazi queen regent and, subsequently, King Sobhuza II maintained a difficult balance between the British's *de facto* colonisation of Eswatini and simultaneously and vigorously campaigning for a full return to self-rule. For example, the Swazi monarchy implemented a scheme to purchase back the concession land to rebuild the Swazi nation (MacMillan 1985). Eswatini also contributed soldiers to Britain's forces during World Wars I and II (Matsebula 1988; Simelane 1993). The nation found itself in the awkward position of trying to simultaneously demonstrate its respect for British institutions that diminished its own traditional authorities while proving its entitlement to independence. This seeming contradiction was aimed at discouraging the British Crown from acceding to South African pleas for incorporating the protectorates into South African territory (Fransman 1979a; Simelane 1991). With Eswatini under the protection of the United Kingdom for the next five decades, various legal instruments were introduced to articulate the power of the British high commissioner as an administrator and restrict the native authorities of Eswatini. As Fransman

(1979a) explains, the priority for British authorities was to establish instruments that gave them the power to administer land and resolve conflicts of land ownership. Fransman (1979a) argues that using the pretext of offering protection and ensuring justice for Swazi subjects, British authorities imposed their authority on the people of Eswatini.

The British authorities remained indifferent to Swazi customary and legal disputes as long as they did not impact the lives or livelihoods of the European residents of urban areas in Eswatini (Lowsby and DeGroot 2007; Mzizi 2004). Mamdani (1996) argues that this dualism enabled the legitimisation of traditional authorities, albeit on the state's margins. Daniel (1982) emphasises that this accommodationist approach of Swazi traditional leaders toward foreign capital and foreign political power enabled these traditional roles to survive in some respects. Matsebula (1988) elaborates that the Swazi leadership wanted to avoid conflicts with external forces. It can be argued that this non-combative approach contributed to British officials tolerating traditional authority structures during the period. However, as Gough and Yankson (2000) explain, the tolerance demonstrated by officials was part of a larger strategy to ignore and minimise, where it suited them, the Indigenous organisations and governance structures that were already in place (Gough and Yankson 2000: 2486).

Early in the 20th century, the colonial administration made concrete efforts to impose its influence on Eswatini in several ways. First, the colonial administration divided Swazi territory into six districts: Mbabane, Mankanyane, Siteki, Hlatikulu, Piggs Peak, and Manzini (Prinz 1976). According to Prinz (1976), the districts did not follow traditional jurisdictions, cut across chiefdoms, and failed to recognise existing structures. Interestingly, according to Kuper (1947) and Prinz (1976), the role of the district commissioner was interpreted by Swazis as that of a 'chief'. The district administrators were located in what can be described as villages, which slowly urbanised following the establishment of shops, hotels, and residences for European populations (Prinz 1976).

In 1912, the Urban Areas Proclamation was implemented, which enabled the high commissioner to regulate the administration of towns and urban areas. The proclamation also recognised the high commissioner as the highest urban local authority (Mkhonta 2007; Prinz 1976). The high commissioner was advised by urban areas advisory committees (UAAC),

established in Eswatini's proclaimed towns (Prinz 1976). The UAACs were tasked with representing and advocating for the interests of white or European residents in Eswatini's urban areas. Prinz (1976) links the establishment of UAACs to the pre-existing White Committee created in the late 19th century to enable Europeans to manage their affairs subject to agreement by the king. Despite the presence of traditional leaders, British officials established in law and practice a divided system of authority along racial lines, effectively creating a system of segregation between the European settler community and the Indigenous people (Prinz 1976). Prinz explains:

In towns, power and authority were not concentrated in a traditional aristocracy but in a pigmentocracy. Both implied a hierarchy of rank based on birth, whereas rank in the Swazi system was associated with clan and lineage pedigree; in the system, it was based on skin colour. Africans were relegated to subordinate status, no matter what their position in the traditional hierarchy. Both prince and commoner were subjected to the same indignities of racial discrimination, forced to live in the same restricted areas, to work at menial jobs for low pay (Prinz 1976: 99–100).

In towns more than in the countryside, Swazis were physically and politically restricted in their interactions with the state. According to Prinz, the spatial organisation of early urban centres mirrored the geography of segregation in South Africa (Prinz 1976). Kuper (1947) further describes the control exerted by the colonial administration by explaining the division of authority between Swazi authorities confined to the native reserves and the power of the authorities in 'the rest of the Territory' (Kuper 1947: 52). Under the umbrella of the Native Policy, many areas of Swazi life were controlled by the government. This included but was not limited to the development of legislation passed by the office of the high commissioner, prosecution of criminal acts, and distribution of health and education services for European residents (Kuper 1947). The city as an entity in Eswatini was an artificial construct and coexisted uneasily with the monarchy's constant and, at times, impotent presence.

The management of traditional authorities at this time took several forms. This included the codification of chieftaincy powers through laws such as the Native Administration Proclamation of 1941, which recognised the King of Eswatini as a native authority or

paramount chief (Magagula 1988). Another example was the Native Courts Proclamation of 1950 (Whelpton 1997), which permitted the Swazi king to establish a court system for adjudicating customary law disputes with the permission of the British high commissioner. This functional duality of state machinery reflects the power dynamics between representatives of the British Crown and Swazi authorities. By reducing the Swazi king to a paramount chief and by making his status contingent on British recognition, the colonial authorities created incongruent lines of authority between Indigenous leadership and the formal state. These visible expressions of colonialism also impacted the urban landscape. Swazis who lived outside of native reserves, which were under the control of the paramount chief, were classified as squatters (Forster and Sibande 2000). Able-bodied Swazis who could not survive on the leftover low-grade agricultural land outside the concessions found themselves searching for ways to earn a living to pay taxes (Booth 1985; Daniel 1982). The two options available beyond the native reserves were to either stray into urban illegality or accept recruitment into wage labour in neighbouring South Africa (Crush 1985; Simelane 2004).

Scholars such as Spence (1964) argue that Eswatini, like the other two high commission territories, Bechuanaland and Basutoland, gained and maintained their status as British territories not so much due to their intrinsic value but because of the British Crown's need to keep a firm grip over Afrikaner nationalism in the wake of the Anglo-Boer War (Potholm 1972b; Stevens 1972; Torrance 1998). With the rationale behind its presence linked largely to the agenda of preserving regional control (Rich 1990) by frustrating South African expansion at minimal cost (Spence 1964), the work of governance in the high commission territories was 'confined...to maintaining law and order' (Spence 1964: 222). Administering authorities in Eswatini, as in the other high commission territories, held discriminatory attitudes that deemed Indigenous peoples to be without the ability (Torrance 1998: 764) or competence to arrange and govern their own affairs.

Demands for independence gained momentum in the aftermath of World War II, when Great Britain, along with other colonial governments, increasingly came under pressure to grant independence to its colonies (Matsebula 1988; Wanda 1990). At the same time, in Eswatini,

the monarchy, the settler community, and the ‘Swazi petite bourgeoisie,’<sup>24</sup> each with their own agenda, sought to claim power for themselves under the new political arrangements (Booth 1983; Dlamini 2024; Dlamini 2016). This last group enjoyed the support of the British, as the colonial power sought to establish ‘detribalised’ Africans in leadership positions in the newly independent state, thereby reducing the Swazi monarch to the same fate as other traditional authorities in the quest for independence from colonial rule (Dlamini 2024).

Baloro (1994) explains how, in the Swazi case, the transition to independence was pivotal in that the monarchy, in contrast with other newly independent African states, succeeded in reasserting itself and restoring the indigenous system of authority. The proposal to make the monarchy a ceremonial feature of the post-independence government directly conflicted with local sensibilities guided by traditional Swazi law and customs, wherein the king held all political, religious, and military power (Baloro 1994). In the period leading up to independence, the monarchy was unsuccessful in petitioning the British Crown to grant it recognition on an equal basis; however, this did not deter efforts by the Swazi monarchy to influence the path of Swazi independence. The Swazi monarchy primarily aimed to leverage its authority in internal and external constitutional discussions to motivate British authorities to honour existing agreements to restore Swazi territory (Dlamini and Laddusaw 2019). In doing so, it sought to reinstate itself as the supreme authority in the kingdom and reclaim alienated Swazi territory. This position contrasted the views of the departing colonial power, which sought to relegate the monarchy to a ceremonial role and instead establish an emerging cadre of African elites. By doing so, it sought to unshackle Eswatini from its ‘tribal governance’ (Dlamini 2013; Dlamini 2023) and establish a universal franchise (Mzizi 2004). Added to these was the agenda of the settler community to retain its privilege through the advocacy of the White United Swaziland Association (USA) despite its small numbers (Booth 1983; Dlamini 2016).

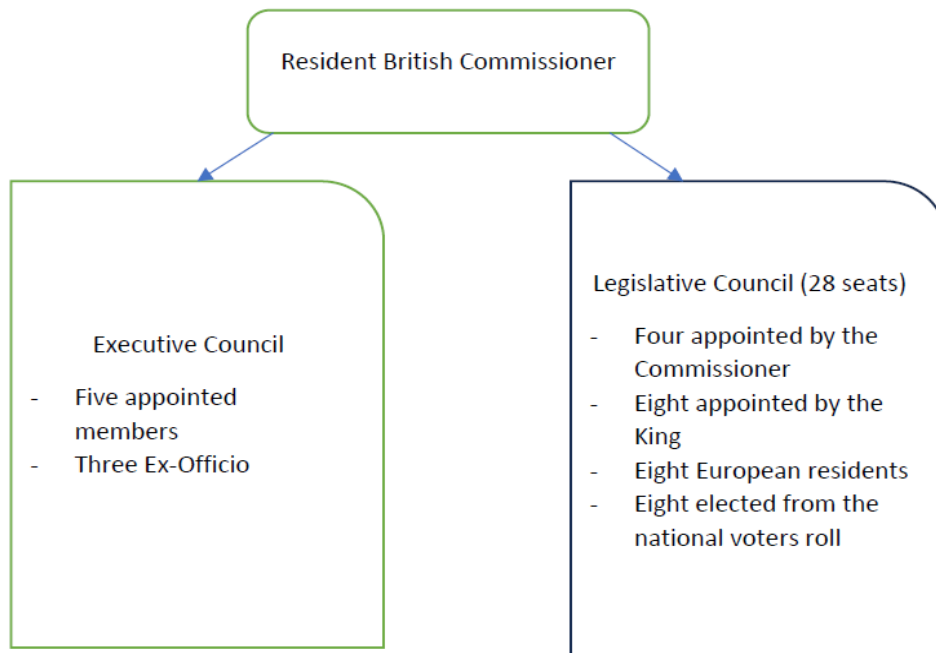
The constitution, which was produced through a series of constitutional conferences held in London in 1960 and 1967, was drafted by the British in discussions with traditional leadership, but ultimately failed to balance the agendas of the respective interests (Keatimilwe and Ndevu 2021; Baloro 1994; Dlamini 2013). According to Wanda (1990), as the drafters of the

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<sup>24</sup> This term was used by Alan Booth in *Swaziland: Tradition and Change in the Southern African Kingdom* to describe the growing ranks of graduates and civil servants who made up a growing class of elites without linkages to the monarchy.

constitution set to work, the British aimed to use the architecture of a constitutional monarchy to minimise the influence of the king over the political and religious lives of the Swazi nation (Baloro 1994). The resulting 1963 Order in Council, which served as Eswatini’s first constitution, sought to incorporate notions of individual liberty and separation of powers while deliberately creating a role for traditional authorities through the office of the king or *Ngwenyama* whose authority would be subservient to that of the British commissioner for Eswatini (GOS Order in Council 1963; Wanda 1990). Under the terms of the 1963 Order in Council, the office of the *Ngwenyama* was officially recognised, and he enjoyed legal immunity from civil processes, was declared exempt from taxation, and was exempted from land appropriation by the British Crown. The King remained the arbiter of Swazi law and custom and was invested with custodianship of all land designated for natives and mineral rights on said territory (Wanda 1990). The proposed governance structure proffered by colonial authorities on the eve of independence as seen in Figure 4.3.

Figure 4.3 The proposed governance structure under the Westminster Constitution drafted on the eve of Swazi independence



Source: Potholm (1972a); Levin (1997)

This proposed arrangement, along with the provision for multiparty elections prescribed by the terms of independence from the United Kingdom, reduced the influence of the monarchy and opened it to contests for power from political elites. These political tensions were visible in the 1964 and 1967 elections, which saw the pro-monarchy party, *Imbokodvo* National Movement (INM), representing the royal aristocracy, dominate the polls (Baloro 1994; Dlamini 2005). Ultimately, the 1967 constitution offered governance under the rubric of a constitutional monarchy. The system of governance outlined in the 1967 constitution sought to structure independent Eswatini on normative principles expressed as a constitutional monarchy. This archetype served as a basis on which to reproduce what French and Raven's (1959) defined as legitimate power. The efforts of the aristocracy to fortify their position within the new structures mirrored complex leadership structures already in place within the House of Dlamini which in time would successfully promote royal power and gain full supremacy (Qwabe 2016). The state apparatus that was ultimately put in place included a constitutional monarch, and a bicameral parliament composed of a House of Assembly and a Senate (Dlamini and Laddusaw 2019). Half of the seats in the Senate and one-third of the seats in the House were to be appointed by the king under the independence constitution (GOS 1968). Parliament was to be led by a prime minister selected from the majority party rather than the King (Baloro 1994; Vandome et al. 2013). This political transition in Eswatini, in addition to highlighting the above tensions, offers a post-colonial example of Foucault's notion of governmentality. During this transition period in Eswatini, the monarchy grasped the opportunity to shape institutions and governance mechanisms based on British norms and standards. Consequently, the monarchy shaped its vision for an independent Eswatini according to Foucault's (1982) question, 'Who are we?', to serve as the organising principle for the newly independent Swazi state.

The short-lived Westminster model of governance in Eswatini was brought to a decisive end by the reigning monarch, who declared a state of emergency in 1973. King Sobhuza II made this decision following the first multiparty elections, in which the royalist majority party (INM) successfully participated. He convincingly argued that multiparty democracy, envisioned under a British-style constitution, was fundamentally 'un-Swazi' and clashed with indigenous value systems (Baloro 1994; Dlamini 2016; Levin 1985; 1997). This sharp turn away from colonially designed governance systems prepared the way for what Levin (1985; 1997) calls the reinvention of tradition by reintroducing 'natural' traditional practices (Levin 1991, p34). This

dispensation was cemented by the king's Order in Council No. 23 of 1978, which effectively embedded the *Tinkhundla* system and its power structure in the national political fabric (Sihlongonyane 2003b; Qwabe 2016). Within this framework, the monarchy and its appointed representatives – the chiefs – could exert their influence at all levels of government. Thus, using cultural instruments, the monarchy established its political and economic hegemony. The power of the monarch and his traditional governance structures were firmly cemented in place; however, due to the enormous influence of the departing colonial government, the dual system of governance remained intact.

In the ensuing decades, the *Tinkhundla* was integrated further into Eswatini's political system. In 1978, King Sobhuza II issued an Order in Council directing the establishment of the parliament and the election of its representatives through the *Tinkhundla* system (Keatimilwe and Ndevu 2021; Matsebula 1988; Sihlongonyane 2003a). At the time, the kingdom was home to 40 *Tinkhundla*, which was later expanded to 55,<sup>25</sup> thereby creating a comprehensive local governance system based on traditional authority. This also established the pathway to representative governance, as the *Tinkhundla* were appointed through elections. The development and formalisation of traditional authority in rural and urban areas occurred in parallel with establishing gazetted urban local authorities (GOS 1969). Keatimilwe and Ndevu (2021) highlight the incongruence of the two systems with different lines of authority occupying the same space. This dual system of governance has persisted despite the formulation of the 2006 Decentralisation Policy and the ratification of the 2005 Constitution, which left bifurcated structures firmly in place.<sup>26</sup> Let us now turn to how that duality expressed itself at the urban scale where civic structures and the traditional sphere of authority coexisted.

What can get lost in the effort to understand the layers of power and governance in Eswatini is that while maintenance of a dual system of authority does create pressures for each system, they are not in theory or practice wholly separate from each other. In addition to the King holding two distinct roles, this duality is replicated in other structures of governance. In an

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<sup>25</sup> The number of *Tinkhundla* was expanded under the 1992 King's Order in Council based on recommendations from the Delimitation Commission appointed to consider the question of increasing access for communities to *Tinkhundla* or local governance structures both inside and outside urban boundaries.

<sup>26</sup> The draft Decentralisation Bill proposed in 2011 to legislate the principle of decentralisation with an emphasis on the rural *Tinkhundla*, positioning them as pathways to development, has yet to be passed.

example provided by Khoza (2002) of the first parliamentarians taking office in independent Eswatini were also members of the traditional aristocracy. These seemingly incongruent power structures have existed for over sixty years and filters down to the local level. These conditions cannot singularly be attributed to the failure of the system bequeathed by the British to supplant traditional systems or the sustained promotion of cultural identity as a lever for power. While it may appear that the two systems are in competition the reality as Sihlongonyane points out is that there are compromises between the heart of the aristocracy and post-independence system of government. Presence of two systems of governance in their current condition survive due to a deliberate effort to maintain them (Khoza 2002; Sihlongonyane 2003a).

#### **4.5 Governing Urban Space in Mbabane**

In Mbabane today, tensions around land and authority persist. Land remains the bedrock of power relations in modern Eswatini and thus continues to shape the balance of power in the kingdom. Historically, the core drivers of power in Eswatini – the monarchy, land, and colonialism – have been studied (Crush 1980, Fransman 1979b, and Rose 1990). Still, there is limited scholarship that analyses these critical factors through an urban lens (Sihlongonyane and Simelane 2017). Scholars such as Levin (1997), MacMillan (1985), Magongo (2009), Matsebula (1988), and Prinz (1976) examine the linkages between traditional governance and the administrative system inherited from the colonial period. More recently, the works of Simelane and Sihlongonyane (2021) and others have added further texture to the understanding of governance narratives in Eswatini, taking into account the dual system of authority and its influence on the delivery of basic services at the local government level (Simelane, HY 2012; Simelane 2017; Sihlongonyane 2003a, 2021). These separate governance systems that took shape during colonial rule remain a defining feature of urban spaces in Eswatini.

The governance structures at the local level are comprised of two components: the administrative state institutions established during colonialism and traditional authorities. The dual system of governance is marked by different rules of organisation and accountability mechanisms, which continue to inform urban governance and development. In the following section, I will provide an overview of the dualism that shapes Mbabane.

Urban local authorities that govern under the Ministry of Housing and Urban Development and its primary legal instruments, namely the Urban Government Act of 1969 and the Urban Policy

of 1996, have long been outside the domain of traditional authority despite occupying the same space as traditionally managed land since 1925 (Sihlongonyane and Simelane 2017). A key piece of legislation delineating the powers of administrative urban government is the Act of 1969, summarised in Figure 4.4. The powers in the Urban Government Act enable the minister, by published gazette, to declare any area a municipal entity, define or alter municipal boundaries, including wards, and determine the composition and electoral calendar for town councils.

The architecture of the city council, dictated by the Urban Government Act of 1969, has changed in important ways in illustrated in Figure 4.4. The executive function of the council is shared between the elected mayor, the chief executive officer and the professional assistant whose role is effectively that of a deputy to the CEO (Field notes 06/5/2005). Located under the executive roles are the technical departments that take responsibility for the core functions of the municipality – finance, environmental health, public works and planning and community development. From this position the municipal officials are faced with the management of their core duties and other responsibilities that arise from their proximity to residents like formulating a response to issues which impact the health and vibrancy of the municipality. Sihlongonyane (2005) and Parker (2015) offer the example of municipal councils going beyond build environment responsibilities to facilitate local economic development as part of its contribution to national development. Similarly, the crisis of HIV and AIDS also required the mobilisation of resources to respond to the devastating plague.

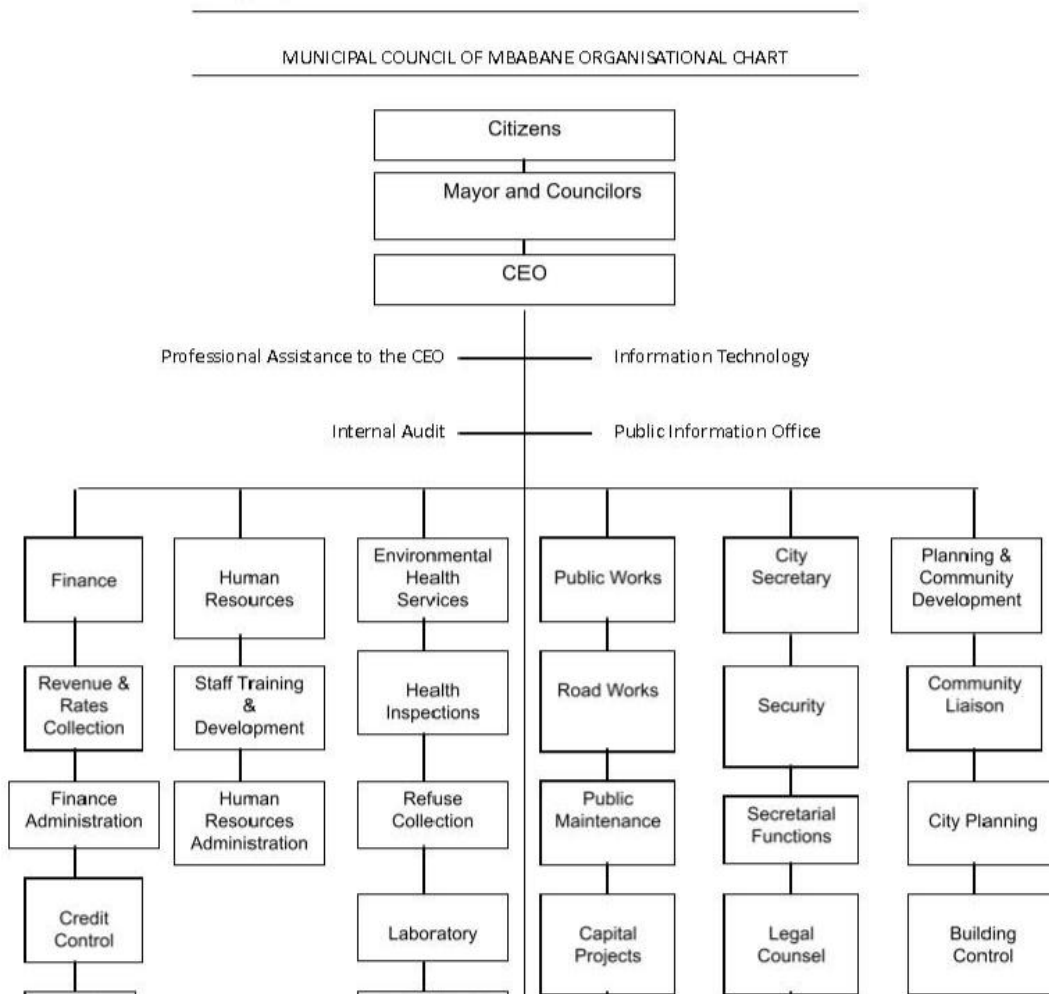
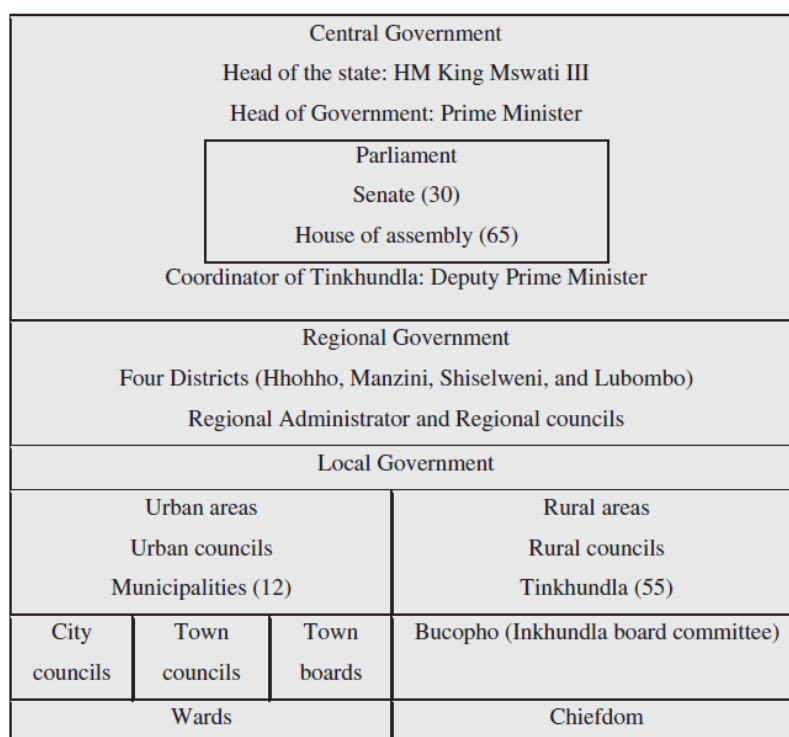


Figure 4.4 Organogram of the Municipal Council of Mbabane, source: Municipal Council of Mbabane , MUFP/CA Archive Box 2, Mbabane

Overlapping in the same locality are *Tinkhundla* led by chiefs selected by the King as representatives of the monarchy. Their importance is outlined Chapter 14 Section 233.1 of the 2005 Constitution, where the role of chiefs defined by Swazi law and custom is made explicit in the following way: ‘Chiefs are the footstool of *iNgwenyama* and *iNgwenyama* rules through the Chiefs’ (GOS 2005: 135). The location of the chiefs in relation to the council is illustrated in Figure 4.3

Figure 4.5 Diagram of the political and administrative system of *Tinkhundla*



Source: Sihlongonyane and Simelane (2017)

At the ground level, the roles of the administrative authorities and chiefs overlap, as Dlamini points out, as chiefdoms are the ‘lowest and only form of traditional local government’ (2008:9). The king’s Orders in Council issued since independence incrementally constructed and embedded the role of traditional authority. At the same time, the public administration system remained firmly in place (Keatimilwe and Ndevu 2021).

The presence of these two institutions, each with distinct agendas, converged meaningfully as both were oriented toward local governance, through policy reform initiatives despite in spite of the absence of harmonisation. Policies that bear this out include the 1978 Kings In Order which affirmed the *Tinkhundla* structure as a traditional government mechanism through the creation of 22 *Tinkhundla* which was later increased to 40. This was followed by other measures including the 1992 Kings Order which increased the number of *Tinkhundla* from 40 to 55 and, the 2006 Decentralisation Policy. Most recently the Ministry of *Tinkhundla* Development and Administration has proposed the *Tinkhundla Local Government Bill*. The bill has been drafted to create a mechanism for utilising *Tinkhundla* to enable effective and

accountable system of governance while addressing the need for greater investment and development beyond urban centres (Mazibuko 2024).

Figure 4.6 Comparison of the roles and responsibilities of municipal administrators as per the Urban Government Act and chiefs as representatives of traditional local government

Duties of municipal administrators	Summary of the role of chiefs of traditional local government
<ul style="list-style-type: none"> <li>• Control and management of public space</li> <li>• Construction and maintenance of public and private roads               <ul style="list-style-type: none"> <li>• The creation of bylaws</li> </ul> </li> <li>• Administration of council revenues and expenditures, debt management               <ul style="list-style-type: none"> <li>• Borrowing powers</li> </ul> </li> <li>• Management of accounts and audits</li> </ul>	<ul style="list-style-type: none"> <li>• Pass binding local laws               <ul style="list-style-type: none"> <li>• Allocate land</li> </ul> </li> <li>• Give and/or withdraw chieftom citizenship               <ul style="list-style-type: none"> <li>• Maintain law and order                   <ul style="list-style-type: none"> <li>• Levy fines</li> </ul> </li> </ul> </li> <li>• Adjudicate land disputes within his jurisdiction</li> </ul>

Source: GOS (1969) and Dlamini (2008)

Institutionally, there is a clear separation of territorial domains; however, in reality, the structures of *Tinkhundla* and *bucupho* exist in both urban and rural areas, making traditional local government the only governing entity with seamless coverage over the length and breadth of the kingdom. According to Lowsby and DeGroot (2005), Sihlongonyane and Simelane (2017), and others, the colonial design of separate institutions and formally bifurcated governance does not operate as designed in African cities. The global HIV and AIDS epidemic, which gave rise to a public health crisis in Eswatini, including Mbabane, demonstrated that arbitrary historical arrangements neither reflect the reach of governance institutions in practice nor provide a sense of the ability of urban governance stakeholders to come together to formulate resourceful and novel responses to an epidemic in a kingdom that at one stage struggled with the highest prevalence rate in the world (Mabuza and Dlamini 2017). At a time of calamity, the resources and reach of all authorities at every level were required. In a crisis catalysed by a global epidemic, the idea that one institution at the local level can respond sufficiently was challenged. The HIV and AIDS epidemic required convening authority and

relationship building – tasks that were not exclusively the domain of the MCM as the legally recognised administrator of the city.

#### **4.6 Conclusion**

This chapter set out the historical context of governance in Eswatini. It introduced the power levers critical to understanding the formation of the Swazi state and its operation at the sub-national level, namely the monarchy, the land, and colonialism. In understanding how these factors shaped governance in Eswatini, the chapter illuminated the origins of some of the complex power relationships in Eswatini and described how they play out at the sub-national level in the modern Swazi state. The narrative demonstrated struggles for power and authority and suggested that administration and control of urban space, despite authorities' attempts, is a contested space. This chapter pointed to the seeds of the bifurcated system of governance, which continues to operate in Eswatini at the sub-national level.

This chapter also presented the roles and structures of the traditional system of governance in Eswatini and how they operate alongside urban local governments in the same geographies. In the next chapter, I discussed how the MCM and traditional authorities influenced and shaped the response to the HIV and AIDS epidemic at the city scale. While only the MCM was the legally recognised authority, what becomes apparent in the chapter that follows is that its response and the partnerships that emerged out of the need to address the impact of the HIV and AIDS crisis were both unprecedented and innovative.

## CHAPTER 5 | GOVERNING MBABANE: A CITY AT A MOMENT OF CRISIS

### 5.1 Introduction

The HIV epidemic sparked an unprecedented crisis in Eswatini, placing Mbabane at the forefront of this developmental emergency. Urban local government officials were required to balance their clearly articulated built-environment responsibilities in line with legal statutes in an environment of uncontrolled urbanisation. Simultaneously, the HIV crisis introduced a set of new and interrelated needs that were increasingly visible in communities with affected households (Schuler et al. 2005). Though seemingly beyond the scope of the strictly defined urban government in Eswatini, these needs would form the basis of the advance of governance in Mbabane. This period marked a shift from procedural compliance to a more responsive set of practices that were aimed at acknowledging the changing socio-economic needs of its residents.

Reflecting on this experience reveals three critical findings. First, under these extraordinary circumstances, the council departed from its narrow mandate to regulate and control the built environment within the city limits of the MCM. The council reshaped its mandate to control access to land and tenure within the city to meet the needs of communities in the grip of the HIV crisis. Second, the MCM modified its revenue collection model to consider the economic vulnerability of HIV-affected households. Third, and most crucially, the council broadened its role in the implementation of urban policy and governance, positioning itself as a leader in the multisectoral efforts to address HIV and its impacts.

This chapter begins by introducing the structure of the municipal council and outlining the factors driving rapid urbanisation in Mbabane. This will be followed by a discussion of the steps taken by the council and the resources it was able to mobilise to examine the needs of its growing population, which corresponded to and went beyond its legal mandate. The chapter next examines the council's transition towards embracing a more engaged role with residents, recognising that communities require more than bureaucratic interactions with urban authorities. The data revealed the stark limitations of the council's policies, and the emerging needs communities faced in the wake of the HIV epidemic. This foundation helps underscore the significant shift in the way governance was conceptualised and practised in Mbabane during this period.

## 5.2 Constraints to Urbanisation in Mbabane and the Hunger for New Ideas

In 1995, the city of Mbabane expanded beyond the core established at the beginning of the 20th century (DeGroot 1999; World Bank 2002). The majority of the urban population lived in the city's informal settlements, many of which were established in traditionally governed areas within the city's urban footprint (Lowsby and DeGroot 2007; World Bank 2002). Although the city's growth was anticipated, it was constrained by two factors. The first constraint was a policy decision that imposed a building ban under the Crown Land Act, which was enforced by the MHUD in the early 1990s (Simelane 2016). This ban, implemented in the early 1990s, was intended to restrict the unchecked growth of settlements on unserviced land in an environment where legal segregation-based residency restrictions had fallen away (Lowsby and DeGroot 2007; Simelane 2016). It was also envisioned as a tool to limit urban growth and curb the demands for services by residents in the context of a disjointed and fragmented bureaucracy responsible for urban administration (Lowsby and DeGroot 2007).

However, it did little to stem the migration of rural Swazis to urban areas. Limited access to a shrinking pool of communal lands, which had become degraded over time due to overgrazing, coupled with poverty and consistently poor agricultural yields, served as strong push factors for rural dwellers to seek opportunities in the city (Mushala et al. 2001). The ongoing legacy of accumulation strategies meant that the longstanding livelihood strategies of the Swazis residing in rural communities were under pressure.

Among the impacts of rural-to-urban migration was a marked increase in the demand for shelter close to economic opportunities near the city's urban core (Khoza n.d.). On the periphery of the city, land was available for housing because it was distributed through traditional governance arrangements despite its proximity to properties either owned by individual titleholders or under the authority of state entities. While this arrangement made well-located land for housing accessible to migrants, it had not been designated by the council for such purposes, nor was it suitable for the delivery of basic services due to the city's topography. Added to this was the pattern of low densities of households in these expanding unplanned settlements. The difficult terrain found in Mbabane beyond the urban core is an intractable feature of the city's slums. This, coupled with a tendency to try and recreate the sizable homesteads found in rural communities, compounded the task before the council of trying to

manage urban and peri-urban growth and deliver services. Figures 5.1, 5.2, and 5.3 illustrate the living conditions typical of unplanned settlements.

Figure 5.1. A Stick and Mud House in Nkwalini Zone 3. Source: Shabangu 2005c.



Figure 5.2. Unpaved Footpaths Created by Residents to Access Their Homes.  
Source: Shabangu 2005d.



Figure 5.3. Improvised Water Access Relying on Natural Springs.



Source: Shabangu 2005e.

The structures seen in the photos were self-constructed using a combination of materials, which reflect the level of access to resources at the household level (MUFP/CA Archive Box 3 2005). Examining the improvised materials points to diminished financial capacity due to irregular income and lack of funds to create more durable structures. In addition to precarious housing, some migrants have also found ways to access water from mountain springs and footpaths to the city.

The second and enduring challenge that the MCM had to tackle was the unchecked role of traditional authorities in enabling urban expansion. The Swazi land regime, which is based on the idea that all land belongs to the Swazi nation and is held in trust by the king, is at the heart of the Swazi urban narrative (Whelpton 2005). Traditional authorities, whose power is hereditary and unattached to the public administration system of local authorities, are empowered by the monarchy to ensure that all Swazis have access to and can obtain land. Under the *kukhonta*<sup>27</sup> system, new urban residents pledge to accept the authority of the

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<sup>27</sup> Scholars in anthropology (Rose 2019; Kuper 1947; Prinz 1976) define the practice of *kukhonta* as ‘bonds of allegiance’ that cement a reciprocal responsibility and duty between the citizen, chief, and monarch. Practically, *kukhonta* is a demonstration of allegiance towards the traditional authority and is enacted in the form of a monetary tribute (see Whelpton 2005; Sihlongonyane 2021).

traditional leader and, in turn, are accepted into the urban community and granted rights to settle (Manyatsi and Singwane 2019). The decisions on where to settle on land that is not privately held are wholly determined by the traditional leadership (Whelpton 2005). These decisions are not informed by urban planning codes or principals, nor do they consider municipal service delivery planning. Instead, they are dictated by the unwritten Swazi customary law and traditional notions that define the idea of a homestead, untouched by urban dynamics or requirements.

Central to this system is the notion that every Swazi citizen is entitled to land (Matsebula 1988). The decisions about its size and location are not made with the goal of creating compact settlements or achieving the densities that enable efficient service delivery. As a result, the settled areas comprised large plots, resulting in settlements with low densities. The informal expansion of the city's boundaries made it difficult for city officials to provide or facilitate the basic services that residents associate with urban life. The unplanned expansion sparked other consequences as well (Field notes 10/05/2004).

In addition to being unable to meet the demand for basic services, municipal officials turned their attention to the "control" function of their mandate (Field notes 05/06/2004). Council officials regularly interacted with residents to issue fines and cautions about everyday survival activities that fell outside of council statutes. Thus, council officials were seen more as punitive agents rather than service providers. This understanding of the council – acknowledging its role as an authority seeking to control and regulate rather than provide services to paying clients – framed residents' interactions with the local government and their initial responses to discussions about upgrading services.

While well within its mandate, the MCM – led by the MHUD and directed by the Urban Government Act of 1969 and the Urban Policy of 1994 – recognised that its strict adherence to urban legislation had morphed its role, originally designated as governance, into something else. The SUDP, funded by the Bank and evaluated at its close, produced analytical studies by academic scholars and development project specialists, providing concrete evidence of the difficult nature of relations between the council and its residents (PADCO 2003). Given that all Swazi cities are bounded by SNL or traditionally governed land, the continued growth of Swazi cities, Mbabane in particular, created several points of conflict. Chief among them was what was seen as the encroachment of the council on the management of peri-urban areas (Field

notes 05/06/2004). Residents of peri-urban settlements, which were established with the sanction of traditional authorities, found themselves in conflict with the city council, which sought to collect rates for services that some residents could not afford due to low incomes. It simultaneously sought to curb economic activity that was critical for livelihoods but considered extra-legal in terms of legislation (PADCO 2003).

These frictions meant that instead of seeing the council as a provider of services or a manager of development, some residents viewed the council as a vehicle for extracting precious financial resources without the certainty of concrete gain (PADCO 2003). These tensions, more pronounced in some peri-urban settlements, were tempered by a differing attitude among other settlement dwellers who believed that through local government administration, their communities could realise the same physical improvements available in more formal parts of the city.

However, due to the council's limited view of its mandate at the time – to primarily maintain order and control – the relationship was largely adversarial (Simelane 2016). The council dedicated its resources to enforcing bylaws and attempting to maintain control of the demographic, economic, and social expansion of the city in line with its explicitly built environment. At the same time, while the council was acutely aware of the social and economic challenges besetting Mbabane residents due to HIV and AIDS, it lacked empirical data on the communities it sought to manage (Field notes 10/5/2004). The combination of policy decisions and failure on the part of the state to interrogate the influence of traditional authorities in urban development in what Simelane (2016: 801) calls 'interface spaces' was further problematised by the sustained growth of urban areas. This growth provoked a confrontation between traditional authorities based on their role as custodians of the national patrimony and urban officials who were guided by the institutional architecture outlined in colonial-era legislation (Mkhonta 2007; Sihlongonyane 2003; Simelane 2013). This institutional rigidity narrowly guided the focus of the MCM on the built environment as its statutory mandate. Curiously, the mandate served as an opportunity for adaptation amid the HIV and AIDS crisis that would later fundamentally influence how the city council carried out its governance mandate (Field notes 10/05/2004; 11/05/2004).

### **5.3 The Path to Reimagining Governance**

The Mbabane council, with the support of the MHUD, sought to leverage its networks and resources to identify technical support aimed at addressing the steady growth of informal settlements while simultaneously improving living conditions and governance within the city (MCM 2004). Based on the council's experience of securing strategic technical support provided under the 2003 study of peri-urban areas (PADCO 2003) and the Bank's resulting SUDP in select settlements in Manzini and Mbabane, city officials turned to the Bank for advice. Although the council was not legally authorised to engage in a loan agreement with development agencies on a bilateral basis, it was empowered to seek and obtain technical expertise that would enhance its role as defined under urban legislation. With the permission of its line ministry and the MOF, MCM officials engaged with the Bank's regional office in Pretoria, which included an urban development team, to explore any potential technical assistance that the development agency could offer in supporting the city to address the growing number of informal settlements (MUFP/ CA Archive Box 7 2005).

The proposed technical assistance aimed to provide funds for technical advice under the auspices of the Cities Alliance. Through a series of meetings with the council and the MHUD, the scope of informal settlement expansion in Mbabane was articulated. This included site visits to all the settlements and detailed discussions with city officials to better understand the challenges and formulate a realistic and discrete response that would empower the council to deliver on its mandates. The project preparation involved defining the scope and limits of the technical assistance that could be offered, as well as the financial implications. Early on, council officials made clear their desire to access world-class expertise to address the upgrading challenges. Eswatini's governance and policy regimes, in many ways, replicated that of neighbouring states, and leadership was eager to consider international experiences and research in the process of identifying ways to manage adamant that addressing the growth of unplanned settlements in Swazi cities. The past work experience of the senior urban development specialist in the team provided a strong influence in this regard. His decades of work in the slums of southeast Asia and established networks in the disciplines of urban management were resources that the council fully intended to leverage. With the explicit request to bring international expertise to the forefront of the advancement project, the design for the Mbabane upgrading plan began to take shape.

International expertise on slum upgrading and the deliberate integration of Swazi specialists on the team were regular parts of the discussion as the design process unfolded (Field notes 24/03/2004). These topics were discussed in meetings held either at the council offices or at the MHUD, which regularly included council officials responsible for planning, the office of the chief executive officer, ministry representatives responsible for urban government policy in Eswatini and representatives from the MOF. Once the scope and budget of the technical assistance to be offered to the council was confirmed, the meetings typically involved mid-level officials from the ministries and senior management from the council.

A recurring issue during early discussions was the urgent need to confirm that the government at the city or national level was not indebting itself by requesting this help. The Bank, for well-deserved reasons, was seen during everyday conversations as a tool of exploitative liberal agendas and responsible for the poverty of millions on the African continent (Zajontz 2022). Regardless of the fact this had not happened in Eswatini despite embarking on the former SUDP, this refrain was consistently raised in meetings. Thus, reassurance had to be offered to council and ministry officials. Once those assurances were given, a grant application was co-written by the principal assistant to the chief executive of Mbabane, a role akin to the city manager and the Bank's urban development team, in line with funder requirements. These meetings confirmed the flow of funds between the development agency and service providers on the ground, clarified the flow of information, and established the mechanisms for project decision-making. The long history of cooperation between the MHUD officials and the Bank's Senior Urban Development Specialists provided a foundation of trust and confidence for Swazi government officials. These officials looked to the Bank consultant team as experts. Once the proposal was approved, arrangements were made and agreed to in order to deploy resources to ultimately make Mbabane a 'city without slums' (World Bank 2007).

Rapid urbanisation was just one major concern of the Swazi government. The other looming developmental challenge was the growing prevalence of HIV and AIDS. While this was not within the competency of local government, both local government and central government officials expressed the need for HIV mitigation efforts to be incorporated into project planning discussions (Field notes 07/05/2009). Up to this point, the HIV mitigation efforts undertaken by the council largely aligned with those of education and awareness-raising organisations in the kingdom. However, they did not yield a lasting impact. The specific measures the council

integrated into its work will be discussed in. What is important to underscore is that for the council and the ministry of housing while their mandate did not include health as a primary function due to the scale of the epidemic concern about mitigating the impact of HIV had integrated in day to day business.

To successfully secure funding, the proposal required a broad outline of how the funds would be spent, a formal request from the recipient institution, an endorsement letter from the relevant line ministry, and the approval of the Bank country director for Eswatini (Field notes 07/05/2009). Through a series of negotiations between the Bank staff and the council, the council's upgrade priorities were articulated, incorporating the scale and scope of the challenges they faced. The period leading up to the launch was marked by regular meetings with the Bank team, the MCM, and the MHUD to confirm shared understandings of how to translate the MUFPP project proposal into a workable and appropriate project design.

The support package offered to the council had four objectives (MUFPP/CA/Archive Box 12 2005). First, it aimed to gather data at the settlement level to gain a systematic and thorough understanding of the household profiles established in unplanned parts of the city. This was an opportunity to gather empirical data on the tenure of residents in informal areas rather than rely on anecdotal information. Second, the council sought to gain a better understanding of the contribution of migration to the growth of the settlements to grasp the change in demand for infrastructure. Additionally, the council sought to gain insights into how residents accessed infrastructure and basic services at the time. Third, and relatedly, the data collection exercise was intended to serve as an entry point to engage directly with households to identify unmet service delivery needs and understand their perspectives on where the responsibilities lay vis-à-vis access to unmet needs. Lastly, having identified the unmet basic service needs and priorities of households in the survey areas, the council sought to determine the willingness as well as financial ability to pay for services that households prioritised.

By framing these data gaps, the council anticipated that the data collection exercise would address critical areas of concern. Specifically, it sought to apply the hard-won lessons from the SUDP financed by the Bank and the GOE. The urban upgrading experiences in Mbabane and Manzini, funded through this loan, highlighted the need to avoid a locational and supply-driven urban service solutions. The SUDP experience pushed the council to engage with communities

in a way that would enable the development of a realistic, appropriate, and community-centred approach to improving the lives of residents of the informal settlements through the upgrade.

The physical upgrade and extension of basic services to residents in Mbabane's unplanned and ungazetted portions was not the sole challenge faced by the council. Establishing formal channels for access to services and enabling the council to effectively govern those settlements revealed a clearer picture of the larger problems facing this African urban local authority. Although a full analysis of the complex and overlapping financial and legal challenges encountered by the council in effectively managing an African capital city is beyond the scope of this thesis, I will briefly summarise the issues that intersect with these challenges.

A challenge directly affecting the council's ability to offer services to previously informal areas was driven by the lack of access to a baseline and/or consistently updated set of data. Although the GOE, in line with international practices, conducts a national census every ten years, at the time of this research, the demarcation of the census enumeration areas was not aligned with the municipal electoral wards, which were the city's units of measurement. This issue has since been addressed by the CSO, enabling the council to extract meaningful data at regular intervals. However, between 1995–2005, the city lacked access to geographically relevant data sets that would enable the council to understand expansion patterns and address service delivery needs (Field notes 07/05/2009). This lack of data had tangible consequences for the city. One, it prevented a clear understanding of the trajectory of the expansion of new and spatially fragmented settlements. Had this data been available, the city could have better prepared its capital budgets and made informed requests for additional support from the MHUD. Two, this data gap hampered the ability of the council to update its property and valuation roll. Consequently, although the number of people residing in Mbabane and making use of public infrastructure such as roads and transport hubs grew visibly. The council lacked current data or an empirical foundation to determine where to expand infrastructure or from whom to collect rates to finance service delivery (Field notes 07/05/2004). Additionally, without data and projections, urban services essential to environmental health and sanitation were not provided at the necessary rate and scale. It was in this environment that the council – which had not altered its administrative architecture since independence – sought to address the crises of mushrooming households, which unfolded in the wake of urbanisation and the HIV and AIDS pandemic.

Based on information gathered during several scoping missions by the Bank's team in Mbabane, a proposal was prepared to mobilise resources for documenting the physical, social, and economic data as a baseline for the city in anticipation of policy actions needed to address the growing informality. The proposal was drafted over the course of 2004 in collaboration with council officials, supported by the MHUD and the regional Bank mission. The Mbabane-based team consisted of officials from the municipal planning department, the professional assistant to the CEO of the council and MHUD urban government officials (Field notes 7/05/2004).

The active participation of these actors was a prerequisite for accessing funds from the Cities Alliance. Unlike many supply-driven development projects that prioritised donor interests or expertise, the Cities Alliance adopted a demand-led approach to funding. To confirm the demand and appetite for funding, the agency required formal endorsements from the recipient agency and its central government counterpart as well as a commitment to provide counter funding for the project's expenses, either as cash or in-kind services. The preparatory work to compile a formal funding request took just over 12 months. The final funding application, submitted in December 2004, sought a grant equivalent to \$500,000 to procure the suite of technical expertise required to fill the data gaps deemed critical by the council to enable it to respond to the growth of slums. Despite frustrations over the unfolding circumstances in Mbabane, council officials were optimistic about the prospect of being connected via funding to other cities that had faced similar challenges (Field notes 7/05/2004).

In the weeks preceding the formal submission of the proposal, settlement-level consultations were conducted to ensure that residents would actively participate in any potential future upgrading and service extension plans. Early discussions revealed anger and resentment from community representatives, stemming from past tensions between residents and administrative authorities. Residents voiced strong complaints of the zealotry of city officials in fining them for keeping livestock or operating home-based businesses without permits. They also criticised state officials – without much differentiation – on the seeming unevenness of development. In some cases, despite the proximity and similarity of conditions in neighbouring informal settlements, the quality and speed of development were markedly different, leading to dissatisfaction. These tensions dominated the early discussions between the city and

residents, as the city tried to consult with them and ensure adequate interest in pursuing upgrading preparations.

After the project was approved in late 2004, the formal launch took place in March 2005. The team met monthly until the project's launch. The official unveiling was held at the Mountain Inn Hotel, attended by representatives from the council, the ministry and community representatives. The launch was hosted by the council and the MHUD, with the principal secretaries for finance, housing, and economic planning in attendance. With such senior officials in attendance, the early meetings were launched with a great deal of ceremony, opening remarks, recognition of foreign delegates, and traditional leadership. This was the first of a series of convenings that enabled the council to communicate widely its plans and provide a platform for urban stakeholders to express an interest and opinions on the proposed plans. (Field notes 08/052005). As the focus shifted toward addressing the council's specific needs, the team became smaller, comprising staff from the ministry's urban government division and senior management from the council.

#### **5.4 Negotiating A Suite of Expertise**

Funds for the MUFP were approved by the Cities Alliance in 2005, and recruitment of a range of technical experts began that same year (MUFP/CA Archive Box 11 2005). While the resources for the project were managed in Pretoria, the city council took the lead. However, one notable departure from standard Bank practice was the agreement between the senior urban specialist and senior council officials to have the Pretoria mission manage and account for the funding received. Although the funding came from Cities Alliance, at the time, the organisation was part of the Bank group and used its financial systems.

The Bank's fiduciary regulations and requirements were universal, with no variations based on the amount of funding flowing to institutional recipients or the terms of the funding. In other words, whether a recipient institution was awarded \$50,000 or \$5,000,000, the compliance standards remained the same. Given the volume of lending managed by the Bank, these fiduciary rules were onerous. The Bank's lending regulations required strict adherence to policies on social and environmental safeguards, as well as a knowledge of the operational intricacies of the Bank's funding practices to effectively and efficiently access resources. Such conditions posed a significant and persistent barrier for Bank clients throughout southern

Africa, whether local governments or central ministries were accessing Bank technical assistance, which often came at no upfront costs (Field notes 04/07/2004).

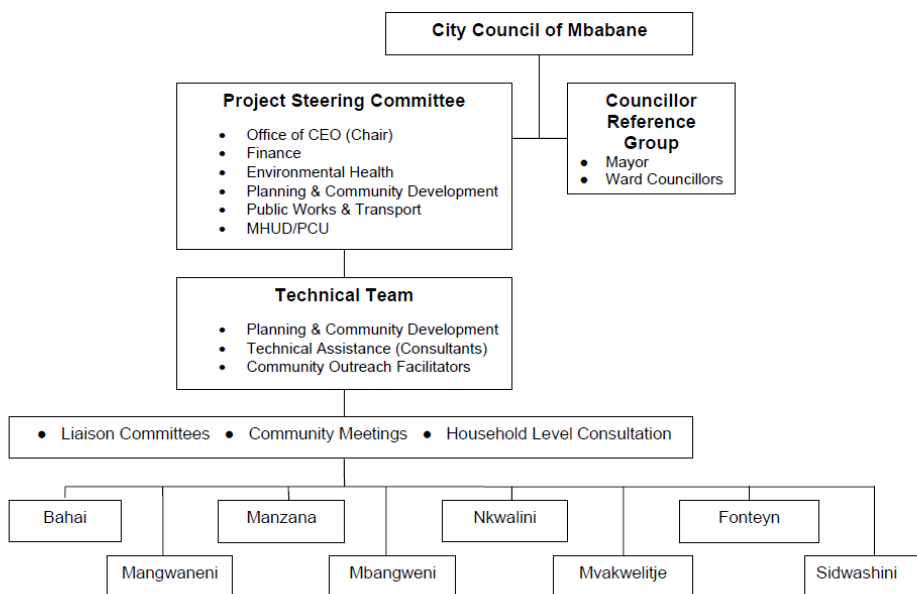
The inflexible compliance standards, which did not account for the institutional capacity of the potential beneficiary, categorised local financial systems and capacities as inadequate compared to donor agency standards. These operational requirements often resulted in valuable or innovative projects across sectors either failing to reach the funding stage or, if attained, stalling before completion, thus eroding the full project cycle and delivering incomplete outcomes. These unrealised projects often faltered not due to a lack of demand but because administrative rules overlooked the variations in institutional capacities of the Bank's end users.

To directly counter this challenge, a team of the Bank engaged with the council about the best way to manage it. It was ultimately agreed that, rather than requiring the council to recruit or develop expertise in Bank operations, the administration and management of the funds awarded to the council would be handled by the Bank's Pretoria office (Field notes 04/07/2004).. This unconventional decision accomplished three outcomes simultaneously. It relieved the council of the burden of adopting financial management procedures as defined by the Bank, which often hindered development projects. Earlier, even after funding was approved, it often remained untouched for months as the recipient agency struggled to meet the Bank's finance operation standards, such as creating separate bank accounts and accounting procedures. The decision to keep the funds in Pretoria also reduced the time and expenses of recruitment, as the Bank could apply its own streamlined recruitment process through its existing infrastructure and guidelines. Although the council was actively involved in selecting the final consultant team, it was not delayed by the vetting of applications and conducting interviews (Field notes 11/03/2005). Finally, the process of contracting council-approved consultants was also simplified by using standard Bank contracts, with all legal and financial risks assumed by the Bank.

Consequently, programmatic decisions regarding the resources, timing, and deliverables linked to the project were made jointly between the council's and the Bank's team leaders. At the same time, all administrative tasks were shifted to the Bank, thereby unburdening an already stretched team of city officials of further responsibilities outside their scope of operations, such as preparing narrative and financial reports.

Together, the council and the Bank team developed a project plan and terms of reference for the project team while also initiating the recruitment process for the roster of specialists needed. The project team (see Figure 5.4) included a multidisciplinary group assembled both from the council members and central government staff, ensuring that the resources directed towards the preparation of an upgrading plan would address a broad range of interrelated urban management challenges, rather than focusing on a single issue in isolation.

Figure 5.4. MUFP Project Structure.



Source: Martin and Mathema 2005.

As part of this process, council and Bank officials debated the profile of consultants best suited for the work of formulating a plan to upgrade Mbabane's slums. They sought seasoned consultants who had experience working on similar projects in other parts of the world, particularly those who could quickly make sense of the dynamics at work in informal settlements and provide reasonable recommendations for moving forward. To that end, the Bank team conducted an extensive recruitment process. Many of the top candidates had worked in Asia, specifically in the Philippines and Indonesia – countries with a 30-year history of managing the establishment and growth of slums (Field notes 11/03/2005). In this region, with support from agencies such as the Bank and other bilateral donor agencies, government policy had shifted from focusing on slum clearance or eradication to in-situ upgrades, a well-

established approach since the 1980s. Assembling consultants with such vast institutional memory of both upgrading infrastructure as well as strengthening community agency in the process were identified as being essential to the MUFP design. In the next section, I will provide the project's roll-out and some of the stumbling blocks encountered, linked to Mbabane's bifurcated governance structure.

Once approved, MUFP funding proved to be catalytic in unprecedented ways. It launched processes that enabled the council to access detailed household information at the settlement level, which had previously been unavailable. Critically, the emphasis on data collection and verification disrupted the standard practice of relying on informal estimates based on periodic visits to selected sites. This data collection also informed and corrected assumptions about the longevity of the homesteads found in the settlements. By documenting the detailed histories of these homesteads, the project challenged the assumption that new urban households were inherently transient. Seeing these detailed homestead stories helped challenge assumptions about the transient nature of new urban households (the MCM official interview4-12/02/2009).

Although Mbabane had been a site of data collection for previous national population and health surveys initiated by the central government, the council had been unable to extract this data meaningfully due to the lack of alignment between location of census enumeration areas and the location of the city's wards (interview with CSO official 15/06/2005). As in many African cities during the 20th century, major population census data collection exercises were designed and directed by the central government (Dlamini and Mabaso 2011; Wekwete 1997). This approach did not collect representative data at the city level, which can be used to inform local government service delivery programmes. Without recent socio-economic and spatial data – two priorities for the council in addressing its governance mandate – the council continued to rely on outdated practices, implementing policies and allocating resources without vital input from the communities it served

The following section presents the actions that MUFP funding allowed the council to formulate a local and appropriate approach to achieving Target 11 of the Millennium Development Goals (MDGs), a central funding focus of the Cities Alliance (Cities Alliance 1999). Upon receiving the funding, the council deployed a team of specialists in urban development and community facilitation to support the preliminary work of the MUFP. The team was composed of 12

technical specialists and a corresponding team of enumerators, including a project leader and architect, aerial photographers, social organisational expert, community liaison, community development specialist, design engineer, civil engineer, environmental consultant, communications specialist, development planner, social survey specialist, enumerators and an HIV specialist (Field notes 11/03/2005). This contingent of specialists was determined through collaboration between the council and Bank advisors, as it became clear that baseline information was neither consolidated nor centrally accessible.

The aerial photography team was engaged based on their proximity and ability to provide definitive aerial maps of the spreading settlements. This helped establish certainty in the measurement of settlement boundaries and provided evidence against which the council could accurately update its data. The recruitment of the other technical specialists unfolded differently. Given the history of community tensions experienced during the SUDP, expertise in community participation was prioritised.

Through the networks of the Bank, the MCM and MHUD officials were able to identify and, when necessary, recruit some of the top specialists in urban development. This was the advantage that the Swazis sought: access to world-class expertise, knowledge of a variety of approaches, and an extensive track record of similar upgrading projects (Field notes 11/03/2005). With this criterion in mind, the Bank identified experts who had experience designing and implementing upgrading projects in Asia and other parts of Africa.

An important decision made early by Swazi officials, which found agreement from the Bank, was the emphasis on engaging both specialists in community participation and Swazi technical advisors. These two requirements emanated from the fractured nature of relations between the council and residents in Mbabane and Manzini during the SUDP (World Bank 2005). The project's difficult interactions with beneficiary communities highlighted that the council's work could not proceed in isolation from the community that was the intended beneficiary. The council's second requirement was that local experts be engaged since they brought not only technical expertise but an additional level of understanding of the sociopolitical context and the governance tensions in place. The Swazi members of the team filled the following roles: social organisational expert, community liaison, community development specialist, design engineer, civil engineer, environmental consultant and communications specialist. Their inclusion was important from a practical standpoint, as the two main languages of

communication and data collection were English and Siswati. While data instruments were developed in English, meetings and communication material regarding the progression of the project were developed in Siswati to ensure that the information was broadly accessible (Martin and Mathema 2005). It thus made sense to have experts onboard who were fluent in both languages. It was also important to avoid the pursuit of acontextual best practices. Knowledge of the physical, social, and political environment of the settlements earmarked for upgrading was prioritised during the recruitment of team members.

The MCM worked closely with the MUFP team resident in the city, with the team reporting regularly to the council and the MHUD on data collection and proposals for addressing the issues highlighted in select informal areas. Ultimately, the collaborative working relationship between the MCM and MHUD officials – led by the CEO of the MCM and the director of urban government under the leadership of the principal secretary for MHUD – enabled this flow of resources (Field notes 05/06/2005). More critically, this collaboration formed the basis for the incremental bricolage that would be a defining feature of this project. The pathway to this incremental bricolage began by first taking stock of the realities on the ground and utilising the resources afforded by the MUFP to think differently about how to respond to both the need for urban upgrading and the HIV and AIDS crisis that was reshaping the city.

### **5.5 Reframing Community–City Relations**

As the project team worked on designing its data collection interventions, the nature of the information sought mirrored data typically assembled by the CSO through census and community surveys. This led to lively discussions about the utility of spending resources on continuing with regular data collection. This issue was particularly pressing after the approval of project funds, which took place less than 24 months before the scheduled national census. Through careful examination of the CSO data, it became clear that the primary weakness in the current data processes was the misalignment between enumeration boundaries and those of the city's jurisdiction. The development of procedures for data collection and community engagement by the council in cooperation with MHUD marked a watershed. This data collection exercise would be designed not only to provide council officials with contemporary data on the level of basic services accessible to residents in Mbabane's remaining informal settlement but also to reveal critical information that would later inform and shape the ways in which the city understood and practised its governance mandate.

Early in the design process, the council and the Bank agreed to make community engagement a pillar of the project (quarterly progress MUFP/CA Archive Box 5 2005). This meant that, in addition to recruiting experts to work with communities to raise awareness and foster a sense of ownership and voice, council officials would also undergo training on community engagement and participation. After all, it would have been of limited value to train communities in participation without making a concerted effort to ensure that city administrators would be primed to hear and take note of the community priorities based on their lived experiences rather than the prescripts of urban legislation. The council was particularly keen to ensure that residents did not feel that the project was imposed on them but that they were partners in the process.

The aerial photography, conducted by a South Africa-based firm, enabled council officials to confirm settlement patterns and provided detailed information that had never been collected before on the physical layout of homesteads in the selected settlements, as well as an up-to-date count of structures built in the peri-urban parts of the city (quarterly progress MUFP/CA Archive Box 3 2005). This data proved valuable by enabling the council to have a realistic understanding of the geographic constraints to housing provision and expansion in certain areas of the city. In particular, the data highlighted challenges posed by particularly rocky and unsuitable terrain, offering vital insights to city officials and allowing them to respond to community demands for services and the practical limitations in extending those services

While the technical survey was being conducted by a GIS specialist and the aerial mapping company, community development work was initiated on the ground. This began with the recruitment of residents from each of the selected settlements to facilitate communication between the council and the residents. These new roles, crucial to the upgrading planning process, were identified as neighbourhood upgrading facilitators (NUF). The community engagement strategy included a detailed plan to establish formal channels of communication with settlement residents for the project's duration (quarterly progress MUFP/CA Archive Box 5 2005). Drawing lessons from the negative experiences of the past under the SUDP, the council and its expert team worked carefully to ensure that residents' needs in the affected informal settlements would be central to the project's communication plan.

One of the key weaknesses of the SUDP that informed the council's approach was to ensure that residents, despite their access to land through traditional leadership, were informed of the

value of participating in the proposed upgrading project and invited into the project (World Bank 2005). To this end, the community liaison, in conjunction with community leaders, targeted community members via a communication strategy that sought to engage the residents about the proposed project. The NUFs were recruited from each settlement through an electoral process by settlement residents. Representing up to 30 households per settlement, the NUFs played an integral role in the data collection process (Martin 2005). After recruitment, the NUFs were introduced to the project and received training from the team of Bank-appointed experts on the purpose of the MUFP, as well as the various methods of data collection and facilitation between households and settlement leadership. The NUFs became the project's focal point at the settlement level and enabled community members to directly access information about the council's plans and the pace of implementation (Q3 progress report, MUFP/CA Archive Box 5 2005). Critically, the NUFs amplified residents' voices by documenting their understanding of their settlements' terrain.

Over the course of several weeks, the NUFs worked closely with residents in each settlement to document the boundaries and conditions of the area, establishing a baseline for future infrastructure and services expansion. To prepare for this work, the NUFs underwent extensive training to ensure that the information was captured consistently. This allowed the team to assess the settlement layouts and analyse the specific needs of each community using standardised parameters.

Figure 5.5. (left) Sample Map Used to Train NUFs on How to Demarcate Infrastructure at a Homestead Level. Source: Mathema 2005.



Figure 5.6 (right) Hand-drawn Map Overlaid on Aerial Photographs of Select Settlements. Source: Shabangu 2005f.

One of the team’s key tasks was to develop data-gathering instruments that would provide the council with empirical data. The council, Bank specialists based in Washington DC and Pretoria, and technical experts based in Eswatini collaborated to develop a questionnaire through an iterative process. Several contentious issues arose during the development of the questionnaire, which informed the outcome of the data collection process. The first issue centred on the integrity of the data collected. While the aim was to collect baseline data from which the council could formulate or reformulate its service delivery policies and options, there was concern that a one-time survey would not reveal the true nature of the challenges. Second, there were concerns that respondents might distrust the surveyors, potentially leading them to provide what they thought were “correct answers” rather than truthful responses, which could complicate the verification of the data. Third, there was also concern that a one-time interview would not reveal the dynamic nature of households, such as composition, demographics, or service delivery needs, all of which change over time.

To address these issues, the council and the Bank agreed on a series of steps. First, to address the integrity of the data despite the limited sample size, it was decided that two types of surveys would be administered in the selected informal settlements. The first would be a baseline data collection process conducted only once over the life of the project. The second survey, identical to the first, would be administered monthly over one year to help provide greater detail. Second, to bridge the trust gap between respondents and survey enumerators, the enumerators were recruited directly from the settlements. Third, a repeated survey, or panel survey, would be conducted on a selected sample of respondents. This would provide insights regarding household changes over time. While research fatigue was a concern, the households selected for the panel survey were given option to withdraw from the study however we found consistent level of participation over the course of collection (consultant reports data collection. MUFP/CA Archive Box 5 2005)

The survey instrument was designed to collect household-level data, including demographic profiles; income and employment patterns; land tenure arrangements; and housing construction (survey instrument, MUFP/CA Archive Box 5 2005). It also included questions on access to basic and social services, which set the stage for understanding the level of unmet needs for basic services, and it was a point of entry into a conversation with residents about their desire for expanded services and their willingness and ability to pay for those services.

During the development of the survey instrument and negotiation of the contours of the data collection process, the CSO was simultaneously preparing for the 2006–2007 DHS. This overlap in data collection activities raised concerns for the project, as it was believed that respondents might be confused as to why they were being subjected to two different surveys with similar questions within a short period of time and, consequently, be reluctant to actively participate in the MUFP processes (Field notes 05/06/2005).

This issue was mitigated through the NUFs (participation plan, MUFP/CA Archive Box 5 2005). Through consultation with the council, and with the support of the NUFs, the initial stage of data collection gathered data from three sources: focus group discussions (FGDs), mapping, and household surveys. These preliminary steps allowed the council to discover that although they had established standard operating procedures and ways of interacting with council residents, they did not consider the agency and perspective of urban residents.

The data collection methods and processes agreed upon by the council and MHUD represented a significant departure from standard practice in Mbabane. Although the council had previously facilitated data collection and mapping of unplanned parts of the city through a prior Bank project, it had not been done systematically with the intent of formulating new strategies to assess urban service gaps and address them holistically. The data collection, which took the form of FGDs, interviews, and community-led mapping, was preceded by the preparation of a project communications plan to identify channels for information dissemination and capturing residents' feedback (data collection plan. MUFP/CA Archive Box 5 2005). This plan's main agenda was to ensure that the project's parameters and potential impacts were clearly explained to settlement residents. It also ensured that resident concerns were assembled by the consultant team and transmitted to the council and ministry without distortion or omissions (data collection plan MUFP/CA Archive Box 5 2005). Ultimately, the plan was envisioned to anchor the process of community engagement between the council and residents and empower residents with knowledge about the upgrade proposals, enabling them to articulate their expectations for service standards on record. Further, the engagement strategy explicitly discussed a sensitive issue between the council and residents – that of residents' willingness and ability to pay for the services.

Figure 5.7. MUFP Focus Group Discussion.



Source: Shabangu 2005g.

FGDs were conducted with potential beneficiary communities to introduce them to the MUFP and gather preliminary information about the prevailing conditions in the nine sites identified for upgrade (FGD report MUFP/CA Archive Box 5 2005). This data collection effort was specifically aimed at identifying and prioritising the urban service delivery needs from the residents' perspectives. The data collected was instrumental in formulating a plan for upgrading the settlements. The plan would account for the council's legal mandates, the associated capital costs, and agreements on the terms of payment for extended services by community residents. The process was seen as a means to reach a consensus on the scope and costs of the proposed upgrades (Martin and Mathema 2005). During the FGDs, residents were encouraged to identify their initial concerns regarding the consultation process as part of the project's development. The original plan aimed to organise at least two FGDs in each settlement, not consisting of more than ten members of both genders per group. The themes presented to the FGD for engagement included land ownership, priorities for urban upgrading of homesteads that were without basic services, and income and financial profiles.

Two critical points emerged during the FGDs. First, participants expressed strong feelings of suspicion and deeply rooted apprehension regarding the council's development proposals (Martin and Mathema 2005). These negative feelings were tied to the state-driven process of incorporating the previously traditionally governed peri-urban settlements into the city's jurisdiction. Participants explained how the previous council's decision-making and upgrading processes had been carried out in a way that left lingering distrust:

We were suddenly told one day that the land now belongs to the government and that we needed to pay rates. We were never consulted for any decision. (Nkwalini FGD participant, personal communication, 26/05/2005).

FGD participants expressed doubts about the proposed range of services and their potential benefits as presented by project staff. Drawing from previous experiences where the council had engaged with community members vis-à-vis improved infrastructure and services, participants were sceptical because the council did not deliver on past promises. Further, participants pointed to instances wherein the council had promised to upgrade infrastructure under the SUDP in the Nkwalini and Msunduza settlements. The Bank-funded SUDP residents did not understand the financial commitment they were signing up for in agreeing to have their area upgraded (Msunduza FGD participant 6, personal communication, 16/05/2005). Based on

past interactions, the FGD participants saw the MUFP process not as a means of building consensus, as articulated on paper, but to have residents commit to a financial obligation with little or unclear benefits:

People have no idea what they are in for, do they? Look at it, they got such a raw deal and are still being asked to pay (Msunduza FDG participant 2, personal communication, 16/05/2005)

This perception of the council as an entity that takes from communities without providing corresponding benefits, though not unique to Eswatini, is somewhat complicated by the parallel governance of traditional authorities, on whom all community members rely. The faults found by community members with the council and the execution of its duties contrast with the perceptions of traditional leadership, with whom the basis for authority and payments/tributes are clear.

Additionally, the second critical data point revealed the confusion about the scope of the proposed upgrades and the disorder already underway in the selected settlements. This was a direct result of separately conceived and funded housing resettlement and refurbishment projects underway in nearby areas. These projects included the construction of the new Mbabane Bypass Road, which was managed by the ministry of roads and transport with funding from the African Development Bank. Residents of the informal settlements earmarked for participatory planning and upgrading by the city of Mbabane were aware of the types of upgrades and resettlement packages offered in the other projects (Field notes 21/06/2005). These factors, in addition to the centrality of the preservation of homestead livelihoods, informed the quality and nature of the interaction between the community, the NUFs, and the team of technical experts.

The FGDs also offered insight into residents' general attitudes towards the council as a representative of state authority, as well as their understanding of the distribution of responsibilities and lines of accountability. The FGDs demonstrated that there was no unified understanding or agreement on the universal benefits of the proposed improvements or developments tabled by the council. Residents not only expressed uncertainty about the commitment required from them to engage with the council on service delivery issues but also explicitly communicated their reservations about the council's notions of infrastructure improvements or developments. In a focus group of 15 residents from Nkwalini Zone 3,

participants stated that the government's improvements in other informal settlements were undesirable:

That is not the type of development we want. A good development has proper houses and roads and services. We also want larger plots, in the range of 500 sq. mt. because one, this is a rocky area, and two, we are Swazis and need some land for farming (Nkwalini FGD participant 3, 17/05/2005).

These responsibilities included providing infrastructure and services in exchange for payment. In addition to the FGDs with a select number of residents, a census was designed and prepared to collect data at the household level. This census aimed to compile household profiles, giving the local authority its first understanding of who makes up the population in the nine informal settlements. The sampling frame called for surveying 15% of each settlement, totalling just over 2,000 households across all nine settlements. In addition to demographic and income data, the survey concentrated on access to urban services, household tenure arrangements, and migration patterns. It also sought to understand the extent to which HIV and AIDS had impacted household composition. To enhance the accuracy of the data collected, respondents were encouraged to involve all household members present at the time of the survey. Additionally, questions that relied upon the observations of enumerators were also part of the survey (Field notes 21/06/2005).

The surveys were administered in the evenings and on weekends to maximise participation from community members. The questions and responses most relevant to this research were those that illuminated the state of household access to basic services, residents' opinions of basic services, and residential status. In the context of this research, residents defined basic services as water, electricity, road infrastructure, and sanitation services. It is important to reiterate that road infrastructure and sanitation are the only categories of services within the governance mandate of urban local authorities. Therefore, some of the dissatisfaction expressed by residents could not be remedied by the MCM, as these issues fell outside its statutory and functional mandates.

The data gathered from the MUFPP project proved invaluable in revealing the governance challenges at work in Mbabane between its council and residents. However, this data also has limitations. While it provides deep insight into the tensions and flashpoints between MCM and

residents, it does not reveal how the council engaged with the HIV and AIDS mitigation agenda, nor does it reflect the council's decision-making process in explicitly addressing HIV, despite it being outside of their statutory mandate. To better understand the connection that led the council to prioritise HIV mitigation and reconsider its capacity and responsibility to act, additional data was sought. The next section outlines the second half of the data collected as part of this study.

### **5.6 Governance Beyond the Statutes: Responding to A Different Need – HIV**

In addition to the data collected during the MUFP, a second stage of data assembly was undertaken. While my employment at the Bank provided access to raw survey data and observational insights from my work as part of the project team, I needed additional information to frame my understanding of the bifurcated governance system at the subnational level as well as HIV mitigation efforts in Eswatini, particularly in Mbabane.

Compiling this information presented several challenges. First, nuanced research and data on Eswatini's dual system of governance are not widely available outside the kingdom. To address this, I made three trips to Eswatini to gather documentary evidence on governance structures and HIV mitigation efforts. This data-gathering process was enhanced by my existing relationship with the council and national stakeholders due to my role as a Bank staff member. This rapport enabled me to access council documents as well as documents from the MHUD related to each institution's evolving mandate in the context of the HIV crisis in Eswatini. However, these documents were neither organised nor catalogued in any way, requiring significant time to construct an understanding of the decisions taken by both institutions (Field notes 11/07/2011).

The council and the ministry were not my only sources of documentary data; however, outside the project environment, I did not experience the same level of assistance. I frequently encountered suspicion, even during casual conversations when I was asked the reason for my visit, and I explained I was conducting research (Field notes 6/07/2011). This was particularly evident when I approached the director of the Swazi National Archives to access material on Mbabane. At least part of this suspicion can be attributed to concerns about negative portrayals of governance in Eswatini by foreign media, which often focus on criticisms of the kingdom and the monarchy. I was repeatedly questioned about the "real" purpose of my research and

intimidated by librarians at the archives in Lobamba due to my extensive requests for documentation (Field notes 8/07/2011).

These challenges affected my ability to access formally archived material, leading me to explore other sources of data on the bifurcated governance system and popular understandings. This included trips to the public library in Mbabane as well as time spent with the Swaziana special collections at the national university at Kwaluseni. As a foreign student, I had to submit a justification to the deputy librarian for access to the library and its special collections. The university's library is not open to the public and my access request met with suspicion (Field notes 5/07/2011).

After extensively searching the Kwaluseni and Mbabane libraries to gain a clearer understanding of governance structures, I shifted my focus to HIV mitigation efforts. My primary sources of information on the nature of the HIV and AIDS epidemic in Eswatini were the NERCHA and AMICAALL. As organisations that operate on the periphery of the state, my longstanding work with the MCM and the MHUD facilitated my engagement with the leadership in both agencies. They welcomed my inquiries, provided access to documentation, and participated in interviews. Through this process, I sought to understand the impacts of the epidemic as Eswatini experienced a steadily rising prevalence rate. From my research, three main categories of consequences emerged.

First, as anticipated, the epidemiological trajectory and its impacts were well-measured and -documented. Driven by the MHSW, the Deputy Prime Minister's Office, with the political support of King Mswati III, had mobilised significant resources to study and mitigate the spread of HIV. Second, the rapid escalation of the epidemic and the corresponding policy decisions to mitigate the impact gave rise to a growing body of research exploring the epidemic's social and economic consequences. The research covered a range of themes, including education, health, economic performance, and public-sector operations. This last category was useful in understanding the level of insight that the state had into the epidemic's short- and medium-term impacts. The overriding message in all these works as articulated by Whiteside and Whalley (2007) was as follows:

Highest HIV prevalence and increasing number of deaths due to AIDS is having unprecedented impact on Swaziland. With a generation of orphans and rapidly escalating poverty, this desperate situation is being accepted as 'normal'. (Whiteside and Whalley 2007: iv)

Barnett and Whiteside (2006) aptly summarise some of the social and visible consequences of HIV and AIDS at the household level in low-resource settings, which match the Swazi conditions. In such settings, treatment is not widely available. Beyond the fatal nature of the epidemic, its impact fundamentally changes the shape of families and households through the loss of income- and non-income-earning members. It also critically interrupts the typical progression of households, which includes the reproduction and growth of household members.

The presence of HIV and AIDS results in a cycle of sickness and death that can lead to what Barnett and Whiteside (2006:25) describe as 'households that disappear'. In such cases, the illness successively spreads within the family unit. With the loss of family members, either the responsibilities of raising orphan children fall to extended families or the children are left to fend for themselves (Barnett and Whiteside 2006). Despite the harsh realities of HIV and AIDS, accurately quantifying the full impact of an epidemic, even in small countries, remains a significant challenge (Barnett and Whiteside 2006). While scholars have enthusiastically pursued the measurement of the economic impact of HIV, its indelible mark will be visible in different ways in different contexts.

As Mbabane faced unrelenting urbanisation, the city council was compelled to navigate its governance role in a complex environment where responsibilities were shared with traditional leaders overseeing Swazi Nation Land. While the council was mandated to regulate and maintain the urban built environment, traditional leaders managed an increasing number of informally planned and established settlements within their jurisdiction.

These settlements, which constituted 70% of Mbabane's population, presented significant challenges, particularly concerning residents' need for access to basic services. Compounding this was the escalating HIV prevalence rate, which, in the absence of treatment, led to many shattering deaths in households. Although addressing the HIV epidemic fell outside the mandate of the local government, the Mbabane council was at the coalface of the crippling side effects of the epidemic, both as an employer and a service provider. The council was thus pushed to examine how its reach and functions could reduce the impact of the pandemic. To

that end, the council took some remarkable steps outside of its statutory governance role, making a critical impact on the ability of residents to have their basic needs met.

The quantitative data collected on selected informal settlements in Mbabane revealed some important patterns, typical in environments of high inequality and poverty (progress report Q1 MUFP/CA Archive Box 1 2005). Some of the socio-economic features of the surveyed households included high levels of unemployment, low wages, and a significant percentage of income being earned in the informal sector. Another distinct pattern was that a significant number of households were female-headed. Additionally, the data also revealed a widespread pattern of households absorbing orphans across all nine settlements (Field notes 21/06/2005). While the data are not exhaustive, they reveal limited and often non-constructive interactions between the majority of settlement residents and the city council, which holds a governance mandate for these areas. The absence of an updated cadastre, coupled with the lack of urban services, represents a breakdown of channels – such as revenue collection and urban services – that urban local authorities typically rely upon to regulate, manage, and acquire resources to ultimately govern human settlements

The data gathered paint a rich picture of the complex governance relationships faced by both the council, as an administrator, and residents, as consumers of urban services. The data collected through the two different processes reveal that the strict statutory definitions and bureaucratic power relationships within which the city was mandated to operate were not a complete or accurate reflection of the task of governing Mbabane. The council's administrative work was only one element of an intersecting web of decision-making and authority that directly affected the direction and pace of urban development in the city.

The bureaucratically invisible but extremely powerful actors in urban management were the chiefs appointed by the king who sat at the seat of power. The chiefs govern land allocation and homestead extensions in both rural and urban Eswatini. In the eyes of residents, the chief's power was equal to, if not greater than, that of the local authority and therefore created a tension that was only amplified by the imposition of rules and requirements by the council. The residents deemed these rules unfair, as their importance was dwarfed by their relationship with traditional authorities ( progress report Q1 MUFP/CA Archive Box 1 2005). This was particularly true for residents who did not rely on the council for access to basic services such

as water, and yet were being asked to comply with council regulations and pay for the privilege in the form of property rates.

We prefer to be under the authority of the chief because ‘even if a very poor family has lost a member and cannot afford to incur all the funeral expenses the chief and the Inner Council provide some financial help, yet City Council and the Ministry of Housing cannot help but only wants rates. (Simelane 2012: 805–6)

Residents raised the following primary concerns through the established series of mechanisms:

1. confusion about rates and the connection of the payment to the proposed upgrade work;
2. confusion about the recently instituted 99-year lease, a legacy of the SUDP, designed to provide security of tenure;
3. concern about how the upgrading process may impact the elderly, the disabled, and the orphaned children among vulnerable households;
4. limited knowledge of HIV and AIDS;
5. absence of support mechanisms linked to the council, their closest point of state administration;
6. a lack of understanding of environmental issues

This list illustrates the broad scope of governance and social issues prioritised by community members and highlights the disjuncture with the council’s circumspect legal. From the perspective of these communities, the council was only one authority, not “the” authority to consult and obtain permission to live in the city of Mbabane. All the surveyed households had engaged with traditional authorities to secure permission and access to land for establishing urban homesteads. Only 1% of the population had additionally engaged with the administrative state to acquire land for housing. This pattern offers further evidence of the fragmented nature of urban governance in Mbabane and the state’s inability to move beyond post-colonial architecture and reform the governance infrastructure at a local level to align with the realities of urban residents.

Through the survey, settlement residents cited a range of built environment deficiencies in their neighbourhoods (progress report Q3 MUFPP/CA Archive Box 12 2006). The feedback revealed dissatisfaction with the lack of basic municipal amenities such as streetlights and roads. A recurring concern that the council earmarked for improvement was the collection and disposal

of solid waste. In parts of the settlement with no roads or poorly maintained roads, municipal solid waste vehicles were unable to access disposal points. Residents expressed frustration over being reminded to use municipal skips that were hardly ever emptied and overflowed with refuse (progress report Q3 MUFP/CA Archive Box 12 2005).

The survey also indicated a desire for social infrastructure mandated by the city, such as recreational spaces for children. While the city's failure to deliver services was evident in some areas, others were less clear-cut. For example, the ability of residents to access clean water. In instances where residents relied on mountain springs as their primary water source – rather than the urban water supply managed by the Eswatini Water Services Corporation – many households reported being satisfied with their existing arrangements. When asked whether they strongly agreed or strongly disagreed, residents agreed that spring water was the healthiest water option.

Given the levels of dissatisfaction and their poor relationship with the council, residents were sceptical about the proposed upgrading plan. As documented by Simelane (2016) and the Bank (2005), the collective institutional memory of settlement residents was a critical point of reference when discussing proposed upgrading plans. Specifically, residents were vocal about their experiences with the upgrading projects in Msunduzi and Nkwalini, which were part of the SUDP launched in 1995 and took a decade to complete, they highlighted the bottlenecks and miscommunications with the council that were central to the challenges encountered during the project's implementation.

The extension of local government mandates to include the promotion of the social and economic well-being of city residents marked a progressive trend in the evolution of developmental local government in Eswatini. One notable approach taken by the council to reduce the impact of HIV at the city level was to engage with sectoral ministries at the central government level. These engagements included meetings facilitated by the MHUD with the ministries responsible for health and social welfare.

The recurring theme emerging from the data is the disconnect between the role de jure of administrative state institutions of governance, the role and power de facto of traditional authorities, and the resulting discord this creates among citizens as they seek to make their lives in the city. This is particularly evident in the engagements with residents, which highlight the

significant levels of distrust and lack of utility for state institutions (surveys MUFP/CA Archive Box 13 2005). The qualitative data further underscore the discomfort and animosity with which residents of the selected informal settlements view the council and its efforts to govern and regulate their lives in the city.

Some residents perceived the upgrading project and engagement with the council as part of an effort to diminish the authority of traditional authorities in urban areas. The data revealed that citizens of the surveyed settlements firmly believed that traditional authorities were the ultimate authority for granting land access to residents and migrants settling in Mbabane (Field notes 07/05/2005). This deeply entrenched belief partly explains the distrust and lack of confidence in municipal authorities, who were viewed as interlopers trying to extract unearned resources from community members who had participated in all the longstanding customary practices for access to land as a Swazi in a new community (Field notes 26/05/2005). Within the FGDs, the participants strongly articulated their conviction that the council was in the wrong.

It was our land, and we paid for it by way of our allegiance to the chief. “We paid in cows”, they say. The council simply came one day and took it over, without even a word of discussion or negotiation. They are crooks. They tell us, “You are uneducated, you don’t own the land”. Now, they want us to pay rates that we are not willing to take. (Nkwalini FGD participant 4, personal communication, 17/05/2005)

Another unanticipated data point that surfaced repeatedly at different points was that residents not only questioned the council’s authority based on a longstanding and parallel traditional authority system, but they were also not inclined to trust the state, whether represented by the MCM or central government. This mistrust stemmed from the poor and inconsistent communication by the state agency itself (progress reports Q1 MUFP/CA Archive Box 12 2006). When discussing plans or improvements initiated by the central or local government, residents recalled that, often after projects had been announced through a variety of channels, such as community meetings or through traditional authorities, residents were seldom left with records of communication.

The emphasis on gathering data on the material conditions of the residents of the select settlements provided a vehicle to collect detailed information about the households and the ways in which residents experienced governance through the prism of their formal interactions

with the city council juxtaposed their everyday experiences with customary leaders who lived among them. Critically the proposed intervention in this case was not a clinical assessment . an effort to surface the epidemiological patterns of HIV or in the short-term render material aid. Rather it was to address the data gaps that had made it difficult for the city council to understand the specific infrastructure and social service needs of those communities in the absence of current information. The data gathered also included proxy questions that contained revealing information about not only their ability and desire to pay for municipal service but also critically understand the extend of the impact on HIV and AIDS in these communities with questions about the level of expenditure on medical needs and changes in household composition over time. (field notes 04/05/2005).

### **5.7 The Role of Chiefs and Bricolage in Response to HIV and AIDS in Mbabane**

The impact of the HIV and AIDS epidemic in Eswatini was visibly devastating, with Whiteside et al. (2007) rightly categorising it as an emergency. Approximately one-third of women aged 18 to 49 were HIV-positive, and nearly 50% of women aged 25 to 29 years were living with HIV and AIDS (Root and Whiteside 2013). Compounding these staggering numbers were the documented shortages of healthcare workers, with 17.6 physicians and an estimated 296 nurses per 100,000 people (Kober and Van Damme 2006; Root and Whiteside 2013). At health facilities in 2004 and 2005, an estimated 80% of beds were being occupied by patients suffering with HIV- and AIDS-related illnesses (Kober and Van Damme 2006) The epidemic also reshaped cultural practices, including the traditional funeral ceremonies documented by Golomski (2018). Once held at rural homesteads, these ceremonies transformed in the face of the epidemic into what Golomski termed the era of ‘living and dying in the city’. The combination of the heavy burden of disease and limited resources demanded a response by stakeholders that did not rely exclusively on public administration infrastructure or public health care. More than reshaping cultural practices the epidemic put strain on existing system. This quote from community visits demonstrates this:

In one instance an 80-year-old grandmother who lost all but one of her eight children to “TB” (more likely HIV, as reported by the health worker). When we met her, she had a black band around her neck, signifying that she was in mourning. The dead family member was her 7th child. She is now left with 12 orphans. She is unemployed, and the

only source of income is rent from 4 rooms (E100 per room per month). SOS funds the children's education. (Mathema 2005: 29).

A separate visit yield confirmation of the toll of the epidemic where the extremely poor also seemed to be the most in need of municipal services and opportunities for social support.

In another case field workers met a 68-year-old woman with 2 single daughters, one of whom is mentally challenged, and 9 grandchildren, 5 of whom are orphans from other relatives. She rents out one room for E100 per month, and has recently (Mathema 2005: 29)

The needs illustrated above are precisely the ones until the data collection were largely anecdotal. With household data there was a basis for creative and collaborative action.

In this environment, three significant responses emerged, exemplifying Cleaver's (2002) notion of institutional bricolage. These responses came from civil society, local authorities, and central government in partnership with international development agencies (Field notes 07/06/2005). The solutions included neighbourhood care points (NCPs), AMICAALL, and city-level multisectoral AIDS council (MAC). Each initiative arose from local actors reshaping and building on local institutions to address the crisis (UNAIDS 2006).

Briefly, NCPs were community-based kitchens established to provide food for orphaned and vulnerable children. These emerged organically in urban and rural communities as a community response to meet the basic needs of vulnerable children who had lost caretakers to HIV and AIDS. A key element of the success and viability of this organic response at the community level was the support of traditional authorities (UNAIDS 2006). Volunteers made up of community members came together to establish NCPs, where children could initially access meals and eventually also access psychosocial support (UNAIDS 2006). Along with these 'traditional community-based safety nets' (Mabuza and Dlamini 2017), KaGogo centres are another community-driven initiative that created space in communities for social services for vulnerable children (UNAIDS 2006). The support of traditional authorities for this important work was aligned with Swazi customs and the shared belief that as a nation, communities are connected and that families belong to communities (Mabuza and Dlamini

2017). Therefore, when there is a need, there must be a communal response, as articulated by one traditional authority:

Swaziland is just like a tree. If we want things to work properly, we need to concentrate on the trunk. Then the branches will survive. Chief Siphon Shongwe (UNAIDS 2006: 14)

The second example of a collective response that repurposed existing resources was the decision by the local government association to adopt the Abidjan Declaration, which led to the establishment of the African Mayors and Municipal Leaders on STDS and AIDS (AMICAALL) (UN AMICAALL et al. 2003). The 1997 Abidjan Declaration formally declared the role of local government in the fight to reduce the impact of HIV and AIDS and emphasized the need for leadership at the local level to mitigate the epidemic's impact.

In Eswatini, a national AMICAALL office was established, followed by satellite offices within each of the declared urban local authorities (Field notes 07/09/2009). Under the leadership of the Swaziland Association of Local Authorities (SWALGA) and the Local Authority Managers Association of Swaziland (LAMAS), multisectoral community HIV/AIDS action committees were set up with the support of the MHUD and NERCHA. This political leadership and support enabled AMICAALL to collaborate with international organisations to raise money for the functioning of these committees and their associated projects (interview with senior AMICAALL official 08/09/09). This support included funding to staff SWALGA member cities with local AMICAALL coordinators which were supported by senior municipal officials to hold responsibility for HIV and AIDS coordination and programming at the city level (interview with MCM official 05/07/09).

The creation of this role facilitated the establishment of a citywide multisectoral committee, which ultimately served as a platform for regular meetings among municipal officials, traditional leaders, local civil society organisations, and international development agencies. This mechanism enabled the committee to track which wards and areas of the city demonstrated a need for HIV care and support services and which areas of the city were receiving adequate services (interview with MCM official 05/07/09). The cooperation of all parties, particularly traditional leaders, was central to ensuring that emerging cases and community-level needs were validated and presented to the committee for action. The support provided by international development agencies – such as the Global Fund to Fight AIDS, Tuberculosis and Malaria –

along with bilateral donors and civil society would not have been effective without citywide cooperation. This cooperation did not occur in a vacuum but was crafted in a context wherein existing relationships had to be recalibrated and remade to focus on the HIV and AIDS epidemic.

The active influence of customary authorities within the multisectoral committee and its engagements with AMICAALL reflect their mandate as the unit of the monarchy closest to the people (GOS 2006). They serve as guardians of the community, upholding Swazi values. In their role as community representatives, they acted as conduits to facilitate access to resources such as food, care and support, particularly for vulnerable children and households, even within the urban boundary (interview with MCM official 5- 05/07/09).

## **5.8 Conclusion**

This chapter highlights the governance trajectory of Mbabane amid the HIV and AIDS crisis. The carefully constructed package of technical assistance provided by the Bank and the Cities Alliance enabled the MCM, with support from its central ministry, to take a dramatic leap in reformulating its understanding and practice of governance in a city in crisis. First, under these extraordinary circumstances, the council departed from its narrow mandate of regulating and controlling the built environment within the city limits of MCM. Instead, the council reshaped its mandate to control access to land and tenure within the city to meet the needs of communities in the grip of the HIV crisis. In these circumstances, compliance with council regulations was second to the enhancement of citizen survival. Second, the MCM adapted its revenue collection model to consider the economic vulnerability of HIV-affected households and ensure these households were not further discriminated against due to HIV and were able to maintain access to material shelter. Third, and most crucially, the council extended its role in the implementation of urban policy and governance to position itself as a leader in the multisectoral efforts to address HIV and its impacts. The council willingly and eagerly established and nurtured relationships with HIV and AIDS organisations in Mbabane and nationally to secure material support for its residents.

This chapter also provides insight into how the customary authorities enabled and facilitated HIV mitigation efforts at the city level. highlights the shift from tensions over authority to the crafting of collective, focused cooperation, ultimately forging a new partnership for effective mitigation efforts. In the next chapter, I analyse the adaptation, agency, and authority that the

HIV crisis produced in Mbabane's urban governance. These elements are central to this discussion on African cities.

## CHAPTER 6 | CRISIS AS A CATALYST FOR CHANGE

### 6.1 Introduction

Mbabane's innovative response to the HIV crisis in Eswatini exemplifies the gritty application of urban governance amid a 'long wave disaster' (Whiteside and Whalley 2007: 3) that changed the fabric of this southern African kingdom. The rapid increase in HIV and AIDS cases in Eswatini escalated into an emergency that demanded an urban-scale response, prompting local governance to act swiftly. Recognising these distinct circumstances – including the fact that there was and is no cure for the disease behind this crisis – the MCM identified how the epidemic was changing the needs of residents in critical ways, particularly in terms of access to essential services. These evolving needs required the state to find new ways to respond to increasingly acute service delivery needs and support the accessibility of social services. . This distinctive case offers valuable insights into the layered relationships that define governance in African cities. Drawing on Levi-Strauss's (1966) notion of bricolage and Cleaver's (2002) extension of this idea through the lens of institutions, I propose that the case of Mbabane offers a concrete example of the dynamic and complex nature of governance on the ground. It also highlights persistent tensions in governance praxis in contemporary African cities, which are shaped by a legacy of colonialism and bifurcated authority.

The findings from previous chapters underscore the three core elements that influenced the governance of Mbabane in response to the AIDS crisis. This chapter explores the significant shifts in governance at the urban scale prompted by the unprecedented public health emergency and the resource constraints facing this rapidly expanding city. Here, I synthesize and discuss the results considering my study's research questions, literature review, and conceptual framework. This involves identifying patterns and themes that emerged from the analysis as well as finding ambiguities and inconsistencies. Overall, this chapter reflects on my study's findings and discusses their practical and theoretical implications. It presents evidence of how Mbabane's urban local authority adapted its governance approach to address the complex demands of the HIV and AIDS crisis.

Building on the seminal works of Cleaver (2002; 2001), which explore institution building and governance through the lens of natural resources management, I engage with contemporary scholarship on governance in African cities (Lindell 2008; Pieterse and Parnell 2014; Pieterse

and Smit 2014; Obeng-Odoom 2017; Resnick 2021; Smit 2018). The case of Mbabane – a capital city marked by entrenched and bifurcated authority structures during a crisis – offers insight into the formation and adaptation of governance. Employing the concept of “institutional bricolage” as a framework, this chapter demonstrates how Mbabane’s subnational government evolved from operating as a rigid, single-purpose entity within the MHUD to a more adaptive, improvisational, and reimagined model of urban governance, thereby giving way to new arrangements as part of the process of “institutional bricolage” required in a crisis.

In the following sections, I present and analyse three urban governance innovations that emerged in the Swazi capital amidst the HIV and AIDS pandemic. The first governance shift involved the council’s reordering of urban management priorities as local households struggled to survive during the pandemic. The second shift was the council’s commitment to take inventory of and serve as a central coordinator for the HIV and AIDS service providers within the city. This distinct role emerged through analysis and experimentation in identifying, allocating, and sustaining resources to support households in need, even beyond the council’s legal mandate. The third governance adaptation was the council’s explicit and sustained engagement with traditional authorities governing the city’s urban and peri-urban areas.

By reassessing and revising its relationship with the traditional authorities overseeing the *Tinkhundla* within Mbabane, the council broke from longstanding practices that previously excluded these authorities from urban governance decisions. By reassessing and revising its relationship with the traditional authorities overseeing the *Tinkhundla* within Mbabane, the council broke from longstanding practices that previously excluded these authorities from urban governance decisions. This practical integration of traditional leaders into Swazi urban local governance represents a significant shift in governance urban governance practices in Eswatini. The relationship between the MCM and traditional authorities, while never entirely static, experienced a sustained and pivotal shift in response to the HIV and AIDS crisis in Mbabane. This crisis catalysed a form of cooperation where both parties focused on a shared priority, rather than advancing their own agendas. This shift reflected a reworking of roles and interactions, fostering a new collaborative approach aimed at supporting households affected by the epidemic – in other words, igniting the process of bricolage in response to the HIV crisis.

The chapter concludes by returning to the literature on urban governance and articulating the gaps in scholarship to which this research contributes. The coexistence of institutions inside and outside of public administration structures as part of flexible governance arrangements within African contexts are well documented (Cleaver 2002; Cleaver and De Koning 2015; De Koning and Cleaver 2012; Huggins and Mastaki 2020; Lund 2006). The findings of my study contribute to theorising the nature of urban governance in African cities and exemplify the understanding that public authority and, by extension, governance (Lund 2016). As Mangnus and Schoonhoven-Speijer (2020) succinctly articulate, this continuous process of institutional making and remaking means that tradition and efficiency are not the sole drivers of institutional relationships. In this case the nature of relations between the council officials and traditional leaders in Mbabane have evolved over time and the willingness to collaborate due to the acute problems put in motion by the HIV and AIDS crisis there was a different tenor to the process. The events of this study did not happen in isolation and are necessarily influenced by previous engagements which provided a basis on which for stakeholders to agree to piece together new relations based on the pressures of the epidemic. These are the foundations of the incremental bricolage witnessed in Mbabane.

The story of Swazi traditional authorities illustrates a unique duality. The role of chiefs as guardians of Swazi law and custom was articulated in the Swaziland Order in the Council of 1903 and further supported by subsequent legislation with distinct responsibilities. However, chiefs were not acknowledged or engaged partners in the governance of urban local authority. At a time of crisis, however the MCM found that adhering strictly to its statutory role and conventional approaches to urban governance was insufficient for formulating an effective response. The epidemic created conditions that forced it to improvise approaches to manage resources and deliver an expanded range of services in line with changing citizen needs. Cleaver (2002:12) describes this process as the formation and evolution of institutional architecture, or bricolage, which is ‘embedded and evolving’ to respond to emerging challenges. This perspective offers a useful lens for understanding how the urban local authority effectively navigated and adapted its governance mandate in response to the HIV crisis.

## 6.2 Reordering and Extending Urban Management Priorities

The HIV and AIDS crisis in Mbabane, when viewed through the lens of the city council, challenges some of the conceptual cornerstones of our understanding of the term “urban governance”, particularly in African cities. Much of the literature on African cities begins by framing the problems of urban administration with poor regulation, unplanned growth of areas having limited resources, and growing demand for built environment services in the absence of corresponding resources (Cobbinah et al. 2015; Turok 2019; UN-HABITAT 2010). Using Western cities and bureaucracies as benchmarks for efficiency and managerialism (Obeng-Odoom 2012) creates an anaemic comparison when assessing less-resourced and tangibly different African cities, such as Mbabane.

Researchers have increasingly focused on cities in the Global South over the past decade, with some scholars highlighting that such comparisons overlook critical characteristics unique to African cities (Pieterse and Parnell 2014; Resnick 2021). These characteristics include the multiplicity of stakeholders, sources of authority and power outside of the constitutional state, as well as their relationship with their constituencies (Cammack et al. 2009; Lindell 2008; Renders and Terlinden 2010; Resnick 2021; Smit 2018). Instead, the focus is primarily on descriptions of unplanned and unmanaged urban centres, assessed from a perspective of deficit and highlighting what they lack – such as trained human resources, modern billing systems and well-organised cadastre – rather than seeing what they possess (Lawanson and Oduwaye 2014; Stren 2014).

Obeng-Odoom (2017) notes that even in cases where resources are available, as seen in some Ghanaian cities, urban local authorities sometimes face challenges in leveraging these assets to address the growing urban challenges. This narrative often overlooks the examples of urban local authorities that have been able to reflect on, identify, and exploit their strengths beyond the balance sheet to manage governance in crisis conditions. The case of Mbabane demonstrates that exploring urbanisation and governance within the context of African cities offers compelling narratives and explanations for how such cities can sustain themselves and their citizens during a crisis. This supports the view that governance, like public authority, is not a static and immutable construct (Lund 2016).

Between 1995 and 2005, Mbabane was no different from other African capital cities established under colonialism. Originally developed as an administrative centre for the exclusive use of settlers, the city's design excluded indigenous populations (Bekker and Therborn 2012; Home 2014). In the independence era, the council continued to work within its mandate, providing services unchanged from the previous era (Lowsby and DeGroot 2007). However, with increased economic activity and evolving social dynamics in urban areas, Mbabane's peri-urban zones began to expand, extending the city's boundaries and enlarging its footprint (Lowsby and DeGroot 2007).

From independence until the early 1990s, a combination of factors contributed to Mbabane's population growth. Geopolitical shifts, including apartheid South Africa's increasing isolation, sparked increased economic activity within Eswatini as international companies looked for ways to retain their regional footprint. This influx of relocated industries, combined with the lifting of residency restrictions on native Swazis and a growing population, led to the city's rapid and unplanned expansion. Consequently, the increased population and demand for services required the deliberate management of the informal settlement patterns that accompanied urbanisation in Eswatini (Bekker and Therborn 2012; Lowsby and DeGroot 2007).

The inherited principles of urban administration and stringent central government controls on urban expansion were juxtaposed against the unplanned and rapid growth of Swazi cities (Lowsby and DeGroot 2007), mirroring trends seen across the continent (Stren 2014). In response, the MHUD and the council persisted in the application of strict planning codes based on inherited norms. In 1992, the MHUD implemented a watershed building ban to gain control over the expanding cities. This ban, however, did not arrest the expansion of Mbabane. Instead, it effectively forced new urban dwellers to seek extra-legal avenues to secure shelter (Lowsby and DeGroot 2007; Simelane 2016).

An important but unexpected aspect of post-independence urban management in Eswatini was the deliberate omission by the urban management legislation of the longstanding system of traditional governance that effectively operated within the same territory. The absence of traditional authorities in urban management did not reduce or negate their influence over settlement patterns or expansion. Instead, the uncodified arrangement, sanctioned and promoted by traditional authorities – effectively, the king's representatives on the ground –

drove and shaped the city's settlement patterns despite the legal frameworks empowering the administrative local authority. These unofficial arrangements informed the improvised and impermanent governance practices that formed a critical component of the city's response to the HIV and AIDS epidemic.

Without acknowledging the 'multiple identities of the bricoleurs' (Cleaver 2001:11), an analysis of governance remains incomplete, missing critical insights into the actors who ultimately steer and implement local decisions shaping the city's growth and management (Da Cruz et al. 2019). Simone (2005) highlights that urban governance is not only a vehicle for the delivery of public goods and services but also a product of transactions, compromise, and efforts to advance interests. Da Cruz et al. (2019) and Lindell (2008) affirm the multiplicity of actors, sources of power, and political influence, but do not consider the range of configurations of stakeholders that are commonly found in African cities.

Cleaver (2001) goes beyond the identification of overlapping mandates and spheres of influence and acknowledges the swing between cooperation and friction that occurs between state and non-state actors. Lindell's work (2008) advances this discourse by highlighting the fragmented nature of our understanding of urban governance, noting that governance is both enacted and resisted among urban stakeholders on the ground and in scholarship, which is still largely steeped in Western debates rather than empirical data from African cities. One such example is Eswatini, where all land that is not held under title or freehold belongs to the Swazi nation under the authority of the supreme traditional leader – the king – and his representatives, the chiefs (Dlamini 2008; GOE 2006; Matsebula 1988). The lack of explicit engagement between administrative authorities and the traditional governance systems speaks directly to the lack of harmony and the persistent patchwork of authority operating in African cities. Focusing on these layered systems is essential for understanding governance frameworks across the continent, particularly in Mbabane.

With the majority of Mbabane's residents living in unplanned areas of the city, access to basic services was a high priority. However, this unprecedented public health crisis created precarious conditions for both high- and low-income households (Phaladze et al. 2005). HIV-related illnesses and deaths of household members increased the demand for health services while diverting critical household resources away from safe shelter, food security, and education (Jones 2005; Nkomo 2010). The rapid increase in HIV cases, coupled with the

limited availability of therapeutic interventions at the time, led to a cycle of declining health, reduced work capacity, and death at the household level (Phaladze et al. 2005). In this scenario, the city recognised that, although its mandate was clearly defined to manage and operate specific built-environment services, the social protection and health needs of residents exceeded this scope. This case study highlights more than just the disconnect between government policy and the lived realities of urban residents of Mbabane (Lowsby and DeGroot 2007; Simelane 2012). It also demonstrates the micro shifts in governance at the city level that emerged during this period of crisis.

The extensive impact of the HIV and AIDS epidemic in Mbabane compelled urban local government officials to reconsider their role, not only in delivering public goods but also in the changing nature of citizens' abilities to engage with the state and articulate their interests. By re-examining its governance mandate, the MCM took the opportunity to assess the coherence of its mission with the hierarchy of needs of Mbabane's residents amidst a harrowing public health crisis. The most significant shift for the council was the recognition that the narrow scope of duties and mandates outlined in the existing legislation – which had long served as the recognised source of authority – was insufficient to serve as the sole point of reference for its mandate amid a public health crisis. The age and scope of the legislation reflected a different era with a different set of intentions, from a time when cities were the exclusive domain of settler communities (Home 2014; Myers 2003), with no vision for equitable service delivery. The overwhelming emphasis was on operational tasks with little consideration for the adequacy, appropriateness or inclusivity of the scope of services (Home 2014). Reflecting on the origins of urban administration and the renegotiated focus of the MCM during the height of the AIDS epidemic gives weight to Lund's (2016) argument that governance and the layers of the state are neither static nor unchanging.

The council's initial approach in responding to the pandemic was an attempt to reidentify its role. Like many state institutions and local authorities in the region, it struggled to conceptualise an appropriate response to the HIV crisis. At first, the council adopted and echoed the health promotion messages of public health officials. As in other city councils on the continent, Mbabane administrators first focused on harm reduction messaging and public education (Kelly and Marrengane 2004; Swartz and Roux 2004). Although these approaches were understandable, they fell entirely outside the council's governance duties. The high costs

of inaction during the HIV crisis were deemed too grave to overlook. At the time of this study, Eswatini had an HIV prevalence estimated at 42.6% (Masuku and Sithole 2009; GOS 2006; Physicians for Human Rights 2007), with infection rates in urban areas averaging 8% higher than in rural localities of the kingdom (CSO 2008; Asiedu et al. 2012). Meanwhile, Eswatini continued to grapple with severe poverty and inequality, with 70% of Swazis subsisting on less than E 125<sup>28</sup> (\$20) per month (GOS 2006b). This combination of factors, compounded by the public health crisis, gave the city's leadership insight into the devastating costs of the unmitigated spread of HIV.

City officials occupied a unique position, as the council served both as an employer and a governing entity. This dual role allowed city leaders to witness firsthand the rapid and widespread devastation caused by HIV. As an employer, the council faced rising absenteeism as council workers took time off work to care for ill family members and to attend funerals (interview MCM official 04/05/2005). As a service provider, the council also understood the importance of access to basic services, which were under the council's jurisdiction. The crisis led to an increased demand for burial space in the city (Golomski 2015). A survey by Jones (2005) explores the notion of extended families and foster care of children who have lost one or both parents and aptly captures the calamity that HIV and AIDS levelled against families in Mbabane. Through a series of select interviews, Jones relates the voluntary and involuntary absorption of orphaned children into the households of extended family members (Jones 2005). Her in-depth interviews demonstrate the scope of the damage. Recalling interviews with several households in Mbabane's informal settlements, Jones (2005: 169) reports that although none mentioned AIDS when describing deaths or illnesses, the epidemic cast a shadow,

‘in the previous 12 months, seven families had lost at least one family member, and an additional three families had an adult in the hospital who was described as “very sick”. (Jones 2005:169)

My son died in hospital, then my daughter got ill and died too. They died one after the other. My daughter was visiting my son in hospital and very shortly after, she was sick

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<sup>28</sup> The currency in use in Eswatini is the Emalangenani (E), which is pegged on a 1:1 basis with the South African Rand (ZAR).

too, so two children have died this past year within a month of each other. (Jones 2005: 169)

This pattern of illness and death, coupled with survey data (CSO 2008; UNAIDS 2009a) highlighting the financial vulnerability of households in Mbabane's unplanned settlements, intensified the pressure on city officials to reconsider their institutional capacity to absorb financial and economic shocks.

It may be tempting to attribute the council's shift in mandate to a technical aggregation of data – from household-level surveys, human resources records on absenteeism, and demand for built environment services correlated with loss of life such as cemetery expansion. However, this transformation was driven by human experiences rather than technical assessments alone. As officials observed the increasing daily absences of colleagues (the MCM interview 12/02/2009), they were simultaneously experiencing the impact of the crisis within their communities and, as such, found themselves attending funerals and memorial services week after week. These painful and relentless losses made a profound impact on the leadership within the local authority. HIV and AIDS were not distant issues, merely addressed through public health warnings, but a daily, personal reality – a stark reminder of the pandemic's capacity to devastate families across Swazi society.

As the frequency of sick days escalated, council officials and politicians, often attending the funerals and memorials, began to ask themselves if there was more that they could do. After all, the people who were lost were not nameless and faceless “others” – they were close friends, colleagues, neighbours, and loved ones lost to a long-wave humanitarian crisis. Senior management within the Mbabane council, along with officials in central government, were personally impacted by the crisis. This shared experience spurred discussions aimed at identifying practical actions they could take within their sphere of autonomy and duty to make a difference.

Despite the recognition of HIV and AIDS as a potential national health crisis and the establishment of a dedicated team under the Swaziland National AIDS Programme (SNAP) in 1987 – along with a national HIV policy introduced in 2001 to coordinate across sectors and sustain a political commitment to HIV and AIDS prevention and control (Dlamini et al. 2017; Zungu-Dirwya, et al. 2004) – there was little articulation of how it would be done outside of

central government. The turning point came when the council focused on what impact it could make in its day-to-day operations laid out in the urban legislation and its role as a supporting branch of the MHUD. Mbabane officials recognised that the epidemic could not be treated through national plans alone or solely through the elevated nomenclature of a national crisis/humanitarian crisis. Whiteside (2007) explains the specific nature of the HIV crisis.

‘Traditional humanitarian thinking focuses on the short term and is often aimed at returning affected populations to “normality” HIV/AIDS in Swaziland has been characterized by a slow onset of impacts that have failed to command an emergency response. With insufficient resource allocation and a lack of capacity, slow onset events can become emergencies. The case of Swaziland emphasizes that emergencies can be long-term, complex, widespread events that evolve over years (Whiteside and Whalley 2007: vii)

Several ideas were tested by the council in an effort to bridge the gap between the needs of urban residents and the city’s mandate. One such idea was to combine HIV prevention and testing awareness messages with residents’ monthly bills and ratepayer notices, a strategy used in other cities. While this seemed like a practical and relatively low-cost way to contribute to public education, it did not reach the majority of the city’s residents, many of whom lived on land that was neither rated nor formally incorporated into the city. While useful, this approach could not be scaled to create a measurable impact. These messages helped create a general climate of awareness about HIV. However, more critically, they duplicated the efforts and resources already being invested by the NERCHA, the MHSW, donor agencies, and faith-based and civil society organisations, all of which were already engaged in HIV mitigation work through educational messaging. Significantly, the campaign also did little to address a silent but equally damaging part of this epidemic – stigma (Root 2010). The fear of being identified as HIV-positive, or having a positive household member who was, often outweighed the encouragement to access health services.

A second idea, widely implemented by many public and private sector institutions, was to hold HIV and AIDS awareness-raising events, culminating annually with World AIDS Day on December 1. While there was nothing inherently wrong with this public education effort, it was not an activity that leveraged unique access to residents that the council enjoyed. It consumed precious council resources for activities that did not directly contribute to health promotion.

A third step taken by the council was to assess the experiences and lessons learned from other local authorities in high-prevalence settings. Once again, the relationship with technical advisors from the Bank enabled the senior management of the council to access a global knowledge base. In doing so, the management was able to learn about a range of HIV programming and institutional partnerships developed to effectively reduce the impact of HIV at a household level (World Bank 2005).

These technical fixes stimulated thinking within the council on potential changes to its operations to alleviate the burden of the public health crisis within its mandate. Given that each context is different, resources available for mitigation efforts could not be universally replicated. However, the opportunity to learn from other councils proved valuable. Some lessons came from knowledge-sharing partnerships with municipalities in South Africa and Ethiopia. The Mbabane council learned about workplace testing strategies implemented by the Buffalo City Municipality (Rosen et al. 2005) as well as the slow adjustments adopted in Johannesburg to mitigate HIV's impact at the household level. These examples helped guide the MCM's thinking on sustainable mitigation efforts and clarified which actions would be most effectively led by other government branches or civil society service providers.

These micro shifts had a profound impact on the ultimate reorientation of the council's mandate towards its citizens. Situated in a region at the epicentre of a pandemic, the urban leadership had limited options. The council recognised that it could not control the spread of HIV and AIDS on its own. This public health crisis, driven by individual behaviour and interpersonal relations, could not be managed with guidelines issued by the central government and palliative care alone, as evidenced by the first two decades of the epidemic. Additionally, the council lacked the resources to offer intensive clinical interventions. However, the council realised that it could play a coordination role which, until this public health crisis, it did not envisage as part of its governing mandate. In the next section, I examine the specific steps taken by the council to identify areas of coordination and operationalise them in ways that made sense, given the level of financial, political, and social capital available to it.

### **6.3 Coordinating an Urban Response to Crisis Across and Between Sectors**

Within its mandate as the primary governing institution for managing and administering services for the citizens, the MCM found its role evolving in response to the HIV crisis. The

scale and speed of the spread of HIV in southern Africa, especially at the urban level, gave rise to a range of institutional responses from local authorities, which sought to support mitigation efforts, reduce shocks to households, and promote recovery and resilience where possible. Kintu (2014) highlights some of the structural weaknesses of African urban local authorities striving to mitigate crises such as the HIV pandemic. The incomplete and fragmented introduction of policy frameworks, such as decentralisation, to empower sub-national governments means that local governments are seldom empowered to act in decisive ways to manage crises. Despite facing public health and environmental crises, many African cities cannot effectively manage these challenges. Da Cruz et al. (2019) affirm that the lack of autonomy and decision-making power for urban managers frustrates the ability of city officials to govern. Moreover, in the case of a public health crisis, the vertical and horizontal levels of coordination needed to enact national policy on the components of a national AIDS response – namely, education, testing, and treatment – were beyond the scope of what urban managers in African cities could realistically manage with the existing resources or levels of autonomy (Da Cruz et al. 2019; Kintu 2014).

The next step in the MCM's response to the crisis stemmed from the understanding that an effective HIV response could not be designed and executed solely by the central government. This was despite the early and earnest efforts at leadership and mitigation by the DPMO and the MHSWA under the direction of King Mswati III through the National Strategic Plan for HIV and AIDS (GOS 2000). The Mbabane council, witnessing and attempting to manage the everyday consequences of the HIV crisis at the city level, like other local authorities, was determined to seek ways to formulate mitigation policies to combat the epidemic (Kelly and Marrengane 2004; Kelly and van Donk 2009). A multiplicity of actors, including local governments, civil society, and traditional authorities, had a vital role to play in combating both the spread of HIV and its impact primarily because of their proximity to households. Their importance was emphasised in the National Multisectoral HIV and AIDS Policy introduced in 2006. Another example was the establishment of local AMICAALL coordinators at the city level, including in Mbabane, and the development and dissemination of the *Directory of HIV/AIDS Programmes/Services in Mbabane* [sic] in collaboration with AMICAALL. The HIV crisis thus highlights the significant impact of collective actions driven by integration and partnerships, with each organisation contributing to building capacity out of existing resources or placing another enacting bricolage.

The unprecedented toll of the HIV crisis prompted the council to explore new ways of thinking. In doing so, it inevitably came up against the tension between delivering narrowly on its mandate and the possibility of developing a holistic way of planning and managing the crisis. One policy approach that gained traction was mainstreaming, which was envisioned as a way of promoting integrated responses by involving both the state and civil society (Kenyon et al. 2001). Mainstreaming, as a top-down and technical solution, requires implementing organisations to anticipate how HIV could impact their services and their clients. Although, in theory, this approach offers a proactive and comprehensive way for the state to respond to critical issues in governance, it risks overburdening small, financially strapped local authorities that already struggle with basic service delivery. Effective implementation would require all line departments – from roads and stormwater services to parks and cemeteries – to consider contingencies and tailor specific responses to the HIV crisis.

Beyond the strategic planning that mainstreaming required, which demanded additional resources and fell outside the governance mandate outlined in law, it also threatened to waste the resources that were being deployed to replicate national functions at the local level. Local government was encouraged to adopt mainstreaming as a strategy to manage the impact of HIV, but it was not provided the necessary human or financial resources. Recognising its institutional and financial limitations, the council had to devise ways to navigate through the systems of central government through its line ministry.

The MHUD had to be present for decision-making and distributing resources while simultaneously using its knowledge of and establishing relationships with local stakeholders and partners in the fight against HIV, in addition to staying active in the work of HIV education, testing, and mitigation in Mbabane. Leveraging its connections to other Swazi local authorities through the Swaziland National Association of Local Authorities (SNALA – later renamed Swaziland Local Government Association/SWALGA) and the Local Authorities Management Association of Swaziland (LAMAS), the city extended its connections with other stakeholders focused on mitigation activities beyond local government. This included using its membership in AMICAALL to enter dialogue with national bodies, such as the NERCHA, and international donors for advice or examples of how the city could constructively respond to the growing devastation.

The motivation and effort demonstrated by the MCM and other Swazi local authorities to avoid inaction because they were in a resource-strained environment is emblematic of urban local government's responses to crises – whether these stem from health issues, climate events, or socio-economic factors such as migration. These cities may not organise, coordinate, and govern in alignment with the structure or scale of national plans. However, this ability to formulate and drive contextually specific responses speaks to the flexibility and foresight of urban local governments in making governance more impactful. This research demonstrates how the urban local governments effectively pool the services of stakeholders and extend the reach of their convening power.

The path to governance experimentation and innovation in Mbabane was neither linear nor did it unfold in orderly intervals. This underscores a problematic element in urban management literature authored by international development agencies, which often identifies and devotes resources to development challenges on a sectoral basis (Stren 2014). As the entire nation grappled with the impacts of the HIV and AIDS crisis, it simultaneously faced a deteriorating investment climate, declining human development indicators, and rising unemployment. This convergence of factors increased the pressure on the MCM to deliver on its statutory mandates in a tight fiscal environment amidst stagnant urban poverty, making its decision to examine the city's governance approach even more impactful.

As discussed in Chapter 5, with support from the MHUD, the council sought technical assistance from the Bank's mission in Pretoria to address their growing informal settlements. This was part of a larger effort by the Bank dating back to the 1970s to support poverty alleviation by focusing on cities (Stren 2014). This relationship with the Bank not only allowed the council to adopt an evidence-based approach when planning the upgrade, but it also opened a dialogue between the city administration and its residents that went beyond the council's mandate to regulate and control the city. It provided the city leadership with data to understand the composition of the majority of the city's households, their service delivery needs, and their incomes. With this information, the council was better equipped to make informed decisions at the city level to improve the material circumstances of residents. Additionally, in instances where the council was unable to offer services such as health and social protection and HIV services, it could actively take steps to bring service providers into communities in need.

As described in Chapter 5, a major step was the establishment of a national chapter of the AMICAALL. Supported by the MHUD, the MCM and other urban local governments joined this national chapter, and the newly formed network focused exclusively on capacitating the local government to address HIV. The network then embarked on the development of a national action plan, providing a platform for local authorities to coordinate and convene duties that were wholly embedded at the local level. This emphasis on local-level responses focused the energies and resources of the council on considering and strategizing locally initiated ideas that were appropriate for the communities to be served.

A central principle of the AMICAALL Swaziland network was to support the local government in Eswatini to actively engage in HIV mitigation using its institutional role rather than duplicating central government functions. In this respect, AMICAALL leveraged existing local government networks and professional organisations (Interview with MCM official 23/07/2009; Interview with senior AMICAAL official 24/07/2009) – key informants interviews, such as the SNALA and LAMAS, a membership-based network for urban local authorities in Eswatini. According to senior leadership of AMICALL – key informant interview, the organising ethos was to support local authorities in harnessing their position as the most accessible part of the state to promote both HIV education but also to critically use its unique convening power to bring stakeholders, volunteers, and organisations working to reduce the impact of HIV in Mbabane together. The work of the Swazi chapter was described by AMICAALL's director in this way:

AMICAALL Swaziland exemplifies the original vision of the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa: that strong leadership a national and local government levels coupled with concrete actions at the local and community levels can begin to break down barriers to confronting HIV and AIDS and build foundations for expanding services that reflect the needs and realities of people and communities. (Mina Maurstein-Bail, Director of UN AMICALL Partnership Programme, 2003)

Building on its commitment to understanding the lived realities of citizens in Mbabane's unplanned settlements, the city leveraged assistance from the Bank and the Cities Alliance to pay for and organise data collection at a household level in newer parts of the city that the council had struggled to control. The MUFPP – endorsed by the ministry and funded through a combination of resources from the city council, the Bank, and the United States Peace Corps –

served as a vehicle to engage with residents and explore their service delivery needs as well as priorities that were not aligned with urban legislation.

The priorities expressed by residents included generating income through rental properties and operating home-based micro-businesses, both of which technically required the permission of the city, though these had never been granted. As the MUFP was introduced to communities and dialogue was established between the residents and city officials, the council received confirmation of some of its frustrations with national urban policy. It also obtained evidence of service delivery gaps that had only been discussed anecdotally before. The council was educated on which built-environment services residents felt were essential, which were seen as desirable but less critical, and, more importantly, which services residents would be willing to pay for. All of this unfolded through conversations facilitated by a team of experts deployed on behalf of the council by the Bank. One of the biggest takeaways for the council was documented evidence of the overlap and contradictions posed by the co-location of traditionally governed areas within the city's jurisdiction.

In concrete terms, Mbabane was able to use the AMICAALL platform to forge cooperative relationships with civil society organisations dedicated to HIV care and support. Guided by AMICAALL, the council formed a municipal HIV-AIDS team, which facilitated a multisectoral AIDS council. This council provided a space for public participation and engagement on the impact of HIV and the changing needs of residents. This open forum allowed citizens and organisations representing them to highlight new trends, which the council could then evaluate for potential responses. By 2005, the council had established relationships with 33 non-profit, religious and health service organisations operating in both urban and peri-urban areas of the city to provide testing, care, and support services (Municipal Council of Mbabane 2006).

These organisations offered a comprehensive suite of services to support infected and affected households in Mbabane, including organisations providing education, testing, counselling, support for orphans and vulnerable children, and workplace programmes. The Mbabane council played a central role in coordinating efforts and connecting NGOs and service providers to areas of the city where service gaps existed:

The situation is grim: those who were sick in 2003 are all either bedridden or dying now. We coordinated with NGOs such as the Salvation Army to facilitate the provision of material support such as napkins, gloves, and other materials needed by HIV patients. (Mbabane official - 2, personal communication, May 2007)

In response to feedback from the multisectoral forum, the council developed and distributed the *Municipal Council of Mbabane Directory of HIV/AIDS Programmes/Services in Mbabane* (Mbabane Council 2006). This document underscored the council's commitment to prioritising HIV and AIDS testing, care, and support services. It also explicitly recognised the importance of the existing groundwork and community-level responses, Mbabane Mayor Walter Bennett emphasised that 'those living with HIV and AIDS and those indirectly affected are not alone, and assistance is available' (MCM Mayor Directory 2006: 2). Through this initiative, the council demonstrated leadership, extending its governance role beyond managing urban services to championing collective responses to the health crisis.

The council made a pivotal decision to use the levers of governance to mitigate the impact of HIV on its citizens after examining its revenue models. It assessed how and to what extent it could provide for residents in financial distress due to the vulnerability associated with the HIV crisis. The council was already struggling to collect rates and generate revenue, which accounted for 84% of its budget (GOS and GSU 2003). This urban management decision was particularly significant in a country that, until 2005, had only minimal social protection infrastructure; what existed did not lift recipients above the poverty line (Dlamini 2007, 2020).

Given the catastrophic and irreversible impact that HIV had on Swazi households, the city's decision was ground-breaking. As Whiteside (2006) and Dlamini (2020) summarise, the HIV epidemic was particularly devastating because it exhausted household savings, redirected household income towards care and support of ill family members, and ultimately robbed the families of their most economically productive members. These combined factors often left households without any means to pay city rates or taxes, making families vulnerable to legal action and potential eviction. In considering ways to exempt HIV-vulnerable households, the city made a strategic calculation to keep vulnerable households from collapsing. Desmond, et al (2000) elaborate on the ways that households affected by HIV turn to coping strategies in the wake of the loss of the head of the household or main income earner. These include

- Changes in household composition – the addition or loss of household members
- Selling of assets and withdrawal of savings
- Depending on and receiving material assistance from other households

While the rates rebate and indigent policy were not revolutionary reforms in the scholarship of urban local government, in Eswatini, where the pace of reform of the intergovernmental fiscal framework was slow, the decision to develop this policy was significant. This decision, supported by the central government, was a big step given that nearly 85% of its annual operating revenue depended on rates collection and user fees (Field notes 2005). Critical in this approach of extending indigent status to households in need was the decision to make the means test based on household income as opposed to the value of the property occupied by the household in need. This ensured that in cases where the main breadwinner was unable to work due to AIDS related illnesses the vulnerable and dependent members of the household would not be excluded from support due to their material status or location (interview with senior MCM official 12/07/2011). The purpose of the development and implementation of the indigent policy was to not further disadvantage vulnerable households. For households unable to pay municipal rates due to illness or death of primary breadwinners, the threat of property seizure in case of default presented a significant risk (Lowsby and DeGroot 2007). The removal of this threat, through a policy that enabled the council to effectively write off debt for vulnerable households, represented a significant shift from previous practice (interview with senior MCM official 23/07/2009). This action by the local authority created a sense of stability and made space for households to make careful financial decisions without the threat of eviction (interview with senior MCM official 23/07/2009). This recommendation emerged from the technical assistance delivered by the Bank and Cities Alliance (Field notes 04/05/2005). In a country where inequality is etched in social relations manifested by proximity to the aristocracy/traditional leadership, skewed income distribution and antiquated beliefs about the role and autonomy of women, embracing a policy that sought to reduce financial and social harm to already vulnerable households was innovative. This shift was driven by the active and unprecedented role that urban local governments, such as Mbabane, embraced as part of their governance responsibilities. This approach also set an example for other Swazi urban local authorities.

#### **6.4 Integrating Chiefs in The City: Ephemeral and Improvised**

Central to the MCM's response to the HIV and AIDS crisis was the reconsideration of the role of chiefs in urban management. Data gathered from the city's unfolding upgrade programme provided empirical evidence that critically reshaped the council's understanding of how Mbabane was governed. This data was essential for understanding and responding to the basic needs of unplanned communities living under the threat of HIV and AIDS. The data revealed that, for Swazi migrants establishing residence in Mbabane, especially in areas that incorporated or bordered SNL, obtaining permission to settle from traditional leadership was more important than engaging with the bureaucratic state. Accessing land in the city – critical to securing claims to basic services – was largely achieved through the *khonta* (tribute) system, which provided permission to occupy land, but not permits from the city for subdividing land or building structures. The importance of the chiefs, as revealed in the data, challenged city officials to reconsider the state's longstanding preference for bureaucratic authority over traditional authority systems. This empirical evidence necessitated a re-examination of the role of traditional authorities in urban management by the Mbabane municipal authority, thereby forming a central part of the story of Mbabane and the third element in the institutional bricolage that is at the heart of African urban governance.

The example of the multifaceted nature of governance in Mbabane illustrates the uncomfortable juxtaposition of ideas of urban governance theory – which emanates from northern scholarship – and the reality of the complex and dynamic constellation of actors that manage resources and space in African urban contexts (Renders and Terlinden 2010). While this multiplicity is frequently highlighted in post-conflict societies or fragile state contexts, examining it from a governance perspective within a stable environment affirms the critical role of traditional authorities in Mbabane. Other studies have shown traditional authorities in Swazi-urban and peri-urban settlements as key decision makers on the pace and shape of human settlements (Sihlongonyane 2003; Sihlongonyane and Simelane 2017; Simelane 2012; Tevera and Matondo 2010). This tension demonstrates that the territory of urban governance reflects fluid arrangements and messiness that cannot be easily categorised. Legal scholars, such as Ubink (2008), have sought to explore the range of roles and relationships that exist between traditional authorities and administrative governments at a subnational level.

Acknowledging the enduring presence of traditional authorities in governance debates, both nationally and regionally, scholars such as Ainslie and Kepe (2016), Beall and Nkonyama (2009), Cammack (2009), Mwathunga and Donaldson (2018), and Ubink (2008), and explore the range of roles that traditional authorities occupy in relation to administrative governance. Ubink's (2008) categorisation of the relationships between traditional authorities and the administration reveals that they range from restriction and exclusion to deliberately ignoring their existence. In the case of Mbabane, the city government gradually transitioned from a relationship based on formal exclusion to one of "adaptation and reorientation", ultimately culminating in a temporary and improvised partnership.

The council formerly saw its role in relation to urban citizens as one focused on regulating and controlling space, as articulated in its statutes. However, the HIV and AIDS crisis forced a re-evaluation of how the council engaged with city residents. Armed with new information, the council took radical steps to shift its approach – from one focused on controlling space to one aimed at creating a sustainable and equitable city.

In addition to confirming the limitations and strain of civic relations, the evidence also revealed the toll of the epidemic. It further clarified the nature of the institutions outside of the urban local authorities that residents relied upon to access basic services and rights of citizenship. All these factors, combined with the scale of the public health crisis, led the council to recognise that its response to the epidemic required more than what it could manage as a singular institution. This evidence demonstrated the limitations of the council's regulatory authority and provided insight into the potential for critical partnerships with traditional authorities operating within the city. It also provided insight to the councils' leadership that despite having a clear domain of authority and statutory authority, there were limits to the extent to which urban citizens accepted the council's authority. The findings revealed that, just as multiple stakeholders shared the burden of governance within and outside the state, urban citizens held different perceptions of who truly governed the city.

## **6.5 Governance and Crisis**

Urban governance during a public health crisis starkly revealed the limitations of the statutory role of urban local government in Eswatini. It also revealed in detail the layers of authority that

urban residents navigated in establishing and maintaining their households in Mbabane. Core tasks such as accessing land and electricity were often carried out without engaging directly with the urban local authority government. Instead, newly arrived urban residents during this period of urbanisation accessed the embedded channels of authority consisting of chiefs selected by the king (Sihlongonyane and Simelane 2017). These appointed headmen and councillors constituted the foundations of the entire system of traditional governance in Eswatini and had significant authority over the management of Mbabane despite being outside of the public administration. While the system of traditional authority was closely linked to the monarchy, particularly to King Mswati III, it remained largely unacknowledged within the framework of urban governance. It operated in silence and at times in direct opposition to the visible power of the city council.

This set of contradictory arrangements minimised the decision-making power and institutional visibility of traditional authorities at the city level (Sihlongonyane and Simelane 2017; Simelane 2016). The decisions of traditional authorities, guided by Swazi law and custom on SNL, determined the growth, density, and location of new and unplanned settlements in Mbabane. These decisions had a considerable impact on the management of urban spaces, for which the council was legally responsible. Attempts were made to address this dissonance with the ratification of the 2005 constitution – the first successful constitutional reform since independence. However, at the time of my study, the participation process for traditional authorities to enter a dialogue with the leadership of the MCM differed in no significant way for the average citizen, despite the substantial power traditional leaders wielded.

While there was no deliberate effort to exclude traditional authorities, little was done to recognise their power and influence. This deliberate omission by statutory local government, which was designed during the pre-independence era and left unchanged for over four decades, has effectively undermined the potential for cooperation and disruption of the longstanding division between customary authorities and municipal government in areas central to urban governance. As a result of the HIV and AIDS crisis, the city of Mbabane reformulated its position concerning its residents. The council actively dedicated its resources to reducing the negative impact of HIV on urban households in collaboration with other branches of the state, civil society, and traditional authority. This case demonstrates that many of the core operating assumptions about urban governance were jettisoned. However, the concentration on

regulation, planning, and order was not solely a result of an objective re-evaluation of the city's growth patterns and the citizens' needs. Rather, it was the rapid, indiscriminate devastation wrought by the HIV and AIDS crisis that forced the council to reassess its role in managing the city and its resources

The case reveals that the core assumptions guiding the council's governance and administrative mandate before the HIV and AIDS crisis were intentionally designed to focus on regulating and controlling urban space (Dlamini et al. 1999). I will argue that the shift in governance trajectories in Mbabane can be understood as an evolution – from enacting bureaucracy and public management approaches in an acontextual manner to radically reorienting its approach to governance in unprecedented ways in Eswatini in the face of crisis. This case is important because it provides insight into the some of the challenges which stem institutional rigidity that face many African urban local authorities (Kessides 2006). The case of Mbabane and other local authorities in Eswatini shows what can be accomplished in the face of crisis. In launching a Swazi chapter of AMICAALL in 2000 as part of SNALA and LAMAS the leadership of Mbabane with he other leaders of urban local authorities affirmed as HIV and AIDS a developmental issue not exclusively a health issue. In taking this step the council pushed beyond its statutory mandate to expand its responsibilities as part of an explicitly development agenda. This included:

- Development and delivery of HIV/AIDS awareness and education programmes on an ongoing basis
- Facilitating the pre and post-test HIV counselling
- Home-based care visits
- Youth mobilisation project

These steps mirrored work being done in other urban local authorities in Eswatini. These activities including the establishment of a Municipal HIV Team to support the work of the Multisectoral AIDS Committee and programming on a city-wide basis and the development of a directory serving as resource for residents to access clinical, psychosocial and material support (Municipal Council of Mbabane 2006b). This was supported by funding from the African Capacity Building Foundation as well as through support from international donor agencies based in the capital. These efforts contributed to enhancing local level capacity to address the many impacts of the HIV and AIDS epidemic at a household level, community level and city wide (AMICAALL 2005)

The seismic shifts caused by the pandemic's consequences included significant changes in the administration and management in the city of Mbabane.). In the following section, the research findings are put into dialogue with urban governance literature to draw out patterns and points of intersection, aiming to present an understanding of what governance in African cities entails.

## **6.6 Conclusion**

The HIV crisis in Mbabane revealed some core limitations in our understanding of urban governance in African cities at the turn of the last century. The organisation of the sub-national state in the Swazi capital at the time of this study had continued at a slow pace of change since 1968 when SNL was incorporated and customary authorities gained increasing recognition (Sihlongonyane 2003). However, the rigid infrastructure of governance at the sub-national level was not altered or reconfigured to address the bifurcated and fragmented governance system left in place in 1968. The unfolding HIV and AIDS crisis in Eswatini's cities forced consideration of alternative frameworks for urban governance in Mbabane. Repositioning the administrative local authority in relation to the customary leadership structures is central to governance in Eswatini, which extends beyond bureaucratic institutions and engages with traditional authorities as partners in governance. To clarify, the relations that formed the foundation of what emerged as incremental bricolage in Mbabane are not unique in Eswatini. The case of Mbabane is instructive, however, given the unique positionality of customary authorities in urban spaces in the Kingdom (Sihlongonyane 2003) and the wider continued tensions in other African cities on the location and exercise of power within urban boundaries.

Returning to the notion that rapid urbanisation in Africa has created a rupture in governance, perhaps rather than falling short of the example set by the Global North, it offers an opportunity to reseed the bedrock of governance in Africa. Unreflective reliance on urban governance models inherited from colonialism has not produced well-managed and productive cities. Similarly, bifurcated systems that enable the awkward co-existence of traditional and administrative authorities in parallel have not advanced the development of African cities. However, this case demonstrates that when pushed by a crisis, new ways of governing are possible. It further disrupts the notion that northern frameworks and institutional architecture will solve the complex and entrenched difficulties of governing African cities.

Urban realities must shape the conception of the form and institutional framework for African cities. This case demonstrates that one African city was able to both adapt and reintroduce governance channels that helped move the city beyond the crisis. This experimentation with governance practices reflects a focused attention on local realities to manage crises, rather than relying on global ideas about urban architecture and who holds power in urban governance. In the next and final chapter, I present my conclusions as well as the contributions to scholarship realised through this case study.

## CHAPTER 7 | A PERSISTENT PLAGUE FROM GOVERNING IN CRISIS TO PRACTISING INCREMENTAL BRICOLAGE

### 7.1 Introduction

In this work, I have argued that a small African capital city, confronted with the challenge of governing during a crisis, became a site of innovation. By repurposing stakeholder relationships and resources, Mbabane fostered incremental institutional bricolage, creating new ways of operating within the same urban context. (De Koning and Cleaver 2012). I demonstrated that unprecedented cooperation in Mbabane among a constellation of urban stakeholders, including municipal officials, the central government, traditional authorities, and a coalition of HIV care and support NGOs, paved the way for new governance approaches and relations. My inquiry into governance in Eswatini fundamentally focuses on this collaboration. The HIV and AIDS crisis in Eswatini necessitated a national response, as in other regions of the world. This study highlights how the critical efforts of local governments to shape and build new governance pathways through the novel, self-driven, and creative repurposing of existing governance relations complemented national efforts.’

Faced with the highest HIV prevalence in the world, Eswatini grappled with what Naysmith et al. (2009: S8) termed a ‘chronic emergency, burdening every sector of society’. In tackle the crisis, the central government in Eswatini engaged with global health institutions to articulate a comprehensive policy response. The national response was anchored by the MHSW and NERCHA, a new institution attached to the DPMO. Both of these institutions played a critical role in spearheading the centrally driven response, as has been extensively documented (MHSW 1988; Mabuza and Dlamini 2017; UNAIDS 2014; Whiteside and Whalley 2007). However, this contrasts significantly with the invisible and heavily felt burden of the epidemic which unfolded at the local level. Further, I argue that inadequate attention has been paid to the pivotal role played by urban local governments and their key partners in identifying the needs and opportunities for a creative response at the local scale in mitigating HIV and AIDS. This study sheds light on how a local authority and its partners were able to repurpose and remake existing resources and relations with the explicit purpose of reducing the impact of HIV and AIDS at the household level in Mbabane. I refer to this approach as the use of incremental bricolage as a response to the epidemic at the city level.

In this concluding chapter, I use the case of the HIV and AIDS epidemic to illustrate how governance practices unfold in an African city. I demonstrate how relationships, both amicable and antagonistic, were repurposed and transformed into partnerships focused on HIV mitigation at the city level. The following sections consolidate the key findings of this thesis and explore the ways governance is understood on the ground. I summarise my research and discuss the key contributions of this work to broader debates on governance. I conclude the chapter with suggestions for further research.

## **7.2 Key Findings**

As national-level plans to address the HIV crisis had failed to define the explicit role of urban local governments, the council, in collaboration with traditional authorities, set about incrementally forging and patching together relations to ultimately create new governance pathways aimed at HIV mitigation at the city level. I argue that the urban local government's approach to the HIV crisis, wherein traditional leadership and civil society worked together to repurpose resources and relations from all sectors of society, can be understood using Strauss's notion of bricolage or 'making do with what is at hand' (Strauss 1966; Baker and Nelson 2005). Cleaver (2002) acknowledges and expands on this concept by emphasising the diverse identities of the stakeholders who came together for a common purpose and collective action as well as the arrangements that guided cooperation across institutions.

These two ideas form the foundation for the idea of incremental bricolage (Strauss 1966; Cleaver 2001; 2022). This research highlights that this bricolage process lay at the heart of efforts to bring together institutions and stakeholders, 'even in the context of uncertainty' (Cleaver 2002), to take radical action amidst an unprecedented crisis. In this case, the process of patching together responses and working relationships led to the formulation of a locally driven HIV and AIDS mitigation strategy for Mbabane. Critical to the use of this term is the juxtaposition of new governance modalities and the temporal nature of the work, which draws attention to the slow, negotiated, temporary, and purposeful partnerships built between multiple governance actors in an environment that appears to be institutionally static.

In this study, I demonstrate how the HIV crisis in Mbabane brought to light the layered and interwoven fabric of governance in the city. Mbabane is the administrative capital of Eswatini, one of two gazetted municipal councils in the entire country, and a city shaped by the traditional *Tinkhundla* governance system, which extends beyond municipal boundaries. These multiple

identities of the city and its residents inform the attributed character and visibility of critical voices in the management of urbanisation processes as well as land and resources in Mbabane. I argue that three key shifts in the MCM's governance approach combined to incrementally reconstruct and refashion the way collective decision-making regarding shared resources, or, in this case, shared challenges, were made. This informal, cumulative process operated outside of the existing sub-national governance framework but was critical in the development of a response to the epidemic and the delivery of meaningful relief to affected households. It highlights that, in a moment of crisis, space can be created for alternative methods of governance. The distinctions between the local governance structures which exist in law and custom do not align with the way that urban residents access land and services. For the moment it is a reality that needs to be managed however incremental bricolage offers a window into how authorities inside and outside the municipality could explore a means of governing that reflects the needs of the residents.

The first key shift by the Mbabane council was the acceleration of the move away from its longstanding focus on regulating the land and services within its jurisdiction. This singular focus often placed the council in conflict with both residents, who sought shelter and livelihoods close to the city centre, and traditional authorities, who, under customary law, are fully empowered to distribute SNL that falls outside and inside of urban boundaries. The HIV crisis introduced a new and pressing set of challenges for the council. In addition to the expansion of unplanned settlements and the increasing number of residents, the council had to contend with the physical, environmental, and human costs of the epidemic. With the HIV and AIDS crisis, the council found itself at the cusp of an opportunity to redefine itself beyond its regulatory and financial duties. The HIV and AIDS crisis enabled council officials to interrogate the modalities historically available to them to effect governance in Mbabane. The crisis forced them to consider if the governance tools historically central to their operations – bylaw enforcement, rates collection, and parking enforcement – were adequate to ensure a safe and sustainable community. The epidemic created an opportunity for the council to reconsider how it could apply its powers and reach to reduce the impact of HIV and AIDS at the household level. Ultimately, the council seized the opportunity to reshape its mandate and introduced policies to ensure that households that had lost breadwinners to illness and faced destitution would still retain access to basic services and shelter through the implementation of indigent policies specifically formulated to address child-headed households.

Within the context of this emergency, a second key shift emerged. Amid the crisis, and due to the scale at which ‘mass death (was) materially manifested’ (Golomski 2015), the two most important public authorities in Mbabane – the council and the *Tinkhundla* – committed to constructive dialogue. Historically, the relationship between the MCM and traditional authorities had been marked by antagonism, primarily due to disputes over land distribution practices, traditional tenure arrangements, and the council’s encroachment of traditional governance roles (DeGroot 1989; Forster and Nsibande 2000; Miles-Mafafo 2001; Muzvidziwa and Zamberia 2006; Prinz 1976; Simelane 2016; Tevera and Simelane 2014). These frictions frequently surfaced during city planning exercises as well as donor-funded urban upgrading projects (Simelane 2012; Simelane 2016). During the epidemic, city and traditional leaders, despite lacking an explicit HIV prevention or mitigation mandate, came together to conceptualise and formulate responses to the crisis. This partnership developed over informal and formal meetings in the early 2000s and effectively recalibrated the relationship between city officials and *Tinkhundla* leadership. Through slow and incremental dialogue, trust was built, and institutional roles were reimagined, creating space for the formulation and implementation of an HIV mitigation plan in an environment operating under customary law while regulated by statutes. The shared foundation of trust ensured that messaging on HIV prevention, care, and support disseminated by the public administration was amplified by traditional authorities who used their positions to reach all members of their urban communities. They also reinforced health messaging aimed at protecting the well-being of city dwellers in Mbabane.

The third and final incremental change was the establishment of the Multisectoral AIDS Council (MAC). This locally established platform was created to publicly and transparently allocate scarce resources on a community-by-community basis to combat the HIV and AIDS crisis in Mbabane. The MAC facilitated the identification of service delivery priorities, highlighting both overserved and underserved communities. It enabled the mobilisation of resources to address unmet needs by enabling the reallocation of resources as needed. Further, the MAC enabled stakeholders to collectively raise funds for HIV care and support, which formed the bulk of mitigation efforts. In the case of Mbabane, the new partnerships between urban local authorities, traditional leaders, the central state, and civil society – catalysed by the HIV and AIDS epidemic – proved to be the glue that strengthened incremental bricolage. I argue that while the HIV crisis exposed the fragmented nature of governance in Mbabane, it

also catalysed the identification of new ways of responding to crises, particularly through the development of novel partnerships and innovations.

This thesis demonstrates that governance under crisis conditions in a small African city is an evolving process, even when changes are not visible or defined by a bold redesign of bureaucratic architecture. Building on the work of scholars such as Bevir (2011) and others, I argue that governance is not limited to public administration and is the product of ‘an amorphous collection of actors’ (Peters and Pierre 2006). Further, the nature of the relations that produce and enable collective decision-making about shared resources or challenges are neither fixed nor bounded. Further, I propose that such relations can be reshaped, patched together, and adapted to generate an evolving response to complex challenges or even intractable problems (Termeer et al. 2013). Next, I demonstrate how the concept of incremental bricolage helps further our understanding of this transformation in governance relations and their episodic nature.

### **7.3 A Plague as a Window into Governance**

By examining urban local governance in Mbabane during the HIV crisis, this work presents an expanded perspective on the geography of governance in an African city. In 1995, Mbabane mirrored many of the capital cities in the African continent as it struggled to manage a growing wave of urbanisation (DeGroot 1989). At this time, the city was faced with the challenge of servicing and meeting the needs of a growing population and an expanding commercial sector within the constraints of a tight budget. This financial strain was also caused by a lack of support from the central government and a limited rates base, even as the city’s responsibilities continued to increase (Lowsby and DeGroot 2007). In Mbabane, beyond the prevailing narratives of unplanned population growth, informality, and limited public administrative structures, the work of governance was and remains meaningfully shaped by the hegemony of the monarchy’s ‘invisible hand’ (Levin 1991; Sihlongonyane 2003a: 155). As explained in Chapter 3, the Swazi monarchy holds supreme power in Eswatini through two mechanisms. The king serves as both the head of state of the constitutional monarchy and the supreme traditional leader of the house of Dlamini, the dynasty that has reigned since the establishment of the Swazi kingdom. While the framework of public administration is easy to observe, it is the opaque traditional aristocracy that forms the fulcrum of power, holding significant influence over governance at every level. The reproduction and clash of the two systems – one

traditional and the other a replica of Weberian bureaucracy – created a complex backdrop for the unfolding of a deadly epidemic.

The arrival of the HIV epidemic in this Southern African kingdom marked a turning point. The sheer volume of HIV cases and subsequent deaths led to the mobilisation of officials at all levels of government, along with stakeholders beyond the state (Izumi 2006). In an environment where one in every four people was estimated to be living with HIV (CSO 2008; WHO 2004), and nearly half of all women attending antenatal clinics tested HIV-positive (Drimie 2004; Whiteside 2006), the magnitude of the epidemic demanded a qualitatively different governance response. For the city council, enforcing policies that targeted the control of urban space was no longer a priority. (Home 2013; Bekker and Therborn 2012). The scale of the crisis required a shift away from applying statutes and by-laws relating to public cleanliness, restrictions on livestock, and informal traditions. The council moved beyond the Urban Government Act of 1969, which focused on the built environment and city finances, to seek ways to manage the social and economic impacts of the virus. Recognising the human cost of the epidemic, the city council slowly began to reassess its relationships with stakeholders that its residents relied upon, namely, traditional authorities, to meet a range of needs beyond access to urban land.

In this context, the council shifted its perspective, moving away from viewing chiefs as two-dimensional actors to be purposefully excluded from governance processes and institutions focused on command-and-control approaches. The HIV crisis disrupted the established pattern of deliberate exclusion and appropriation of the functions of traditional authorities. The crisis highlighted the ineffectiveness and futility of the bifurcated governance arrangements that had existed in Mbabane with little alteration since its independence in 1968 (PADCO 1990; Simelane 2012; Sihlongonyane and Simelane 2017). Under the auspices of NERCHA, a national agency created to ‘co-ordinate all activities and deal with all aspects of the HIV/AIDS pandemic’ (Drimie 2004), two sets of events unfolded. First, in rural areas outside the jurisdiction of the established local government, where traditional authorities unequivocally served as the local governing authority, chiefs mobilised their communities to identify care and support options for orphans and vulnerable households. Under the leadership of chiefs, members of each chiefdom collectively identified resources to address the food security, health, and social needs of vulnerable citizens (Drimie 2004; Martin and Mathema 2005; UNAIDS

2006b; 2014). In contrast, in the urban context, the path to formulating and executing a mitigation strategy outside of clinical interventions was less clear.

Chiefs in urban areas, including Mbabane, were as motivated as their rural counterparts. However, their pathway to mobilising resources was complicated by the longstanding fragmentation of responsibilities between them and city officials, coupled with enduring tensions over which entity ultimately governed the communities comprising the city. A salient feature of this incremental and repurposing governance process was the consistency with which chiefs prioritised the needs of their constituents, whether it be shelter, food, or managing community relations. The chiefs contributed to this shifting relation with the council by engaging with city officials and maintaining communication. This repurposing of relations was successful because traditional leaders embraced their roles as community leaders, while the council made space for that leadership. The incremental work put into relationship-building and refashioning relations saw the chiefs and the council regarding each other as partners instead of rivals. In the next section, I explore the partnership that was central to the governance response to HIV in Mbabane.

#### **7.4 Refashioning a Partnership in Crisis**

In practical terms, the scale and impact of the HIV epidemic altered the basis of governance in three unforeseen ways. First, the scale of the challenges unintentionally created an opportunity for the council to reconsider its service delivery mandate to meet the changing needs of households during the epidemic. The crisis motivated MCM officials to reconsider the limits of their statutory role in an environment where Mbabane residents required services beyond the built environment and maintenance of public order. In doing so, the MCM began to incrementally refashion its purpose and mission from promoting Mbabane as ‘the preferred destination in Southern Africa’ (Municipal Council of Mbabane 2002) for investment and tourism to creating a sustainable and developmental administration to support a sustainable and healthy city.

Recognising its financial and human capacity constraints, the council sought to identify resources and establish collaborations to respond to the increasing number of vulnerable and impoverished households in the city. This shift was driven by the understanding that while public health officials were formulating and deploying health interventions at the national level, the consequences at the household level after the loss of an income earner were not limited to

the domain of health. The loss of income due to HIV forced households to redirect their limited resources toward the care of infected family members, which, in turn, reduced food security and constrained their ability to meet other critical needs, such as education, medical care for uninfected members, and payment for essential city services.

The loss of income due to HIV forced households to redirect their limited resources toward the care of infected family members, which, in turn, reduced food security and constrained their ability to meet other critical needs, such as education and payment for essential city services. The council, in effect, sought to develop relationships where necessary and repurpose existing partnerships, incrementally assembling working associations based on available resources. This approach of assembling resources to meet the needs of a city in crisis is a direct example of Strauss's (1966) concept of bricolage and the extension of that idea by Cleaver (2002) of observing bricolage at an institutional level. I call this extension as incremental bricolage.

Realising that its role did not lie in replicating the limited clinical interventions available at the time, the council reframed its leadership role in the city. Inspired by the self-organised AMICAALL charter and combining that with the drive of senior municipal managers to respond to the epidemic in a meaningful way, the council took the first critical step of engaging with urban stakeholders beyond its administration. The stakeholders within its geographic orbit for organisations mobilised to mitigate the impact of HIV included civil society, other branches of government and international development agencies able to offer technical advice.

After assessing the mitigation services available in Mbabane, the council engaged these stakeholders to identify sustainable responses to the epidemic. However, a turning point emerged from an unexpected source – engagement with traditional authorities. In gathering data to better understand residents' challenges, identify barriers to meeting their needs, and fashion an effective governance response, the council realised the centrality of traditional leadership in the lives of its citizens (Martin and Mathema 2005). With this knowledge, the council took the radical step of engaging with the traditional leadership in Mbabane to explore the most effective ways to address household needs. This marked a significant departure from standard municipal practices, as the council began to work with traditional authorities as equal partners in governance. This new approach enabled the council and traditional authorities to combine their energies to significantly influence the material well-being of urban citizens.

This step paved the way for a second shift in governance patterns in Mbabane. The city's willingness to establish new, crisis-driven relationships with urban stakeholders, comprised of civil society and traditional authorities, created opportunities for collaboration across sectors and institutions that effectively covered the city's jurisdiction. As a first step the municipality's senior leadership including the city's mayor took the step of hosting together with MHUD a dedicated convening to welcome traditional leaders and zone leaders from across the city to share information on the ways the municipality was seeking to meet the needs of households impacted by HIV and AIDS (Interview with MCM official 06/07/11). Following these awareness raising meetings to generate buy in a multisectoral platform was developed to more effectively mitigate the impact of HIV and AIDS at the household level. This platform served as a space for sharing information, taking stock of the mitigation services offered,<sup>29</sup> and identifying new or changing needs. These central meetings hosted by the MHSW, MCM, and AMICAALL recognised the leadership of the chiefs and their proxies in terms of HIV mitigation given their roles as community custodians (Interview with MCM official 06/07/11). This included acknowledgment of customary authorities and their views on how to sustain efforts and reduce the impact of HIV and AIDS. Customary authorities were also given a platform to share their concerns. They were provided with information on health promotion and awareness to support the health of their constituents and used their positions to coordinate assistance for their communities (IRIN Plus News 2012). It is important to note that these customary authorities were not in attendance as guests but as community leaders whose assent to care, support and educational activities aimed at stemming the epidemic were sought. In their own right they worked to bring resources to their respective communities when they identified a need acting as their advocates (UNAIDS 2006). Thus the mobilisation efforts of the municipality, civil society organisations, and customary officials signalled an important turning point and progress towards the work of repurposing relationships for a shared goal in the form of incremental bricolage.

With all key stakeholders and service providers at the same table, the council and its counterparts could direct resources to where it was needed most. Specifically this committee enabled the sharing of information that enabled the committee to understand spatially where organisations providing aid were physically clustered and communities have access to

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<sup>29</sup> Mitigation services included voluntary testing and counselling, hospice care, home-based care, feeding schemes for child-headed households.

adequate material support and where there was a scarcity of support to meet the demand for material or nutritional support. Together members of the committee worked to equitably and transparently direct support in a resource constrained environment Interview with MCM official 06/07/11) By facilitating this type of service provision, the council broke away from its longstanding role as an enforcement agent and built environment service provider to offer or direct citizens to services that would enable their households to better manage the impact of HIV and AIDS. This radical and unprecedented collaboration, organised under the banner of MAC, set the stage for new governance pathways. The incremental bricolage unfolded both internally and externally. Internally, it involved reorienting the council and its officials away from statute-driven methods of engaging with city dwellers. Externally, it manifested in the creation of a platform for collaboration and joint decision-making with regards the city-level response to the HIV crisis.

The third way the crisis reshaped governance relations was by highlighting historical blind spots in the city's operations, most notably, the costs of bifurcated decision-making. The two key entities in urban development, namely, the council and traditional authorities, operated without sustained dialogue. While governance is often understood as the expression of administrative bureaucracy to regulate and impose control within a jurisdiction, the HIV epidemic revealed the limitations of such an interpretation. The consequence of this was that two entities were operating within the same geographic space, making decisions about resource allocation – such as land and access to roads – and wilfully not engaging with each other. The historical and cultural centrality of traditional authorities in Mbabane was undisputed. However, the council, in reproducing inherited systems of public administration, adopted an antagonistic stance toward traditional authorities that stalled and, at times, frustrated community development. The scale of the HIV crisis shifted conditions such that the council accepted that it could not effectively or successfully engage with citizens while ignoring an institution that was effectively the conduit for urban citizenship. The crisis brought under scrutiny the limitations of the entrenched bifurcated governance system. Not only was the council compelled to reconsider the rationale behind its operations – shifting focus from a command-and-control approach to prioritising the creation of a sustainable and safe community – the crisis also clearly illustrated the constraints to effective governance posed by a fragmented and disconnected system.

Significantly, the council reimagined its relationship with residents and ratepayers. Tariff collection or the fee-for-service model, which formed the primary basis for interaction between the council and residents, took a backseat, and the council began prioritising its role in maintaining the well-being of city residents. The council shifted away from using communication channels solely for collecting rates to leveraging these channels to deliver health promotion messages and, more critically, advise residents of the HIV mitigation support provided by the council and its partners. The second ancillary change was the creation of the multisectoral platform, known as Multisectoral AIDS Committee (MAC). Although hosted by the MCM, MAC served as a space for dialogue with urban stakeholders as well as champions of HIV prevention and mitigation to find ways to reduce the impact of HIV. The third incremental shift was the collective pursuit of resources for HIV mitigation. Three groups of stakeholders – the council, civil society and traditional authorities – actively and purposefully partnered to mobilise resources for HIV prevention and impact mitigation within Mbabane. In this way, stakeholders both within and outside the state contributed to addressing the shared challenge, creating robust and new ways of managing collective resources (Clever 2000).

These expansions in governance practices in Mbabane during a time of crisis demonstrate that governance is a malleable and evolving set of relations, extending Lund's (2006) assertion that governance happens in the light of bureaucracies and in the twilight of other public authorities. The scale of the HIV crisis demanded the reconstruction of these relations through incremental bricolage (Clever 2002) to alleviate the burden of the epidemic at the household level in the city. The interrelated and dynamic nature of crises, such as the HIV epidemic in Mbabane, requires the construction of new and dynamic responses from available partners within their limitations. It is to these responses and insights that I now turn.

### **7.5 Incremental Bricolage – Patchwork, Collaboration, and Governing in Crisis**

Drawing on the works of Strauss (1966) and Cleaver (2001), this study illustrates the concept of incremental bricolage by highlighting the interplay between administrative and traditional authorities, and the gradual, often unseen work of reconceptualising governance within urban boundaries, which becomes apparent in times of crisis. In unchaining themselves from what historically constituted governance in this city, officials, civil society, and traditional authorities were able to refashion operative boundaries to manage and mitigate the crisis. The ensuing incremental bricolage served as a tool to creatively and flexibly reshape urban

governance based on the needs of urban citizens during the epidemic, whether it be material support or continued connection to municipal services. In this case, the reorientation of the MCM, and its deliberate engagement with traditional authorities and civil society at this specific time, demonstrates that governance institutions, while they may appear static and rigid, are in fact capable of adaptation. The new arrangements crafted by urban stakeholders under the guidance of the MCM were urgent and specific to this crisis. This shift in approach did not necessarily result in the emergence of permanently constructed governance relations that replaced older systems. Rather, the crisis created space for flexible, incremental responses that relied on existing relationships, enabling the creation of makeshift partnerships to address the unpredictable, ongoing challenge of HIV and AIDS.

This case also highlights governance systems that are central to African contexts but which have not been legitimised through integration with public bureaucracies, thus bringing attention to the powerful and often ignored traditional structures that actively shape urban life in African cities today. Additionally, it sheds light on the rich tapestry of stakeholders central to the lives of African cities in times of both prosperity and crisis. In exploring this case, I have surfaced the intersection between governance and health by focusing on the HIV and AIDS crisis in a high-prevalence region. In doing so, I have shed light on the ways a sub-national state, in partnership with key constituencies such as customary authorities, forged incremental bricolage. The bricolage served as a means to refashion relationships, thereby creating new means of collaboration. The lessons learned from governing through incremental bricolage during the HIV crisis remain salient, even as the quality of care and support as well as access to HIV treatment has improved. In the time since this study was completed, the challenges posed by unchecked urbanisation in Mbabane have remained and have been further exacerbated by factors such as climate change, extreme weather events and, of course, the COVID-19 pandemic. The temporal nature of incremental bricolage means whole of society challenges offer fertile ground for its usage. For example, localisation of ambitious global targets such as the 95-95-95<sup>30</sup> programme by UNAIDS (2012) demonstrate a continued need for creative strategies to ensure that resources are available and communities can live with dignity even amid disaster. In terms of basic services, the creation of sustained partnerships

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<sup>30</sup> The 95-95-95 targets were developed by UNAIDS. The objective is to diagnose 95% of all HIV-positive cases, provide anti-retroviral therapy for 95% of those individuals diagnosed, and achieve the suppression of viral load in 95% of the people in treatment. See UNAIDS (2014).

based on incremental bricolage provide can potentially enhance the extension of a range of basic and social services to communities in needs.

In the Mbabane case, the new and situational approaches to partnerships between urban local authorities, traditional leaders, the central state, and civil society, catalysed by the HIV and AIDS epidemic, proved to be a form of incremental bricolage. The fragmented nature of governance in Mbabane was laid bare by the HIV crisis. As each actor was overwhelmed by the sharp rise in HIV cases and the complicated set of consequences that emerged, particularly as breadwinners fell ill and families were forced to redirect meagre resources to care for the chronically ill, thereby decreasing the resources available for education, childcare, and basic food security, there was an urgent call to find a way to work together for the benefit of the residents of Mbabane.

The existing governance relationships – legalistic, bifurcated, and based on the exclusion of authorities with deep cultural and political significance – were upended by the crisis. The epidemic aided the discovery of new ways of responding to a crisis, particularly through the creation of novel partnerships and innovations that had not existed previously. The epidemic gave impetus to the council to reimagine its role and extend invitations to other stakeholders to collaborate to refashion existing resources and find new ways of responding to the evolving needs of affected households. The partnerships formed during this period marked a departure from longstanding governance practices in Mbabane, which had been built on the foundation of bifurcated authority. These new partnerships that emerged within the context of the crisis were formed not only across sectors but critically across scales. The working relationships forged in response to the collective drive to mitigate the impact of HIV and AIDS were developed and sustained beyond the health sector and spanned the public administration and built environment sectors as well. The stakeholders working toward HIV mitigation were not limited to governmental bodies at the central or regional levels. They included the urban local government, traditional authorities, and civil society, forming a trailblazing partnership.

In finding new ways to manage the impact of HIV and AIDS, space was created for collaborative collective action across the bifurcated system, involving both the municipality and traditional authorities, leading to the emergence of what Termeer et al. (2013) call

‘governance capabilities’. Termeer et al. (2013; 2016) characterise governance capabilities as the ‘institutional conditions’ that enable the crafting of strategies to address complex societal challenges. The responses to the crisis were based on a framework that prioritises ‘reflexivity, resilience, responsiveness, revitalization and rescaling’ (Termeer et al. 2016). In the context of Mbabane, the ability of the city council to understand and acknowledge its own limitations and consequently seek additional assistance from technical experts – in this case, the Bank – demonstrates its ability to look beyond institutional boundaries. By repositioning themselves, council officials were able to reconceptualise their role and explore creative and alternative ways of responding to an unprecedented public health crisis and its corresponding socio-economic impacts. In doing so, the council and its partners demonstrated both responsiveness and resilience, which enabled the creation of a testing ground for a new, albeit temporary, governance partnership.

## **7.6 Contributions to Scholarship**

This study presents three substantive contributions to the academic literature. The first contribution is that it offers an analysis of the impact of HIV and AIDS through the lens of sub-national governance, rather than the typical focus on biomedical research, which characterises much of the literature on HIV and AIDS in Southern Africa, and specifically Eswatini. The works of Poku and Sandkjaer (2007), Whiteside et al. (2003), and Parkhurst and Lush (2004) lay the foundation for this contribution by examining the impact of the HIV and AIDS pandemic on the functioning of state institutions outside of the delivery and organisation of clinical care. However, the vantage point for these works is solidly fixed at the national scale rather than the local level at which citizens access and engage with the state. During the most devastating epidemic ever faced by the African continent – HIV and AIDS – the role of state authorities at the central, regional, and local levels took on greater significance. As the legally responsible authority within a given geographic area, the state is well-positioned to facilitate the coordination of all stakeholders in the fight against HIV. However, without capable agents in these roles and access to resources – whether financial, institutional, or human – there is little chance of adequately managing the epidemic and minimising its destructive impact on African states and societies. While local governments and civil society actors are working fervently to stem the consequences of HIV, the focus on national HIV-prevention strategies has led to a lack of systematic documentation and dissemination of lessons learned at the urban scale across the region. This study contributes to that effort by documenting practical

interventions adopted by individual local governments. It seeks to encourage the adaptation of best practices in local mitigation efforts, revealing tools and mechanisms for radical action. Furthermore, as the world faces greater shocks and vulnerabilities, not only from HIV and AIDS but also other pandemics, the need to learn from the collective AIDS experience at all scales, especially at the urban level, will become more pressing (Garnett et al. 2001). The experience of Eswatini offers valuable insights that can inform other states as they strive to find more efficient and equitable means of managing the spread of the virus and reducing its impact, especially in burgeoning urban settlements.

The second contribution is that this work frames the discussion on bifurcated governance and urbanisation by taking cognizance of traditional authorities and their impact on the management of urban space. Magongo (2009) highlights that in Eswatini, is deeply tied to its customary practices in ways that are not often mirrored in other African states. This factor is one of several critical features that distinguish both the research presented in this case study and its subject matter. While Eswatini has been the subject of historical and anthropological studies highlighting its strong affinity for its traditional culture (Kuper 1944, 1947, 1978), little attention has been paid to how this affinity plays out in an urban context, and specifically, in the capital city. Prinz (1976), Bonner (1977), Fransman (1979b), and Levin (1997) are some examples of dated scholarship that examine larger questions around the development and administration of Eswatini in the last four centuries. However, there has been limited academic inquiry on how the state as a whole has evolved and how traditional leadership structures interact with local government administrations in various contexts. Such studies, where they do exist, have been predominantly rural in focus (Hendricks and Ntsebeza 1999; Mamdani 1996; Oomen 2005; Ubink 2008; Cumbe 2010). Due to its geopolitical context, Eswatini is of interest to international development agencies, resulting in a significant amount of grey literature, including works on governance. This study builds on these contributions, leveraging them to gain further insight into governance at the sub-national level within an urban context, particularly through the lens of a crisis.

This study contributes to the understanding of complex urban geographies by shedding light on a crucial yet previously underplayed aspect of urban life in Mbabane: the role of traditional authorities. It also explores the limitations of dual authority systems as well as the effectiveness

of each system in responding to urban challenges through the prism of their respective domains. Yet, several questions persist. For example, what purpose does an inherited bifurcated system serve in a globalised and interconnected world? At what point, if ever, will governance be reimagined, finally breaking down the entrenched ‘cornerstone of the colonial legacy’ (Myers 2003)? Further, what might governance look like if traditional authorities were no longer confined to specific terrains, such as managing peri-urban land, taxation, or brokering electoral outcomes in African cities (Obeng-Odoom 2012; Baldwin 2016)? In disrupting the narrow and limited areas of urban governance in which traditional authorities participate, what language could be used (Bhan 2019)?

The third and final contribution of this study is the documentation of Mbabane, Eswatini, as a site of governance innovation, capturing its efforts to mitigate the impact of HIV and AIDS at the household level. This study’s focus on incremental bricolage contributes to the growing body of work on urban governance in African cities and expands our understanding of how African cities can and do respond to crises in an increasingly vulnerable and uncertain world.

In examining the case of Mbabane through the lens of the HIV and AIDS pandemic, this study highlights the actions and innovations of the state at the local level, challenging prevailing assumptions about the unresponsiveness and inertia of urban local governments in the region. While these institutions may lack the financial and human resources available to other parts of the state in responding to the epidemic, the MCM leveraged incremental bricolage to craft a responsive and agile approach to HIV mitigation at the city level. The efforts of the MCM to work in partnership with other urban stakeholders provides important perspective on the benefit of flexible and incremental partnerships or bricolage in the face of crisis. This case study is a useful in showing how contextual responses to crisis are critical find to developing effective responses. The importance of locally driven approaches to governance which take into explicitly take into account custom and community dynamics when making decisions about shared resources is in evidence in Mbabane and instructive for ways of understanding what governance can mean on the ground. This case study prompts a rethinking of the vocabulary used to describe the ways that the sub-national state responds in time of crisis at the coalface of governance and public health. In this study, I have brought into view the relations that exist between urban local authorities and customary authorities in a single city. Within the context

of this work, I aim to contribute to an increased understanding of urban realities on the African continent.

This work raises questions about the innovations being tested and implemented in the contexts of African cities. In a space that often holds multiple administrative and cultural identities, what new ground is being broken to address the particular needs of Africa's growing urban centres that utilise inherited institutional structures and are rooted in the local context? What experiences can be shared from these Southern geographies that can contribute to the body of knowledge on governance and African cities?

While preparing this work, several areas for further inquiry emerged, offering opportunities to enhance scholarship on governance in African cities. Among these, a number of questions persist and are worth mentioning. First, while much has been written about traditional authorities in rural areas and their interactions with colonial systems, the activities and influence of these leaders in contemporary African cities remain underexplored.

These characteristics provoke the question: why does governance in African cities, more than 60 years since the start of the first wave of independence on the continent, remain influenced or 'enframed' by perspectives 'from the verandas of power' (Myers 2003)? In other words, why are African cities holding onto colonial articulations of the urban, established under the guise of creating order, but aimed at facilitating surveillance and control of native labour (Myers 2003; Huxley 1949)? Such goals are at odds with recent global agreements. These include the United Nations Sustainable Development Goals or Agenda 2030, Goal 11, which advocates for 'inclusive and sustainable urbanisation and the capacity for participatory integrated human settlements' (UN 2015). Yet, these outdated ideas form the foundation of urban governance on the continent (Watson 2009). Relatedly, if it is acknowledged that attempts to confine traditional authorities to their longstanding roles are ineffective, what sectors are they most active in now, above and below the radar? How has their role evolved in the midst of urbanisation that shows no indication of slowing down?

## 7.7 Conclusion

Despite the substantial resources allocated to understanding how to mitigate the impacts of a major health crisis during the height of the HIV and AIDS epidemic, new and devastating global health threats have emerged that have created further challenges for urban local governments. These include prolonged crises such as climate change, which has decisively altered planetary health, as well as acute crises like the COVID-19 pandemic.

Officially declared a global pandemic in January 2020 (Velavan and Meyer 2020), COVID-19, due to its infectious nature, inversed the worlds of work and education by necessitating the closure of borders, restrictions on commerce, and enforcement of stay-at-home mandates. The spatial dimensions of epidemics necessitate the involvement of local authorities, and the risk of future shocks ensures the need for continued research on evolving governance responses in African cities.

This empirical research on governance during a crisis in an African urban context illustrates how Mbabane, Eswatini, inadvertently became a testing ground for experimenting with governance approaches to address one of the most pressing problems of our time. In this case, it was the rapid and unyielding spread of HIV. The devastation not only affected individuals and households but also deeply impacted the functioning of the local authority, necessitating invigorated management that relied on more than the public administrative architecture. An examination of the case of Mbabane during the height of the HIV and AIDS epidemic (1995–2005) disrupts the idea that governance in an African setting is most effectively carried out through the immobile architecture of public administration and in isolation from governance actors beyond the state. Instead, this study presents an example of the deliberate and careful work required to govern at a time of crisis and in a distinct context where traditional authorities are active participants in the city's life. The study confirms the enduring and central role of traditional authorities in African cities by highlighting the critical role they played in governance at a time of crisis. The study demonstrates that within a shifting context, at the height of the AIDS epidemic, governance was most aptly executed by patching together and refashioning existing relations rather than through a single formal institutional identity. This incremental process of forging partnerships and collaborating across institutions to flexibly implement HIV mitigation strategies at the city scale proved to be an important and fresh approach to governance for Mbabane. The future of bifurcated governance in local authorities

in Eswatini remains in the balance until there is appetite for the experimental work of moving beyond the two existing options. When limitations on what governance fundamentally means in Eswatini, there will be space for a new framework.

In an ecologically volatile and uncertain era, where communities are increasingly vulnerable to crises caused by a variety of factors, ranging from climate to disease, I have demonstrated how one African urban local government adapted to meet the needs of its residents. The questions raised by this case can be posed to other African cities as well, because while HIV and AIDS remain significant health challenges, new threats such as Ebola and SARS have emerged, requiring a continued focus on the intersection of governance and health. How can other African cities reorient their approaches to governance and service delivery to effectively address the responsibilities created by the spread of infectious diseases, particularly in environments that remain poorly resourced? Responses to these questions demand further empirical work if the intersections of governance and crises on the continent are to be understood in their complexity and variations.

This study examined governance in one African capital city during a time of crisis. The case of Mbabane, Eswatini, during the height of the HIV and AIDS epidemic (1995–2005) challenges the idea that governance in an African setting is most effectively carried out through static institutions and in a unilateral manner. The human, economic, and social costs borne by the residents of Mbabane at the height of the HIV and AIDS epidemic demonstrate that, within a shifting context, governance was best executed by patching together and refashioning existing relations rather than through a single formal institutional identity. This process of incrementally forging partnerships and collaborating across institutions to flexibly identify mitigation strategies at the city scale proved to be an important and novel governance innovation for Mbabane. This case also revealed systems that are central to governance in the African context.

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## **APPENDIX 1 | ORGANISATION INFORMATION & LIST OF INTERVIEWS**

### **ORGANISATIONS**

Data was collected from the following organisations in Mbabane:

- AMICAALL -Swaziland
- AMICAALL – Mbabane
- Food and Agriculture Organisation – Swaziland
- Municipal Council of Mbabane
- Ministry of Health and Social Welfare
- Ministry of Housing and Urban Development
- National Emergency Response Council on HIV/AIDS
- United Nations Development Programme – Swaziland

### **LIST OF INTERVIEWS AND PERSONAL COMMUNICATIONS**

In order to maintain confidentiality and to enable interviewees to openly share their perspective on the HIV crisis in Mbabane and state responses all interviews conducted as part of field research have been anonymised. This approach safeguarded the identities of interviewees and allowed thorough exploration of the research topic.

- Personal communication with Municipal Council of Mbabane (MCM) Official - 1 - 10/5/2004
- Interview with CSO official 1- 10/05/2005)
- Personal communication with HIV civil society representative 1 - 11/05/2004
- Personal communication with Municipal Council of Mbabane Official 2 - 08/05/ 2007
- Interview with the Municipal Council of Mbabane (MCM) official - 1- 09/05/2007
- Interview with consultant in the Deputy Prime Minister’s Office responsible for decentralisation policy 1- 05/06/ 2007
- Interview with Ministry of Housing and Urban Development official 1 - 19/02/2007
- Personal communication with HIV civil society representative 2- 11/05/2004
- Interview with Ministry of Housing and Urban Development official 2 – 21/02/2007
- Interview with HIV civil society representative 1 - 08/02/2007

Interview with HIV civil society representative 2 - 19/02/2007

Personal communication with Municipal Council of Mbabane Official -3 - 12/02/09

Interview with Municipal Council of Mbabane official – 4 12/02/2009).

Interview with official at the Food and Agriculture Organisation Mission to Swaziland 1- (16/02/09)

### **ARCHIVAL MATERIAL**

MUFP/CA Archive Box 2, MCM, Mbabane

MUFP/CA Archive Box 3: MCM, Mbabane

MUFP/CA Archive Box 5, MCM Mbabane

MUFP/CA Archive Box 6, MCM, Mbabane

MUFP/CA Archive Box 9, MCM, Mbabane

MUFP/CA Archive Box 11, MCM, Mbabane

MUFP/CA Archive Box 14, MCM, Mbabane

### **FOCUS GROUP DISCUSSION**

Nkwalini Zone 3, 26 May 2005 – Zone Leader and 14 residents

Manzana, 17 May 2005 - 18 residents

Msunduza 16 May 2005 - 11 residents

Sidwashini and Makhlokholo, 18 May 2005 – Chair and 15 residents

Bahai, 18 May 2005 – 18 residents

Manwaneni, 19 May 2005 – 9 residents

Mvakwelitje 19 May 2005 8 Residents

## APPENDIX 2 | QUANTITATIVE SURVEY INSTRUMENT FOR MUFU

Questionnaire # \_\_\_\_\_

### Quantitative Questionnaire

Prepared and Administered by JTK Associates for the Mbabane Comprehensive Urban Upgrading Programme Kingdom of Swaziland May 2005

# of households on the plot	Enum Self Check:
# of sub-tenants	Sup. Field Check:
# of tenants	Sup. Final Approval:
Owners	Spot Check:
# of total rental dwellings	Date Entered:
# of vacant rental dwellings	Date Verified:

Name of Neighbourhood:

- |                                                                                                                                                                   |                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> - 01 Bahai<br><input type="checkbox"/> - 02 Fonteyn<br><input type="checkbox"/> - 03 Mangwaneni<br><input type="checkbox"/> - 04 Manzana | <input type="checkbox"/> - 05 Makhlokholo/Mahwalala Zone 6C<br><input type="checkbox"/> - 06 Mvakwelitje<br><input type="checkbox"/> - 07 Nkwalini Zone 3<br><input type="checkbox"/> - 08 Sidwasini/Ntabamhlope |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Enumerator # \_\_\_\_\_ Enumerator First & Surname: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_ Total Time \_\_\_\_\_

#### DEMOGRAPHIC BACKGROUND & INTRODUCTORY QUESTIONS

Household head:  - 1 Male  - 2- Female De Facto  - 3 - Female De Jure  
 [Enum: See enumerator notes for classification of categories]

Does an employer own this house and pay the rent?

- 1 yes [TERMINATE INTERVIEW]  
 - 2 no [CONTINUE WITH INTERVIEW]

Household profile [Enum: Circle responses. Exclude children 15 & under]  
 [Must be at urban household for at least 6 months over 2004 & still 'belong to' urban HH]

Sex Sex of all household members aged 16 and over

Household head marital status

Household head number of wives

Age Age of all household members aged 16 and over

Employ Nature of current employment [skilled = professional level or well-training; semi skilled = some skills had to be known to do the job; unskilled = no skills required; self/temp = employed or temporarily employed, meaning working for oneself and casual labour, respectively; unemp = unemployed; student = still going to school (whatever level); and too young is based on the respondent consideration that someone is too young to work,

LongEmp Length of consistent/reasonably consistent employment OR length of unemployment

Length Length of time they have lived in Mbabane

House Length of time in same house

Neigh Length of time in same neighbourhood

Timeout Average number of visits to rural household in the past three months: NA if no rural HH

Education Education level of household head

Sex	Age	Employ	LongEmp	Length	House	Neigh	TimeOut	Education
HOUSE	1 16 – 25	1 Skilled	1 < 1 yr	1 < 1 yr	1 < 1 yr	1 < 1 yr	1 none	1 none
HOLD	2 26 – 45	2 Semi	2 1 – 3 yrs	2 1–3 yrs	2 1–3 yrs	2 1–3 yrs	2 not quite monthly	2 primary
HEAD	3 46 – 55	3 Unskilled	3 4 – 6 yrs	3 4-6 yrs	3 4-6 yrs	3 4-6 yrs	3 monthly	3 second
1 – Male	4 55 +	4 Self/Temp	4 7 – 9 yrs	4 7-9 yrs	4 7-9 yrs	4 7-9 yrs	4 weekly/ biweekly	4 high School
2 – Female	8 DK	5 Unemp	5 10 + yrs	5 10+yrs	5 10+yrs	5 10+yrs	5 no rural HH	5 post high school
1 – Married		6 Student		6 born here	6 born here	6 born here		
2 – Unmar		7 Too young						
# urban wives (if > 1)								

Sex	Age	Employ	Length	TimeOut
SPOUSE	1 – 16-25	1 – Skilled	1 – 6mo – 1 yr	1 – none
	2 – 25-45	2 – Semi	2 – 1-3yrs	2 – not quite monthly
1 – Male	3 – 46 –55	3 – Unskilled	3 – 4-6yrs	3 – monthly
2 – Female	5 – 56 +	4 – Self/Temp	4 – 7-9yrs	5 – weekly/ biweekly
		5 – Unemp	5 – 10 + yrs	
		6 – Student		
		7 – Too young		
Other 1	1 – 16-25	1 – Skilled	1 – 6mo – 1 yr	1 – none
	2 – 25-45	2 – Semi	2 – 1-3yrs	2 – not quite monthly
1 – Male	3 – 46 –55	3 – Unskilled	3 – 4-6yrs	3 – monthly
2 – Female	5 – 56 +	4 – Self/Temp	4 – 7-9yrs	5 – weekly/ biweekly
		5 – Unemp	5 – 10 + yrs	
		6 – Student		
		7 – Too young		
Other 2	1 – 16-25	1 – Skilled	1 – 6mo – 1 yr	1 – none
	2 – 25-45	2 – Semi	2 – 1-3yrs	2 – not quite monthly
1 – Male	3 – 46 –55	3 – Unskilled	3 – 4-6yrs	3 – monthly
2 – Female	5 – 56 +	4 – Self/Temp	4 – 7-9yrs	5 – weekly/ biweekly
		5 – Unemp	5 – 10 + yrs	
		6 – Student		
		7 – Too young		
Other 3	1 – 16-25	1 – Skilled	1 – 6mo – 1 yr	1 – none
	2 – 25-45	2 – Semi	2 – 1-3yrs	2 – not quite monthly
1 – Male	3 – 46 –55	3 – Unskilled	3 – 4-6yrs	3 – monthly
2 – Female	5 – 56 +	4 – Self/Temp	4 – 7-9yrs	5 – weekly/ biweekly
		5 – Unemp	5 – 10 + yrs	
		6 – Student		
		7 – Too young		
Other 4	1 – 16-25	1 – Skilled	1 – 6mo – 1 yr	1 – none
	2 – 25-45	2 – Semi	2 – 1-3yrs	2 – not quite monthly
1 – Male	3 – 46 –55	3 – Unskilled	3 – 4-6yrs	3 – monthly
2 – Female	5 – 56 +	4 – Self/Temp	4 – 7-9yrs	5 – weekly/ biweekly
		5 – Unemp	5 – 10 + yrs	
		6 – Student		
		7 – Too young		
Other 5	1 – 16-25	1 – Skilled	1 – 6mo – 1 yr	1 – none
	2 – 25-45	2 – Semi	2 – 1-3yrs	2 – not quite monthly
1 – Male	3 – 46 –55	3 – Unskilled	3 – 4-6yrs	3 – monthly
2 – Female	5 – 56 +	4 – Self/Temp	4 – 7-9yrs	5 – weekly/ biweekly
		5 – Unemp	5 – 10 + yrs	
		6 – Student		
		7 – Too young		
Other 6	1 – 16-25	1 – Skilled	1 – 6mo – 1 yr	1 – none
	2 – 25-45	2 – Semi	2 – 1-3yrs	2 – not quite monthly
1 – Male	3 – 46 –55	3 – Unskilled	3 – 4-6yrs	3 – monthly
2 – Female	5 – 56 +	4 – Self/Temp	4 – 7-9yrs	5 – weekly/ biweekly
		5 – Unemp	5 – 10 + yrs	
		6 – Student		
		7 – Too young		

[If other household member over 15, list as above on a separate chart and attach immediately]

9) Who has the highest education in the household? [Enum: Include Household Head, if s/he has highest education]  
 \_\_\_ - 01 household head      \_\_\_ - 04 other 2      \_\_\_ - 07 other 5  
 \_\_\_ - 02 spouse                \_\_\_ - 05 other 3      \_\_\_ - 08 other 6  
 \_\_\_ - 03 other 1                \_\_\_ - 06 other 4      \_\_\_ - ## other

9a) What is this person's education?  
 \_\_\_ - 1 primary                    \_\_\_ - 3 high school  
 \_\_\_ - 2 secondary                \_\_\_ - 4 post high school

10) How many children between 5 and 15 & under 5 years of age normally live in this household?  
 5-15 \_\_\_\_\_ < 5 \_\_\_\_\_

[If there has been recent in-migration (1 or 2) in 'Length' above] For those who arrived from a rural area during the past 3 years, what were their reasons for coming here? [Tick as many as appropriate]

\_\_\_ - 01 find a job                \_\_\_ - 07 finished what they were doing in rural area  
 \_\_\_ - 02 did not like life in rural areas      \_\_\_ - 08 came of age  
 \_\_\_ - 03 came to spouse                \_\_\_ - 09 education  
 \_\_\_ - 04 came to parents/relatives      \_\_\_ - 10 orphaned  
 \_\_\_ - 05 temporary labour help-domestic      \_\_\_ - 11 to have a life in an urban area  
 \_\_\_ - 06 illness                        \_\_\_ - ## other

Is there anyone living in this home that is not a part of your household?  
 \_\_\_ - 1 yes (# \_\_\_\_\_)      \_\_\_ - 2 no

Is there anyone living in this home, either family members or non-relatives who are living here because they cannot find accommodation elsewhere in the Mbabane urban areas?  
 \_\_\_ - 1 yes (# \_\_\_\_\_)      \_\_\_ - 2 no

Do you also maintain/operate a household in rural Swaziland?  
 \_\_\_ - 1 yes [go to 14a]                \_\_\_ - 2 no

14a) [If yes to 14] Where is this rural household?  
 \_\_\_ - 1 Hhohho    \_\_\_ - 2 Manzini    \_\_\_ - 3 Lubombo    \_\_\_ - 4 Shiselweni

14b) [If yes to 14] Has anyone belonging to this urban household left and joined the rural household or moved to a rural area during 2004 for the long term? [Enum: Such individuals should not appear in the question 8 table, and therefore are excluded from the current urban household]  
 \_\_\_ - 1 yes [go to 14c]                \_\_\_ - 2 no

14c) [If yes to 14b] For those who belonged to this urban household but who left most recently, what were the reason for leaving?

\_\_\_ - 01 lost job                        \_\_\_ - 07 did not like urban areas  
 \_\_\_ - 02 could not find work                \_\_\_ - 08 cost of living too high  
 \_\_\_ - 03 family/personal matters      \_\_\_ - 09 finished education  
 \_\_\_ - 04 business matters/job                \_\_\_ - 10 no place in school  
 \_\_\_ - 05 illness                        \_\_\_ - 11 do not know [tick by itself]  
 \_\_\_ - 06 retirement                        \_\_\_ - 12 ## other

#### HOUSING

15) How many rooms does your household have? [If there are no rooms in a category, put '0'. Do **not** leave any blanks. Categorise room under main function, do not double count. AVOID counting rooms which are sub-leased to another 'family', which can often be in the same house]

_____ total rooms	# Attached	_____	# Unattached	_____
_____ bedrooms (means usually set aside for sleeping)	# Attached	_____	# Unattached	_____
_____ sitting/living rooms	# Attached	_____	# Unattached	_____
_____ dining room	# Attached	_____	# Unattached	_____
_____ kitchen [ If 'cook outside', mark '0' here]	# Attached	_____	# Unattached	_____
_____ spare rooms (e.g., storage room, den, etc.)	# Attached	_____	# Unattached	_____
_____ bathroom	# Attached	_____	# Unattached	_____
_____ toilet [Enum: only flush, exclude pit latrine]	# Attached	_____	# Unattached	_____
_____ business use	# Attached	_____	# Unattached	_____
_____ livestock/small stock	# Attached	_____	# Unattached	_____
_____ agricultural storage	# Attached	_____	# Unattached	_____
_____ other _____	# Attached	_____	# Unattached	_____

- 16) [Enum: Indicate multiple use situations] {Tick as many as appropriate}
- 01 bedroom(s)/sitting room
  - 02 bathroom/toilet
  - 03 sitting room/dining room
  - 04 kitchen/dining room
  - 05 one room for everything
  - 06 bedroom/kitchen
  - 07 bedroom/dining room/sitting room
  - 08 business use/kitchen
  - 09 business use/spare room
  - 10 business use/sitting room
  - 11 **NONE** – all single use [Tick by itself]
  - ## Other \_\_\_\_\_

- 17) What were the reasons you settled in this area? [Tick as many as appropriate]
- 01 Kinship ties
  - 02 close to work
  - 03 knew someone (non relative) who live here
  - 04 preferred the authorities here
  - 05 transport more reliable
  - 06 rental rates cheaper
  - 07 closer to school
  - 08 we own, not have to pay/pay much for housing
  - 09 it is a nice area
  - 10 area is clean/good sanitation
  - 11 traditional authorities allocated location
  - 12 illness
  - 13 land available
  - 14 no other option – no other accommodation
  - 15 better schools
  - 16 relocated to this area
  - 17 closer to town
  - 18 use to this area
  - 19 room to cultivate here/near here
  - 20 low crime/police protection
  - ## other \_\_\_\_\_

- 18) Are you a renter?
- 1 yes – main tenant [skip to 25, page 6]
  - 2 yes – sub-tenant [skip to 25, page 6]
  - no - owner
  - no – occupy relative's property (treat as owner)

- 19) [Ask owners only] How did you gain permission to occupy this plot? [Enum: **RANK** in order]
- 01 chief (Kukhonta)
  - 02 regional administration
  - 03 community council
  - 04 city council
  - 05 settlement on sub-plot
  - 06 inherited the land/house (on death)
  - 07 no authorization [tick by itself]
  - 08 housing board
  - 09 relative gave permission
  - 10 purchased [go to 19a]
  - ## other \_\_\_\_\_

- 19a) [If 'purchased' to 19] What year did you purchase it? \_\_\_\_\_ DK [Enum: if not remember, get the best estimate, e.g., before 1990, between 1995 – 2000, etc.]

- 19b) [If 'purchased' to 19] How much did you pay for it in total? E\_\_\_\_\_ DK [Enum: if not remember, get best estimate, e.g., E2000-3000. Get full price, not single payment level. If only 'monthly' payment know, get this and note it.] [If payment made 'in kind', indicate type & amount: \_\_\_\_\_]

- 20) [Ask owners only] Have you ever had boundary disputes with this plot?
- 1 yes [go to 20a]
  - 2 no [skip to 21]

- 20a) [If yes to 20] Where, if anywhere, did you go to get the boundary dispute solved? [**RANK IN ORDER**]
- 01 nothing/nowhere [Tick by itself]
  - 02 solved problem ourselves
  - 03 regional administration
  - 04 community council/zone leaders
  - 05 city council
  - 06 chief/indvuna/umgijimi
  - 07 inhkundla
  - 08 police
  - 09 national traditional court
  - 10 formal legal system (courts)
  - 11 church/religious authorities
  - ## other \_\_\_\_\_

- 21) [Ask owners only] Did you build this house?
- 1 yes [go to 21a]
  - 2 no [skip to 22]

21a) [If yes to 21] When you built his house, what labour was used? [Probe] Tick only main one

- \_\_\_ - 01 self/family labour only
- \_\_\_ - 02 self/family, assisted periodically by hired labour
- \_\_\_ - 03 hired labour under my/family instruction & sometimes help
- \_\_\_ - 04 led by/built by small contractor
- \_\_\_ - 05 led by/built by larger contractor
- \_\_\_ - # Other \_\_\_\_\_

21b) [If yes to 21] How did you finance this building? [Tick as many 'borrowed', 'received' or 'raised' responses as appropriate]

- \_\_\_ - 01 pay/savings sufficient-short term [tick by self]
- \_\_\_ - 02 pay/savings sufficient-long term [tick by self]
- \_\_\_ - 03 borrowed from family/friends
- \_\_\_ - 04 received (not borrowed) from family
- \_\_\_ - 05 borrowed from bank
- \_\_\_ - 06 borrowed from building society
- \_\_\_ - 07 borrowed from credit society
- \_\_\_ - 08 borrowed from money lender/shylock
- \_\_\_ - 09 raised money, livestock sales
- \_\_\_ - 10 raised money through crop sales
- \_\_\_ - 11 group savings (liholiswane)
- \_\_\_ - 12 sponsored by employer
- \_\_\_ - ## Other \_\_\_\_\_

[Ask owners only] Many owners added extensions or made improvements to their houses in this area. Have you undertaken any extensions or made any improvements over the past two years? [Enum: if respondent hesitates, remind her/him that the information is strictly confidential, that their name will not appear on the questionnaire, and that we are not from the ministry or council, but rather independent researchers]

- \_\_\_ - 1 yes [go to 22a]
- \_\_\_ - 2 no [skip to 23]

22a) [If yes to 22] What were these extensions/improvements. e.g., adding new rooms, getting electricity or water, making change to the plot, etc. ? [Tick as many as appropriate]

- \_\_\_ - 01 added another room – attached
- \_\_\_ - 02 added another room – unattached
- \_\_\_ - 03 added two or more rooms – attached
- \_\_\_ - 04 added two or more rooms – unattached
- \_\_\_ - 05 put in a floor
- \_\_\_ - 06 got electricity (minimal)
- \_\_\_ - 07 got electricity (full)
- \_\_\_ - 08 got tap in yard installed
- \_\_\_ - 09 got internal plumbing
- \_\_\_ - 10 installed fitted appliances/furniture
- \_\_\_ - 11 built new house
- \_\_\_ - 12 put in an outside sitting/stoop area
- \_\_\_ - 13 landscaped the yard
- \_\_\_ - 14 put in a vegetable garden
- \_\_\_ - 15 expanded a vegetable garden
- \_\_\_ - 16 upgraded roof
- \_\_\_ - 17 upgrade walls
- \_\_\_ - 18 painted
- \_\_\_ - 19 put up a fence
- \_\_\_ - 20 re-built house
- \_\_\_ - 21 prepared materials for building (e.g.bricks)
- \_\_\_ - ## Other \_\_\_\_\_

22b) [If yes to 22] When you made this extension/the most major of these extensions, generally what labour was used? [Tick only main one]

- \_\_\_ - 1 self/family labour only
- \_\_\_ - 2 self/family, assisted periodically by hired labour
- \_\_\_ - 3 hired labour under my/family instruction & sometimes help
- \_\_\_ - 4 led by/built by small contractor
- \_\_\_ - 5 led by/built by large contractor
- \_\_\_ - # other \_\_\_\_\_

22c) [If yes to 22, select most significant extension/improvement] When you made this extension/the most major extensions, did you find you had to undertake the extension/improvement over time because of periodic shortfalls of cash? [Enum: have them describe what they mean]

- \_\_\_ - 1 yes
- \_\_\_ - 2 no

22d) [If yes to 22] How did you finance these extensions/improvements? [Tick as many 'borrowed', 'received' or 'raised' as appropriate]

- \_\_\_ - 01 pay/savings sufficient-short term [tick by self]
- \_\_\_ - 02 pay/savings sufficient-long term [tick by self]
- \_\_\_ - 03 borrowed from family/friends
- \_\_\_ - 04 received (not borrowed) from family
- \_\_\_ - 05 borrowed from bank
- \_\_\_ - 06 borrowed from building society
- \_\_\_ - 07 borrowed from credit society
- \_\_\_ - 08 borrowed – moneylender/shylock
- \_\_\_ - 09 raised money, livestock sales
- \_\_\_ - 10 raised money through crop sales
- \_\_\_ - 11 group savings (liholiswane)
- \_\_\_ - 12 sponsored by employer
- \_\_\_ - 13 sponsored by government
- \_\_\_ - ## other \_\_\_\_\_

23) [Ask owners only] Before you built/purchase/inherited this house, did you rent in an urban area? [Tick both 'yes' responses if appropriate]

- \_\_\_ - 1 yes main tenant [go to 23a]
- \_\_\_ - 2 yes sub-tenant [go to 23a]
- \_\_\_ - 3 [no skip to 24]

23a) [If yes to 23] How long did you rent before you built/purchase/inherited?

- \_\_\_ - 1 10+ years
- \_\_\_ - 2 7-9 years
- \_\_\_ - 3 4-6 years
- \_\_\_ - 4 1-3 years
- \_\_\_ - 5 < 1 year

23b) [If yes to 23] Why did you decide to build/purchase and do so here? [Tick as many as appropriate. Skip if inherited in question 19]

- \_\_\_ - 01 it was economically good
- \_\_\_ - 02 becoming more established in the urban area
- \_\_\_ - 03 # of household members was growing
- \_\_\_ - 04 better part of town
- \_\_\_ - 05 my kin are here
- \_\_\_ - 06 too much insecurity as a renter
- \_\_\_ - 07 renting was too expensive
- \_\_\_ - 08 rental accommodation is bad
- \_\_\_ - 09 good transportation
- \_\_\_ - 10 no choice/no other option
- \_\_\_ - 11 more privacy as an owner
- \_\_\_ - ## other \_\_\_\_\_

24) [Ask owners only] If you had a choice, would you prefer to stay in this house and in this neighbourhood and improve it or would you prefer to go to a new area and be able to build a new house?

- \_\_\_ - 1 new house, new area [go to 24a]
- \_\_\_ - 2 upgrade existing plot [go to 24a]

24a) [If either 'new house' or 'upgrade'] Why would you decide to do this? [Tick as many as appropriate]

- \_\_\_ - 01 I like where I am
- \_\_\_ - 02 become more established in urban area
- \_\_\_ - 03 # of household members is growing
- \_\_\_ - 04 this house would be hard to upgrade
- \_\_\_ - 05 I would like a new house
- \_\_\_ - 06 I could make this house bigger than new one
- \_\_\_ - 07 I would locate in a better part of town
- \_\_\_ - 08 I want to build my own type of house
- \_\_\_ - 09 long-term investment
- \_\_\_ - 10 good transportation
- \_\_\_ - 11 I am well established here
- \_\_\_ - 12 do not want any\ empty plot
- \_\_\_ - ## other \_\_\_\_\_

24b) [If 'new house, new area' to 24] What would you prefer, assuming that the final costs would be about the same: [READ responses]

- \_\_\_ - 1 buy a house with a plot on it
- \_\_\_ - 2 buy a plot with an extendable core (toilet, sink, bath, building)
- \_\_\_ - 3 buy a plot with an extendable block (not core) (toilet, sink, bath, no building)
- \_\_\_ - 4 buy just a plot and build the house yourself (not core or block)
- \_\_\_ - 5 do not have preference

25) [Ask renters AND owners] If you needed to raise money to purchase/improve a home that was beyond your existing savings and salary, where, if at all, would you try to obtain the money? [Tick as many as appropriate]

- \_\_\_ - 01 I would not do so [Tick by it self]
- \_\_\_ - 02 borrow from relative/friends
- \_\_\_ - 03 borrow from moneylenders/shylock
- \_\_\_ - 04 borrow from credit society
- \_\_\_ - 05 borrow from building society
- \_\_\_ - 06 borrow from a commercial bank
- \_\_\_ - 07 engage in productive activity/overtime
- \_\_\_ - 08 borrow from employer
- \_\_\_ - 09 sell urban assets
- \_\_\_ - 10 sell rural assets – non livestock
- \_\_\_ - 11 sell rural assets - livestock
- \_\_\_ - 12 group savings (Iiholiswane)
- \_\_\_ - 13 start greater savings in our household
- \_\_\_ - ## other \_\_\_\_\_

26) [Ask renters AND owners] How many cattle do you have/control?

- \_\_\_ - 1 none
- \_\_\_ - 2 1 – 10
- \_\_\_ - 3 11 – 20
- \_\_\_ - 4 21 – 40
- \_\_\_ - 5 49 +
- \_\_\_ - 6 refused
- \_\_\_ - 8 do not know

27) [Ask owners/managers with renters on the plot] Have you found that, in 2003 and 2004, its easier, more difficult, or just the same in terms of trying to find renters?

- \_\_\_ - 1 improved [skip to 28]
- \_\_\_ - 2 gotten worse [go to 27a]
- \_\_\_ 3 no change [skip to 28]

27a) [If 'gotten worse' to 27] why do you think that it has gotten worse? [Tick as many as appropriate]

- \_\_\_ - 1 to many places for rent
- \_\_\_ - 2 people are moving to rural areas
- \_\_\_ - 3 better accommodation is available
- \_\_\_ - 4 now new jobs
- \_\_\_ - 5 loss of jobs
- \_\_\_ - 6 people do not want to pay as much as they should
- \_\_\_ - # other \_\_\_\_\_





\_\_\_ - ## other \_\_\_\_\_

ENUMERATOR COMMENTS

35 Level of cooperation of main respondent: \_\_\_ - 1 high \_\_\_ - 2 medium \_\_\_ - 3 low

General enumerator comments:

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[Enum: randomly select mother with underfives

[Enum: total # of children she has: \_\_\_\_\_]

[Enum: total # of mothers with underfives in household: \_\_\_\_\_]

36) [Refer to a randomly –selected mother in the household who has one or more underfives. If possible, direct question to this mother. If not, ask senior female.] Have one or more of your/her underfives had diarrhoea which **started** within the past two weeks?  
\_\_\_ - 1 yes [# children with diarrhoea \_\_\_\_\_]  
\_\_\_ - 2 no

37) [Refer to a randomly –selected mother in the household who has one or more underfives. If possible, direct question to this mother. If not, ask senior female.] Have one or more of your/her underfives had a sustained cough, or difficulty or rapid breathing which **started** within the past two weeks?  
\_\_\_ - 1 yes [# children with ARI \_\_\_\_\_]  
\_\_\_ - 2 no