Part 0: Preamble

SUPPORTING MEN
IN HIV PREVENTION,
TREATMENT AND CARE

BROWN

The historical and current roles of Street Committees in strengthening health services in Gugulethu.

Merlary Chidavaenzi
CHDMER002
Supervisor: Dr. Myrna van Pinxteren
Co-Supervisor: Dr. Alison Swartz

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Declaration

I, *Merlary Chidavaenzi CHDMER002*, hereby declare that the work on which this dissertation/thesis is based is my original work (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being, or is to be submitted for another degree in this or any other university.

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Date: 30 August 2020

Dedication

This is for all people who dare to imagine a different world and go out every day to fight for it.

Thesis Abstract

Communities are an important part of health systems as they assist in the monitoring of health service quality and providing the end users with a voice. This is particularly important in South Africa where there is a quadruple burden of disease, and a history of social injustice which continues to impact social determinants of health in communities. This presents significant challenges to provide high-quality health services in South Africa. To redress these health challenges, the South African government is relying on community-led mechanisms aimed at enhancing access to and strengthening of health services in communities. By using ethnographic methodologies, this paper explores the role of Street Committees (SC) in strengthening health services in a low-income setting in South Africa.

The mini thesis is divided into two parts, a research protocol (Part A) and journal 'ready' manuscript (Part B). Part A explores the historical, current, and future roles of SC in Gugulethu as well as identifying gaps in literature. Part B focuses on emerging roles from the data collected on SC in strengthening health services in Gugulethu.

This thesis shows that although SC do not see themselves as health stakeholders nor are perceived by others as such, they do play a significant role, as they strengthen access to health care services through their numerous roles in the community. SC strengthen access to health services by enhancing physical access to health services, bringing medication to the frail and elderly, informing and educating the community about services and health issues and lastly by advocating for high quality health care in their community. This article also highlights the different roles SC play in strengthening health services through collaboration, advocacy and community education and provides lessons for community engagement in health systems which can be used to provide quality, equitable and people centred health care for all.

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Acronyms and Abbreviations

CHW	Community Health Workers
CP	Community Participation
HC	Health Committees
HIV	Human immunodeficiency Virus Infection
HREC	Human Research and Ethics Committee
iALARM	Using Information to Align Services and Link and Retain Men in the HIV Cascade
MCSJ	Movement for Change and Social Justice
NHI	National Health Insurance
SC	Street Committee (s)
UCT	University of Cape Town

Part A: Protocol

Introduction

The vast political and economic marginalization that exists in South Africa has left the majority of the people excluded from effective economic and political participation (Mottiar & Bond, 2012; Robins & Von Lieres, 2004). This has led to the emergence of participation strategies of social movements who are taking a leading role in laying foundations for new, "middle level" institutions. These institutions have taken the task of representing the demands of marginalized people to the state as shown by the significant South African history of activism which dates from apartheid state to present (Mottiar & Bond, 2012).

Presently, these movements are more relevant as contemporary South Africa is facing a quadruple burden of disease resulting in an overburdened health system (Mayosi et al., 2009). At the heart of these health challenges are the health inequalities left by apartheid which continues to perpetuate social determinants of health (SDH) that negatively impact health outcomes (London & Schneider, 2012). SDH are economic and social conditions that influence individual and group differences in health statuses (Marmot, Friel, Bell & Tanja, 2008). These SDH produce vast differences in life chances with the poorest people having high levels of illness and mortality following a social gradient: the lower the socioeconomic status, the worse the health (Marmot et al., 2008). The complex nature of this challenge has highlighted the importance of collaboration across the multiple sectors to improve health outcomes. There is also vast evidence of community participation as a strategy of reducing health inequalities.

Community led initiatives have been at the centre of movements that have supported the needs of the people and historically have been the cornerstone in many health initiatives (Sacks et al., 2017). It is for this reason that the Alma-Ata Declaration since 1978, emphasised the right and duty of community members to participate in planning and implementing their own health services as a way of health system strengthening and improving global health (Odugleh-Kolev & Parrish-Sprowl, 2018). Odugleh-Kolev and Parrish-Sprowl (2018) states

that health researchers, practitioners and policy makers have since then worked to develop a meaningful set of practices that seek to contribute to strengthen community participation and engagement to better health outcomes for communities.

There is a well-documented history in South Africa of the value of community participation as a central component of the primary health care approach as highlighted in legislation, policy documents and strategic plans (Cleary et al., 2014). In addition, there is a widespread acceptance that community participation strengthens community empowerment, access to services and disease prevention. Glanz, Rimer, and Viswanath (2015) suggests that it is essential to understand the functioning of groups, organizations, large social institutions and communities in order to improve health services.

Street committees are such organizations that are examples of community participatory groups and therefore are a useful lens to explore the role of engagement in health services strengthening efforts in Gugulethu. It is against this backdrop that this research seeks to understand the role of SC in addressing health challenges in the community of Gugulethu in Cape Town.

Guglethu Context

Gugulethu is a former African Township that sits South East of Cape Town's Central Business District in an area popularly known as the Cape Flats (Staniland, 2008). It is predominantly a black township, which has a population of 98 468, with high unemployment rates and most people living under the poverty line (Statistics South Africa, 2011). Gugulethu was found in 1956, whilst it has some informal areas with considerable numbers of people living in backyard shacks, its core remains formal housing that was built during apartheid (Staniland, 2008). Gugulethu is made up of seven local government wards and falls under the jurisdiction of the City of Cape Town Council. Lee and Seekings (2002) state that Gugulethu

is one of the most organised townships with relatively good infrastructure "by South African standards" with tarred roads, water, sewerage and regular rubbish collection. Gugulethu is a Xhosa word that means "Our Pride".

Gugulethu was chose as a study site because it is home to the Movement for Change and Social Justice organization and the iALARM project which are in partnership with my Department of Social and Behavioural Sciences that I am doing my Masters in Public health with.

My introduction to the community of Gugulethu was in May 2018 when I went for an iALARM meeting with all the community stakeholders. It was at this meeting that I found my interest in the community of Gugulethu. What was most striking was the coming together of various stakeholders who were all interested in improving the lives of people in Gugulethu.

Gugulethu was chosen as a site for this study because it has a long history of civic society action particularly, SC (Staniland, 2008). It therefore provides a lens through which we can investigate the role of SC during and post-apartheid involvement in addressing community needs. Gugulethu also makes a good field site because it is a large township with considerable internal variation (having seven wards) allowing an opportunity to explore (Staniland, 2008).

i-ALARM and MCSJ

i-ALARM (HREC ref. no. 802/2014) is a research project in the community of Gugulethu (and the rest of the Klipfontein Sub-district in Cape Town) that focuses on improving men's poor performance in the HIV cascade (Colvin et al., 2018). My MPH project also falls under this project as it attempts to engage all stakeholders in their bid to improving health. This is a collaborative project between the University of Cape Town (UCT) and Brown University (in the United States of America), the South Africa Medical Research Council (SAMRC), University of California, San Francisco and Sonke Gender and Justice (Colvin et

al., 2018). The iALARM project is centred on the task force which is made up of different level public-sector health system, community members, non-governmental organizations staff, and local activists (closely linked to, and supported by i-ALARM study is MCSJ). Part of the activist are MCSJ which is "an alliance of organizations aiming to improve the health and lives of people in Gugulethu and surrounding areas" (MCSJ Constitution, 2017:2). MCSJ is based in Gugulethu and Nyanga.

Mandla Majola is one of the founding leaders of MCSJ and is a prominent and experienced activist in the community of Gugulethu. Mandla was involved in the Treatment action Campaign (TAC), which is an HIV activist group that facilitated innovative forms of citizen participation. TAC has been able to promote multiple sites of participation, ranging from intermediary institutions that serve as an interface between the state and the poor, to transient, non-institutional forms of participation in spaces created by marginalized people themselves (Robins & Von Lieres, 2004). Mandla Majola has a lot of knowledge of the health and civic terrain in Gugulethu as he was born and raised there. He also works in DSBS mostly facilitating field work for researchers in the division, students doing their semester abroad program and UCT students doing their research in Gugulethu. His history and knowledge of Gugulethu gives him influence in the community and makes him a very important stakeholder in negotiating entry into the community.

Street Committees

MCSJ has several campaigns that (short and long term) that they rely on support and buy in of other community organizations, including SC. SC are civil organizations that made up of elected residents of a street consisting a chair, vice-chair, secretary and treasurer, seating with an executive committee of about ten members (Staniland, 2008). The idea at this time was to have each street to form a committee, with an area committee as the second tier of leadership

(Mottiar & Bond, 2012; Staniland, 2008; Super, 2015a). Staniland (2008) regards SC as the community arbiters, seeking to maintain peace and sometimes working with the police. They also mediate between residents, local governments, and civic organizations. SC became very prominent in the 1980s as an opposition and protest of the harsh apartheid regime. They played a number of roles during apartheid including organizing mass mobilizations to protest daily hardships of township life such as rent, and bus fare increases, evictions, housing shortages, poor township structure and schooling system (Mottiar & Bond, 2012).

To achieve the goals of transformation and development, post-apartheid, the new South Africa made the participation of civic society a focal point. In Gugulethu, civic society participation was not a strange phenomenon as they played a role in pre-apartheid era as shown above (Staniland, 2008). Whilst there are other civic organizations that play significant roles in Gugulethu, this study specifically looks at SC, particularly because they have a closer proximity to people in the community than any other organization such as the Gugulethu Development Forum, Area Committees and others (Mngqibisa, 2009; Staniland, 2008). Literature on SC available is very sparse especially around the role of SC in health strengthening. Super (2015a) as well as Stemmet and Barnard (2003) discuss SC as a lens to explore history of community policing, community vigilante and crime control. Burman and Schärf (1990) write about SC as popular courts and informal courts. This study proposes to fill a gap in literature of exploring SC' role in addressing health-related challenges in the Gugulethu community.

My initial interest in working with SC came from my interaction with the Street Transformation Forum (STF). The Street Transformation Forum is an organization that operates in Gugulethu. Its sole focus is on transforming SC into grass-root organizations that respond to broader community needs. The organization includes a select few MCSJ members and people from other organisations, including, Community Action Forum (CAF), Africa

Unite, Peace Building, UCT DSBS and some other organizations operating in Gugulethu and surrounding areas. This forum grew out of MCSJ and CAF as a way of trying to transform SC as well as get a better understanding in how they function as well as their utility in relation to health services.

The STF meets once every fortnight in Gugulethu at the MCSJ headquarters. Their aim is to pilot their transformation strategy on ten streets before rolling out to other areas. Part of their strategy included having sub-committees that work directly in response to contemporary community challenges such as health, environment, education and elderly care. Since this is a new body, there have already been challenges in maintaining meeting attendance, with some having very high turn outs and some very few people coming. While there are several people who come there from different streets, what unites them is their love for their community. By looking at the STF and their work in the community, I could get insight into the workings of the SC, the challenges they are having, their successes and an opportunity to be a small part of their group so that observe the role they play in the larger health system.

Rationale and significance of the study

This MPH project is in partial fulfilment for my Master's in Public Health (MPH) and part of DSBS community engagement project. Community engagement is the centre for healthy communities as a people-centred paradigm prevails. As such, there had been an emphasis by government on resurrecting SC to tackle inefficiency in local official in addressing crime (Mngqibisa, 2009; Super, 2015a). It is worth noting that while SC are recognised, there is no formal or standardised mandate for them (Mngqibisa, 2009). While their role enables communication between communities and local officials, they have not received enough attention in literature (Staniland, 2008). This MPH project seeks to ascertain the role of SC in tackling health issues and hence bridging the knowledge gap that currently exists.

The existence of SC is a form of community engagement. Sacks et al. (2017) states that community engagement has the potential of producing interventions which are better tailored to local needs and preferences, increased accountability and improved quality and uptake of health services. SC have been working in the community and responding to the needs of the people they lead making them more qualified to know the felt needs of the people (Mngqibisa, 2009). It is important therefore to explore their role to ascertain their function in addressing health issues in their communities. This information becomes very important in understanding the community of Gugulethu's health needs and preferences, which is important for producing interventions and policies that will have better uptake from the community.

Meaningful participation of community members is important for improving leadership, governance and accountability in a people-centred health system (Haricharan, 2011). This requires the active and informed participation of community members in service delivery oversight, monitoring and decision-making (Haricharan, 2011; Rifkin, 2009). SC are deemed by community members as the voice of the community as well as the watchdogs of the community against injustice and inequality (Brogden & Shearing, 1993; Lee & Seekings, 2002; Super, 2015a). In this way, these governance structures potentially strengthen the delivery of inclusive, equitable and accessible health services, ultimately facilitating the implementation of the right to health (London & Schneider, 2012). This becomes a very important structure to explore as it has the potential to improve accountability and community health.

Aim

This study aims to explore the role of SC in addressing health related challenges in the community of Gugulethu. As indicated, while there has been some research done on SC as informal courts, a lens to explore vigilante, community policing and popular courts. This study explores the SC as a vehicle for strengthening health services.

Research Question

How do SC contribute in addressing health related challenges in Gugulethu?

Literature Review

Conceptual framework

Two theories will be utilised in this proposal to attempt to shed more light into understanding the role of SC in addressing health challenges in the community of Gugulethu. Power and community participation will be employed to assist in understanding the historical and current role of SC in strengthening health services delivery in the community of Gugulethu.

Power: Power Cube

The redistribution of power between societies is recognised as a way of addressing health inequalities in communities and individuals (Laverack, 2013). Gaventa (2005) uses the power cube as a framework that is centred on the idea that for transformative and fundamental change to occur, various actors in social movements need to work effectively across the power dimensions. In addition, this framework attempts to describe the multiple levels of power in community participation focusing on the dimensions of power which need to be understood both as separate and interconnected concepts. The power cube is also a representation of the dynamics of how power operates, how different interests can be marginalized from decision-making and proposes the strategies that can be employed to increase inclusion. The power cube captures power across continuums of space, levels and forms of power. This proposal will draw on parts of the power cube such as spaces and forms of power as they are mostly relevant for the purposes of understanding SC.

Spaces of power: Captures how arenas of power are created; referring to the spaces where decision making takes place in which power operates and how the space is created. Spaces of power also includes moments, channels and opportunities where there is a potential for people to influence policies, decisions and relationships (Gaventa, 2005).The power cube helps in understanding these different forms of space and hence suggests how spaces can be restricted, claimed or facilitated through negotiation. The notion of "spaces" has three distinction types:

a. The ones in power or elite control closed/provided spaces.
b. Invited spaces are created because of external pressure or when attempting to increase legitimacy or when policy makers create "invited" spaces to share their opinions.
c. Claimed spaces are those created by less the powerful to develop their agendas and create solidarity without control from power-holders.

2. Forms of Power: The power cube also distinguishes the degree of visibility of power.
    a. Visible power: This is the more conventional form of power that governed and negotiated through rules, procedures, structures and institutions.
    b. Hidden power: This focuses more on the actual controls over decision-making. It looks at how some powerful people and institutions maintain influence over the decision-making process often excluding and devaluing the concerns and agendas of the less powerful.
    c. Invisible/ internalized power that operates by influencing individuals how they think of their place in society, which explains why some people never question the existing power relations.

In addition to the power cube, Laverack (2013) discusses another view of power that focuses on forms of power that enable agency. These include 'power with', 'power to' and 'power

within'. These concepts are developed from the power cube as a starting point and are meant to enable rather than constrain agency. Power-with is the kind of power that recognises the synergy that can be found through partnerships and collaborations or collective action and alliance building (Gaventa, 2005; Laverack, 2013). In addition, power-within on the other hand refers to one's sense of self and self-worth, values that are central to citizens (individuals or communities) on how they understand their rights and responsibilities.

Relevance of Power

The concept of power is one that is very relevant to this topic as the role of SC is affected by the form and dimension of power that they have. Power as discussed is the ability to achieve a desired outcome or goal. This then follows that the ability of the SC to execute any role is affected by "spaces" where their solutions lie such as local government and policies. Staniland (2008) states that the challenge with civic organization is that they are at the mercy of ward councillors making them political subordinates to the political society. This therefore implies that since SC are granted power and responsibilities at the discretion of the political society, leaving the councillor at the centre of the participatory mechanism (Staniland, 2008). For SC, spaces of power are sometimes opportunities or moments where they can affect policies, discourses and decision. In some ways, SC are experienced as a claimed space where the community takes control of their issues as a collective and work towards bettering their community. Gaventa (2005) suggests that understanding the power cube allows for individuals and organizations to have strategies that target the forms of power to see the change they desire. Visible power through advocacy is challenged when there is an aim to change the who, how and what of policy making so that there is more accountability and that it follows a democratic process.

Community Participation

The concept of community participation became more popular as more evidence of its merits is demonstrated in a number of spheres (Sherry, 2018). In the context of the Primary Health Care (PHC), community participation all the ways in which communities and their members collectively get involved in activities that that affect their health (Sherry, 2018). These activities include engagement with health workers and managers concerning health services, as well as action on broader factors that impact health such as community access to clean water supply and education (Sherry, 2018). Community participation takes different approaches, but they share common features:

1. They adopt a bottom up approach, which creates spaces for ordinary citizens to communicate their needs and priorities, rather than having to accept decisions of their government or leaders.
2. There is collective discussion and action in the community rather than individuals acting on their own.
3. Power is shared between communities and those in official positions (state departments and government, such as city councillors, and non-governmental organizations).

Relevance of community participation

Theory proposes that community participation has a bottom-up approach which is very useful in shaping programs and services that best meet communities' needs (Sherry, 2018). This is because communities would have been able to prioritise their felt needs. Health workers, managers and government departments (including local authorities) can learn of community needs by listening to the community directly. The overall result is that there will be an effective use of resources hence affecting community and global health outcomes (Sherry, 2018). This theory fits very well with the aim of this study, which is to explore the role of SC in health services strengthening. SC are regarded as the community voice and knowledgeable about

community needs as they operate closest to the people (Brogden & Shearing, 1993; Lee & Seekings, 2002; Super, 2015a). Should the health workers together with policy makers heed their input, communities will have better tailored health services.

Sherry (2018) proposes that communities are likely to participate in local health-related activities and access as well as utilise services when they are part of the decision process. This theory raises the notion of buy in of health programs hence positively affecting how communities respond to interventions. Also of interest about buy is that there is a mutual shared responsibility in the community and pooling of resources, increasing sustainability of programmes and services (Sherry, 2018). This theory also proposes that communities that have a say in their health and healthcare needs can produce knowledge and skills, develop relationships that they can utilize to address challenges that they may have (Zwama, Stuttaford, Haricharan, & London, 2019). This knowledge and skill set enhances community cohesion as it brings communities together and builds the collective ability to respond to challenges and bring about positive change. Zwama et al. (2019) in their evaluation of the rights-based training engagement of health professionals with communities showed that there was more responsiveness from the community and less discontent between service delivery and community needs. The evaluation concluded that the training of health professionals on engagement with health committees, promoted needs-responsive PHC and people-centred health systems. While Health Committees (HC) constitute community participation, it is therefore a point of interest considering the similarities of HC and SC to explore the how community participation can be used as a lens of investigation.

SC: Historical Development and Function

The history of SC in South Africa dates to the establishment of townships for black people during the infamous Group Areas Act of the 1950s (Staniland, 2008). At this time, the apartheid

government created governing committees for townships to tighten the implementation of apartheid in urban areas. This structure was rejected by black urban residents as they saw the white-appointed leaders as stooges of apartheid. SC were born out of hardship and a need to survive and have a representation that served the needs of communities (Mottiar & Bond, 2012).

SC became prominent between 1983-84 as a response to the massive rent increases by government and inadequate development in the township and to organise against boycotts of town councils (Seekings, 1992). By 1989, SC became even more powerful and re-emerged in places they had died out because of the blatant disregard of people's grievances and conditions in the townships (Cloete, Schlemmer, & Van Vuuren, 1991; Seekings, 1992; Stemmet & Barnard, 2003). SC' main purpose from conception was to provide alternative channels both to assess popular sentiments and to coordinate local actions such as school and consumer boycotts (Brogden & Shearing, 1993). In addition, they also offered protection to those residents who were being terrorized by criminals and vandals. In the broader picture, political activists hoped that SC would become an alternative structure to replace the discredited town and community councils (Stemmet & Barnard, 2003).

During this time, there was tension between the police and the people in townships because the police were seen as the mouth pieces and implementers of apartheid laws which were very harsh (Brogden & Shearing, 1993). It is for this reason that the police were an unwanted and untrusted group within townships. People in townships were unwilling to cooperate with the police because they largely did not regard them as a legitimate law enforcement agency. This gave rise and strength to the SC who at this time were not just a grass root civil organization but also became a people's court. In addition to supplementing inadequate policing, they also indicated opposition to the prevailing systems of social order and justice. There is also a belief that SC were to a larger extent were a shadow structure created

by the African National Congress (ANC) to "thwart the enemy's plans and action" hence rendering townships ungovernable (Brogden & Shearing, 1993; Seekings, 1992). Part of this resistance was to use the only power the SC had at the time had which was their ability to cause trouble for the apartheid regime hence rendering townships ungovernable.

SC and Dispute Settlement in Gugulethu Cape Town: Present

Lee and Seekings (2002) states that SC in Gugulethu is the basic unit of civic organization typically comprising of ten "elected" members. This civic organization has existed for decades in Gugulethu (Burman & Schärf, 1990). The committee have a three year turn over in leadership office. In a survey in 1998, ninety-five percent of the residents reported to know that there was a SC on their street with a surprising twenty-seven percent being members of the SC (Lee & Seekings, 2002). There were fifty-eight percent of Gugulethu residents that reported to have been attending regular meetings.

Super (2015a) states that SC perform a range of tasks with two main areas namely; liaison between residents and the local state officials over housing and local services. An example SC were central in the transfer of formally municipal housing to residents, identifying the name the house should be in. Secondly, SC have a very active dispute settlement and policing function in Gugulethu (Lee & Seekings, 2002; Super, 2015a). Lee and Seekings (2002), give an example of an elderly man who was chased out of his house by his older stepchildren and was aided by the SC to go to the court and get his house back. The police also work with SC and were said to always take the SC's side if a member appealed to the police, as they would rule as a SC matter and not the police (Lee & Seekings, 2002). There is evidence of popular engagement with SC in Gugulethu that can be drawn from the 1998 survey that asked residents where they would go for help and 41% responded that they would seek help

from their SC. In the same survey, 69% of the respondents reported that their SC were doing well indicating that during that time they were doing well.

Future: Street Transformation Forum

SC are civic structures of community members from specific geographic areas (Lee & Seekings, 2002). These committees liaise with government councillors and work towards reducing crime and socio-economic problems within their environments that affect community functioning and health (Mngqibisa, 2009). From their conception, they were a voice of the people and a symbol of resistance that worked to thwart the efforts of the apartheid regime. The plan in the past as stated by Seekings (1992) was to have SC in the new South Africa as the replacements of the councils and continuing to fight for the people. Unfortunately, the prospect of transitioning was difficult for SC as the role they were meant to play in the new South Africa was uncertain (Brogden & Shearing, 1993).

The uncertainty of the role of SC in modern day South Africa has led to the withering of some SC to non-existence except for a very few that are left. MCSJ is an alliance of organizations aiming to improve people's lives and health in Gugulethu and surrounding areas (MCSJ Constitution, 2017). This group of activists works in Gugulethu but also extends their work to surrounding areas like Nyanga. In September of 2018, this group of activists came together to form a body which was named the Street Transformation Forum. The focus of this organization is to transform SC from their "narrow scope" to being able to respond to broader community needs. The organization is made up of MCSJ, Community Action Forum (CAF), Africa Unite, Peace Building, UCT and some other organization operating in the community. Interaction with this group shaped my initial understanding of importance of SC to the community.

On Community Participation and Health

Social solidarity and resource constrains has seen community organizations coming together for the greater good of a community. Bazzoli et al. (1997) states that forming partnerships to develop community infrastructure, planning, and evaluation of community health needs to integrate health and human services into collaborative service networks. In addition, the partnerships can be of public and private stakeholders that focus on public health and community planning as well as service delivery networks. These partnerships are useful especially around community accountability purposes, when assessing community needs and enhancing cost-effectiveness (Bazzoli et al., 1997).

Evidence shows that communities occupy a central position in the creation of effective health systems (Batiste et al, 2020; Bjorkman & Svensson, 2009). Notable contributions of communities in strengthening health systems has been through monitoring service quality by being the voice of the service users (Batiste et al., 2020; Bjorkman & Svensson, 2009). Strong evidence of improved health service delivery at primary facility level, systems wide infrastructure and health outcomes of communities has been said to when the initiatives were community led, collaborative, and incorporated advocacy and community education (Batiste et al., 2020). In Uganda, community-based projects to monitor the health system increased the quality of treatment practices, provision of care at facilities, increased vaccination of children, reduced hospital waiting time and reduced loss to follow-up with patients (Bjorkman & Svensson, 2009). This evidence is very important as it provides possible ways in which the communities strengthen the health system particularly in resource constrained contemporary South Africa which has an overburdened health system that is plagued by a quadruple burden of disease.

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Methods

In this section, the proposed study will outline the methodology employed for the study. It will outline the research design, population sampling and enrolment, data collection and data verification as well as analysis strategy. Ethical considerations, potential limitations and reflexivity makes part of this section as well. No budget was allocated for this study hence there will not be any discussed.

Research Design

This research proposes a qualitative design as it aims to gain insight into the role of SC in addressing the health issues in the community of Gugulethu. It will specifically employ an ethnographic design where I will be mainly observing and or interacting with the Street Committee leaders in their real-life environment. Ethnography originated in anthropology and sociology and is utilised to get deep and thick descriptions on the role of SC in addressing health related challenges in Gugulethu. Ethnography utilizes the researcher as the research instrument (Barbour, 2008). Methods of data collection in ethnography includes long term, in-depth observations in society, which enables the researcher to understand behaviour and decision-making processes in contexts. This allows the researcher to have a nuanced insight into the participants' everyday experiences, practices and interactions (Barbour, 2008).

Population and Sampling

The research subjects will come from existing networks of Mandla Majola, Mhlobo Gunguluzi and other members in the STF, who are members of the Gugulethu community as well as activists working for iALARM and MCSJ. They come with a wealth of knowledge of the community and activism. The study will use snow balling to get key informants to understand the topic of inquiry as there is limited people who are knowledgeable about the subject area

(De Vos, Delport, Fouche, & Strydom, 2011). In addition, this involves approaching specific people who are familiar with the topic investigated and the person interviewed will in turn refer the researcher to another knowledgeable person or people. Some participants will come from the two functional SC in Gugulethu and they will in turn refer other people until saturation.

Data Collection Method

The data for this study will be collected in several ways including ethnographic field notes, participant observation, in-depth interviews and meeting minutes.

Participant Observation

Flick (2018) defines participant observation as a field strategy that combines at the same time document analysis, interviewing of respondents and informants, direct participation, observation as well as introspection. I have had initial conversations with the community activists. In the future I plan to work in the community of Gugulethu by attending community meetings and having informal conversations with the SC leadership as well as other grass root activist. Since the formation of the STF, I will also attend fortnightly meetings and perform some administrative tasks for the leadership. I will aid the SC in drawing a community survey to explore what the community believes to be the role of SC and what they would like to see on their streets. The reason behind doing this is to get familiar with the everyday life situations and settings as a foundation of inquiry and method (Flick, 2018). In addition, this will also create an opportunity to see the construction of meaning around activities and a front row seat on the interactions as viewed from the perspective of people who are insiders. This method will facilitate the writing of field notes, which are documentation technique (Flick, 2018). This will enhance the richness of the inquiry and add to the rigour of the data collection. Yin (2017) adds that participant observations provides unusual opportunities for collection of study data for

example the technique gives the researcher access to events and groups that are otherwise inaccessible.

In-depth Semi-Structured Interviews

Interviews are a common method that is used by researchers to undertake qualitative data collection (De Vos et al., 2011). Interviews will be utilised in combination with participant observations to get thicker and richer information. Semi-structured interviews are useful when trying to capture nuanced information from participants around their opinion, beliefs and perspectives in relation to the role of SC in addressing health issues in the community of Gugulethu. This type of interview allows for the participant to elaborate on their perspectives and views but also leaving room to probe and enhance clarity as well as richness of the data.

In the beginning of the year, I have been talking to various SC members and asking them if they were interested in talking to me about their work. I have since collected several contacts and had informal conversations that were parts of my field notes and preliminary understandings of SC. While I will make use of an interview schedule, I will also be flexible to see where some of the conversations would take to have a better understanding of the complexities of what constitutes work of SC. The interview schedule will act as a guide to inquire about the role of SC. The interviews will be conducted primarily at NY1 Clinic in the Sonke Gender and Justice office or at MCSJ offices in Gugulethu depending on participant preferences**.** We will use a voice recorder for all interviews to accurately capture and track the conversations.

Data Analysis

Thematic analysis will be employed initially to understand the role of SC in addressing health needs in Gugulethu by identifying patterns in the data. Data collection and analysis will be an iterative process grounded in thematic analysis (De Vos, Delport, Fouche, & Strydom, 2011).

Data collected will be transcribed and the initial codes will be noted by MC. The codes will be further shaped through conversations with supervisors, peers and iALARM staff working in the field. The themes will be categorised the theme story that they are telling and there will be main themes and sub-themes.

Rigour

This project adopts Lincoln and Guba's (1999 as cited De Vos et al. (2011)) constructs of ascertaining rigour in qualitative research namely:

1. Credibility/ authenticity: Assesses how true are the findings through the eyes of the interviewed or observed within the researched context.
2. Transferability: Assesses the extent at which the findings are transferrable to other settings.
3. Dependability assesses the extent at which the research can be replicated and produce similar findings.
4. Confirmability: Assesses if there is evidence of from subjects that corroborates the researcher's findings.

Ethical Consideration

Informed Consent

Respect for a person, demands that they are given an opportunity to make an informed choice (Grinnell and Unrau, 2008 as cited in De Vos et al. (2011)). Informed consent implies that a participant is given all the information about the study including goals, duration, procedures, advantages and possible dangers of participation before they decide. Participants in the study will have the study goals, procedures and information named above before they can choose to participate. They will be asked if there is any information that they need explained and that if

they are comfortable and still willing, they should sign a form to show their consent. The signed consent forms will be kept in a locked cabinet as detailed in document management.

Voluntary Participation

Participation for this study will be voluntary meaning that no one will be forced to partake in the study. Voluntary participation is not always easy as explained by De Vos et al. (2011) that sometimes the position of the researcher and power they have over people may influence them to volunteer their participation. I am very mindful of the power that I have in the community and this is detailed in my reflexivity section.

Confidentiality and anonymity

While these two terms are usually together, they mean different things. De Vos et al. (2011) state that confidentiality is the limit of other people from accessing private information and anonymity is keeping a participant's identity private. These two go together and will be observed in this study. To maintain the confidentiality and anonymity of participants, intentional procedures detailed in data management will be put in action.

Avoidance of Harm

One of the fundamental ethical rules in research it should not bring harm to participants (De Vos et al., 2011). Participation in this study is generally low-risk. There is no anticipation that there might be harm to participants although if for any reason at all, there is trauma that is triggered because of the discussions around the role of street communities in addressing health issues in the community of Gugulethu, appropriate referrals will be made. Possible challenges may come from the deep socio-economic challenges that exist in the community, which may come up in the conversation, which may be emotionally overwhelming. Additionally, being a street committee member is not without risk as they sometimes work as an informal court hence they may share some of the cases that they may have found distressing. As a social worker

containing and holding spaces for people in distress is skill in my tool kit of practice. To mitigate for distress, participants will be encouraged to share information they are comfortable with and a debriefing session will be at the end of every interview. In addition, if for some reason the participants feel the needs to withdraw their participation, they are free to do at any given time.

Data Management

All the data that will be collected for this research project will be kept in a password protected drive. The data includes field notes, meeting minutes, interview transcripts, pictures and audio recordings. For easier management and retrieval of stored data, files are to be appropriately labelled and dated. Consent forms will be kept in a separate locked area to protect the identity of participants. Audios recordings on the recorder will be uploaded in a secure drive. My supervisors Myrna van Pinxteren and Alison Swartz who are qualified researchers and are familiar with ethics and storage of participant data will access the data.

The data collected will not be destroyed upon completion but will continue to be stored in a computer-protected drive. The anonymized data will be used for research purposes and for public dissemination. The research project will be presented to the participants when the project is complete. Should the data need to be used as a secondary analysis, written permission for further use will be obtained first before access is given.

Reflexivity

Reflexivity is a process when a researcher reflects on himself or herself to provide an impartial analysis. This involves a rigorous process of examining and consciously acknowledging the researcher's assumptions and preconceptions that is brought into the research hence shaping the outcome De Vos et al. (2011). Unlike suggestions of objectivity in quantitative research,

qualitative research acknowledges that researchers are humans who hold opinions and pre-formulated ideas based on their life experiences.

I am very mindful that I am a Zimbabwean-born young black woman studying at UCT and working in a community that in some ways significantly different from my own. Part of my discourse is also that I have very limited understanding of the Xhosa culture and language, which may affect how I make sense of my experiences in the community of Gugulethu. In my work in the community I have in some ways blended in and in some stood out as the outsider I am. This may affect the way I relate to the participants and how they relate to me, which is why I have tried to be reflexive throughout the process of writing up this thesis. I will also keep a reflective journal to explore my feelings on my experiences in the community.

Safety of the Researcher

The field site is the home to MCSJ and the iALARM project who work closely with the Department of Social and Behavioural Sciences (DSBS). The department has a community liaison who help in negotiating access into the community. The researcher will be accompanied by the community liaison when she is in the community. When she is expected in the community, she meets the community liaison who takes her to her appointments. There is a long-established relationship between DSBS and the community in which the researcher is working.

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Part B: Journal “Ready” Manuscript

‘We are the police, the doctors, the everything of the community, but we don’t do health’: Exploring the role of street committees in strengthening health services in Cape Town.

Chidavaenzi, M [a] *, Swartz, A*, Van Pinxteren, M*

[a] *Department of Social and Behavioural Sciences, University of Cape Town, Cape Town, South Africa. Merlary Chidavaenzi, email at merlarycn@gmail.com

Communities are an important part of health systems as they assist in the monitoring of health service quality and providing the end users with a voice. This is particularly important in South Africa where there is a quadruple burden of disease, and a history of social injustice which continues to impact social determinants of health in communities. This presents significant challenges to provide high-quality health services in South Africa. To redress these health challenges, the South African government is relying on community-led mechanisms aimed at enhancing access to and strengthening of health services in communities. By using ethnographic methodologies, this paper explores the role of Street Committees (SC) in strengthening health services in a low-income setting in South Africa. Although SC do not see themselves as health stakeholders nor are perceived by others as such, they do play a significant role, as they strengthen access to health care services through their numerous roles in the community. SC strengthen access to health services by enhancing physical access to health services, bringing medication to the frail and elderly, informing and educating the community about services and health issues and lastly by advocating for high quality health care in their community. This article also highlights the different roles SC play in strengthening health services through collaboration, advocacy and community education. This article provides lessons for community engagement in health systems which can be used to provide quality, equitable and people centred health care for all.

Keywords: Community engagement, grassroots activism, health systems strengthening

Introduction

In apartheid South Africa, Street Committees (SC) emerged as civic organisations to address a deep need by people in townships to have community leadership that fought for their needs (Mottiar & Bond, 2012). SC became even stronger in the 1980s because the state at the time disregarded the needs of the people in townships and hence they stepped in to fill the void (Cloete et al., 1991; Seekings, 1992; Stemmet & Barnard, 2003). SC have been known for their multiple roles including community policing, as vigilantes, and as informal courts (Burman & Schärf, 1990; Stemmet & Barnard, 2003; Super, 2015b). What we know of SC is that they are a big part of the community as they are respected and valued mostly because of their long history of engaging the community as a civic organization. What is unknown however, is their role in strengthening health services in their community. This study therefore intends to fill a gap in literature by highlighting SCs' role in addressing health-related challenges in Gugulethu, a low-income community in Cape Town, South Africa.

Whilst there are other civic organizations that play significant roles in Gugulethu, such as the Gugulethu Development Forum, Areas Committees and others, here we explore SC as a vehicle for strengthening health services in Gugulethu. SC are deemed by community members as the "voice" of the community, as well as watchdogs of the community against injustice and inequality (Brogden & Shearing, 2005; Lee & Seekings, 2002; Super, 2015b). SC live in the same area and face similar challenges of the communities that they serve which gives them a nuanced understanding of the felt needs of the people (Mngqibisa, 2009). SC are elected community leaders hence are deemed legitimate representatives of the people. Understanding the role of this community organization can also improve delivery of equitable and people centred health systems as they use their position to leverage for resources for their communities (Cleary et al., 2014).

Evidence shows that communities occupy a central position in the creation of effective health systems (Baptiste et al., 2020; Björkman & Svensson, 2009). Notable contributions of communities in strengthening health systems has been through monitoring service quality by being the voice of the service users (Baptiste et al., 2020; Björkman & Svensson, 2009). Strong evidence of improved health service delivery at facility level, systems wide infrastructure and health outcomes of communities has been said to when the initiatives were community led, collaborative, and incorporated advocacy and community education (Baptiste et al., 2020). In Uganda, community-based projects to monitor the health system increased the quality of treatment practices, provision of care at facilities, increased vaccination of children, reduced hospital waiting time and reduced loss to follow-up with patients (Björkman & Svensson, 2009). This evidence is very important as it provides a possible way in which the communities strengthen the health system particularly in resource constrained contemporary South Africa which has an overburdened health system that is plagued by a quadruple burden of disease.

Contemporary South Africa has been plagued by a quadruple burden of disease which has resulted in an overburdened health system particularly in communities with a low socio-economic status, highlighting the importance of collaboration across the multiple sectors to improve health outcomes (Mayosi et al., 2009). At the heart of these health challenges are the health inequalities left by apartheid which continues to perpetuate social determinants of health (SDH) that negatively impact health outcomes (London & Schneider, 2012). SDH are economic and social conditions that influence individual and group differences in health statuses (Marmot, Friel, Bell, Houweling, & SebastianTaylor, 2008). These SDH produce vast differences in life chances with the poorest people having high levels of illness and mortality following a social gradient: the lower the socioeconomic status, the worse the health (Marmot et al., 2008). Despite the improvements in South Africa post-apartheid, there are still considerable barriers to accessing health care. Part of the complexity is that access to healthcare

is far more complex than geographical proximity to health facilities in the community. In response to complexities in health access, SC play several roles that strengthen access to health care including linking community members to health services, facilitating health education, and through health activism.

This article explores the complex nature of the role of SC in Gugulethu township in Cape Town. We sought to understand the full extent of the role of SC in strengthening health services. Using ethnographic data, we highlight how SC improve community health in Gugulethu. We also describe how SC perceive their own role in the health system, as well as how they are perceived by others in Gugulethu. Ultimately, we argue that regardless of how SC are perceived, they are undeniably formidable health stakeholders. To maximize the benefits of SC in their role as health stakeholders who strengthen the delivery of quality and equitable health services, they must be recognized as such.

Methods

Study site and population

Gugulethu is a South African Township that is located in an area known as the Cape Flats (Staniland, 2008). Gugulethu, meaning 'Our Pride' in isiXhosa, is a predominantly a black township, which has a population of 98 468, with high unemployment rates, high crime rates and most people living under the poverty line (Statistics South Africa, 2011). Gugulethu was chosen as a site for this study because it has a long history of civic society action particularly SC (Staniland, 2008). Gugulethu is also home to the Movement for Change and Social Justice (MCSJ) and the iALARM project who are in partnership with the University of Cape Town (UCT), which facilitated easier access to the community.

i-ALARM and MCSJ

This research project was linked to the "Using Information to Align Services and Retain men in the HIV Cascade (iALARM)" study, that aims to link and retain HIV care in Gugulethu (HREC ref. no. 802/2014). It is a five-year collaborative study between UCT, Brown University, University of California, University of San Francisco (Colvin et al., 2018). A significant part of the iALARM intervention is what is known as the "Task Team"- a collection individual who represent different levels of the public-sector health system, community members, non-governmental organizations' staff, and local activists who share health information to better link patients to health services in Gugulethu. Movement for Change and Social Justice (MCSJ) forms part of the activists in involved in the iALARM 'Task Team'. MCSJ is 'an alliance of organizations aiming to improve the health and lives of people in Gugulethu and surrounding areas' (MCSJ Constitution, 2017).

Data collection and analysis

This study used an ethnographic study design and methods to engage SC leaders in their environments to facilitate a nuanced view of their everyday functioning and how it relates to the broader community health (De Vos et al., 2011). Data collection included field notes, semi-structured interviews and petition documents drawn up by activists. Field notes were written following participation in protests, sitting in meetings and helping with administrative tasks, as well as after informal conversations, which explored various observed tasks for example how SC were organized. Observations were collected through spending time with SC members while they did their various activities to get first-hand experience of their work in their everyday environment.

In addition to participant observation and ethnographic observation, in-depth interviews were also conducted. Participants were recruited through MCSJ and UCT networks. Sampling for

participants was done using the snowball technique to access hard to reach key informants where certain key informants introduced the researcher to other potential participants. A total of six participants (three men and women) between the ages of 38-56 were interviewed in English. The interviews were conducted primarily at NY1 Clinic in the Sonke Gender and Justice office or at MCSJ offices in Gugulethu depending on participant preferences (See appendix B for detailed recruitment information). We used a voice recorder for all interviews to accurately capture and track the conversations. Participants were all members of SC and the duration of the interviews ranged from forty-eight to eighty-eight minutes. The in-depth interviews generated rich narratives from the participants that illuminated their experiences and roles they fulfil in the community, past and present stories of how SC function, triumphs and challenges they face in the community and lastly their perspectives for the future. These recorded conversations will be transcribed and analysed.

Data collection and analysis occurred iteratively and grounded in thematic analysis (De Vos, Delport, Fouche, & Strydom, 2011). Data collected was transcribed as the data was collected, MC noted the initial codes and further shaped those codes through conversations with MvP and AS who are the academic supervisors and co-authors. Themes were further refined through conversation with the research team and discussed with iALARM staff working in the community and this process ensured rigour in the data. The themes were categorized according the story they were telling (hence main themes and sub-themes emerged). This whole process was iterative and had back and forth reviews. This study was approved by Human Research Ethics Committee (HREC) at the University of Cape Town (HRE ref: 749/2019).

Findings

Findings in this research study reveal that in addition to SC history as vigilantes and running informal courts, SC play a clear role in the health system by strengthening health services and assisting community members to access health care. The findings are divided in two main themes; the first one highlights how SC strengthen access to health services and the second theme describes perceptions on the role of SC in relation to community health in Gugulethu.

Strengthening access to health services in Gugulethu

Assisting with physical access to health services.

In Gugulethu, one of the barriers to accessing health care services relates to safety and security due to high crime rates caused by gang violence and taxi wars. The fear of physical violence caused by the high crime rates hinders many people to access health services when they need it. SC link their community members to health services by sometimes physically accompanying people to health facilities to make them feel safe enough to travel to access health services. A (over 50-year-old female) SC vice-chairperson explained the role of SC as follows:

> Those departments always deliver services without checking for services like security. It is the street committee that helps people get those services. Without the volunteers from the street, we are not safe.

Similarly, access to ambulance services is also a challenge because of the high crime rates in Gugulethu. Gleby (2018) states that communities with high violence such as Gugulethu are Red Zoned meaning, which means that ambulance services can only enter the community accompanied by an armed police vehicle, which causes considerable delays in accessing emergency services. To assist community members who need an ambulance, SC are often available to ensure that the ambulance staff are safe and to assist with community members get

the potentially lifesaving service. A female SC chairperson (over 50 age-group) explained their process as following:

> The ambulance said to us that we are afraid to come in, bring someone, that will come with us and the ambulance came. At night they do not come, and you wait until the next day. We do not blame them. Our communities are full of crime related issues. We now get a person to wait for the ambulance at Shell garage and then we send someone to fetch the ambulance. The ambulance comes to us and they are safe but also life is saved.

Bringing medication to the frail and elderly population

In addition to assisting ambulance personnel to get to their patients safely, SC also assist frail community members access health care. To assist frail community members on chronic medication, SC collect medication from pharmacy and deliver it to those who cannot physically go themselves. This helps to ensure that patients can continue to adhere to their medication. In an interview, a female SC additional member (over 50 years of age) said that:

> We take care of the sick people. We help them get their medicine. If someone is sick, we see that they go to the clinic for their visits even when there is no one looking after that person.

The SC members also spoke about the help they offered sick people in assisting them to get to the hospital safely for their appointments and check-ups. In Gugulethu, there is often very long queues and waiting time to see a health care professional which is difficult for the frail and elderly. To access the service, one would have to wake up early so that they can receive care. Often, SC members would appoint a young person to go to the clinic and get in the queue on behalf of the sick or frail to reduce their waiting time and allow them to rest rather than wake up too early for the appointment. One of the members from the SC said that:

> There are community volunteers who are appointed by the SC who go to the hospitals early in the morning to queue on behalf of the sick to get a number to get help early.

Informing and educating the community about services and health issues

SC also facilitate community health education in Gugulethu. Health education is very important for people in a community to make informed health-related decisions (Taylor & Taylor, 2002). Even though Gugulethu is a research site for many universities including UCT through which a lot of knowledge on wellness is generated, some of that information is not disseminated to residents. To fill this gap, SC act as health information brokers that facilitate the dissemination of that knowledge.

Firstly, SC use the information that they get in various platforms and disseminate it to their community members by creating dialogue and safe spaces for vulnerable groups. One of these vulnerable groups are young people who are using sports clubs as a captured audience to talk about sexual and reproductive health. In a conversation with a SC chairperson, she said SC speak about teenage pregnancy and HIV because it is the responsibility of elders in the community to educate the young ones, which proves the importance of SC in strengthening health in Gugulethu.

> I love those little girls, I do not want them to be 'loose', I want them to be corrected... We talk about health issues and sexual involvement of the youth. All the stuff that the youth need to be aware of.

Secondly, SC also act as peer educators in the community. In a conversation with a SC member, he said that peer education is a big part of his role in the community. He highlighted his involvement with MCSJ, and Sonke Gender Justice gives him access to useful information for community wellbeing. As a SC representative, he was also a part of a poster campaign aimed at assisting men to make healthier sexual choices and encouraging them to get tested. As a SC member, he also physically distributed posters at strategic points in the community as he is knowledgeable about where to display posters to be seen by the most relevant target audience The interviewed SC member (male in his late 30s) was featured on one of the posters and

expressed that recognition from the poster was great conversation starter to as the conversation started from commenting how he looked on the poster to discussing what the poster was about.

Advocating for improved health care in the community

SC are activists in their community as they advocate for accessible, affordable, and quality healthcare. In one of the meetings, it was highlighted that Gugulethu's facilities are overcrowded and under-resourced, with a high burden of disease. The SC discussed their hope that there should be bigger and well-resourced health facilities to effectively respond to the needs of the community.

Poor access to services in South African townships led to the strengthening of a community voice through the advocacy of SC and other community organizations. While the SC have always been viewed as foot soldiers in the fight against apartheid, they are now using their positionality to amplify the community voice when it comes to health care needs, for instance, through organizing the Gugulethu People's March to promote change at the Gugulethu Community Health Clinic. The activists wanted an oral hygienist, another dentist to assist with the demand, better control of queues, and safety at the hospital amongst other demands. The SC were a key stakeholder in this march as they were involved in all aspects of it, from setting the original agenda, to drafting a list of demands, which was handed to the minister of health By organizing the march, SC mobilized for the peaceful demonstration to go and submit their demands in an attempt to improve the quality of dental services in the community. Below are the resolutions agreed upon between the activists and the state (represented by the hospital management.

> It was agreed that patients that did not get a chance to be seen for their appointments would take priority the next day, it was also highlighted the urgent need for more dentists as well as oral hygienists to keep the people healthy. In addition, it was agreed to hire a receptionist to

manage appointments, provide directions and answer patient questions. Lastly, the safety in the hospital was said to be a joint responsibility for the activists and the facility.

Perceptions of SC role in relation to community health

Despite SC playing a significant role in providing access to and improving health services, they however do not see themselves as health stakeholders. When asked about their role in health, SC members reported that they are only involved as a helping hand to MCSJ upon request. MCSJ is involved in several short-term and long-term health activism campaigns in the community which includes promoting HIV testing, campaigns against sexual and domestic violence among other activities. When asked to describe the role of SC, other community stakeholders including MCSJ, Africa Unite and Gugulethu Development Forum; spoke about SC in the context of community policing and conflict resolution. Other community stakeholders considered SC to be a supporting structure to existing health campaigns as they would be invited to support and take part in the activities.

SC's understanding of their role in the community

In a conversation with a SC member, he stated that while there are number of health-related challenges in the community, SC are not involved in health campaigns. He continued to explain that while the need in the community is great, SC still concentrate mostly on conflict resolution. When asked if there were any health-related activities that organized by SC in the community, the SC additional member (male in the late 50s) stated the following,

> I have not heard one health activity that SC have done, especially on my street. In Gugulethu, SC is in the lull with health issues…The SC is not involved. In Gugulethu it is MCSJ that deals with health.

From this conversation, it was clear that the SC member believed that they do not participate in activities that improve access to health services. From the quote, it becomes apparent that community health is a domain which belongs to MCSJ and that their involvement

is by invitation. It can also be seen that there is a feeling that there should not get into health as the space is already occupied by MCSJ.

In addition, another participant said SC needed to be involved in health issues, especially around men and HIV. He stated that for SC to play a role in strengthening health services, sub-committees had to be formed. For them to make an impact in health strengthening initiatives, there had to be a structural change to the SC itself.

> We need to organize and come together as SC to deal with issues of a bigger hospital. To win this, we need to start having sub-committees that deal with health so that we can start working on health and we can start to assist. There will be a stage where we will launch this thing of health sub-committees.

SC's role in the community as perceived by other activists

Another interviewee stated that SC do not deal with health but are often helping other organizations. In an interview, he stated that SC got involved with environmental health when they worked with MCSJ, by cleaning up a dirty field that was no longer safe for children.

> In fact, MCSJ a month ago they mobilized to clean the street and a dirty field near NY89, was a health risk and comrades decided to clear the dirt. NY89 and NY91 participated on this MCSJ project.

The quote above highlight that SC believe that their involvement in health activities is usually as observers, being provided with information or in a supportive role rather than being proactive health activists. Furthermore, each time their role in health was explored, SC members spoke about MCSJ. Many felt they could not compete with MCSJ's efforts in community health and they seemed to 'stick to their domain'.

The lack of historical involvement in health movements has affected how SC are seen and defined. The Gugulethu Research Indaba (GRI) is an example of how SC are not

acknowledged as health stakeholders but rather seen as foot soldiers who mobilize and assist other organizations. Led by MSCJ in partnership with UCT, the GRI is an annual event that offers a platform for sharing research reports and simultaneously providing a space for community engagement. SC were invited to observe and mobilize attendants to the event. SC neither planned health events nor were they involved in setting health-related agendas. This is partly because they do not have enough recognition which in turn affects their self-perception and how others perceive them.

In another event, there was a march to parliament to demand the rapid acceleration of the National Health Insurance (NHI) bill as way to reduce health disparities in the country. The march was organized by MCSJ and they were assisted by SC and other activists. During this march, SC members acted as foot soldiers who did the groundwork of mobilizing the community to come to the march to put pressure on government to rapidly implement the NHI. Foot soldiers are people who carry out important work but lack the authority in an organization. An additional SC member (male in the late 50s) described SC role in the march as follows:

> At the time of the march, most of MCSJ comrades also assisted in contacting the chairpersons of the streets to make some speeches on the role that the NHI can play in the improvement of health care services in the community they live. We were then able to mobilize the masses needed for the NHI march to demand health.

The quote indicates that while SC mobilized for the march, they were not involved in the planning and did not have a leading role as equal collaborators in the process. This affects how their role is viewed by others as who may not see the role in the march as a significant health contribution. What is not acknowledged by other community partners, when SC members engage in mobilizing the community, they educate residents on the aims of the proposed activities and repackage the information in a way that is easier to understand for their

communities. While others might not see beyond the gesture to assist, they go beyond only observe the process and mobilize communities.

Discussion

This article explored the multifaceted role of SC in Gugulethu, a marginalized township in Cape Town. Specifically, we aimed to understand the role of SC in strengthening health services in Gugulethu. Evidence presented suggests that SC strengthen access to health care services through assisting with physical access to health services, bringing medication to the frail and elderly, informing and educating the community about health issues and by advocating for high quality health care in their community. Despite the clear evidence that SC are health stakeholders, they do not see themselves and are not perceived by others as such. We also underscore that while SC do not have history in health activism, there is scope to actively involve SC when reimagining community participation in health (Cleary et al., 2014).

Given the findings of this article, there is a case to be made for SC to be formally involved in health-related activities, particularly due to their proximity to the community which can facilitate conversation and can assist with mobilizing people and resources to strengthen access to health services. This was demonstrated by a participant who spoke of his position in the community as a facilitator when educating the community about community services and health issues. If their role was acknowledged and strengthened, given all that they already do, then Gugulethu's health system could be improved and access to health care services strengthened. This is particularly important as health systems performances usually measured using access as an indicator. (Levesque, Harris, & Russell, 2013).

Health services strengthening is a complex concept (Levesque et al., 2013). Part of the complexity lies in the notion of access to health care goes beyond the availability of healthcare facilities (Walley et al., 2008). Similarly, in Gugulethu and other places, crime and violence

can make it difficult to physically access health services despite the availability of the health facilities. At an implementation level, in South Africa, Community Participation (CP) has been promoted through the engagement of Health Committees (HC) (Haricharan, 2011; McCoy, Hall, & Ridge, 2012). Overwhelming evidence has shown HC as contributors in closing the gaps in service delivery by reducing health inequalities and keeping health services accessible for all (Goodman, Opwora, Kabare, & Molyneux, 2011; Haricharan, 2011; McCoy et al., 2012). Similarly, results from this research study have also shown the multiple ways in which SC have contributed to the overall improvement of access to healthcare services for the people in Gugulethu. While SC lack the formalized participatory structure that the HC have, findings show that SC are effective stakeholders in strengthening access to health in Gugulethu.

Cleary et al. (2014) emphasize the importance of re-imagining community participation by including grassroots organizations as they have embedded local knowledge relating to a range of challenges and opportunities which impacts wellbeing in communities. SC are an excellent example of a grassroots organization, perfectly positioned in the heart of the community, with access to a wealth of first-hand knowledge that can be useful when designing and implementing health programs and policies to improve the uptake of health services. More broadly, SC can be contribute to Healthy Publics, a concept developed by Hinchliffe et al. (2018) A healthy public is a collective that interrogates established approaches to health using their wealth of knowledge accrued through their experiences of how social environments impacts well-being (Hinchliffe et al., 2018). Therefore, it can be argued that SC as health publics are significant health stakeholders who are able to reduce poor health outcomes in communities by exposing neglect in the social, cultural, historical, and environmental contexts to collaborate in novel ways that enable health.

This study also contributes to the existing body of literature on the work on community health workers (CHWs) in the context of community engagement in South Africa. Like SC,

CHWs also perform long term strategic roles in "bridging the gap" between the health system and the community (Schneider, Hlophe, & van Rensburg, 2008). At the heart of this work is the notion of Ubuntu which is centred on caring for each other's wellbeing through community relationships and the importance of interconnectedness and responsiveness to collective needs (De Wet, 2012; Manda, 2010). As shown in a paper by Swartz and Colvin (2015) on the motivations of CHWs, the notion of Ubuntu is intricately connected to care work as they described their work as "a responsibility to help". Seeing the similarities between the SC and CHWs, it can be argued that while SC are doing important work in the community, their sense of responsibility towards the community in the spirit of Ubuntu lessens their perceived impact toward improving community health as they interpret their work as 'acts of kindness', rather than substantive contributions to improving health services. When acting in the spirit of Ubuntu there is an assumption that these acts are spontaneous and motivated by love with no expectations of payment (De Wet, 2012), which makes it difficult for SC to legitimize their efforts. Formalizing SC as official community activist groups also allows SC to mobilize resources for projects and campaigns, which can further contribute to improving the health of residents in Gugulethu.

Staniland (2008) in an article that explored CP, patronage, and sedation of civil society (SC, civics and social movements) in Gugulethu, made conclusions that contrasts the results of this article. In the article Staniland (2008) argued that while CP was implemented as a strategy to empower civil society, it has had the opposite effect and has served to undermine them. In addition, Staniland (2008) argued that civil society has been placed in a subordinate position in relation to the political society and has led to the sedation of this structure in Gugulethu. Findings of this article shows strong evidence that even with the political and socio-economic barriers that SC have in their communities, they still significantly contribute to strengthening health services in Gugulethu.

Limitations

The study interviews were done is English and by a female from outside of South Africa which may have affected the responses that were collected. On the other hand, being an outsider could have been the one thing that made it easier for the participants to have an honest conversation.

The study was done in Gugulethu which shares demographic similarities with other South African townships. The experiences of SC in Gugulethu are not unique but are shared across with a pressure to consolidate their role in the contemporary South Africa.

Suggestions for future research: More research needs to be done to explore how health systems can take advantage of structures such as SC in improving policy and practice around patient expectations and the role of citizens in monitoring and delivery of equitable healthcare.

Conclusion: Regardless of how SC are perceived, both by themselves and others, findings in this article show that they play a significant role in the community as health stakeholders. Our findings also stimulate thoughts to reimagine community participation in less formal platforms such as SC. The results suggest that SC could be associated with the role of community monitoring patient expectations and the role of citizens in the delivery of quality, equitable and people centred health systems.

Acknowledgements

Sincere gratitude goes to the community of Gugulethu for allowing us in their homes and contributing to the body of knowledge.

Declaration of interest

The authors declare no ‘conflict of interest’.

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Part C: Appendices

Appendix A: Draft Semi-structured Interview

Introductory Questions

- Introductory comments about the study.
- May you please tell me a bit about yourself: name, which street you are from & age?

Background and History

- Do you know how street committees started in South Africa?
- How did street committees start in Gugulethu?
- What is the membership structure of street committees?
- What was their function/role in apartheid?
- Has street committees' role in the community changed comparing apartheid and post-independence?

Involvement in Street Committee

- Are you a part of a street committee?
- How did you get involved in Street Committees?
- What is your position and role in street committees?
- What drew you to this kind of work?
- What makes the work you do important to you?
- What are the activities that are associated with your Street Committee?
- (OR) How is your street committee similar or different from other streets?

Street Committees and Health Services Strengthening

- Do you think street committees have a role in improving health services in the community?
- What is the role of street committees in delivery of health services in the community?
- What role do you envision being played by street committees in improving health in the community?

- Can you give examples of health-related roles that street committees have fulfilled in the past/present?
- What contribution can you think of that has been made by street committees in improving health services in the community?
- Are there any organizations in the community that work with street committees in improving health in the community?
- How helpful have been these collaborations between street committees and community organizations in improving health in the community?
- What is the role of street committees in service delivery in the community of Gugulethu?

Conclusion Remarks

- Is there anything you would like to add? Do you have any questions for me?

Appendix B: Informed Consent Form for Individual Interviews

Thank you for taking time to read this information sheet which provides information on the project that I am inviting you to be a part of. The main purpose of this information sheet is to provide more information on the project so that you can decide whether you want to participate or not.

1. WHO IS DOING THIS STUDY AND WHY?

My name is Merlary Chidavaenzi, a 2nd year Master of Public Health (MPH) student from the University of Cape Town in the school of public health and family medicine. For the past year, I have been working in the community of Gugulethu with the Street Transformation Forum- a community organization that seeks to transform street committees. My study is part of a larger project called i-ALARM (Using Information to Align Services and Link and Retain Men in HIV Cascade). My research and this study seek to explore the roles of street committees in strengthening health services in Gugulethu.

2. WHAT WILL YOU DO IN THIS STUDY?

Should you decide to participate in the study, you will be required to have an interview. ***The interviews will be conducted primarily at NY1 Clinic in the Sonke Gender and Justice office or at the MCSJ office in Gugulethu depending on your preferences.*** Depending with what comes out of the interviews, there might also be another time slot for participating in a focus group. There will be a voice recorder for all interviews and focus group so that what you say is accurately captured and to also track the conversations. These recorded conversations will be transcribed (typed out) and analysed. The findings will be used to write my Masters in Public Health thesis which includes a journal article. I assure you that the information that will be shared during the interviews and focus group will be anonymised (your name is not attached to your answers) and therefore cannot be linked to the participants. After completing the research write up, I will come back to the community to give you feedback on the findings through a presentation. While anonymity is guaranteed for individual interviews, it is difficult in focus groups. However, before a focus group, we will develop a group culture (group rules) that will help in protecting the focus group participants.

At any point when you feel you need clarification, do not hesitate to ask. Should you also need to have your interview in Xhosa rather than English, please let the researcher know in advance so that an interpreter can be organized in time. Mandla Majola will stand in as an interpreter should there be need for one. This will also be discussed prior to the interview.

The interviews will take place at an agreed venue and has no time limit. As a participant, you can go on for as long as you would like to speak. Should there be time constraints, prior appointment for participant or venue challenges that affects time, the interview will then have a limited time.

3. ARE THERE ANY RISKS IN THIS RESEARCH?

This is a low risk study but there might be a possibility of reliving a traumatic event associated with the work of street committees. I am a qualified social worker with experience in mental health and trauma. I will debrief every session and contain the participants. Should any participant need more support, there will be information on places that offer such services.

4. ARE THERE ANY BENEFITS OF PARTICIPATING FOR ME?

There are no direct benefits for participating in the study. In the long term, this information will be used to acknowledge the role of street committees and hence may feed into strengthening of health services and community participation in Gugulethu.

5. WILL I BE PAID TO PARTICIPATE?

There is no monetary compensation (incentive/payment) for taking part in this study. Refreshments and snacks will be offered for the duration of the interview.

6. WILL MY NAME BE SHARED WITH ANYONE?

Should you decide to participate in the study, you will be asked to pick pseudonym (what you prefer to be called which is not your real name).This is aimed at protecting your identity. All the other identifying markers such as names, surnames, names of organizations and any specific information that make it

easy to link you or identify you will not be included. Should we at some point include you in a focus group, like said before, anonymity cannot be guaranteed in that setting. Access to raw data that may identify you will only be known to the researcher (Merlary Chidavaenzi) and my two supervisors (Myrna van Pinxteren and Alison Swarts). The interview recordings and unprocessed transcripts will not be accessible to anyone beyond the researcher and her supervisors. Once the study is done, the data will be kept in a password protected computer and to be destroyed at a later stage.

7. WHO ARE THE RESEARCHERS?

Merlary Chidavaenzi will be the researcher conducting the interviews. Myrna van Pinxteren and Alison Swarts are my supervisors for this project. This research project will be in partial fulfilment of my Masters in Public Health degree in the department of Social and Behavioural Sciences at the University of Cape Town.

8. WHAT ARE MY RIGHTS AS A RESEARCH PARTICIPANT?

Consenting to be a part of this study does not mean that you are obliged to stay as a participant. You are free to pull out of the study at any given moment or when you do not feel comfortable. You are also free to decline to answer any question that makes you uncomfortable. Should you decide to withdraw from the study, there will not be any negative consequences.

If at any point you feel that you have questions about your rights as a research participant, you may contact the Human Research Ethics Committee (HREC) at the Faculty of Health Sciences at the University of Cape Town at 021 406 6338.

If you have any questions or concerns about the research, please feel free to contact:

Merlary Chidavaenzi

Cell: 081 075-4464

E-mail: merlarycn@gmail.com

or

Myrna van Pintexeren

Tel: 021 406-6706

Email: myrna.vanpinxteren@gmail.com

or

Alison Swartz

Tel: 021 406-6706

E-mail:alison.swartz@uct.ac.za

I have read the consent form and the research study has been adequately been explained to me within the consent form. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact and have been provided their contact information. I agree to voluntarily participate in the research study as described above and understand that during any point I am free to withdraw. I also agree to have my interview recorded by the researcher. I will receive a copy of a consent form, which has been signed by me and the researcher, after I sign this consent form.

Having understood the above information and after the opportunity to have my questions answered, I agree to participate in this study.

SIGNATURE OF RESEARCH PARTICIPANT

The information above was described to me by _____. I was given the opportunity to ask questions and these questions were answered to *my* satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

_____

NAME OF PARTICIPANT

_____ _____

SIGNATURE OF PARTICIPANT **DATE**

I hereby consent voluntarily to have my interview recorded.

_____ _____

SIGNATURE OF PARTICIPANT **DATE**

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the participant]. [H*e/she] was encouraged and given ample time to ask me any questions.

_____ _____

SIGNATURE OF INVESTIGATOR **DATE**

Appendix C: Contact Details for Mental Health Organizations.

1. Trauma Centre- For survivors of violence and torture

- **Address:** Cowley House, 126 Chapel Street, Woodstock, Cape Town, 7925
- **Phone:** +27 21 465 7373

2. **Cape Mental Health**

- **Address:** 22 Ivy Street, Observatory, Cape Town, 7935

- **Phone:** 021 447 9040

3. **The South African Depression and Anxiety Group (SADAG)**

- **Phone:** 080 045 6789

4. Philani

- **Address:** Phaphani St, Ikwezi Park, Cape Town, 7784
- **Phone:** 021 387 5124

Appendix D: Ethics Approval

UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee

Room G50- Old Main Building
Groote Schuur Hospital
Observatory 7925
Telephone [021] 406 6492
Email: hrec-enquiries@uct.ac.za
Website: www.health.uct.ac.za/fhs/research/humanethics/forms

13 February 2020

HREC REF:749/2019

Mrs M van Pinxteren
Division of Social and Behavioural Sciences
Office J.44, DSBS SPHFM
Falmouth Building-FHS

Dear Mrs van Pinxteren

PROJECT TITLE: THE HISTORICAL AND CURRENT ROLE OF STREET COMMITTEES IN STRENGTHENING HEALTH SERVICES IN GUGULETHU (MASTER'S DEGREE - MS M CHIDAVAENZI)

Thank you for your response letter dated 07 February 2020, addressing the issues raised by the Faculty of Health Sciences Human Research Ethics Committee (HREC).

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year until the 28 February 2021.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.
(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

We acknowledge that the student: Ms M Chidavaenzi will also be involved in this study.

Please quote the HREC REF in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval, where necessary, before the research may occur.

Yours sincerely

Signature Removed

PROFESSOR M BLOCKMAN
CHAIRPERSON, FHS HUMAN RESEARCH ETHICS COMMITTEE

Federal Wide Assurance Number: FWA00001637.
Institutional Review Board (IRB) number: IRB00001938

HREC 749/2019sa

Appendix E: Author's Style Guide

About the Journal

Critical Public Health (***CPH***) is devoted to the dissemination of critically-engaged research in public health, health promotion and related fields. It brings together international scholarship from social scientists and health researchers to provide critical analyses of theory and practice and to explore new ways of thinking about public health. *CPH* encourages an interdisciplinary focus and innovative analyses. It is committed to exploring and debating issues of equity, power, social justice, and oppression in health.

Structure

Your paper should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list).

Word Limits

Research papers (not exceeding 6000 words, including all text, abstract, notes and references) although we may consider longer papers if the topic/methods justify this.

Style Guidelines

How to format your manuscript

Use Times New Roman font in size 12 with double-line spacing.

Margins should be at least 2.5cm (1 inch)

Use bold for your article title, with an initial capital letter for any proper nouns.

Abstract

Indicate the abstract paragraph with a heading or by reducing the font size. The instructions for authors for each journal will give specific guidelines on what's required here, including whether it should be a structured abstract or graphical abstract, and any word limits.

Article layout guide

Please follow this guide to show the level of the section headings in your article:

1. First-level headings (e.g. Introduction, Conclusion) should be in bold, with an initial capital letter for any proper nouns.
2. Second-level headings should be in bold italics, with an initial capital letter for any proper nouns.
3. Third-level headings should be in italics, with an initial capital letter for any proper nouns.
4. Fourth-level headings should be in bold italics, at the beginning of a paragraph. The text follows immediately after a full stop (full point) or other punctuation mark.
5. Fifth-level headings should be in italics, at the beginning of a paragraph. The text follows immediately after a full stop (full point) or other punctuation mark

References

An EndNote output style is also available to assist you.