

SERVICE DELIVERY CHALLENGES IN NYANGA: CITY OF CAPE TOWN OFFICIALS AND RESIDENTS IN DIALOGUE

Interactions around service delivery challenges in South Africa are often characterised by conflict and high levels of mistrust between communities and city officials. By bringing together city officials and residents from marginalised areas of Cape Town to participate in a research project, HSRC researchers found that poor communication and a lack of understanding of how city processes and services work are important contributing factors to this conflict.

Nyanga is one of the poorest townships in Cape Town and home to a marginalised community facing high unemployment. During 2016-2017, the HSRC, the City of Cape Town and a local NGO partnered to improve service delivery and citizen engagement practices in Mau Mau, Old Location and Zwelitsha.

These are three of Nyanga's most under-resourced areas and comprise a mix of formal, informal housing and backyard dwellings whose inhabitants face intricate social, political and economic dynamics.

Receiving funding support from the Tirelo Boshu – Public Service Improvement Facility of the Department of Public Service and Administration, the key objective of the project was to interact with community members and leaders, city officials, workers of an NGO called Project 90 by 2030, and thematic experts to identify the key challenges around electricity and water service provision in these areas.

The community scorecard

The aim was to develop a set of recommendations that would help improve the understanding and practices around service delivery, living conditions and community

engagement in Nyanga. The main tool was the community scorecard, a methodology used to engage local governments and communities in conversations to discuss challenges and opportunities around the provision of services. In international practice, it serves as a valuable monitoring instrument to measure the performance of services through a comparison of user and service provider experiences. All research methods were grounded on the principles of the Participatory Action Research approach that aims to carefully gather and reflect on the lived experiences and bring together the various, and often antagonistic, views of all stakeholders.

While this was a new project, it had its roots and flourished out of the collaborative work by the HSRC, the City of Cape Town and National Treasury between 2014 and 2016 under the Cities Support Programme. During that collaboration, HSRC researchers adapted and piloted, for the first time in South Africa, the community scorecard in a ward. This first pilot project planted the seeds for a working relationship with the Utilities Services Department of the City of Cape Town that championed and fully supported researchers

in all stages of implementation for both projects.

In Nyanga, where the situation was particularly complex, the HSRC partnered with Project 90 by 2030 to enhance a collaborative relationship with community structures and to ensure optimal implementation of field work.

Joint effort to evaluate

Over the course of 4-16 weeks, the researchers conducted a carefully tailored set of workshops that constitute the community scorecard process allowing a facilitated dialogue between City officials and community representatives (see Table 1). A key component of the scorecard method was a physical verification day (or scorecard day) where participants from the City and the community joined and evaluated the service provision together (see pictures 1 and 2).



Picture 1: Community members accompany city officials and researchers to score services.



Picture 2: Residents and city officials examining infrastructure.

Table 1: The community scorecard method

Community scorecard workshops	Description
Criteria development Community leaders	Facilitated by researchers to identify the experiences and needs of residents around water and electricity services. The outcome is a list of community indicators to evaluate these services.
Criteria development City officials	Same as above. The outcome is a list of City water and electricity indicators.
Scorecard development Community leaders and City officials	Residents and City officials come together to agree on the indicators for a shared scorecard instrument gathering issues that both parties want to evaluate.
Scorecard day City officials, community leaders and residents	Together, all participants go into the streets and homes to evaluate service provision and local realities.
Discussing findings Community leaders and City officials	Researchers present the findings from the scoring exercise facilitating a discussion to identify ideas for change and opportunities for collaboration.
Evaluation Community leaders	Community participants evaluate what was useful, why and what could be done in the future
Evaluation City officials	As above. City officials evaluate what was useful, why and what could be done in the future

The community scorecard process was preceded by months of background research to understand the local context, community dynamics and identify key stakeholders. The overall process allowed intense discussions that unveiled specific challenges and

facilitated collaborative relationships and understandings between city officials and community members who only months before were experiencing high levels of mistrust and conflict. While this research method was the core of the project, researchers applied other research

methodological tools such as focus group discussions and follow-up activities aimed at identifying entry points for sustaining changes.

Indeed, a major recurring theme seemed to be the poor communication between citizens

and the City and a lack of understanding on how specific City processes and services work. These included, not knowing what they should report where; how to follow up when problems are not fixed; and when the City is or is not responsible for particular issues. Although the researchers recommend that more consistent work is needed to sustain change, in the evaluation workshop discussions, participants expressed how the project helped them in at least three important ways. It increased City officials' awareness of local realities and challenges around participation and service provision as well as citizens' understanding of City processes and structures. It also strengthened collaboration between officials and the community to improve the provision and maintenance of services.

More collaboration needed

The researchers found that service delivery challenges (and protests) often emanate from communication failures. Therefore, more collaborative spaces are needed to improve provision of basic services and understanding of each other's (the City's and the citizens') realities, needs and resources. Improving communication and active participation processes for residents to provide ideas and communicate constructively with the City, is key.

An infrastructure overload

It was also found that service provision to backyarders is a major challenge for the City, mainly as a result of infrastructure overloading and restricted access for maintenance. This creates unfair conditions for citizens living in these conditions, who are often at the mercy of landlords and can't access benefits such as electricity subsidies.

Private contractors who provide services on behalf of the City play an important role in the service delivery matrix. Therefore, the researchers recommend that monitoring needs to be strengthened to improve quality of the provision and to safeguard the relationship between residents and the City.

The researchers found that City officials are often overworked and under-resourced, particularly for community engagement. Especially junior officials need more support to engage with the community in a meaningful and mindful way.

Value of new research methods

The collaborative approach and outcomes of this frontline service delivery study serve to highlight the potential of using participatory and action research tools and adapting and mixing methodologies to promote not only better understandings of service delivery, but to promote actual change. This experience should be useful to policy makers, activists and academics interested in social research approaches aimed at enhancing local agency to build collaborations to support transformation around service delivery and citizen engagement practices.

Collaboration between officials, residents, politicians, researchers and NGOs is not easy, as it requires time, resources and flexibility to align each other's understandings and needs. However, if we want to improve service delivery and community engagement practices, particularly in marginalised contexts, multi-stakeholder collaboration and applying the principles of participatory action research are essential.

Authors: Diana Sanchez-Betancourt, a research specialist, Dr Yul Derek Davids, a research director and chief research specialist, Amarone Nomdo, a PhD research intern, Samela Mtyingizane, a Master's intern, and Luxolo Billie, a National Research Foundation intern at the HSRC's Democracy, Governance and Service Delivery research programme

Contact: Dr Yul Derek Davids
ydavids@hsrc.ac.za



HIV-POSITIVE MOTHERS supported to disclose their status: A potential benefit to their children

Research shows nearly one in four HIV-infected people with children have not had the courage to tell them. Yet, children of HIV-positive parents face significant developmental, health and psychological challenges, particularly in communities where the stigma is high. The HSRC's Dr Tamsen RoCHAT and a team of researchers from the African Health Research Institute in KwaZulu-Natal led the Amagugu intervention, which successfully increased the levels of disclosure among a group of mothers with young children in KwaZulu-Natal. These findings were published in the medical journal *The Lancet HIV* in August.

The World Health Organisation recommends that parents disclose their HIV status to children under the age of twelve, but there is little guidance on how to approach this with children. Studies show that mothers benefit from disclosing their status. It reduces stigma and improves adherence to HIV treatment, their parent-child and family relationships and their mental health. Their children also benefit from improved mental health, but also because mothers who disclose tend to plan better for custody and care of their children in periods of illness.

The Amagugu intervention

The Amagugu intervention took place at the Africa Health Research Institute in a rural, HIV-endemic region of KwaZulu-Natal where HIV treatment coverage is good. A total of 428 HIV-positive women on antiretroviral treatment with HIV-uninfected children aged 6-9 years completed the trial.

RoCHAT and her team wanted to address maternal avoidant coping.

These mothers cope with HIV by distancing themselves from the problem, and by avoiding communication about it within their family and close relationships. They try to forget or avoid the day-to-day stressors of being HIV infected. However, open communication with children about parental chronic or terminal illness is important. Although parents want to protect their children from a painful truth, the realities of living with HIV often mean that children become aware that things have changed for their parent. They notice signs, symptoms and medication, and can worry more if they are not reassured. Avoiding open communication can affect the quality of the parent-child relationship and create more stress in the parenting role, affecting the child negatively.

Shifting to active coping

The Amagugu intervention aimed to shift maternal parenting behaviour to an active coping style, by disclosing their HIV status to the child and by addressing issues linked to the

children's well-being, such as health education and custody planning. The aim of the study was to compare the efficacy of the Amagugu intervention with that of a single counselling session at a primary healthcare facility, the standard-of-care group that represented the status quo for women who seek healthcare in that community. The participants were randomly assigned to the Amagugu intervention or the single session.

Home-based counselling

The Amagugu intervention included six home-based counselling sessions conducted by trained lay counsellors over a period of 8-12 weeks. The counsellors provided printed material and activities to support age-appropriate disclosure and to prepare the mothers for their children's emotional reactions and questions after disclosure.

The mothers were able to choose whether they wanted to partially disclose (using the word virus) or fully disclose (using the term HIV) or not at all.