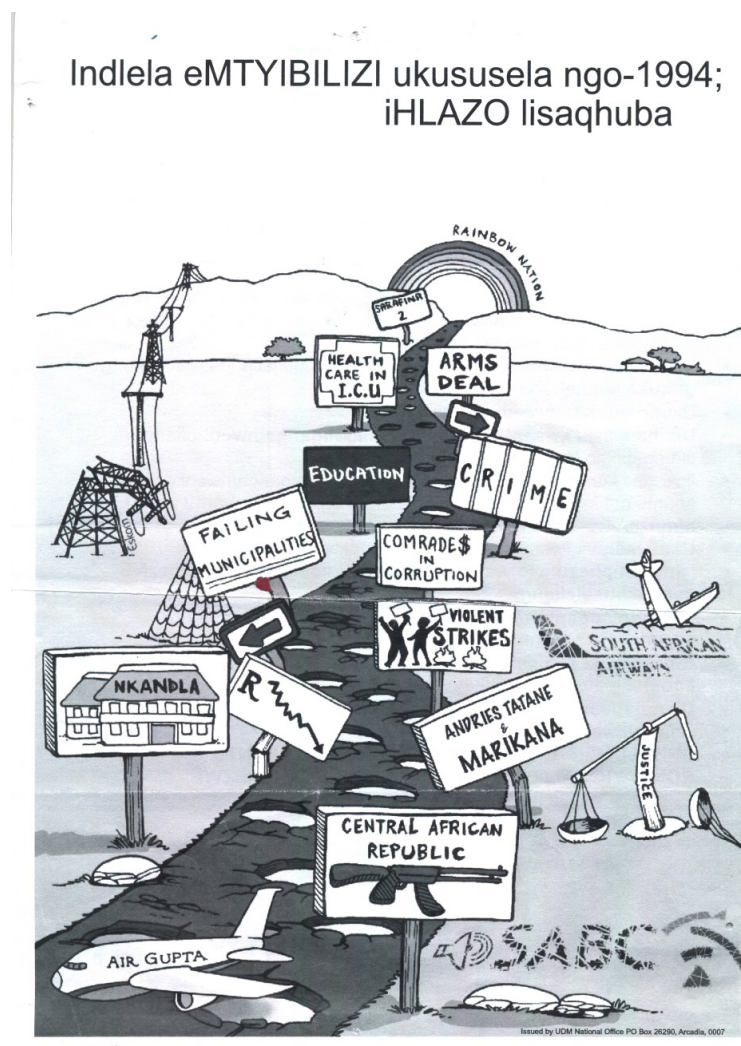**London School of Economics and Political Science**

Between the Brick and the Ballot:

Exploring Community Conversations, HIV Prevention, and Structural Violence
in the
Ingquza Hill Municipality of South Africa's Eastern Cape Province
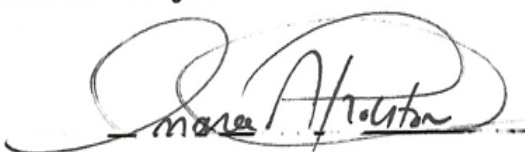

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A thesis submitted to the Department of Psychology and Behavioural Sciences of the London School of Economics and Political Science for the Degree of Doctor of Philosophy, London, February 2017

Declaration

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Abstract

The prevailing prevention literature has increasingly expanded the scope of HIV/AIDS drivers beyond the behavioural and social to encompass an increasing focus on the structural drivers of AIDS. Throughout the structural drivers literature is an emphasis on the need for upstream interventions that shape policy and influence political processes (Gibbs et al 2012; Hunsman 2012; Parkhurst 2013. Some of the literature recommends an emphasis on promoting political processes that catalyse political change and address underlying forms of inequality (Heise and Watts 2013; Gibbs et al 2012). This literature dovetails with literature that advocates for an increasing emphasis on the political determinants of health in health promotions programming (Ottersen et al 2014). At the same time new directions in the HIV/AIDS preventative community mobilization literatures has emphasized the need to rethink and re-conceptualise community mobilization in the 21st century (Campbell 2014). More broadly systematic reviews of the literature suggest the need for an increasing focus on community mobilization efforts that respond to and influence the political context of health (Cornish et al 2014). This dissertations aims to influence and inform the space between these literatures through an empirical look into the convergence of the Nelson Mandela Foundations (NMF) Community Conversations *political animus* and a historical and present day reading of the ways in which structural forms of violence (Galtung 1969) continue to be inscribed into the life trajectories of residents/citizens living in Ingquza Hill, South Africa. The findings in this dissertation are based on narrative analyses of **N = 63** life histories and semi-structured interviews conducted with residents, CC facilitators and participants, and local influential stakeholders that directly experienced, lived, and embodied this convergence throughout the dialogical and actioned oriented phases of the Community Conversations process. Findings suggest that the basis for re-conceptualising of community mobilization for the 21st century be predicated on a more politicized framing of HIV/AIDS along with a more explicit and intentional valuation of the intersection between the social and political determinants of health in programmes that employ community mobilization. Intersecting social and political power dynamics play a significant role in both opening up and the cultivation of civic spaces that promote responsive and inclusionary forms of local governance and decision-making. This in part entails an increased emphasis on the creation

of accompaniment oriented *socio-political technologies* that intentionally support the cultivation of *health enabling democracy.*

Acknowledgements

This is how you write a PhD.

Be born to Monica and Bernard Rolston. Two people that stretched themselves to unbelievable ends to make sure that you, a little black boy, knew safety, love, commitment and sacrifice intimately. Be reminded that your grandparents and the people that came before them had little options and opportunity but strived regardless. Live and grow up next to Rashida Rolston, a person that can carry tons in a day and still smile the next. Meet Julie Xuan, a life partner that was willing to up root all and move across the sea with $500, no tuition and only the promise of a roof over our heads. Welcome to the world the most miraculous human being Aminata Thandiwe. A child that lights the way and brings joy, laughter, and purpose to every day and every moment. This and hundreds of other ways are the ways that this PhD got done. I know, and most of us do, that a PHD is not written alone. It is more often then not the culmination of years of support, love, patience, understanding, and commitment from a world of people who either had their hands on your back or ran out in front to make the way.

I started this journey over 10 years ago with an e-mail to Dr. Cathy Campbell. Her book *Letting them Die: How HIV/AIDS Programs Fail* found me in Gaborone, Botswana and changed my life trajectory. Thank you to Dr Campbell for offering work that changed the way we think about HIV/AIDS prevention and for the support and opportunities you offered me along the way. After reading *Letting them Die* I met Thebisa Chaava in Chikankata during a Community Conversations training. My commitment to understanding CCE-CC started there. Thank you Thebisa and MacDonald for your tireless support and commitment. I would not have been able to start or finish this dissertation without the support from Bernd Appelt of GIZ who, after a two-hour call, proceeded to link me into a national evaluation that would give me unparalleled access to the Nelson Mandela Foundation (NMF) and it's final phase Dialogues for Justice program. Your belief in my work and abilities made so much of this possible. Thank you Steffen, Deborah, Mzi, Max, and Makhosi and the rest of the MXA team for all of your guidance and professional support. Thank you to my extended family Devi and Mandeep for locking me in a small 3x3 foot room for a week 7 years ago. I finished my masters that

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APPENDICES

Bibliography

Acronyms

AIDS	Auto Immune Deficiency Syndrome
ANC	African National Congress
ARV	Anti-Retroviral Therapy
CBO	Community Based Organization
CC	Community Counselling
CCE-CC	Community Capacity Enhancement – Community Conversations
CCR	Community Capacity Reinforcement
DELTA	Development Education Leadership Teams in Action
ENDA/SANTE	Environment Development and Action
GEAR	Growth Employment and Redistribution
GBV	Gender Based Violence
GIZ	Deutsche Gessellschatt fur Internationale Zusammenarbeit
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Plan
IHPS	Institute of Health Programs and Systems
NGO	Non-Governmental Organization
NMF	Nelson Mandela Foundation
NSP	National Strategic Plan
PHC	People's Health Charter
RCTS	Random Control Trials
RDP	Reconstruction and Redevelopment Plan
SADC	South African Development Community
TAC	Treatment Action Campaign
TB	Tuberculosis
UNDP	United Nations Development Program

Chapter One

Introduction: Madiba's Promise

*"Bad history has consequences. I'm not afraid we will forget AIDS;
I am afraid we will remember it and it will mean nothing. If we cannot
face the root issue — that we let people die because we did not like
them — AIDS will become a blip on our moral radar, and this cycle
will repeat every time we connect an unpopular group with something
that scares us."* ***How to whitewash a plague; Hugh Ryan***

1.0.0.0 – Introduction: In the Beginning

AIDS origins stories are often complex. The epidemiological impetus to identify patient zero as a means of locating the virus's origins is posited as a crucial phase in the battle to bring a biomedical end to the spread of disease. There is, as a result, a justified fixation on finding the first human host to carry the illness. Who patient zero becomes – and becomes is used intentionally here – is often a reflection of intense epidemiological and biomedical rigour. But, in the absence of a scientifically anointed patient zero, myths, projections, conjecture, and educated guesses abound. In the absence of a definitive answer, a disease's story of origin becomes a contested and vastly complex space filled with history, politics, science, fear, bias, and assumptions -- Especially if it poses a great threat to our survival. How a virus is treated often reflects what it has come to symbolize within the context out which it emerges. A virus is always born into a context.

 The origin story of AIDS in South Africa is no different. The first case of AIDS was diagnosed in 1982, twelve years before the end of apartheid. Reportedly, two young gay men reported to have travelled to California earlier in the year were the first to be diagnosed in a hospital in Johannesburg. At the end of 1982, random blood samplings taken mostly from young gay men produced an estimated 12.8% prevalence rate. In the United States, AIDS was in its early conception. GRID 'Gay Related Immune Deficiency' was the term used to describe what doctors across cities like Los Angeles, New York City, and San Francisco had begun to identify as a predominantly young "gay male" disease. By 1985, 63% of AIDS cases in Europe were amongst the gay and bisexual male populations. The early 1980s saw the emergence of a global AIDS narrative

as studies, departments, and national health initiatives proliferated in response. National narratives, public health responses, and epidemiological research merged to inform and shape the globe's shared understanding of the virus. In time, the perceived social and behavioural origins of the virus would come to govern the early national and global approaches to prevention amidst bias, fear, homophobic, and racialist conjecture. The period marked the ascendancy of the biomedical and behavioural focus (Schulman 2013).

In South Africa, under the leadership of P.W Botha and the apartheid regime, the early stages of AIDS epidemic spread through the population with a regrettably limited and ineffectual response. Like many nation states, the early stage of AIDS was marked by an unmistakeable reticence that reflected prevalent attitudes, beliefs, and in many ways the first instances of racialized and stigma-induced policy lags (Lieberman 2009). In 1988 Brandt suggested, "the way a society responds to problems of disease reveals its deepest, cultural, social and moral values" (Brandt 1988). Brandt's stance was among the numerous and early recognitions that like many historical epidemics, AIDS was aside from a pronounced biological threat, undoubtedly an emerging socio-economic creation (Marks 2002).

The years following 1982 saw the unravelling of the Apartheid regime and the beginning of the African National Congress' (ANC) transition from liberation movement to a public political party that would eventually claim leadership of country and responsibility for righting the legacies of the apartheid state. Under a perpetual State of Emergency the South African state reacted with uncompromising levels of violence as the liberation movement intensified and mass movements, strikes protests, and armed action shook apartheids foundations. It was only in 1988 that an official structure to manage the growing AIDS pandemic – the AIDS Unit and National Advisory Group -- was established charged with the responsibility for raising national awareness (Lieberman 2009).

By the early 90's national sentinel surveys estimated that there were 74,000 to 120,000 South Africans living with HIV. In April of 1991 the sentinel statistics citing a prevalence rate of 0.8% in pregnant mothers was raised at the *Fourth International Conference on Health in South Africa* (Policy Issue 1990). The conference was located in Maputo, Mozambique. In attendance were the African National Congress (ANC), United Democratic Front (UDF), South African health workers and labour union, as well as representatives from other Sub-Saharan African countries and frontline workers and foundations from the United Kingdom and U.S. (Ibid 1990). The conference

attendants were mostly "activists and grass roots members of community, political and progressive health organizations" (Ibid 1990: CHISA 1990). From the conference emerged a document entitled *The Maputo Statement on HIV/AIDS*. The "Maputo Statement on AIDS in Southern Africa" policy paper not only acknowledged the impending threat of AIDS, it was also one of the first policy-based contextual renderings of the AIDS pandemic in Southern Africa (Susser 2009). The statement asserted that the rapidly expanding transmission of AIDS was the product of contextually specific social, political, and economic determinants'. It more specifically asserted that:

"Features of life in South Africa and Southern Africa facilitate its spread. Poverty, migrant labour, population relocation, homelessness, forced removals, unemployment, lack of education and poor housing play major parts in the development of the epidemic." (Policy Issue 1990)

Calling for leadership from political and "representative organizations", the statement highlighted the existence of systemic discrimination inherent in the standing health care system and urged nations to address the 'personal politics' of racism, homophobia, classism, and discrimination against commercial sex workers and injection drug users. Chris Hani, revolutionary ANC leader, and one of the ANC representatives at the conference, said the following:

"We cannot afford to allow the AIDS epidemic to ruin the realization of our dreams. Existing statistics indicate that we are still at the beginning of the epidemic in our country. Unattended, however, this will result in untold damage and suffering by the end of the century" (Frohlich 2005: 369; Marais 2000:4)

Highly critical of Nationalist Parties AIDS campaigns that were believed to "promote fear, stigmatization, and discrimination"; the Maputo statement was in many ways a political work constructed by active members of the 'ANC, grassroots activists and progressive health organizations' in a highly politicized context. It was ostensibly one of the first politicized readings of AIDS in South Africa, a reading that framed AIDS as primarily a matter of political economy and power.

By 1991 the relative health of Black South Africans under apartheid had been eroded by multiple forms of state sanctioned political, social, and economic violence. This included the destabilization of communities through forceful relocation policies, the geographical inequity that arose out the

creation of satellite industrial complexes that drew hundreds of thousands of women and men from their families and homesteads into the dangers of mining and indentured industrial farming for little to no pay and benefits. All coinciding with the political assignment of South African citizens of colour to a colour coded spectrum of non-citizenship in their place of birth. As the epidemic expanded in the Black African population it did so through a series of historically constructed pathways of socio-economic vulnerability. The Maputo Statement was a more expansive reading of HIV/AIDS that in the spirit of the 'freedom struggle' challenged the South African National Party's interpretations of AIDS as a simple function of sexuality, identity, and sexual behaviour.

In time, this more expansive interpretation would recede enfolded into the dominance of the global biomedical and epidemiological imperative to fight the rising pandemic transmission to transmission. In time, the original fears and biases would morph into a more sanitized discourse and claim the global AIDS movement as the prominent global face of AIDS changed from one historically feared and wilfully misrepresented group to another (Rolston 2011). Sexuality, sexual behaviour, and individual behaviour change would once again become central to an increasingly depoliticized community-based intervention approach. In the end, it became clear that one of the most important stories of origins in the fight against AIDS was a story of origin that insisted on locating the pandemic in the pathology of the "other" (Joffe 1999). It may in fact be that it was this story of origin that came to own and continues to influence and shape the AIDS prevention paradigm in South Africa and regions beyond.

1.1.0.0 – Entering Enquiry through Discourse

This thesis emerges out and is shaped by this historical reading and milieu. By extension it is driven by a number of overarching aims that will be revealed throughout. But most importantly it attempts to contribute to a new and emerging discourse forming at the convergence of the prevailing *structural interventions* literature (Pronyk, 2006; Gupta, 2008; Jewkes, et al., 2008; Vyas, 2008; Dworkin et al 2011), the political determinants literature (Ottersen et al 2014), and the advancing community mobilization literature (Campbell 2014; Cornish et al 2014). The most profound aim of the research presented in this thesis is located in its attempt to return the intervention discourse to the interpretation of AIDS in South Africa put forward by the "Maputo Statement on AIDS in South Africa". I accomplish this through a critical exploration of the **Nelson Mandela Foundations (NMF) Community Capacity Enhancement – Community Conversations**

(CCE-CC) approach to HIV/ADS prevention in the **Ingquza Hill Local Municipality of the Eastern Cape Province of South Africa**.

An increasing emphasis on the structural drivers of HIV/AIDS has assumed prominence in both the global AIDS and South African AIDS literature. This opened pathways for the reintroduction of social, political, and economic root causes in the discourse. As of recent the structural literature has increasingly highlighted the need for interventions that target the 'upstream' and 'distal' political drivers of HIV/AIDS (Gibbs et al 2012; Hunsmann 2012; Parkhurst 2013) aligning with similar assertions made in the political determinants discourse (Ottersen 2014). The trajectories of these discussions dovetails with the community mobilizations literature that not only highlights the role that political context plays in HIV/AIDS focused community mobilization efforts (Cornish et al 2014) but that also calls for new 21st century conceptualizations of community mobilization in increasingly inequitable times (Campbell 2014).

The framing of HIV/AIDS and its beginnings presented in this introduction reflects a desire to write and research into the space where these literatures converge by pursuing new and increasingly political readings of HIV/AIDS in the local context. In order to do so the empirical inquiry presented in these pages revolves around a theoretical framework that rethinks HIV/AIDS prevalence using structural violence theory (Farmer 1996; Galtung 1969) and *embodied history* and *inequality* (Fassin 2008; Kreiger 1999) to explore the deep connection between structurally violent forms of social and economic inequality and HIV/AIDS as a health crisis. Through this reframing the locus of inquiry into interventions and in particular the CCE-CC approach inevitably shifts, centralizing the relationships between communities and their broader political systems. Framing HIV/AIDS in this way arguably shifts the foundations upon which we stage and construct community mobilization discourses. An emphasis on political systems suggest we give greater levels of attention to the ways in which structural interventions proposed to orient, contribute, or not contribute to citizen led forms of mobilization and action

1.1.1.0 – Research Questions & Empirical Approach

Presented in this dissertation is a *case study* pursued through a *narrative ethnographic exercise* of *Ingquza*, the Community Conversations Methodology, and the meeting of the two through the final phase of the *Deutsche Gessellschatt fur Internationale Zusammenarbeit* (GIZ) and Nelson Mandela Foundations (NMF) Dialogues for Justice program. This thesis exploration of the CC

process in the context of the Ingquza Hill Local Municipality is framed by an empirical focus on *context, pedagogy, and process*. I explore these lines of enquiry through a *life histories* and *narratives* approach described in greater detail in methodology portion of this thesis (Chapter 3). Contextually I explore the ways in which residents of *Ingquza* story the past, present and emergence of HIV/AIDS. By engaging in a narratively driven reconstruction of HIV/AIDS in *context* I hope to shift the landscape upon which conversations about HIV/AIDS interventions and community mobilization are typically conducted. An emphasis on the exploration of *pedagogy* provides the chance to move beyond an impact focused interrogation of interventions to instead explore some of the unexplored 'proposals and politics' at the root of CCE-CC and how its politics, shapes, and orients participating community's relationships to each other and the worlds around them. *Pedagogy* in this case is explored through the CCE-CC creators, experts and NMF staff's narrative recounting of methodologies emergence and introduction to South Africa. The *process*-oriented focus in this thesis is an attempt at building an understanding of the ways in which *pedagogy* and *context* convene throughout the dialogical and mobilization process; or in other words the actual implementation phase of the NMF program. This process is explored through the CCE-CC facilitators, participants, and local stakeholders storying of the final phase program. **The overarching research questions guiding this research are as follows:**

1. **How is the *contextual* intersection of HIV/AIDS and structural violence (Farmer 1996; Galtung 1969) embodied (Fassin 2008; Kreiger 2001), lived, and storied by citizens in Ingquza?**

2. **What does *pedagogy* (Freire 1968) have to do with the potentials of CCE-CC interventions to instigate structural and political *citizen* led change from *below* (Dagnino 2008)?**

3. **What does a *process-oriented* (Cornish et al 2014) exploration of convergence of *context* and *pedagogy* through Community Conversations process suggest about the *futures* (Campbell 2014) of HIV/AIDS focused Community Mobilization?**

Through the pursuit of this questioning I offer new insights to the new and emerging convergence- taking place between and amidst the structural interventions, political determinants, and community mobilization literatures. While generalizability is often a prominent feature and focus in empirical research this thesis is also driven by a need to engage South Africa and the broader framing of HIV/AIDS mobilization and prevention today in the country. There are number of motivations driving this need to speak modestly of South Africa holistically. Firstly, as the specifics and unique details and dimensions of context recede behind an understandable need to produce

generalizable insights a great deal can be lost. A narrative that constructs a gendered and class account of the local health clinic and a lack of services is also a narrative about the Eastern Cape Provincial health systems, as it is a narrative about health care in the Eastern Cape under the ANC, as it is narrative about the neo-liberal order and the loss of the 1994 redistributive promise. To strip away the specific is to trim away important insights. Secondly, while being careful to avoid South African exceptionalism, both South Africa's history of systemic dispossession alongside its history of HIV/AIDS activism via TAC and other movements offers an opportunity to consider citizen led HIV/AIDS action in a context that has produced formidable forms of AIDS action against very particular historical backdrop and transition (Mbali 2013; Heywood 2015). Because of this focus the reader will notice that at various points in this thesis I offer a degree of analytical attention to South Africa as a nation state.

1.2.0.0 – South Africa, HIV/AIDS & Ingquza Hill

"Turning the tide of HIV/AIDS incidence" is a refrain often employed to describe both the focus of South Africa's HIV/AIDS response and countries progress addressing both HIV incidence and prevalence (Shisana, Rehle, Simbayi et al 2009). Nationally there has been a sizeable decline in new infections over the past decade and while prevalence rates are still comparatively high by global standards when measured against global statistical progressions prevalence has reportedly stabilized in the general population (HSRC 2014). The most recent 2015 UNAIDS data places the national prevalence rate at 18.5% with the total number of people living with HIV/AIDS standing at approximately 7 000 000 (UNAIDS 2015).

While promising, this progress is not homogenously shared across the population. In 2012 HSRC South African National Survey suggested that young girls and women between the ages of 15 and 24 had incidence rates four times higher then young men in the same age bracket and almost a quarter of new infections were young girls and women between the same ages (HSRC 2014). According the NSP approximately 2000 young women are infected every week (SANAC 2017). While providing insights into the gendered nature of the epidemic the survey also highlighted the role that migration and wealth inequality, often reflected spatially, continues to play in the South African epidemic (SADC 2006). At the highest risk of exposure are Black South African women ages 20-34 and Black South African males age 25-49 living in urban and rural informal areas and settlements (HSRC 2014); both populations on the health disabling side of the wealth divide.

This data presents a picture of a South African epidemic that continues to run along the fault lines typically found at the root systems of health inequity and in some instances health crisis. The South African reality is mirrored in broader global HIV/AIDS literature arguing for an increased emphasis on the intersections of socio-economic status, gender, and access. Krishanan et al highlight the ways in which lower social economic status often coincides with limited access to health care, quality education, and sustainable livelihoods. They also highlight that when socio-economic status intersects with gender there is deleterious effect on women's health (Krishnan et al 2008). Alongside findings like these are those that problematize the low socio-economic status high HIV/AIDS prevalence corollary. Forston (2008) and Hajizaedeh et al (2014), for instance, argue that wealthier urban populations are at greater risk of HIV infection. Nonetheless there is broadening agreement that there is in fact a correlation between existing and increasing inequality and HIV/AIDS prevalence rates in South Africa and globally (Fox 2012; Piot et al 2007; Wilkinson & Pickett 2009) and that this correlation poses increasing threat to communities "least served by basic social services such as water and sanitation" (Steinberg et al 2002; Wabiri & Taffa 2013: pg 2). This unfolding discourse can in part be read as partial and modest return to the framing of HIV/AIDS put forth in the *1991 Maputo Statement on HIV/AIDS*; a return that re-invites the political into debates about HIV/AIDS and HIV/AIDS responses.

This literature and discourse helps to situate and frame the Ingquza Hill Local Municipalities place within broader South African HIV/AIDS epidemic. *Ingquza's* recently published municipal annual report offers a sobering insight into the municipality's socio-economic status and HIV/AIDS outlook. Unemployment in *Ingquza* stands at 51.6% (2015/2016) increasing from 49.9% in 2013/2014. This increase coincides with the proportion of households with no income standing at 17.3% (2015/2016) up from 15.1% in 2013/2014 (Ingquza Hill Local Municipality 2016). These notable increases are also reflected across other municipal level socio-economic indices like the increased demands for government provided housing and increases in the rates of illiteracy. Running alongside and interwoven with these indices is *Ingquza* HIV/AIDS prevalence rate standing at 21%, almost 3 % higher than the national average (Ibid 2016). The evolving inequalities and HIV/AIDS empirical literature provide some insight into what these indices suggest about the relationship between Ingquza's HIV/AIDS prevalence and the social, political, and economic place it occupies in South Africa's wealth divide. In an unequally structured nation state these indices arguably rise and fall in relationship to municipal indices in more affluent regions. While this thesis attempts to offer much greater ethnographic insights into the statistical and lived

dimensions of the municipality in **Chapter 4** this provides a modest introduction to the context within which this study took place.

As a researcher the *Ingquza* that I entered was much more layered and complex then these statistics or any statistics can offer. This thesis attempts to represent some of the complexity and richness of municipality while pursuing the main line of inquiry defined by the research questions provided above. The section to follow provides an early reflexive account of my entry and first encounter with *Ingquza* as means to offer insights into the ways *Ingquza* is positioned in the broader South African political economy. It is important to highlight that this was just one dimension of my entry. In presenting Ingquza through this lens I am not suggesting that this is a complete rendering. Instead I offer one dimension of my experiences that serves to articulate an important facet of this thesis inquiry.

<u>1.2.1.0 – Research Context: A Reflexive Entry into Ingquza Hill & Political Climate</u>

I began this research during the month of September 2013 while living and working in the Eastern Cape Province on an evaluation project within which my research was embedded. I began writing from a small corner dwelling in a small town -- Lusikisiki. Lusikisiki is one of main towns in the Ingquza Hill Local Municipality.

It is a municipality on the eastern edge of the Eastern Cape Province. It is a town that sits surrounded by vast sprawling patched green burnt brown hills, rural communities and wards. The area revolves around one central street lined by ageing buildings, Pep, Shoprite, hardware stores, municipal government buildings

Map 1: Eastern Cape Province (Sourced from mapsof.net)
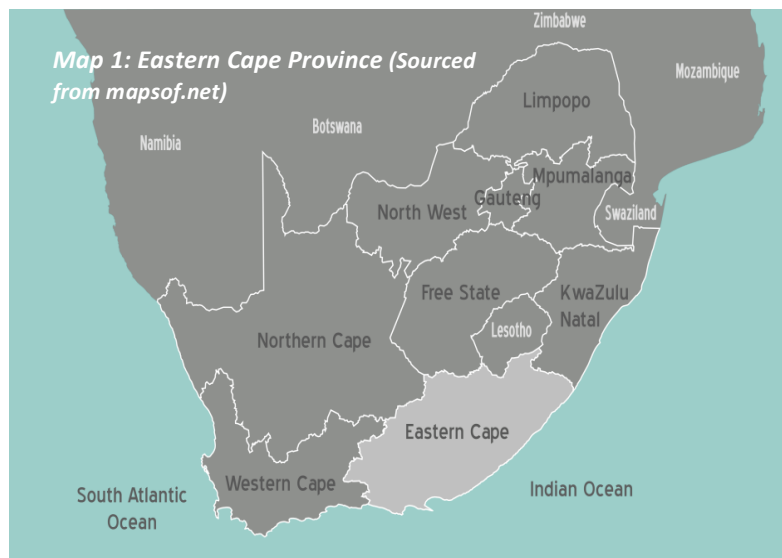
at the top, and a small strip mall with a Nandos, Capitec, and ABSA at the towns base. The town's central artery is in a constant state of movement during the day serving as a stop and travel point for the surrounding wards. Men and women move with parcels, selling, chatting, and pressing hands as they pass by. Sprawls of mini buses and local taxis line the roads waiting to fill so they can start

their journey to Durban, Johannesburg, Cape Town and other parts of the province. The main street concealts from vision the rest of the city that fans out into tightly packed corrugated dwellings erected informally and precariously, demarcated by mazes of red ground footpaths that separate the homes. To one side of the small informal township, is an established semi-suburban community with an elaborate pillared bed and breakfast and to the other a stretch of land with strewn waist, plastic bottles, and cans.

I walked the central street my first morning in Lusikisiki before driving up to Mantlaneni where I planned to conduct my first set of interviews. The street was filling with travellers; men and women selling sweets, fruits, and vegetables, music, clothes and taxis with conductors and drivers calling out for passengers. The street was waking and stretching itself with shop doors opening and front walks being swept. By the evening that very same street was lit up with burning barricades, tires, and downed trees. The

Map 2: Ingquza Hill Local Municipality Province
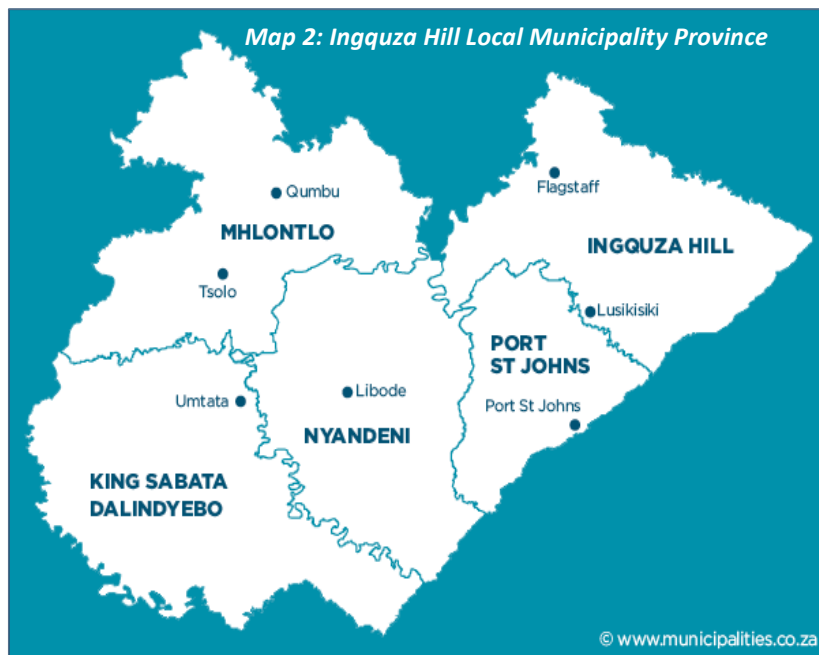
stores were shut up and the street was mostly abandoned aside from small groups of men and women standing in silent agitation. As I drove through town with my colleagues, we were told different stories. "Service delivery" protests we were told. We were told that it was vendors and informal business peoples angered by the unresponsiveness of municipalities and a public insult from the local mayor that responded to earlier complaints by saying that the "hawkers" were "illiterate" and therefore deserved no response. In the days to come it became clear that the truth was somewhere in between. What was a vendor led protest attracted a host of citizens frustrated with the local government and service delivery. Each morning I awoke to the sounds of men and women calling in song and chanting for acknowledgement and better service delivery while the smell of smoke and burning rubber lapped the area. The police and authorities were nowhere to be seen. The protesters surrounded the local municipal building at the top of the main street and refused to move. Municipal government staff did not return to work but the citizens protesting did.

They returned every morning for a week, increasing in numbers. The protest swelled as women and men from surrounding wards and communities joined until the police reinforcements arrived from neighbouring Umtata with their towering armoured police trucks with caged windows and turrets at the top for mounted guns. I was told that it was rubber bullets and the threat of tear gas that silenced and subdued the protest, and cleared the area surrounding the municipal building. In a week the street returned to the same shape and pace that I'd met that first morning.

Mass protest has been an unmistakable feature of South Africa's political history. Through Apartheid and into the present, protest has and continues to serve as an alternative for "restless" citizens attempting to influence and engage political systems and private sector entities (Gumede 2012; Duncan 2016). From marches on municipalities, to farm strikes, to organized labour and union strikes, protest is increasingly becoming a popular political vernacular for citizens on the margins that feel that the distance between themselves and those in power has become a deep chasm that swallows their words and woes. Protest, sometimes expressed through the *brick*, is an increasing point of return when the *ballot* is no longer enough. The intensification of South African protests has seemingly been prompted by shared frustrations over the lack of service delivery (Jolobe 2014). These frustrations are often exacerbated by impending elections and a shared sense that the un-honoured 1994 promise of freedom is grinding against the growing opulence within which the increasingly powerful live; Jacob Zuma "Nkandlagate" scandal being one of the most prevalent national embodiments of this. This reality has made tangible a core truth that is reflected in South Africa's Gini Coefficient that ranges between 0.660 and 0.696 (STATSSA 2014). The truth being that the inequality gap in South Africa is expanding, and with it the democratic chasm that exists between the materially rich and materially poor. Aside from the pressing contextual reality of inequality, what South African protest and the broader resurgence of global protest share in common is a problem of analysis or what John Harris of the Guardian called a "comfy misapprehension". Globally, according to Harris, a great deal of analysis has focused on the issues raised by protestors (Harris 2013). On a global level these have revolved around austerity and the economic fallout of 2008, and in South Africa specifically, service delivery, living wages for miners, farmers, and workers still drive mass movements. The global resurgence of protest and recent protests in South Africa are not merely about the contents of their focus. According to Harris the resurgence in insurgent forms of protest "reflects an increasing tension between peoples increasing expectations of influence and voice, and closed networks of power that tie together corporations and government". (Ibid 2013)

This study does not sidestep these contextual realities or treat them as incidental. This work explores the persistence of HIV/AIDS as a continued and embodied expression of the imbalances that the above-mentioned protests aim to challenge. It is deeply intertwined in all things and urges us to interweave our analysis of the HIV/AIDS epidemic and the potentials for intervention into the expanse of the unfolding South African political, economic, and social landscape. To cleave one from the other would be to repeat the same miss steps and oversights that limited the impact of early generations of HIV/AIDS prevention (Campbell & Cornish 2010). Preserving the relationship between the HIV/AIDS epidemic and the political, economic, and social naturally makes central questions about the nexus of democracy, citizenship, and health. A nexus that implicitly and explicitly presents in the convergence of literatures this thesis aims to contribute new forms of knowledge to (See Section 1.1.1.0).

There was distinct irony about the period within which I conducted my research. My research began late South African winter amidst a protracted encounter and uprising in which citizens from throughout *Ingquza* employed insurgent means to engage the municipality. With service delivery as one of the many grievances central the protest the insurgency was in many ways a reminder that citizens in *Ingquza* were living in the aftermath of the countries shift from Nelson Mandela's 1994 promise of redistribution and people driven development to the prevailing neo-liberal order and political economy (Gumede 2005). On December 5th 2013 having completed this research I awoke some 160 km from his home to news that he had passed. In the days to follow his presence loomed large in the interviews. While the literal presence of his passing in the raw data does not find its way into this thesis the symbolic birth and passing of part of what he came to represent in the early post-apartheid years does in a multitude of ways.

1.3.0.0 – Community Conversations, Nelson Mandela Foundation (NMF) & The Dialogues for Justice Program

The vehicle for this thesis inquiry was the Nelson Mandela Foundations (NMF) Dialogues for Justice Program. In 2008, the NMF launched its *Dialogue for Justice Program* with an aim to develop and sustain a dialogical platform promoting the Founder's "legacy". According to the foundation its aim was to "…utilise the history, experience, values, vision and leadership of its Founder to provide a non-partisan platform for public discourse on important social issues, and in doing so, contribute to policy decision-making" (NMF 2008). At the core of this effort was the cultivation of dialogues focused on addressing the HIV/AIDS epidemic in targeted provinces and

communities throughout the country. Central to this effort was the organizations use of the Community Capacity Enhancement – Community Conversations (CCE-CC) approach to AIDS prevention as foundational methodology for Dialogue for Justice Program.

The CCE-CC process is a structured and facilitated group dialogue created to foster community conceived and driven strategies to address the root causes of HIV/AIDS. Shifting away from a behavioural/ biomedical focus, the approach was created to address the social norms, values, social structures, and networks that contribute to the spread of HIV/AIDS (NMF 2014). Conversations vary in length but follow a methodical set of steps and each step utilizes a specific set of tools to promote critical dialogue. These steps include: *Relationships Building, Concern Identification, Concern Exploration, Decision Making, and Reflection and Review*.

Community Conversations or Community Dialogues have been used formally and informally in numerous contexts to bring community members together to address common issues and concerns and to promote collective action (Born 2008). As a global development model the CCE-CC approach has been used to address Female Genital Cutting (FGC), to promote participatory health governance, and address broader sexual health rights (HPA 2016; Alem et al 2013; World Vision 2013). Conversations often emphasize the cultivation of critical consciousness and reflection by embracing the perspectives of a diverse cross section of individuals in an attempt to construct *tacit ground* as a beginning point for collective action and change processes (Bohm 2004).

Alongside contributions to the convergence of political determinants, structural interventions, and community mobilization literature this thesis also aims to offer new insights into the application of the Community Conversations process. While the persisting literature has done well to present limitations and potentials of Community Conversations (Nhamo et al 2011; Campbell 2013) this thesis attempts to delve deeper into the *process* and *pedagogy* of CCE-CC against the much broader critical readings of context presented in the preceding sections. The assumption being that by shifting the framing of HIV/AIDS and the ways in which we interrogate interventions like CCE-CC we open up new opportunities for equally compelling and original findings.

1.4.0.0 – Conclusion

This introductory chapter has attempted to locate this research study in a very specific approach to framing the socio-political dimensions of HIV/AIDS within the broader political climate of South

Africa, the Eastern Cape Province, and more specifically the Ingquza Hill Local Municipality. Through the analysis of research participant's narratives this case study will attempt to offer a unique empirical entry point into the study of HIV/AIDS and community mobilization.

In **Chapter 2** I present the empirical literature and theoretical framework that guided this studies inquiry. In particular I focus on the convergence of the political determinants, structural interventions, and community mobilization literature. From theoretical standpoint I employ *structural violence, embodied history, and voicelessness* as framework for reconceptualising HIV//AIDS and offer Freire's *concientization*, critical civic praxis, and citizen led action as a theoretical framing for responses to HIV/AIDS. In **Chapter 3** I provide a detailed overview of the methodology employed throughout this study with a focus on life histories and narrative analysis. **Chapter 4**, focused on *context*, offers a narratively driven inquiry into *Ingquza* focusing on residents embodied experience of the intersection between health and political economy. In **Chapter 5** I turn to *pedagogy,* exploring the pedagogical underpinnings of CCE-CC and the ways in which these pedagogical underpinnings shape the change proposals and potentials of the intervention. **Chapter 6** focuses on the convening of context and pedagogy through an in-depth analysis of facilitators, participants, and local stakeholder's accounts of the CCE-CC process and overarching final phase program. I consider and frame this exploration through conceptualizations of the citizenship presented in Chapter 2. **Chapter 7,** the concluding chapter, I presents the ways in which the proceeding chapters findings contribute to, challenge, and propose new directions for the political determinants, structural interventions, and community mobilization literature. As the concluding chapter I also explore broader questions related to this study's findings and make proposals for future inquiry.

2.0.0.0 – Introduction:

In this Chapter I aim to forward new framings for both the HIV/AIDS epidemic in South Africa and the future trajectory of structural approaches to AIDS prevention. This chapter combines a review of the convening literatures described in **Chapter 1** and a theoretical framework that serves to focus and frame this thesis inquiry.

In **Section 2.1.0.0** I focus on the South African context as read through a review of influential national level grey literature and empirical studies. This review foregrounds the South African context as a necessary point of reflection before entering a critical review of the structural interventions literature (Pronyk, 2006; Gupta, 2008; Jewkes, et al., 2008; Vyas, 2008; Dworkin et al 2011). Situating the structural interventions discourse within the broader complexities of the South African context brings into stark relief some of the more formidable gaps that exist within the literature. Relationally reviewing these sets of literatures brings to the fore the formative role discourses focused on poverty versus discourses focused on inequality play in influencing the actionable potentials the literature proposes. In particular my aim is to highlight the incongruence between the complex interlocking social, economic, and political realities highlighted in the South African grey literature as it relates to gross inequities and marginalized communities versus the temperate treatment of the relationship between HIV/AIDS and impoverishment presented in the prevailing structural interventions literature (Pronyk, 2006; Gupta, 2008; Jewkes, et al., 2008; Vyas, 2008; Dworkin et al 2011). .

Section 2.2.0.0 reviews the theoretically focused and empirically based structural interventions literature bringing to the fore this tension. Surfacing this empirical tension provides the opportunity to propose new trajectories for the discourse and in particular the HIV/AIDS focused community mobilization discourse (Campbell 2014; Cornish et al 2014). This section looks to the political determinants of health (Ottersen 2014) literature as the means to address this tension and naturally exposes new points of entry for the cultivation of a critical HIV/AIDS intervention discourse.

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Section 2.3.0.0 situates this research and the critical examination of the Community Conversations methodology within the stream of the structural interventions discourse and proposes to offer new insights. By locating this research in the tensions and gaps that seem to emerge from these comparative reviews new trajectories for HIV/AIDS discourse are made possible. Section **2.4.0.0** therefore begins with a theoretical reframing of HIV/AIDS that lies at the intersections of where these convening literatures and their tensions and gaps propose to take us. Opting for a less temperate rendering of the intersection of HIV/AIDS and impoverishment this section looks to Galtung's (1980) structural violence theory and employs a symbolic structural interpretation of Mate's (2010) conceptualization of the 'voicelessness, active silencing, and disease' connection as a pathways into a broader reflection on the 'embodiment' literatures (Krieger 2001; Fassin 2010). This section ultimately provides an alternative pathway of thought that can promote more critical renderings of the context within which HIV/AIDS prevalence in South Africa, and in the Eastern Cape province in particular, emerged and continues. By doing so I argue that the basis upon which HIVAIDS structural interventions and community mobilization is measured and explored from an efficacy and impact standpoint naturally shifts. I argue for a focus on citizen led and generated action and by extension propose Freire's (1969) 'Concientization' framework and broader social change theory as the frame for this inquiries exploration of the Community Conversations. Section **2.5.0.0** both offers and critically encounters Freire's (1968) theory of change and his concept of 'Concientization' as a basis for critically interrogating the Community Conversations process through narrative experiences of CC facilitators and participants.

I approached this review and this broader research through a conventional desire to make substantive contributions to the structural drivers and structural interventions literature. Beyond the empirical inquiry the review of these contravening literatures exposed unexpected gaps and tensions and called for an alternative rendering of HIV/AIDS and by extension community mobilization approaches to intervention.

2.1.0.0 - The context of AIDS in South Africa and Eastern Cape Province:

The *National Strategic Plan (NSP) 2012-2016* was the government lead framing for HIV/AIDS and Prevention in South Africa during this research. The 2012 -2016 NSP served to both frame the current epidemic and use that frame as a rationale for proposed intervention and prevention practice throughout the country (SANAC 2012). The 2012-2016 NSP grounded a great deal of its strategic focus in the *Know Your Epidemic: Know Your Response 2011 Report*. A report

"commissioned by the South African Government and coordinated by the World Bank and Joint United Nations Programme on HIV/AIDS (UNAIDS)" (SANAC 2011). The *NSP*, *Know Your Epidemic: Know Your Response 2011* and related literature in part reflect a particular stratosphere of AIDS discourse. They embody some of the more dominant governmental and global interpretations of the AIDS epidemic. Significant attention has been given to the ways in which global AIDS policy influence and shape local responses to HIV/AIDS (Hunsmann 2012; Seckinelgin 2012). Sekcinelgin (2012) gives particular attention to the formative impact this has on CSO responses. It is within the confines of these frameworks that governmental agencies, NGO's, and private sector responses aim to locate themselves at times to the determent of their relationships with communities they serve (Ibid 2012). Development funding is often linked to an initiative's strategic alignment with the predominant interpretation of AIDS expressed in global and national policy frameworks. This literature in part frames and influences the trajectory of HIV/AIDS prevention and intervention efforts throughout South Africa and is therefore a necessary body of literature to consider. Thorn (2015) exploring CSO, donor, and policy framework dynamics applies Focault's notion of 'biopolitics' and 'governmentality' to elucidate the ways in which the inter linkages of global policy and donor funding are embodied by CSOs as both objects of policy and "self-governing" subjects.

The following section is a targeted review of this literature and aims to provide a broad picture of the current state of the epidemic as expressed through national level literature. It will also serve to – through critical review—illuminate some of the explicit and implicit elements of national AIDS prevention discourse in South Africa.

2.1.1.0 - South Africa and the AIDS epidemic today:

As mentioned in **Chapter 1** strategic frameworks and reports predating 2014 suggest that the South African AIDS epidemic has "stabilized" (SANAC 2012; SANAC 2011). Quoting national antenatal HIV sero-prevalence rates of approximately 30%, a great deal of the literature pre-2014 suggested that South Africa's epidemic had reached a crucial turning point, "with declines in new infections occurring among various ages " (DOH 2011; SANAC 2011). As of 2014, nationwide empirical studies have suggested that despite the reported progress (SANAC 2012), the number of people living with HIV has risen from 10.6% (5.2 million people) to 12.2% to (6.4 million people) (HSRC 2014). The 2012 South African National HIV Prevalence, Incidence and Behaviour Survey sites a "substantial" increase between the 2008 to the current 2012 survey by 1.2 million PLHIV (Ibid 2014). The literature also suggests that the epidemic continues to affect and infect particular cross sections of society in

distinctly disproportionate ways with Black South African women between the ages of 20 and 34 bearing the brunt with a 31.6% prevalence rate. The Intersection of race and gender is also linked with geographical HIV vulnerability evident in prevalence rates that spike in urban informal (17.4% - 22.7%) and Rural Informal areas (12.2% - 14.4%). Findings from the most recent HSRC survey provide clear evidence that "overall HIV prevalence rates differ substantially by sex, age, race, locality type, and province." (Ibid 2014). The geographical, racial, socio-economic and gendered nexus of AIDS vulnerability is in part punctuated by and attributed to the pronounced lack of basic needs including " formal housing, water, sanitation, and access to preventive health services…" in rural informal and urban informal areas (Ibid 2014). This national data arguably locates social behavioural factors at the center of this intersectional nexus. Prevalent socio-behavioural drivers cited in the more recent national level literature include early sexual debut, (Wand & Ramjee 2012;Zuma Setswe, Ketye et al 2010), Multiple sexual partners, intergenerational relationships, unprotected sex, alcohol abuse, sexual violence, and intimate partner violence (Mattson, Campbell, Bailer et al 2008). While earlier nationally focused empirical studies, reports, and frameworks highlight the way structural drivers underpin socio-behavioural drivers like the ones offered, the language used to frame the socio-economic structural drivers of AIDS vulnerability is incrementally shifting.

2.1.2.0 - From Poverty to Inequality in the National Discourse:

Poverty has consistently been cited as a primary driver of the AIDS in the South African epidemic. As the HSRC 2012 survey reports:

"With respect to socio-economic status, the results show that there is an inverse relationship between household economic status and HIV status with members from lower household economic status' having higher HIV prevalence. Indeed, those without money are 6.7 times more likely to be HIV positive than those with excess money to spend on holidays and luxury goods. Even those who have money for food but are short of money for other goods are 5.7 times more likely to be HIV positive than those that have excess money to spend on holidays and luxury goods" (HSRC 2014).

Predating the 2012/2016 NSP, the 2007 -2011 National Strategic Plan posited poverty reduction and alleviation as key structural prevention priority areas (SANAC 2007). In the early incarnations of the NSP, poverty was framed as an issue that could and should be addressed through pro-poor growth and naturally necessitated an emphasis on interventions like redistributive grants systems and cash

transfers. More recent national level frameworks and empirical literature have increasingly framed the socio-economic drivers of AIDS as an issue of 'wealth disparity' and ' income inequality' (SANAC 2011). While poverty and inequality are unquestionably linked, this shift is significant. The literatures rhetorical emphasis on income inequality suggests a focus not only on the higher prevalence rates in informal urban and rural areas alone but on the relative deprivation that characterizes the socio-economic distance between the urban formal and the urban and rural informal. The scope of focus has expanded to acknowledge and encompass the problematic relationship between affluence and impoverishment in South Africa.

The increasing thematic presence of income inequality in the national literature suggests the need to expand the scope of AIDS prevention to encompass a much broader array of targeted actors and entities than what was originally imagined in early prevention eras. It does this by situating the geographical, racial, micro socio-economic and gendered nexus of AIDS vulnerability in a much more complex series of macro socio-economic power relations and histories of political economy. As the following report suggests: " Wealth is stratified along gender and racial lines and female headed households are generally poorer than those headed by men, and the white minority still dominates the upper income band" (ECAC 2012). Naturally this framing does and will increasingly have implications for the broader AIDS response. Social grants and transfers have and are continually referred to as an element of poverty focused AIDS response that reflects the post-apartheid South African governments strategic focus on redistribution. While reportedly having a discernible impact on poverty (Woolard & Leibbrandt, 2010) the 2011 *Know your Epidemic* report highlights that beyond grants and transfers the ANC governments has "repeatedly pledged to address unemployment via active labour and market policies" (SANAC 2011).

The implications associated with the suggestion that labour and market policies play a role in South Africa's AIDS response lend itself to a number of interpretations. One being that a rhetorical focus on income inequality represents a modest shift in the AIDS response discourse in South Africa from one of pro-poor growth and improved cash transfers and social grants to a larger and much broader focus on the relationships between labour and capital within South Africa. If so, this shift is significant. It provides an opportunity to further advance a focus on the role of political economy in the AIDS response while also applying a critical lens to the dominant governmental interpretations and approaches to redistribution as it relates to the national AIDS response in an increasingly unequal South Africa. Where grants and cash transfers may not suffice the rhetorical shift in the

literature from poverty to income inequality suggests a need to think critically about the future frontiers of structural responses and prevention.

Migration and mobility is a structural driver that repeatedly presents throughout the national literature alongside income inequality (SANAC 2011;SANAC 2012; ECAC 2012; HSRC 2014). It is also one of the more pointed expressions of income inequality and wealth disparities relationship with AIDS vulnerability. According to the NSP, "The risk of HIV infection is higher among individuals who either have personal migration experience or have sexual partners who are migrants and, therefore appropriately targeted interventions are required" (NSP 2012). While frameworks and reports highlight the need for targeted AIDS interventions and services focused on migrants and communities with high rates of inward and outward migrancy, these recommendations overlook the evidence provided (SANAC 2012; NSP 2012). They overlook the intersection of migrancy and income inequality and miss opportunities to connect the reported high level of AIDS prevalence in urban informal and rural informal areas to the broader political economic picture. The South African political economy still relies on predominantly cheap black labour as the driving engine of economic growth. This reality reflects implicit arrangements that are embodied in prevailing national economic policy and governing arrangements. The ill health and increased AIDS vulnerability of migrants and communities with high levels of migration is a historically situated phenomenon that in part reflects the problematic relationship between labourers their families and the economy. In the absence of more ambitious policy change and social movement, the steady stream of men, women, and children will continue to flow in, out, and between the urban informal, rural formal, and rural informal. In the absence of structural change, urban informal, rural formal, and rural informal communities access to basic water, sewage, electricity, and health care will continue to fall far short of what is available to those in the urban formal. Arguably, an increasing focus on income inequality and associated drivers like migration and mobility suggests the need for a more politically motivated response to the complexities of the socio-economic drivers of AIDS in South Africa.

2.1.3.0 - AIDS Prevention with the Eastern Cape Province:

The rhetorical shift in the national literature from poverty to income inequality also has particular implications for both the national AIDS response and HIV/AIDS prevention. A great deal of the national grey and empirical literature stresses the need for an increased focus on structural prevention approaches that are implemented as part of a 'combinative approach' to prevention (SANAC 2012; SANAC 2011; HSRC 2014). Combinative approaches to prevention as defined by the

literature highlight the need for structural interventions to be implemented as part of a much broader biomedical, behavioural, and social drivers response. With this in mind, the literature highlights the necessity for structural interventions to be implemented alongside Information and education initiatives, the provision of PMTCT, accessible anti-retroviral treatment, and a host of related health care and systems support (SANAC 2012; HSRC 2014; SANAC 2011; ECAC 2012). The emphasis on structural interventions is in part attributed to the "weakness" of individually focused interventions. In response to this weakness, the literature suggests the need to address a broader set of structural factors: "…existing prevention efforts suffer from numerous common weaknesses, like the focus on reducing individual risk, with fewer efforts made to address structural factors socio-cultural, economic, political, legal, and other factors that increase vulnerability" (ECAC 2012).

For the purposes of this research, it is important to consider how the contextual rendering of the Eastern Cape Province, the province within which this research is focused, raises important and significant questions about the potential impact of structural interventions and combinative prevention strategies. The 2012 South African National HIV Prevalence, Incidence and Behaviour Survey suggests that while prevalence rates in the Eastern Cape have remained stable since 2005, the prevalence rates increased between 2008 and 2012 from 9.0% to 12.2% (HSRC 2014). The *Eastern Cape Provincial Strategic Plan for HIV and AIDS, STIs and TB 2012 -2016* also roots its strategic focus in the *2011 Know Your Epidemic* report and lists one of its strategic foci as a necessary "shift from biomedical and behavioural interventions to the structural, economic, and social drivers of the HIV and TB epidemics" (ECAC 2012). This shift is in part a response to the very real contextual challenges that characterize large portions of the Eastern Cape. The Eastern Cape is cited as one of the poorest of the South Africa's 9 provinces with 70% of the population living below the poverty line (Ibid 2012). While Eastern Capes provincial strategic plan highlights a host of strategic objectives that range from addressing the "social and economic drivers of AIDs", to maximising "screening, testing,[and] care", and the "accessibility of health services" the day to day contextual realities evidenced in a review of civil society generated grey literature suggests that there is a much larger and more complex crisis in the province that could prove to be immensely damaging to the ongoing AIDS response (TAC 2013).

In the 2013 *Death and Dying in the Eastern Cape: An investigation into the collapse of a health system,* the reported crisis in the Eastern Cape health system is described as "a democratic failure…[and] a crisis of the Constitutional promise". The report highlights the poor quality of health facilities, the lack of availability of medicines, high medical staff vacancy rates, lack of management,

the lack of patient transport and emergency medical services, and the ineffective mobilization of the health budget and expenditure as immense gaps that have contributed to a sharp increase in poor health outcomes. More pointedly, the report suggests that the province's "ARV programme is being undermined by stock outs and shortages" producing dangerous defaults in treatment and care (TAC 2013). The report, produced by the Treatment Action Campaign (TAC) and the Section 27 suggests that the crisis in the Eastern Cape's healthcare system is interwoven with a myriad of other basic service deficits including a lack of access to sewage, sanitation, water, and electricity in informal and formal rural areas. These deficits are, according to the report, by-products of apartheid-induced deprivation that remained unresolved and have since worsened (TAC 2013; Ibid 1997). TAC, by invoking "democracy" and the "constitution", frames this crisis and the accompanying poor health outcomes prevalent throughout the province as a political issue -- a by-product of democratic deficit. This politically induced health systems crisis is in essence one that plays out against the larger crisis of growing inequality in South Africa. In relation to AIDS prevalence and prevention, this report suggests that even the basic availability of biomedical interventions, treatment, and care is not assured for those who live at the base end of the inequality scale. It suggests that structural change aimed at decreasing the transmission of AIDS and improving overall health outcomes is far more complex and layered than the national literature may suggest. It also reinforces the notion that inequality as a driver is not merely experienced as relative lack of money, food, resources, and high unemployment but also in a lack of basic services, amenities, and necessary life sustaining health services. While the report is not the result of empirical research in the strictest sense it does provide necessary insight into the context within which the *Eastern Cape Provincial Strategic Plan* proposes structural interventions and associated combinative responses must operate.

It is against this context and the increasing global and national focus on income inequality and associated structural drivers that the structural interventions discourse should be and will be explored in this chapter. Contributing to the structural drivers and structural interventions discourse requires a literature review that is preceded by and grounded in at least a partial rendering of the multilayered contexts within which structural interventions are implemented. Arguably, imagining potential structural change as a contribution to AIDS prevention in contexts like Eastern Cape demands that we move beyond abstract conceptualizations of structural drivers like poverty, gender inequality and migration and mobility and embrace the contextual complexity of the epidemic. While what has been offered is not completely exhaustive, it does provide some necessary insights into AIDS as it is framed by the national grey literature in South Africa. The section to follow is an in-

depth review of the structural interventions literature highlighting its gaps while proposing new trajectories for the discourse.

2.2.0.0 - Structural Interventions & Structural Drivers – Literature Review

How can structural interventions (SI) enhance historically marginalized community's efforts to address the social and structural drivers of AIDS in the midst of growing inequality? This is not a question that is profoundly unique. It is echoed throughout most of the structural interventions literature to date. And yet it is a question that still proves challenging, and increasingly so, as the framing of the socio-economic dimension of AIDS prevalence begins to shift from poverty to inequality as demonstrated in the previous sections. In order to explore this question and the trajectory of structural interventions discourse this literature review will begin with some of conceptual framings of structural interventions.

Structural Interventions on a whole are health interventions that aim to promote structural change by "altering the structural context within which health is produced and reproduced" (Blankenship 2006;Pronyk 2006). The early structural literature defines the distinction between individually focused approaches and structural approaches. While individually focused approaches ascribe a great deal of individual agency and autonomy to the individual, structural approaches, according the literature, envisions the individual and individual agency as an interconnected point at the center of social, political, and economic forces and influences (Blankenship et al 2006; Blakenship 2002; Latkin 2005). This broader context forms the structural reality within which individuals negotiate life choices. As a result, this broader context ultimately shapes the health outcomes of individuals and communities. According to Pronyk et al:

"Underdevelopment, lack of economic opportunities for both sexes, and entrenched inequalities in the distribution of power, resources, responsibilities between men and women (gender inequalities) create a risk environment that supports high levels of both HIV infection … Structural interventions seek to affect high risk environments by altering the context in which ill health occurs." (Pronyk et al 2006: pp. 1973)

The earlier literature framed SI's as interventions that aimed to "change laws", "standards", "policies", and "administrative features" in favour of promoting health enabling behaviour and environments (Heimer et al 2012). Connecting local contextual dynamics to national policy, a

portion of the early empirical literature focused on exploring the relational pathways that exist between the lived experiences of individuals and the policies and laws that shape the world around them, ultimately making a case for an increased focus on structural interventions. Examples of this are evident in Bluthental et al's work that focused on the relationship between US welfare policy and an increased risk of HIV infection among injection drug users (Bluthental 1999). In the study, injection drug users that lost their *Supplemental Security Income Benefits* were more likely to engage in "illegal activities, share syringes, and inject drugs" ultimately making them more susceptible to HIV transmission (Ibid 1999). Similar research, conducted by Blankenship et al explored the relationship between criminal law, policing policy and HIV risk in commercial sex workers and injection drug users (Blakenship et al 2002). In this instance "punitive health policies" were found to place commercial sex workers and IDU users at greater risk of HIV infection. While both findings were focused on the United States, as early contributions to the structural interventions discourse there are noteworthy insights that can be gleaned from studies of this nature. While these studies highlighted the need for structural interventions that employ policy-focused advocacy, they also indirectly highlight an equally important global reality that has pronounced implications for the structural interventions discourse. That being the all to common chiasmic gap between the lived experiences and needs of marginalized populations, national policy circles, and legislative practice. This gap is emblematic of a much more pronounced and pervasive structural driver. The relative absence of marginalized communities' representative power and influence on policy decisions, legislative practice, resource allocation, and in some cases basic service delivery surfaces as a distinct structural driver of AIDS prevalence in itself.

2.2.1.0 - Structural Interventions & Community Mobilization:

One of the proposed paths to influence and broader structural change that features prominently in the literature is community mobilization. According to the literature, structural Interventions can aim to promote change on the community, municipal, regional, or national level and employ various strategies including "advocacy, community organizing, legislation, and litigation" (Ibid 2002). Of particular import to this research are the structural interventions that employ *community mobilization* as a core element for structural change. Blankenship et al frames this form of intervention as an approach that aims to "alter relations of power between marginalized and dominant groups." (Blankenship et al 2006). According to Blankenship:

"Typically, such mobilization strategies involve a combination of activities, including raising consciousness among marginalized groups about their rights and strategies for demanding them, engaging in advocacy with stakeholders and power brokers (e.g., police, pimps, politicians) who exercise varying degrees of control over the group, and identifying and challenging barriers to prevention behaviours." (Ibid 2006: pp. 63)

While community mobilization is often considered a vital part of the structural interventions discourse, the persistent lack of effective community mobilization created the need for a conceptual frameworks that offered insight into the role that social contexts play in shaping the outcome of mobilization efforts (Campbell and Cornish 2010). Campbell and Cornish's four generations of AIDS prevention delineates the trajectory of AIDS prevention, highlighting the limitations and critiques that characterized each generation's period in prominence. According to Campbell and Cornish, the generational rendering of HIV/AIDS prevention illustrates: "how dominant understandings of HIV/AIDS-related behaviour change have paid gradually increasing attention to the social determinants of individual behaviour, with ever widening attention to the role of the "social" in shaping the possibility for programme success" (Ibid 2010: pp. 1571).

Of particular import to the structural interventions discourse is Campbell and Cornish's conceptualization of community mobilization as a third generation approach that aims to address the deficits of earlier generational approaches by building on social capital, dialogue and empowerment. Campbell and Cornish state that despite the wide recognition of community mobilization as important and necessary elements in the AIDS response, critics would suggest that marginalized communities often lack the capacity, will, support, and resources necessary to construct health enabling environments (Watkins 2003). In response, Campbell and Cornish propose the need for a *fourth generation* approach that acknowledges the role that social context plays in either enabling or hindering community mobilization efforts, shifting emphasis away from communities' purported deficits to their contexts. Building on this notion, Campbell and Cornish identify *symbolic context, material context, and relational context* as contextual elements that influence the efficacy of mobilization efforts (Campbell & Cornish 2010). *Symbolic Context* represents "the meanings ideologies, and worldviews circulating in society". The way those engaged in mobilization are viewed by broader society has immense implications for the mobilization process. *Material context* refers to the very real financial demands associated with community mobilization work and acknowledges the fact that a great deal of AIDS responses employing mobilization engages communities struggling with severe poverty. Funding, remuneration, and the

frequent lack thereof pose a great challenge to mobilization efforts being implemented in materially resource poor contexts. Lastly, *relational context* refers to a community's capacity to establish and or cultivate "supportive relationships" with influential stakeholders, institutions, and agencies including political representatives and law enforcement as examples. The fourth generation framework and in particular, the attention to the relational context within which structural interventions and more specifically, community mobilization takes place opens space for important questions about the role of politics and the political realm in the structural interventions discourse.

Beyond social contexts, political contexts also shape the outcomes of community mobilization efforts. Where prevention approaches that employ community mobilization dare to venture beyond local social contexts, national political structures, processes, and dynamics can severely curtail the structural interventions sphere of influence and action. Alongside social context, the political context is an equally important site for action and change. The boundaries of community mobilization are often explicitly and implicitly policed by political climates. As a result, mobilization efforts are often bound and forced to trade in incremental change (Dhananjayan 2014). Attempts to advance fourth-generation approaches have tended to take the political status quo as a given. As a result, a great deal of contemporary structural interventions seek to tackle relatively piecemeal aspects of wider processes of social disadvantage, with little attention to the wider political context that continues to shape the lived experiences of marginalized communities and peoples. A review of past and more current empirical studies of SI's in Southern Africa bears this out.

2.2.2.0 – Structural Interventions and the Absence of Political Work:

A review of the empirical studies focused on structural interventions in Sub-Saharan and Southern Africa in particular highlight an emphasis on addressing particular sets of structural drivers. Gender Inequality, socio-economic status often defined as 'poverty', stigma, and intimate partner violence feature as the predominant drivers structural interventions target (Pronyk 2006; Jewkes et al 2008; Gupta 2008; Vyas 2008; Dworkin 2011; MacPhail 2013; Gnauck 2013). An emphasis on the aforementioned structural drivers is justified by the fact that gender inequality and livelihoods insecurity (Harrison 2010; Piot 2007; Hargreaves 2010) are critical structural drivers for HIV in younger Southern African populations (Gibbs 2012). Some of the more seminal studies focused on interventions that attempted to prevent HIV/AIDS transmission by focusing on the intersection between poverty and gender inequality, poverty and intimate partner violence, and poverty and educational attainment (Pronyk 2006; Vyas 2008; MacPhail 2013). Central to most of the reviewed

interventions was a focus on economic empowerment via micro finance, cash transfers, or micro credit. While a number of the trials suggest that targeted contributions to the livelihoods of marginalized communities and women in particular had measurable positive effects, the results are varied. Randomized Control Trials (RCTS) of the Intervention with Microfinance for AIDS and Gender Equality Program (IMAGE) implemented in the Limpopo province of South Africa demonstrated noticeable reductions in intimate partner violence as a result of micro finance but little effect on sexual behaviour with negligible shifts in condom use (Pronyk 2006). As a program, IMAGE "combined a poverty focused micro-finance initiative that targeted the poorest women in communities with a participatory curriculum of gender and HIV education" (Ibid 2006: pp. 1973). The reported reduction of IPV may suggest that in time HIV risk will decrease in part due to the established relationships between IPV and HIV risk (Hatcher 2013). An equally significant structural intervention, the SHAZ! Program – Shaping the Health of Adolescents in Zimbabwe (SHAZ) -- attempted to utilize life skills education and micro-credit schemes as a part of a HIV risk reduction and reproductive health scheme targeting adolescent female orphans in urban and peri-urban Zimbabwe (Dunbar 2010). Earlier findings from a pilot study of the intervention indicated that micro-credit actually increased HIV risk and vulnerability. In response, a new iteration of the intervention was implemented with additional programmatic facets including vocational training, life skills specifically focused on reproductive health, the establishment of peer networks, and reproductive health services (Dworkin 2011). This final iteration of the SHAZ project was reported to have an improved impact on "relationship factors" associated with increased HIV risk among girls and women. The findings from the study were not able to speak to any actual reduction in HIV transmission or prevalence.

While the findings from these studies demonstrate varied positive impacts on HIV related risk factors the relative success of the programs are in large part due to the fact that they exist within much broader and more influential political economic realities. As Gibbs suggests: "It may be that current approaches to livelihoods strengthening in conjunction with gender transformative interventions are not "up-stream" enough. By this it is meant that broad economic constraints on men and women are linked into wider processes of global change capitalism and state policies" (Gibbs 2012). Gibbs continues on to suggest that one of the most pronounced limitations of community-led structural interventions of this sort is that they do not aim to challenge "wider issues" that "underlie economic inequality." In the absence of much broader structural and systemic change, interventions may continue to find themselves confined to varied forms of limited progress and impact. This perspective does not negate the necessity for focused and socially driven structural

interventions that address the immediate need for focused AIDS prevention. What this suggests is that there is equal need for upstream structural interventions that, over longer intensive periods, focus on addressing the political factors that contribute to economic inequality, resultant poverty, and social marginalization that underlie AIDS prevalence. While Structural interventions that aim to address stigma through community engagement or insecure livelihoods at the household level through micro finance have the potential to lead to sustainable or generalizable improvements in peoples opportunities to be healthy, they do not address the political exclusion that frames the unequal distribution of respect, recognition, or capital that created these issues in the first place. While conceptual frameworks like Campbell and Cornish's fourth generation approach create new spaces to explore community structural interventions that address the political dimensions of health outcomes an increasing focus on the intersection between economic inequality and AIDS prevalence in the structural drivers discourse is making equal contributions to the opening of space.

2.2.3.0 - Inequality and the Political Determinants of Health:

Central to a great deal of the early theoretical and empirical literature is an emphasis on the role that socio-economic drivers like poverty play in individual behaviour and AIDS prevalence. As evidenced earlier, a formative portion of the literature focuses on structural interventions that work at the intersection of poverty and other associated structural drivers (Blakenship 2002; Pronyk 2006; Gupta 2008). Historically a great deal of the literature focused on the relationship between AIDS prevalence and what Fox terms *absolute poverty*. Fox's work on the intersection between inequality and AIDS prevalence suggests that it is *relative poverty* that increasingly erodes the health outcomes of communities at the bottom of the gradient. *Relative poverty* describes instances in which the basic needs of people on the lower end of the gradient have been met but they have far fewer resources than those on the middle and upper portion of the inequality gradient (Marmot 2004). According to Fox:

"… The mistaken idea that HIV is a poverty-related illness may simply reflect a definitional sleight of hand – the relatively poor have higher HIV infection rates in SSA compared to the absolutely poor. Further, given the available ethnographic evidence, the principal driver of risk behaviours associated with HIV appears to not be absolute economic privation, but rather aspirations for social mobility and demand for consumer goods. "(Fox 2010: pp. 22)

Inequality has increasingly been linked with a number of heath related factors including mental illness, infant mortality, obesity, childhood educational performance, teenage births, homicides, imprisonment rates, and social mobility (Wilkinson & Pickett 2010). According to Wilkinson and Pickett, almost all issues that are challenges typically associated with poverty are exacerbated in highly unequal societies. This proves particularly poignant for the context of this research and its focus on the rural informal and rural formal parts of the Eastern Cape Province; geographies on the lower end of the inequality divide.

According to Wilkinson and Pickett it is the *social gradient* that exists within unequal societies that posses the greatest challenge. The commonly shared belief that social problems are directly caused by material privation such as "bad housing, poor diets, or lack of educational opportunities" is dispelled by the data. What matters most they say is, "...the scale of material differences between people within each society being to big. What matter most is where we stand in relation to others in our own society" (Ibid 2010). A further reading of Fox's work raises important questions about the poverty reduction approach to HIV prevention being employed in countries with the highest global Gini coefficients; South Africa being one. While Fox's findings do not negate the importance of poverty reduction strategies, they suggest that as countries shift to more intensified market economies they run a risk: "Growth that comes at the expense of equity may well contribute to the spread of HIV and other diseases whose incidence is associated with rising relative deprivation" (Fox 2010).

The increasing emphasis on the intersection between AIDS prevalence and inequality necessitates a shift from a focus on solely structural drivers framed by a social determinants of health lens to incorporate a focus on the *political determinants* of health (Ottersen 2014). The Lancet Commissions recently published an article entitled *The Political Origins of Health Inequity: Prospects for Change.* While the piece was focused on global governance, the commissioned article suggests that in a globalized world, health inequities often result from transnational activities. According to Ottersen et al., these activities involve stakeholders and actors with varying degrees of influence and power. These actors range from states, to transnational corporations, to civil society whom through decisions, policies, and strategic actions can engage in ways that "harm health" and create distinct health inequities. Ottersen et al offer the following: "The norms, policies, and practices that arise from global political interactions across all sectors that affect health are what we call global political determinants of health" (Ottersen 2014: pp. 630).

Ottersen et all are not the first to define the political determinants of global health (Kick Busch 2005; Bambara et al 2005); political determinants shape contexts in various ways. They set norms that guide societal interactions; shape how problems or issues are addressed through governance channels while also influencing and shaping the sorts of solutions that can and cannot be proposed: "Political determinants such as rules of representation, voting, transparency, and accountability relate to who participates in global decision-making processes, and to how these processes are shaped by actors with different values, interests, and power"(Ibid 2014: pp. 633). Like the social determinants of health, political determinants emphasize the need to address critical asymmetries in power as the underlying cause of broader health inequities. Within a political determinants framework, health equity and by extension noticeable reductions in AIDS prevalence in highly unequal contexts, can only be achieved through more democratic distributions of political and economic power. In particular, structural interventions that currently aim to address the socio-economic dimensions of AIDS prevention through cash transfer, social grants, and or micro finance for marginalized communities when focused on political determinants, would emphasize another form of redistribution; the democratic redistribution of political, and by extension economic, influence. The political determinants of the health discourse expose a critical gap in the structural interventions literature that should be addressed and will be addressed through this research.

In returning to the question that initially framed this section: *how can structural interventions enhance historically marginalized community's efforts to address the social and structural drivers of AIDS in the midst of growing inequality*? Insights from both the theoretical and empirical literature suggest the need for structural interventions that place emphasis on addressing the political determinants of health through various forms of community mobilization and strategic action. An in depth exploration of the Community Capacity Enhancement – Community Conversations (CCE-CC) approach to AIDS prevention in South Africa may generate some important findings to offer to this proposed direction. While a great deal of structural interventions propose policy focused advocacy work as the primary means to influence challenging health disabling power imbalances, Community Conversations may offer new insights into how preventions efforts can perform and engage in unique forms of politics for the greater purpose of health equity and AIDS prevention.

2.3.0.0 – Community Conversations, Citizenship, and Health Enabling Environments

What does the Community Conversations approach to AIDS prevention offer to the structural interventions discourse that increasingly needs to intensify its focus on the political determinants of

health? The Community Conversations approach to AIDS prevention initially supported, and in part implemented, by the Nelson Mandela Foundation (NMF) occupies a unique place in the national effort to curtail the spread of HIV/AIDS. It is one of the few structural intervention methodologies to be adopted by the South African Federal Government's Department of Social Development as one of the lead community engagement approaches and strategies. What was initially a four-year civil society project with approximately 500 Community Conversations conducted (Nelson Mandela Foundation 2013) in six communities in two South African provinces could now be a consistent presence in thousands of communities throughout every province in South Africa. This thesis is entitled *Between the Brick and Ballot* because it acknowledges that the ultimate manifestation of democratic deficit is evidenced in the fact that marginalized communities often possess little opportunity between electoral politics –the *ballot*—and strategic and spontaneous protest – the *brick*—to engage in health enabling and health enriching democratic praxis. The possibility that Community Conversations may, over the next 10 years, be implemented across the country and consistently exist in between these two democratic points as a structural AIDS intervention methodology, and as a consistent civic space dedicated to dialogue, organizing, and action necessitates critical examination.

The Community Conversations approach could, if purposed as such, seek to tackle political exclusions that deny marginalized rural-formal and rural-informal communities' the opportunity to frame the social distribution of opportunities for respect, recognition, and economic stability, by foregrounding the promotion of small-scale local citizenship and democracy as key pathways to increased equity in health. An emphasis on citizenship and democracy would acknowledge that before being program beneficiaries and recipients, community members are in fact citizens. An emphasis on promoting citizen-led community mobilization can contribute to health equity in two distinct ways. Citizenship is often defined as embodying two relational dimensions; horizontal and vertical (Kabeer 2005). The vertical relationship is one that links the citizen to the state in a relationship that in the best instances embodies mutual responsibility (Dawson 2005). Citizens are believed to possess certain inexorable rights and states as duty bearers are expected to provide protection and honor such rights. Vertical citizenship provides direct pathways to health through increasing people's access to health enabling political processes. The horizontal nature of citizenship is the relationship and responsibility that exists between and amongst citizens (Kabeer 2005). Horizontal citizenship is an indirect pathway to health through forms of public and social participation that increase communities' sense of empowerment and access to health enabling forms of social capital (Campbell 2001).

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Moving beyond citizenship, the implications of growing income inequality and a proposed focus on the political determinants of health in AIDS prevention suggests the need to place greater emphasis on how we act out, perform, and enhance democracy in increasingly unequal contexts with significant health struggles and high HIV/AIDS prevalence rates

This research explores the potential of the community conversations approach as a new space that attempts to cultivate critically conscious dialogue and action aimed at preventing HIV transmission by promoting health enabling political processes.. As mentioned in **Chapter 1** this research is a case study *of process* that explores if Community Conversations can enhance people's opportunities for citizenship. This inquiry is guided by an intention to explore if and how CCE-CC can contribute to the cultivation of new forms of democracy as a means to address the structural drivers of HIV/AIDS. By focusing on the methodologies ability to increase marginalized community's opportunities for health the inquiry gives particular attention to the "transmission mechanisms underpinning this change process" (Hagen-Zanker & Mallet 2013).

Approaching this research from this standpoint requires a conceptual reframing of the HIV/AIDS epidemic that embodies the reflections gleaned from the literature review. There is a need to reframe the ways in which oppressive histories and enduring economic inequality metastasized into the current South African AIDS epidemic. The framework to follow is a theoretical construction that provides a way of understanding the relationships between the political and economic, and ill health and health crisis.

2.4.0.0 - Structural Violence, 'Voicelessness', and the Embodied Inequality

Dr. Gabor Mate (2010) in *When the Body says No* suggests that disease and illness are the result of repressed trauma. Mate believes that if ignored, our traumas and injuries ultimately become our ill health. His work linked 'no', and the ability to say no to the immune system's ability to resist illness (Mate 2010). When we are unable to say no for ourselves, when we are unable to resist subtle and overt forms of violence, abuse, neglect, repression and or suppression, our bodies say no on our behalf by way of Cancer, Alzheimer's and other serious afflictions.

My research is rooted in and framed by the symbolic interaction of Mate's theory and Paul Farmers 'Structural Violence' theory. Structural Violence, according to Farmer is "violence exerted systematically". A confluence of poverty, racism, economic inequality, gender inequality, and other

social factors that produce distinct forms of suffering in the lives of historically disposed peoples; in Farmers words, structural violence is "the social machinery of oppression" (Farmer 2004). Economic inequality is therefore understood as a deliberate system of dominance that violently oppresses, neglects and/or ignores historically marginalized peoples to the detriment of their health and wellbeing. Structural Violence is useful because as Crawshaw et al suggests:

"It brings together in a single concept issues as diverse as poverty and income inequality, unacceptable living and working conditions, aggressive economic and trade policies, institutionalized forms of discrimination, denial of human rights, sickness or disability caused by unaffordable health care, and… the likelihood of exposure to crime and fear of crime and insecurity. "(Crawshaw 2010: pp. 3)

Farmer was not the first theorist to coin the concept of structural violence. The work of Joseph Galtung suggests that we turn our attention to and purposefully name indirect forms of violence. He writes: "Violence, then is anything avoidable that impedes personal growth… a deprivation of goods… "Deprival of goods" may mean avoidable denial of what is needed to satisfy the fundamental needs… To deprive people of cultural stimuli or to create societies, however rich, with a division of labour that forces people to stay in the same profession for life are forms of violence." (Galtung 1980). In essence Galtung suggests that violence includes any "avoidable impediment to self-realization… anything avoidable that impedes personal growth and is built into structures..." (Parsons 2007: pp. 175). Galtung theoretical framing of structural violence in turn frames 'power' as a resource that in the context of structural violence is unevenly distributed. The equal distribution of power according to Galtung would be the only way to equitably distribute opportunities for personal growth and prosperity.

When AIDS is understood within this complex prism of structural violence, we are moved from conversations about behaviour and sexual practice of the 'other' to very necessary conversations about the social, political, and economic contexts we as local, national, and global citizens 'co-construct'. AIDS, therefore, is not about the "them" or the "other", it is ostensibly about the "us". Applying Structural Violence to our understandings about HIV/AIDS and political economies challenges the notion that the normative value systems of neo-liberal economies are fundamentally neutral. By resisting the assertion of neutrality, it resists the assertion that poverty and inequality are merely accidental by-products of commercial and capital growth. It fractures the basis upon which culture of poverty myths stand. Myths that propose that poverty naturally produce particular

proclivities and dispositions. Myths that suggest that there are particular pathologies that accompany impoverishment (Ryan 1971). Myths that in part justified first generation and second-generation AIDS prevention approaches focused almost exclusively on individual behaviour and sexuality.

Mate's offering to Farmer's structural violence is both concrete and symbolic. Surely, structural violence is experienced as trauma at the personal and communal level. Distal forms of violence – entrenched forms of social and economic inequality, conflict, and political repression – are often experienced at the intimate relational level of communal life as a form of structural trauma or *wounding*. But as Mate aptly points out, it is silence, voicelessness, and the inability to 'say no' that often makes the body vulnerable to severe illness (Mate 2010). The symbolic rendering of Mate's theory in the context of HIV/AIDS has salience when we acknowledge the way structurally violent contexts are reinforced by either the active or passive negation of the perspectives, knowledge's, and contributions of vulnerable communities on the margins. It is therefore no surprise that communities most infected and affected by AIDS often find themselves at the nether reaches of democratic systems. In these nether reaches of society, national political discourse, policy forums and debates, local, regional and national decisions about the allocation of resources; all of the mechanisms that challenge or reproduce distinct forms social and economic inequality – the structural underpinnings of the pandemic – exist as distal spaces of power seemingly unreachable and impossible to influence.

The 'voicelessness' of communities is not a literal depiction. Communities on the margins consistently speak, challenge, and question inequality. It is our incomplete democracy – a reality not unique to South Africa or Sub-Saharan Africa – interwoven with structures of violence that reduce the voices of historically marginalized communities to an inaudible whisper. This voicelessness is emblematic of much larger and more complex asymmetry's of power that exist between marginalized communities, political representatives and policy circles, evidenced in the political determinants literature reviewed earlier (Ottersen 2014). As Arundhati Roy writes "There's really no such thing as the voiceless. There are only the deliberately silenced, or the preferably unheard*."* Through Mate we see HIV/AIDS and its prevalence as a manifestation of unequal systems with little public space for open critical dialogues that have the authority to substantively shape the life worlds of peoples. In the absence of these spaces the communal and individual bodies of men and women manifest illness and HIV/AIDS prevalence rates that remain stubbornly high. AIDS is the communal body's response to inequality.

In South Africa, AIDS in itself becomes the societal manifestation of suppressed compounded collective trauma inflicted through violent structural forces that began with colonialism, ran through the apartheid era, and continues through the persistence of current forms of socio-economic inequality (Fassin 2010). Fassin calls this "Embodied History": "By this expression is meant the way in which individual and collective histories are transcribed into individual and collective bodies, as disease, suffering, stigma, memory and narrative" (Fassin 2010: pp 65). It is important to acknowledge that Fassin (2010) concept of embodied history exists as a part of his broader ethnographic scholarship that situated Mbeki era of AIDS denialism and popular HIV/AIDS beliefs and misapprehensions of that era in histories of racialized subjugation and structural violence. Embodied histories as a notion was in a part a device Fassin utilized to explore the ways in which apartheid histories of dispossession continued to animate and undergird Mbeki denialism and the popular support he received in a complex of legitimate and illegitimate ways. There have been salient criticisms (Gray 2007; Steinberg 2007) put to Fassin's focus on elucidating the ways in which Mbeki's denialism emerged out of and continued to be situated in a history still present. Steinberg questioned "What does it mean to write so generously an anthropology of so large a mistake?" questioning the way in which Fassin employs the intersectional histories of white supremacy, structural violent state policies, and endemic ill health in 'the homelands' to make sense of Mbeki (Steinberg 2007). Gray critiqued Fassin work as "patronizing" suggesting that it dangerously overstated the hold of history on the rationale of African leadership while also underplaying the complex AIDS knowledge frontiers forwarded by TAC and NAPWA (Gray 2007). While seemingly broad critiques of his work few of Fassin's critics take issue with offering up of 'embodied history' as a conceptual device that situates endemic illness in South Africa and HIV/AIDS in a much longer historical continuum of subjugation, violence, and disposability. It is the application of this device and in particular its use to understand a reprehensible political position that resulted in innumerable unnecessary deaths. This thesis does not seek to employ embodied history in this way. Instead it seeks to employ 'embodied history' as a conceptual device apart from the Mbeki's narrative. In vigorous defense of his ethnographic work in South Africa and ethnographic work more broadly Fassin writes the following " And there is the time of society. It is the time of history of memory, of social structures and social change: it involves a multiple layering of various time frames, the incorporation of the past into the present, not immediately perceptible but deeply embedded." (Fassin 2013).

Fassin' s embodied history is mirrored in Nancy Kreigers work on 'Embodied Inequality'. Like Fassin,

Kreiger defines embodied inequality as: "how we literally incorporate, biologically, the material and social world in which we live" and then express this assimilation in uneven population patterns of health and disease (Kriegers 2001). Kreiger's embodied inequality represents a substantive shift in the field of epidemiology (Wemrell et al 2016). A substantive portion of epidemiological discourse has focused on the ways in which epidemiology has both served the "status quo" by omitting from inquiry socioeconomic and political issues (Wing 1994; Brown 1993; Krieger 1994). By way of omission Mckinlay (1993) argued that epidemiological studies often construct a frame of causations that 'blamed the victim' (Wemrell et al 2016). Krieger presents 'Embodiment' as a conceptual framing for inquiries that place emphasis on connections between "macro social conditions", societal relationships and dynamics, and the disparate health outcomes of specific populations. Embodiment was the out spring of a strand of epidemiological discourse that sought to introduce social theory and more in-depth qualitative inquiry like ethnography to the world of epidemiological inquiry (Wemrell et al 2016). With origins in epidemiology embodied inequality can serve as a conceptual bridge between the often epidemiologically driven structural drivers discourse and the ethnographic modus of inquiry that characterizes this study. There is also a natural continuum that exists between Fassin's "Embodied History" and Kriegers' "Embodied Inequality" that is important for this work. While Fassin highlights the role that histories of oppression played in producing contexts that contributed to the epidemic's spread throughout South Africa, the application of Kriegers' concept of embodied inequality illustrates how the inability to fully redress those histories through substantial forms of economic and political transformation have maintained continuity with the past in ways that sustain severe health inequities. Revisiting the review of South African civil society literature and in particular the TAC and Section 27 report -- *Death and Dying in the Eastern Cape: An investigation into the collapse of a health system* -- reviewed earlier in this chapter offers a very current and practical rendering of how these concepts exist in real time (TAC 2013

Situating the study of the Community Conversations approach in this frameworks brings to the fore the potential role that the voice of citizens, engaged in dialogue and action can play in incrementally changing the pronounced and historically rooted asymmetries in power that contributes to AIDS prevalence rates. A focus on a dialogical methodology that attempts to cultivate critical consciousness about the root causes of HIV/AIDS prevalence naturally places a great deal of emphasis on the 'consciousness' of historically marginalized communities. Arguably, it is the consciousness of citizens and authorities that acts as the median between the broader contextual inequalities and the bodies of individuals on the margins. This suggests that activating this consciousness through socio technologies that foster critically conscious dialogue (Freire 1970)

about the structural drivers of AIDS, can potentially transform this 'median' into a critically active 'mediator' between structurally violent contexts and the self. It must be said that this study also carefully, in both form and function, aims to steer clear of totalizing assumptions about the role of critical consciousness. As easily as this foci serves to elucidate a progressive emphasis on the active potentials of marginalized communities it can just as easily locate the lack structural change in the 'unconsciousness' of historically marginalized peoples. For readers this may prove to be an unresolved contradiction running through this work.

This proposition in no way is meant to infer that AIDS prevalence rates in marginalized settings are a reflection of a crisis in consciousness. Nor does this suggest that critical consciousness alone is the answer. An emphasis on exploring the role of critical consciousness in this process merely suggests that the consciousness and lived experiences of marginalized communities is -- as history suggests – a potentially powerful catalyst for critical forms of engagement and action. The section to follow explores the work of Paulo Freire, as a way to construct a theoretical scaffolding for the potential role that critical consciousness can play in generating strategic forms of action that attempt to cultivate, push for, and nurture small scale forms of health enabling democratic praxis.

2.5.0.0 - Critical Consciousness, Dialogue, and "Storied Selves"

Paulo Freire, read the world through a Marxist lens, framing the struggle for freedom and liberation as a struggle between the 'oppressors' and the 'oppressed' (Freire 1970). For Freire, the consciousness of the oppressed is a potentially catalytic element that is often dominated by the oppressive class in order to maintain existent social, political, and economic forms of exploitation. Through forms of "banking education" and the imposition of dominant knowledge systems the oppressed are, according to Freire, strategically and intentionally mollified so the oppressive class can preserve power (Freire 1973). Within this context, the oppressed are not able to see possibilities for critical action and transformation and as a result accept the world as it is. Freire expressly located the power to redress historical asymmetries in power in the consciousness of the oppressed who, through critical forms of dialogue, could come to apprehend "the world as it is". Freire called this process 'Concientization' (Ibid 1973). While Freire's work has made inestimable contributions to scholarship focused on social and political change and in particular community mobilization it is for the purposes of this dissertations discourse, worth considering its limitations and contradictions.

A formative body of work critically reflects on the Freire 'concientization' paradigm questioning it's present day applicability while also exploring some of the foundational faults and limitations it embodies (Blackburn 2000; Simpson & Mc Millan 2008;Neumann 2016: Lotier 2017). Most instructive for this thesis discourse are works that focus on deconstructing Freire's assumptions about power (Blackburn 2000; Lotier 2017) while also interrogating the way his works overtly and subtly frame macro-political change and struggle (Neumann 2016). Blackburn (2000) in particular interrogates Freire's Marxist monolithic oppressed/oppressor paradigm suggesting that his works often overlooked the everyday "vernaculars of power" and cultures of resistance be they "sabotage, non-cooperation, and the secret observance of distinct cultures and identities". According to Blackburn Freire inadvertently framed "the oppressed" as inherently powerless; a seemingly inherent contradiction in his thought system. Concientization by extension was arguably presented as a ' secret formula of power to which [oppressed peoples] must be initiated." (Rahnema, 1992. P. 123). In attempts to extend the contemporary value of Freirean a formative cross section of scholarship has intentionally engaged these limitation and contradictions. In an attempt to extend Freire's concientization thesis beyond the binary Lotier (2017) looked to Foucault. Reflecting on Foucault's (2005) concept of Biopower Lotier (2017) urges us to consider that power may "not generally function through obvious, forceful restraints; it instead operates through relations between individuals and themselves…" (2017: p 160). For Foucault power was "a set of reversible relations" that needed to be examined, maneuverer around, and engaged in. Concientization in this sense was not merely a matter of mapping and coming to know and understand one's own oppression. 'Concientization' demands intimate acquaintance with the most mundane and vernacular form of power contributing to sustained marginalization. In this sense whole scale transformation and freedom were never and could never truly be achievable things, suggests Lotier (2017). Concientization envisioned in this way is consistent struggle to know, resist, and transform interlinked and intersecting forms of power relations that serve to govern and by extension dispossess. While this dissertation does not seek to intentionally engage Foucault's (2005) concept of biopower and biopolitics Lotier (2017) invocation of his work helps open up new ways of exploring the context within which the CC unfolded and the potential Concientization process that may have ensued.

In *Education for Critical Consciousness,* Freire describes distinct moments in the 'Concientization' process (Freire 1974). He describes the early stages of the process as "magical" or "semi-intransitive" which refers to the state or relative 'naiveté' in which communities are unable to envision alternatives, and as a result, give in to ascribing supernatural causes to historically rooted

circumstances. This state of consciousness reflects an acceptance of prevailing social conditions and little sense that transformation is possible. Freire suggests that a shift in consciousness can only be realized through "an active, dialogical, educational program" where community members are engaged in critically analyzing their contexts and constructing new visions for themselves and the world around them. According to Freire, it is only through this educational process that "critical transitivity" can be attained. *Critical transitivity* is described as a state of consciousness in which communities apprehend the asymmetries of power that negatively affect their lives. As a result, communities are able to not only envision new futures and possibilities, but also devise critical actions and forms of engagement that challenge their social conditions.

While Freire's stages of critical consciousness are useful, they suggest that the boundaries between each of these moments or stages in consciousness are easily demarcated and can be realized in full. Postcolonial theorist Frantz Fanon wrote about the complex and dualistic nature of the consciousness of the oppressed (Fanon 1952; Fanon 1963). Fanon's work reminds us that even in our most righteous moments we can embody the consciousness of both the "oppressor" and the "oppressed". For Fanon, the oppressed embody a 'dual consciousness ' that can never be fully traversed; the consciousness of the oppressed is in a constant state of reconciliation. Within this reading the transformative process is presented as a deeply complex psychological and psychosocial space.

The application of Fanon's work to the concept of critical consciousness raises an important point for consideration. Firstly, that Freire's 'critical transitivity' can never truly exist in the purest sense. New critical forms of consciousness may always embody the knowledge and perspectives associated with their initial "semi-intransitive" state of consciousness. With this in mind, communities can imagine and engage in strategic forms of action that reflect 'critical transitivity' in some ways and 'semi-intransitive' consciousness in others. As a result, the outcomes of community mobilization efforts that are a product of critical conscious dialogue can be progressive in one sense and not progressive in others; especially over the short term. For the purposes of this research, it is important to recognize that the outcomes of community mobilization can promote health-enabling environments in one respect and acquiesce, or even support, inequities in others. This may not reflect a failure in dialogical process or consciousness, but rather the natural complexity and contradictions that all individuals and communities embody. Reflecting once again on the contributions of Blackburn (2000) and Lotier (2017) it also highlights the need to foreground the complexities of power relations as they are lived, inscribed into and embodied in the everyday.

Watts et al (2011), forwards another framing of critical consciousness that builds on Freire's by proposing three distinct phases in the critical consciousness process. The phases are *critical reflection, political efficacy, and critical action*. Watts et al define these phases as the following:

a) *Critical reflection:* "refers to a social analysis and moral rejection of societal inequities, such as social, economic, racial/ethnic, and gender inequities that constrain well-being and human agency. Those who are critically reflective view social problems and inequalities in systemic terms."

b) *Political efficacy:* "is the perceived capacity to effect social and political change by individual and/or collective activism. It follows that people will be much more likely to engage in critical action if they feel that they can create change"

c) *Critical action:* "refers to individual or collective action taken to change aspects of society, such as institutional policies and practices, which are perceived to be unjust. This is a broad view of activism that includes participation in activities such as voting, community organizing, and peaceful protests." (Ibid et al 2011)

Of particular interest in Watts framing is the presentation of the *critical reflection* stage that highlights a host of identity-focused inequities along side material ones. While traditional Freirean framing of the "oppressed" versus the "oppressor" clearly frames the poles of power that exist in many contexts, Watts et al's framing of critical reflection contributes a greater degree of intersectional (Crenshaw 1989) nuance to everyday vernacular power relations. While gross material inequities continue to stratify the obvious divisions between the 'have' and 'have not's' to the detriment of health equity and prosperity, communities on the margins often embody a host of horizontal inequities that must be considered.

Communities are complex and embody a maze of horizontal power differentials and complex of identities. Small-scale citizen-led forms of mobilization must arguably offer equal attention to horizontal forms of citizenship (relationships amongst citizens) as it does to vertical citizenship (relationships with the state) (Kabeer, 2005). Men and women arrive with important and complex histories that often supersede identities associated with material realities despite the overarching influence of structural violence. There is a need for horizontally focused critical consciousness that contributes to race, gender, sexuality, religious, ethnic, ability, and even class-consciousness within

communities on the margins. Emphasizing horizontal forms of critical consciousness alongside the vertical, acknowledges the often-overlooked importance of cultivating sustainable forms of solidarity. The literature demonstrates that issues like gender inequity have proven challenging for structural interventions that employ a Freirean approach to AIDS prevention (Campbell 2007). This suggests that the cultivation of horizontal bonds that contributes to the progressive politic of social change is an equal part of the transformative process that is often, and can no longer be, overlooked. It also suggests that this form of horizontal critical intelligence is a necessary contribution to the construction of more health equitable environments. Dialogical processes that aim to engage in small-scale change must arguably emphasize the cultivation of a constellation of solidarities by intentionally nurturing critically conscious relationships amongst active citizens through process and engagement.

Freire's, concept of *concientization* is rooted in the belief that social, political, and economic liberation begins with the liberation of the subjugated consciousness of oppressed people; and that the space for critically conscious dialogues are an essential part of this process (Freire 1969). A myriad of HIV interventions have recognized this and attempted to cultivate or employ critical consciousness as a core part of the intervention (Pronyk 2011; Campbell & MacPhail 2002; Hatcher et al 2010; Dworkin et al 2011;). However these approaches have been limited by their emphasis on employing strategies that do not aim to address the political determinants of HIV/AIDS prevalence. As a result, a great deal of interventions overlooked the need for critically conscious dialogue amongst citizens as a contribution to both democratic deficits and AIDS prevention. Freire's work has routinely be paired with forms of structural intervention that do not aim to challenge the political processes that frame the structural and social determinants of health and perpetuate structural violence. More importantly little research focused on prevention efforts guided by Freirean roots explore the prevention process with the deeper implications of Freire's work in mind. This research takes Freire's theory a step further in that it is grounded in the belief that the cultivation of critical consciousness citizens is an essential element to challenging the political processes that perpetuate structural violence and ultimately AIDS prevalence. As result the actual political intent and by extension *pedagogy* of preventative approaches has to be critically interrogated.

2.5.1 .0 – Consciousness and the Narrative Self

As a case study of a dialogical process that's aim is to cultivate critical consciousness that catalyzes community based action to promote structural change it is necessary to place the storied consciousness of the involved communities at the center of this research. In writing about embodied history Fassin said the following:

"On the other side, is the *social experience of AIDS*, the way in which the epidemic, at a national level, and the illness, at a biographical level, are reformulated, interpreted, commented, lived, giving place to collective and individual meaningful stories. In this sense it is a human experience mediated through biographical and historical narratives" (Fassin 2010: pp 65)

Earlier I proposed that consciousness was in fact the 'median' and potential ' active meditator' between structural violence and the embodiment of history and inequality. Rooting this research in a Freirean critical consciousness framework naturally places the consciousness of men and women on the margins at the center of social change *process* and by extension this research process. It is therefore only natural that an empirical study of this process that is attempting to apprehend and explore this process be constructed from narrated consciousness and storied accounts of the men and women involved in or engaged by the Community Conversations process. Individual and collective action impacts on people's health by providing opportunities for development of agentic senses of political self. This approach seeks to apprehend how the psychological interacts with social and political processes. Narratives provide a storied pathway to the identities of men and women engaged in the social change process. The application of a narrative frame of inquiry also provides a unique means through which to traverse the limiting boundaries of Freire's conceptualizations of critical consciousness (Blackburn 2000; Lotier 2017; Fanon 1963).

Narratives are often referred to as our storied selves (Andrews 2007). In *Shaping History: Narratives of Political Change* discusses the concept of *micro and macro stories political change.* As Andrews states:

"Narratives are not only the means by which individuals breathe public life into personal experience, they are a primary tool by which individuals recognize and affirm themselves as members of a group, thereby often acting as a catalyst for the raising of political consciousness". (Andrews 2013)

For the purposes of this research narratives are a method that will facilitate access to the way in which the personal and the political, the *context, process, pedagogy* convene come in the storied lives of residents and actors living in *Ingquza* and engaged in and by the Community Conversations process. Narratives reveal (i) the way in which structural violence comes to shape the social identities and the physical bodies of the oppressed; but also (ii) the way citizens experience community change processes and encounters with the socio-political worlds around them. In Chapter 3 I offer greater conceptual attention to the use of narratives analysis as the driving analytical tool utilized throughout out this dissertation.

2.6.0.0 – Conclusion

This literature and conceptual framework presented in this chapter both aims to set the foundations for these dissertations contributions to the both the structural interventions and HIV/AIDS focused community mobilization literature. The comparative review of the literatures presented surface necessary tensions and gaps that this research cannot completely resolve or holistically speak to. Instead the research presented in this dissertation aims to make a formative contribution that exists at the intersection of these literatures. I initially pursued both this research and this overarching literature review with the intent to make a conventional contribution to the structural drivers and structural interventions literature. The empirical work presented throughout this dissertation and the contravening review of literatures presented in this chapter exposed tensions and gaps that required a theoretical framework not often associated with the conventional structural interventions literature. The evolving community mobilization discourse led by the works of Campbell and Cornish (2010; Campbell 2014: Cornish et al 2014) provide the foundation for a more critical and novel contribution to the structural interventions discourse. One that employs unconventional discourses and approaches to explore the futures of HIV/AIDS focused mobilization.

Chapter 3:

Methodology: Life Histories, Narrative Inquiry & Reflexive Praxis

3.0.0.0 – Introduction

This chapter offers a detailed review of the methodology I employed to produce a rich contextual rendering of the *Ingquza Hill Local Municipality*, the Community Capacity Enhancement – Community Conversations (CCE-CC) methodology, and finally the introduction of CCE-CC to *Ingquza* through the Nelson Mandela Foundations (NMF)/ GIZ final phase program. This doctoral research was conducted during and facilitated by a larger national quantitative and qualitative evaluation project funded by the GIZ Gesellschaft für Internationale Zusammenarbeit (GIZ); a German government owned global development agency and funder. The project *"Supporting the Nelson Mandela Foundation in its fight against HIV and AIDS: Assessment of the impact of Community Dialogues on key social, attitudinal and behavioral drivers of continued HIV transmission"* was an evaluation of the Dialogues for Justice Program final phase. The projects were located in the Mpumalanga and Eastern Cape Province of South Africa. As one of a four-person research team I was granted permission to simultaneously conduct my in-depth doctoral research in one of the selected municipalities targeted by the evaluation. Further details of these permissions and the process will be offered in section *3.3.0.0 Institutional Authorization and Access*. My doctoral study was meant to also serve as a complimentary and more in-depth analysis of the dialogical process. While the evaluation focused on qualitatively and quantitatively measuring the impact of the community dialogues on social, attitudinal, and behavioral drivers my focus emphasized an in-depth narratively driven case study of *Ingquza* residents and stakeholders experiences of the CCE-CC process. The GIZ evaluation began in August 2012 and ended in May 2014. Because the evaluation was broken up into a baseline, midterm, and end term research model this offered me both the opportunity to get acquainted with the context and relevant actors before beginning my own doctoral research.

The data collection portion of my research began in **August 2013 and ended October 2014**. During this period I spent a formative period of time in in the Eastern Cape Province conducting my own doctoral research while also fulfilling my responsibilities to the evaluation. This field research period spanned **August 2013 to December 2013**. During this period I lived in the Ingquza Hill Local Municipality splitting my time between the central town Lusikisiki and the coastal town of Port Elizabeth. I conducted in-depth life histories and semi-structured interviews along with participant observations while based in these towns. Beyond this period I also continued to conduct in-depth interviews with CCE-CC experts via Skype from London, United Kingdom. This chapter aims to provide a full account of this research process and the methodological framework that guided it. In each section I offer an accurate account not just of the pre-planned design but also the ways in which the research methodology and design responded to contextual realities and unexpected challenges and limitations. I initially planned and designed a more expansive research model but resource limitations and the local political climate in *Ingquza* necessitated a reduction in scope. In total between **August 2013 and October 2014** I conducted **N=63 life histories and semi-structured interviews**. Where I was limited in scope I emphasized depth. Most of the **life histories interviews and semi-structured interviews ranged anywhere from one hour to eight hours**.

This chapter's methodological presentation is broken into five key sections. *Section 3.1.0.0 Life Histories, Narratives, and Qualitative Research* provides insight into my choice to explore the preventative process and context through a life histories approach as well as the decision to, in particular, employ political narratives as mode of analysis (Andrews 2007). *Section 3.2.0.0 Positionality and Location* is an attempt to both acknowledge and grapple with the ways in which my multitude of identities and roles occupied territory in and at times shaped the empirical process. This section doesn't erode the structured ways in which I ensured objectivity. It is an attempt to offer an honest account of the ways I struggled and in some ways failed to subvert the dominant researcher researched relationship. *Section 3.2.0.0 Research Design* provides an in depth account of the methodological approach and framework employed including methods, participant selection, and my approach to sampling. *Section 3.3.0.0 Institutional and Community Authorization* details the multiple levels of ethical, political, and communal authorization processes involved in conducting this research. Beyond the standard ethical approval process this section offers more detail around the necessary form of local authorization needed. *Section 3.4.0.0 Data Collection Process* details the complexities and challenges that emerged during the data collection process alongside the planned design and methods. *Section 3.5.0.0 Approaches to Data Analysis* details the methods used to analyse the life stories alongside reflexive accounts of

the ways in which my own positionality and location had to be addressed and constantly worked with throughout this analytical process. Finally the *Section 3.6.0.0* the conclusion offers reflections on the ways in which this methodological process may or may not offer new avenues of inquiry into complex preventative processes unfolding in multilayered contexts.

3.1.0.0 – Life Stories, Narratives, and Qualitative Research

The following sections provide a detailed overview of the theoretical basis for methodological application of life stories and narratives as mode of inquiry and analysis. From a methodological standpoint I selected the life stories approach as means to proactively promote novel empirical approaches to studying structural drivers, structural interventions, and community mobilization. From an overarching research perspective I was interested in exploring the embodied and lived interaction between the *context* of *Ingquza*, the Community Conversations *process*, and the *pedagogical* underpinnings of Community Conversations methodology. My first point of departure in this inquiry was the acknowledgement that *context, process, and pedagogy* convene in the life trajectories of individuals leading the processes, participating in processes, or that are effected by the processes. While a great deal of the structural interventions and community mobilization literature is understandably focused on fixed moments in time I felt there was a need to also understand structural interventions, HIV/AIDS, and Ingquza through their location in long running histories that continue to shape and inhabit the present. In **Chapter 2** I introduce both Fassin's (2008) *embodied history* and Krieger's (2001) *embodied inequality* as a theoretical frame for exploring the trajectory of HIV/AIDS in the South African context. In proposing potential theoretical pathways for community based action and mobilization I offered Freire's (1968) concept of *concientization* as a foundation for this dissertation broader inquiry. While Fassin and Kreiger suggest that the body embodies inequity and presents through health crisis Freire proposes that the body, both in the physical and psychological, is the first mode of resistance. The natural convergence of these theoretical frameworks called for a methodological framework that moved beyond broad thematically driven inquiries and prioritized a more in depth exploration of the lived and embodied experience of *context, process, and pedagogy*. Life stories and narratives analysis offered this opportunity. As presented in **Chapter 1** this inquiry was guided by the following questions:

4. **How is the *contextual* intersection of HIV/AIDS and structural violence (Farmer 1996; Galtung 1969) embodied (Fassin 2008; Kreiger 2001), lived, and storied by citizens in Ingquza?**

5. What does *pedagogy* (Freire 1968) have to do with the potentials of CCE-CC interventions to instigate structural and political *citizen* led change from *below* (Dagnino 2008)?

6. What does a *process-oriented* (Cornish et al 2014) exploration of convergence of *context* and *pedagogy* through Community Conversations process suggest about the *futures* (Campbell 2014) of HIV/AIDS focused Community Mobilization?

3.1.1.0 – Life Histories & Oral Histories

Life histories, also termed 'oral histories', are often valued as a means of inquiry for their ability encapsulate the complex facets of the teller's subjectivities alongside and intertwined with their intersubjectivities. Haynes (2009) offers the following:

 "[Life histories] allows for the description of feelings, emotion, memory, perception and identity, throughout a life course. Oral histories also facilitate connections between social groups and roles, giving insights into the lives of many, because the narrator weaves their story with those of significant others, such as children, parents, partners, employers and colleagues" (Haynes 2009: pp. 221)

Life histories from a critical standpoint are often lauded as an approach that challenges the dominant dynamic in research. Proponents suggest that they offer traditionally silenced and preferably unheard (Roy 2008) marginalized peoples 'voice' and the space to construct their own uninterrupted accounts of life experience (Thompson 2006). Life histories often, if conducted critically, can offer nuance and complexity to experiences and periods historically reproduced in homogenising ways while also offering significant insights into ways people live and psychosocially metabolize political change (Andrews 1991). More particular to this research they offer the opportunity to move beyond blanket accounts of "black dispossession" that Dlamini (2009) cautions against. Life histories offer participants the opportunity to draw on their own memories and construct their own recollections of their personal histories in the Eastern Cape Province. While often considered a critically sound approach and an opportunity to give "voice and visibility" to disenfranchised groups there are salient critiques and cautioning's (Kim 2008). Kim (2008) urges us to give greater levels of attention to the "politics of knowledge production" and complicate our

unquestioned assertions and assumptions about the role of life histories in creating empirical space for "voice". Kim writes:

"… The researcher has the right to give the researched permission to speak and, therefore, the voice of the researched in the final product owes its presence to an invitation from the researcher who, as a privileged subject, possesses the authority to decide 'who can speak and who cannot'." (Kim 2008: pp. 1352)

In this sense, life histories, while a potentially critical approach is also a methodology that in the absence of reflexive praxis and critical engagement can reproduce the very same dynamics they propose to subvert. In this way the application is potentially perilous maintaining the research-researched power divide within a cloak of legitimizing methodological license. Kim (2008) urges us to give greater critical attention to co-constructed process of producing what Bruner refers to as 'narrative knowledge' (Bruner 1990). From the standpoint of this empirical endeavour my application of life histories in the context of *Ingquza* highlighted the potentials that Haynes (2009) describes and the pitfalls Kim (2008) cautions against. The transgressive potentials of the life histories exist alongside its regressive potentials. What became abundantly clear throughout the process was that I as a researcher had to devise new ways to systematically struggle with enhancing the transgressive potentials of life histories through both systematized planning and deeper, longer term engagement.

3.1.2.0 – Narratives Inquiry & Analysis

Applying a strict thematic network analysis (Attride & Sterling 2001) seemed to limiting and a method of analysis to apply to a life stories approach to data collection. Instead I chose narrative analysis as the overarching analytical approach to my data set. Narrative analysis provides the means to work through life histories in ways that preserve the relationality, intersectionality, and simultaneity of the personal and the political (Andrews, Squire, & Tamboukou 2013). From an empirical standpoint, narratives approaches can help maintain the transgressive dimensions of life histories by expanding the room for research participant's own accounts of self, context, and relationship. In so doing they create the opportunity to complicate conventionally constructed and often mobilized 'master narratives' of dispossession, HIV/AIDS, and or intervention and give greater levels of attentions to counter narratives that subvert the hegemonic and limiting logics master narratives can maintain (Bamberg 2004). Because this work is particularly interested in

historicizing HIV/AIDS within the context of Ingquza narratives analysis provided the means to access and explore counters narratives. These counters narratives could in turn contribute to a 'counter memory' construction of context '(Lipsitz 1990); an alternative, complex, relational and intersectional rendering of the lived relationships between health crisis and structural violence.

While the pairing of life histories and narrative analysis, from a *context* perspective, had a formative influence on the nature of the findings it also highlighted some of the pitfalls Kim (2008) cautioned against. Despite constructing a complex picture of *Ingquza*, HIV/AIDS, and histories of structural violence I also found myself struggling within the limits of my gendered and sexual privilege to competently engage women's narratives of the context. Many intricately and subtly wove together gendered, classed, and generational accounts of life before and after apartheid and through the CC process. In the absence of a more structured approach to engaging my positional limitations I risked subverting essential elements in their narrative accounts.

Theoretically driving the analytical narrative work conducted throughout this dissertations are Squires (2013) *experience-centered approach* and Andrews (2014) *micro and macro political* narratives framework. For the purposes of this research I required an analytical framework that acknowledged that narratives and stories carry in their base code the sense making of the tellers and that sense making is psychological, social, and political all at once. The experience-centered approach offered an opportunity to make plausible connections between the innocuous micro-storying of the everyday and the macro dimensions of life (Squire (2013; Andrews 2014). By doing so the application of Andrews (2014) political narratives framework could be applied liberally to varied performances of the political in the personal and social. While a great deal of Andrews work has focused on political moments and therefore naturally suits explorations of *context* and *process* (Andrews 2007) I also sought to apply this lens to the politics of *pedagogy* as well.

3.2.0.0 – Positionality & Location

When I began this research I aimed to design and construct a methodological process that was both rigorous and informed by anti-oppressive research (Strier 2007) and decolonizing methodological (Smith 1999) epistemologies. This did not emerge out of a political vanity projected onto the research process but rather responded to the very real ways in which histories of positivist research implicitly and explicitly "othered" and "objectified" historically marginalized

communities and peoples (Ibid 2008). This was also driven by insights from the social work research tradition that have historically attempted to align the underlying values of the empirical process with the underlying aims of the discipline and profession (Strier 2007). Conducting research in the Social Psychological tradition with a particular emphasis on Health, Community, and Development (HCD) demanded a similar level of attention to the process. Beyond the attention to literatures cited and the methodology employed I aimed to build a certain level of reflexivity into my empirical process. I did so with the understanding that without explicit intention and attention my own implicit biases and blind spots could ultimately hinder and harm the process. I was also aware that these same implicit and explicit biases and blind spots were limiting. In the absence of a keen awareness of my gender bias I could overlook and ignore critical points of inquiry that required a greater degree of gender literacy. An inability to bring awareness to my own heteronormativity in the data collection process could mean the de-prioritization of narratives that centralized sexuality as a salient issue in context. In order to address these limitations I opted for a *reflexivity journal*. Through journaling I recorded and reflected on the ways in which my *Positionality* (Bourke 2014) and *location* as a researcher influenced the research process. Repeatedly gender and sexuality presented as particularly salient blind spots in my research beginning with the empirical literature review all the way through to the analysis. This proved particularly problematic. Most of the research participants were women between the ages of 19 and 65. Gender was often interwoven into their narratives in ways that revealed limitations in my own level of intersectional gendered, classed, and raced literacy. My first response was to intentionally engage South African and Sub-Saharan African feminist scholars and their works as way to improve my literacy and challenge my lens. I often engaged in cyclical rounds of analysis giving greater levels of attention to intersectional readings of gender guided by this literature. In future empirical endeavours, beyond Positionality and location, an emphasis needs to be placed on creating a parallel planning process as detailed and thought out as the methodological plan that is twined into the empirical process. The annexed sections (Appendix 1) that accompany this one provide a comprehensive overview of the way in which my *Personal identity & History (3.2.1.0) and my Professional Identity and History (3.2.2.0)* inhabited the research process. The annexations of these reflexive pieces are not indicative of their overall value within the broader context of this methodological chapter. Instead they offer an alternative for the reader that opts to look deeper into my own identity while also preserving the stream of discourse for those that are more interested in the structural dimensions of my methodology.

3.3.0.0 – Research Design

The doctoral design presented in this section was developed in consultation with both my doctoral supervisor **Dr Catherine Campbell and Dr Flora Cornish**. The initial research design was built around three periods of field research similar to the baseline, midterm, and end term evaluation. I had hoped to spend lengthy periods of time over multiple encounters observing the actual Community Conversations at key points in the methodological cycle. This proposed plan was both reflective of the ways in which the broader evaluation model began to influence my own doctoral research. The initial plan was also based on assumptions around levels of access, resources, and the way the dialogues would unfold over time. Once in *Ingquza* in particular I quickly had to reshape the research plan in ways that were more realistic and feasible. This reshaping was in part informed by discussions with local DELTA and NMF staff as well as the local CCE-CC facilitation team.

3.3.1.0 – Case Study & Narrative Ethnographic Exercise Approach

I approached this research as both a case study and narrative ethnographic exercise. I opted to treat this research as a multi-layered and bound case study of *context* (Ingquza Hill Local Municipality), *process* (CCE-CC), and *pedagogy* (CCE-CC). A case study offered the opportunity to produce a focused and contained rendering of the life world of the project. As Flyvberg writes, case studies are "important for the development of a nuanced view of reality, including the view that human behaviour cannot be meaningfully understood as simply the rule –governed acts found at the lowest levels of the learning process, and in much theory."(Flyvberg 2011). The case study provided the opportunity to intensely engage selected groups of actors living in and engaged in the CCE-CC process. The decision to approach this as a case study was also informed by the empirical literature and discourse I aimed to contribute to. Both the *structural interventions* literature and health focused *community mobilization* literature predominantly focuses on qualitative case studies of bound context specific interventions.

In order to enhance the complexity and nuance of this case study I approached the research as a *narrative ethnographic exercise* (Tedlock 2008). I chose to call this an ethnographic exercise and not ethnography for a number of reasons. Firstly, in order to construct a strong and empirically sound ethnography there is an understandable need to be fully conversant in the dominant language spoken in context. Ethnography is as Reeves (2008) writes: "the study of social

interactions, behaviours, and perceptions that occur within groups, teams, organisations, and communities". Rooted in the anthropological tradition it requires a depth of study that a full command of language offers. While English was spoken by some isiXhosa is the predominant language spoken in the Eastern Cape Province and in *Ingquza* in particular. Also the inability to sit in on the actual CCE-CC process and the limited periods of fieldwork made it impossible to consider this inquiry a full ethnography. Ethnography of context and process would have necessitated levels of access both through language and relationship that I was unable to realize through this study. Instead I sought to employ ethnographic principles through the life histories approach to inquiry. I emphasized constructing both a rich and nuanced rendering of the past and present of *Ingquza*, CCE-CC methodology, and the process as it unfolded in context through this process. This methodological approach produced the level of data needed to both frame this research as a case study and the depth needed treat it as an ethnographic exercise.

3.3.2.0 – Participant Observations & Field Notes

During **August 2013 to December 2013** research period I kept both a *reflexive journal* and *field notes* to document encounters with facilitator, participants, local stakeholder, municipal representatives, and indigenous authorities. Participant observations provided an added level of contextual insight to the life histories and semi structured interviews I conducted during this period. As an observer my emphasis was on remaining as unobtrusive as possible while also being open and transparent about my presence (Angrosino and Rosenberg 2011). I focused my observations primarily on debriefing meetings between CCE-CC facilitators and DELTA staff. In these instances the participant observations provided greater insight into both the CCE-CC process and the lived realities and experiences of facilitators working on the ground. My original aim had been to observe CC processes in action, sitting in on the dialogue and observing the proceedings. I realized early on that my presence may have proved disruptive and compromised the process. Observing the process, in this case, would have prioritized my own empirical mandate over the facilitator and participant's need for an autonomous confidential space. It was agreed with both DELTA and facilitators that I would attend a select number of CC meetings and participate in the facilitator debriefings that followed dialogues where possible.

<u>3.3.3.0 – Life History Interviews & Semi Structured Interviews</u>

The choice to employ life histories as means of data collection was in part informed by the desire to conduct an *narrative ethnographic exercise* that situated this studies in-depth inquiry into health and HIV/AIDS, *Ingquza*, and the CC process in both a historical reading of the context and the longer span of the research participant's life histories. Life histories provided the opportunity to both explore the CC process within the much broader and historic context of *Ingquza* and the Eastern Cape Province while also demonstrating the way the participants made sense of HIV/AIDS, health and CC process. This was in many ways an attempt at empirically and theoretically contributing new approaches and foci to a structural interventions discourse that is often primarily focused on the present and future by way of a justifiable emphasis on outcome and impact. Life histories was also selected as part of the research design in order to create the potential for the collection of data that could provide a holistic rendering of HIV/AIDS and the ways in which it was and is experienced in the local context. Lastly life histories also offered greater room for participants own sense making and experience to prioritize emphasis and focus. I took a guide posting approach to the interview process breaking them up into eras. The life histories framework I employed guided participants to recount their histories in the following way *a) Life under Apartheid b) the 1994 transition to democracy c) The advent and arrival of HIV/AIDS d) The present*. In each instance participants were encouraged to take the time they needed. The life histories interviews were conducted in private settings including homes, town halls, and local community centers with the support of translator. The interviews spanned anywhere from two to eight hours and were sometimes conducted across multiple meetings.

A similar approach applied to the interviews conducted with former NMF staff, CCE-CC experts, and the creators of the CCE-CC methodology. Instead of exclusively focusing on the life history of the participant the interviews applied a life histories approach to the participant's encounters and experience with the CCE-CC process. This interview format focused on surfacing participant's narrations of the ways in which their own life histories intertwined with their creation and or encounters with the CCE-CC process. The interviews brought to the fore the ways in which the CCE-CC process pedagogically evolved over time and the ways in which the sense making of the participants shaped, influenced, or contributed to this *pedagogical* evolution. While these processes more closely resembled in-depth semi-structured interviews they arguably blurred the lines between the life histories and in-depth semi-structured interviews approach.

<u>3.3.4.0 – Thematic Document Analysis</u>

This dissertations emphasis on exploring the pedagogical underpinnings of CCE-CC required an in-depth analysis of the methodology itself. As a lead UNDP HIV/AIDS prevention methodology the CCE-CC method existed and was translated into contexts and organizations using set manuals that provided both a detailed outline of the methodology as well as a much broader conceptualization of the methodologies purpose and application. The *UNDP Community Capacity Enhancement Manual* and *Strategy Note* provided an opportunity for an in depth analysis of pedagogy at the point of being technically enshrined as a UNDP global intervention approach (UNDP 2004). Thematic Document Analysis provided an opportunity to systematically explore the pedagogical underpinnings of the methodology in order to more clearly present the ways in which it framed HIV/AIDS, social change, and relationships between participating actors. Freire's work, in this instance, provided a theoretical backdrop against which to critically interrogate the Community Conversations pedagogy. Freire's (1968) *critical consciousness* framework presented in his earlier work aided in creating an analytical framework for the analyzing the *manual* and the *strategy note*. A detailed overview of this framework is provided in **Chapter 5, Section 5.4.0.0** and **Appendix 6 (Analysis of the UNDP CCE-CC Strategic Note & UNDP CCE-CC Handbook)**.

<u>3.3.5.0 – Research Participants Groupings</u>

As mentioned in **Section 3.1.0.0** the research design was expressly focused on a critical interrogation of three key areas *context, process, and pedagogy*. In order to pursue this line of inquiry set groupings of participants were identified during the inception of the research. Naturally the focus of these categories shifted and changed in response to local context and realities. In the initial research design I hoped to interview local municipal representative and authorities in detail but political unrest and uprising in Lusikisiki – the town where I was stationed – made pursing local representatives difficult. Equally, challenging encounters between facilitators and local ward councillors and officials meant that any attempts at engaging local municipal representatives was resisted or ignored. The table below provides a detailed overview of the groupings of research participants engaged throughout the process:

Figure 2.0: Participant Data Categorization: Context, Process, Pedagogy	
Context: Ingquza Hill Local Municipality	
Local Residents	The residents involved in the research were individuals that had lived in *Ingquza* for the larger duration of their lives. The ages of the residents interviewed ranged from **ages 19-65** and were predominantly women. Residents were selected based on both their willingness to participate in the research and an assessment as to whether or not participating in the research would have any harmful effect on their livelihoods or persons.
Local Leadership	*Local Headmen* and *Traditional Leaders* were identified and participated in life histories interviews[1]. The engagement of local leaders was in part an acknowledgement of local protocol that required all local endeavours to be passed through local leadership for permissions. Protocol for approaching and engaging local leadership was followed as intentionally as possible. Local leadership were also deemed necessary because they provided an important insight into multilayered nature of authority that shape and influence the local context.
Process: Community Capacity Enhancement- Community Conversations in Ingquza	
CCE-CC Facilitators	*CC facilitators* selected to lead the dialogical process play a central role in creating and influencing the process. This emphasis for this group was placed on facilitators that had been identified during the program's inception, attended the NMF training and facilitated dialogues through the whole duration of the program.
CCE-CC Participants/Task Team Members	CC participants were selected based on their regular attendance and participation in dialogues. While a number of participants in the *local resident's* category did occasionally attend this particular grouping of participants were individuals that were particularly engaged both in the dialogues and in the actions that followed. Task Team members in particular were targeted in the last phase of fieldwork. They were specifically responsible for carrying forward the actions plans developed during the CC process.
CBO Staff (DELTA)	*DELTA, a local gender and development organization,* was tasked with implementing the dialogues program and managing the CC Facilitators and CC process. Targeting senior staff involved in this process was rooted in the acknowledgement that the organizations and individuals that steward them often inform community change

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[1] Throughout this thesis I utilize the term indigenous governance and indigenous leaders as a stand in for traditional leadership and local headmen. This is an intentional stance not to ignore the terminology employed into context but to acknowledge that as an outsider and non-South African employing this

	processes. Focusing on DELTA staff would provide another level of insight into the factors that affected and informed process.
Pedagogy: Community Capacity Enhancement – Community Conversations Stakeholders and Experts	
Creators/Founders	The critical exploration of CCE-CC pedagogy required an in depth understanding of the methods origins. The creators of methodology, the places from which they came, their own personal histories, and the context within which CCE-CC first developed was deemed an important point of interrogation for this purpose. The creators/founders of the methodology would provide important insights into the sorts of sense-making and contextual influences that contributed to establishing the early stages of the methods pedagogy.
NMF Staff (First Phase)	*Nelson Mandela Foundation* (NMF) that supported the earlier stages of the CCE-CC program provided an important insight into the history of the methodology in South Africa. Just as the histories of residents, facilitators, and participants were important so was the history of CC in South Africa. Pursuing this particular set of actors offered an opportunity to explore the ways in which the histories of interventions in country and localized context shaped pedagogy.
CCE-CC Experts/ Informants	*South African CCE-CC experts* with a long history of supporting and using the methodology in and outside of South Africa were selected to provide further insight into the pedagogical dimensions of the methodology from a practitioner perspective. While some of the interviews would be utilized and analyzed as part of this dissertations data set some of the data would be used to inform the analysis and inquiry into the *process* oriented data.

In terms of the overall design these research groupings proved useful and at the same time limiting. As mentioned earlier this design gave little explicit attention to *gender, sexuality, race, religion, class* etc. In the absence of giving greater attention to these social identities in the design of the research I unintentionally limited the potential for focused inquiry into the ways that social identities shaped the way facilitators storied process or creators constructed their narratives of CCE-CC origins. In essence I missed an opportunity to build in intentional mechanisms that would produce empirically enriching nuances essential to any inquiry into HIV/AIDS, community mobilization, and the South African context. While some of these nuances naturally emerged out of the analysis a more systematic approach to design could have produced findings that offered more robust insights into gendered, classed, and aged dimensions of each of these categories. One of the more formative lessons from this process has been to give greater levels of technical

attention to these matters in my research design as a way to build increasingly bias proof and blind spot safe processes of inquiry.

3.4.0.0 – Institutional & Communal Authorization

The institutional authorization for this process was multifold and mostly enabled by the broader GIZ evaluation within which my doctoral research was situated. Beyond the ethics approval processes, which will be detailed below there, was a need for multiple levels of provincial and municipal authorization in order to ensure that the research being conducted was permissible. Through the GIZ evaluation the broader evaluation team and my own doctoral study was presented to the relevant provincial and municipal authorities prior to inception. This process ensured that in instances where the inquiry process touched upon political or socially sensitive matters there was necessary support and permissions. These levels of authorizations proved increasingly important when my doctoral data collection process coincided with intense levels of service delivery protest and general unrest alongside the pressures of an impending national election. In some instances the research process could and was mistaken for a form of political canvassing. The sections below provide further detail of the both the ethical processes and the communal authorization process.

3.4.1.0 – Ethical Process & Proposal

Two levels of ethical approval were sought for this research through the **London School of Economics and Political Science's Department of Social Psychology**. The research ethics approval was submitted to the department on **January 15th 2013** and approval was received. There was also a need to receive research ethics approval for the research portion in South Africa. It was agreed early on with GIZ that my doctoral studies would be included in the ethics approval process for the overall evaluation because my findings and research would also be useful for the broader evaluation. The evaluation and ethical approval request was submitted to the **University of the Witwatersrand's**, Johannesburg South Africa **Human Research Ethics Committee (HERC)** for research with human subjects (non-medical) by lead investigator **Dr Grace Khonou**. Ethical approval was received and an ethical approval number was issued both for the evaluation and doctoral study **H120533** (Appendix 2).

3.4.2.0 – Communal Authorization

Beyond institutional authorization, including provincial and municipal level government approval, there was also a need to seek local approval from indigenous governance representatives in the localities where I conducted my research. In order to seek local authority I ensured that I was introduced to local councils during *imbizos* so I could explain my purpose for being in community and the ultimate focus of my research. In many instances this meant being questioned both by leaders and council members about my intentions and the uses of my research. This process opened up important questions around 'downward accountability' mentioned earlier. In each of these instances as a researcher it was difficult to demonstrate the ways in which my presence could be justified by the potential impacts the research would have on communities. The process raised important questions around the *ethics of communal authorization* as a means of engaging power dynamics in the researcher research participant relationship. Like Skeggs (2004) questioning of reflexivity this process also raises important questions around the ways in which communal authorization and engagement can serve to legitimize research that does little to offer critical forms of disruption to this dynamic. The lack of 'downward accountability' in my research is as I see it, a limitation.

3.5.0.0 – Data Collection Process

Myself, the sole researcher, along with the support of translators and community guides, conducted the data collection. The data collection was conducted **August 2013 and ended in December 2013** with the majority of the time spent in *Ingquza.*. I also conducted semi-structured interviews via Skype from London, United Kingdom with CCE-CC experts living internationally.

All of interviews were recorded on an electronic audio recorder that was stored in safe and secured spaces when possible. When possible the audio recorder was stored in a locked safe and when conducting fieldwork the audio recorder was stored in a locked bag. Recordings were transferred to my computer and into an encrypted file at the end of each day. In order to ensure security and safety I used short form in my field notes to refer to individuals where the matter was sensitive. In one instance I was asked to conduct an interview off the record and without the recorder out of concern for political and or physical reprisal. The respondent felt that their status as a foreign national living in South Africa made them vulnerable.

3.5.1.0 – Self Presentation & Context

In all of the interviews I presented myself as a **London School of Economic and Political Science Doctoral Student in the Department of Social Psychology**. On presentation I offered a two page research *overview* of the project (Appendix 3.0) along with the with *consent form* (Appendix 4.0). Prior to beginning the interviews I worked with the translator to properly translate the consent form for their reading in case the participant was unable to read the document for various reasons or did not comprehend English to the degree necessary to understand the consent form. In these instances we often took between 20 and 30 minutes to discuss the research project, read and or translate the briefing document, and the consent form where necessary. I also made ample time for questions before and after the interview. From a life histories perspective and where the participant's time allowed we typically took much longer and aimed to provide as much background information about the researcher, myself as a person, and the translator's history and background.

3.5.2.0 – Participant Confidentiality & Safety

The interviews were conducted in private spaces with only the translator and participant present to maintain the confidentiality and safety of research participant's. In the introductions I intentionally emphasized the need for participants to only share what they were most comfortable sharing and to stop if the interview became uncomfortable. As the interviewer I was careful not to press directions in conversations that could be potentially triggering. A part of maintaining confidentiality and safety was also reflected in my emphasis on finding local support and translators that lived outside of the communities within which I conducted my research. This ensured that there was little chance that the contents of the interviews could be accidently repeated in spaces and to peoples that could compromise the participants and the overall confidentiality of the study..

3.5.3.0 – Community Guides & Translators

While conducting interviews in *Ingquza* I worked with the support of a CCE-CC local mentor and DELTA staff Mercy Manci that aided with introductions to the appropriate authorities. During this research a translator Mziwekhaya Ngalo – a trained social worker recently graduated from the *Walter Sisulu University* -- also assisted me. In order to formalize the translation agreement I

generated a research contract that outlined expectations around confidentiality and conduct. We then spent two days in one-on-one training discussing the research focus, the questionnaires, consent forms, and information sheets. After each day of interviews we debriefed on the session focusing on the translation process. We also made agreements around translation practice and approach. From a reflexive standpoint both Mziwekhaya and myself were both contextually categorized as young men. This undoubtedly had an impact on the content and direction of the interviews. More rigorous attention to context and my own Positionality could have taken this possibility into greater account during the design phase. Within the context discussing personal matters and matters related to sexualities is not common across generations and in some instances considered rude. More time in the context would have allowed for more careful consideration and planning.

3.5.4.0 – Sampling Process

My sampling process was both targeted and snowballed. Local facilitators and DELTA staff helped identify relevant participants and in some instances these participants referred me to other participants. While the *process* and *pedagogy* focused groupings were targeted the context specific interviews relied on snowballing and referrals from individuals that opted to participate in the research first. Because many of the communities were tight nit the snowballing process moved relatively quickly with little challenge. The process of targeting some participants only proved difficult during the period of service delivery protest.

3.6.0.0 – Data Analysis Process

As discussed in Section 3.1.2.0 narrative analysis was the primary mode of analysis applied to both the life histories, and semi-structured interviews. In total the full data set analyzed was **N=63 life histories, and semi-structured interviews**. The narrative analysis process involved three distinct phases of analysis moving between holistic reading of the full data set and the categorical reading and analysis of the data sets based on the *context, process, and pedagogy* categorization presented in Section 3.2.5.0. The narrative analysis process proved challenging for a number of reasons. The richness of life history accounts is as Andrews, Squire, & Tamboukou (2013) suggests their ability to reflect relationality, intersectionality, and simultaneity of the personal and the political. This is also where the greatest challenge lies. While a broad cross section of the literature offers conceptual framings for the analytical process (Bamberg 2011; Ibid 2013) there is little

literature that provides systematic overviews of potential approaches to narrative analysis in the ways there are for thematic network analysis (Attride- Stirling 2001). In the absence of this systematic guidance researchers often devise their own approaches to the analytical process guided by prevailing narrative analysis discourse. The sections below provide a detail overview of the analytical process.

3.6.1.0 – Transcription & Verification

As most of the life histories and semi-structured interviews were conducted in isiXhosa I sought translation and transcription support from two graduate students at the *University of Witswatersrand* that were also involved in the GIZ evaluation. Like the in country translator a contract defining the need for confidentiality and security was generated and signed. In order to preserve the participants original meaning the translator/transcriber was instructed to reflect direct translation in the transcript produced. This entailed leaving sentences that presented as grammatically incorrect or unconventional as they were. The transcription process involved the translation of small batches of transcripts at a time. After the transcript were translated and transcribed I reviewed the transcripts for any noticeable discrepancies or grammatical errors. It was necessary to confirm that sentences that didn't present in unconventional grammatical ways were in fact matters of direct translation and not transcription mistakes or oversights. This process was repeated with each batch. Once the full transcription process was completed I reviewed and reread the transcripts again to ensure their quality.

3.6.2.0 – Narrative Analysis & Thematic Clustering

The narrative analysis process involved three phases of analysis. It is important to note that before beginning my analysis I had already identified *context, process, and pedagogy* as my guiding framework for my analytical process. These categories were obviously guided by this dissertation guiding research questions. I applied an experience-centered analytical process to the interviews approaching them through a *hermeneutic circles* and a top down *social worlds* approach (Squire 2013). While I involved myself in multiple cycles or phases of interpretation I was also expressly interested in at times applying a top-down approach that intentionally sought out counter narratives in *context, process and pedagogy*. By approaching the analytical process in this way multiple levels of meaning consistently emerged from the data sets and new features of participant's often intersectional storying came to the fore. Through this process I both sought to

create room for natural thematic narrative clusters to emerge while also systematically searching for clusters in relationship to both the empirical questions being asked and the theoretical frameworks applied.

In this first phase of analysis I conducted a review of the **N= 63** data set identifying whole narratives. During this phase I wasn't pressured to clearly define what a narrative was and is not. Instead I was expressly interested in gaining a sense of the ways the participants broader narratives framed the national context of South Africa, HIV/AIDS, and health more broadly. In this instance I gave particular attention to the ways in which the *micro political* narratives participants produced provided *macro* level insights insight into the social, political and economic dimensions of the broader national context and HIV/AIDS. This was, in many ways, a *social worlds* approach to experience-centered analysis a top-down prioritization of analysis. I then used the first level of analysis to guide my ongoing literature review. This initial phase of analysis created the opportunity to enhance both my understanding of broader macro level dimensions of South Africa and HIV/AIDS relevant to the Ingquza context and the lives of participants. By following this first phase with a broadening literature search I was then able to apply some of the insights gleaned from the literature to the more cyclical hermeneutical process of inquiry in the phases to follow.

The second phase of analysis focused on splitting the data set up according to the ways in which they were originally categorized across the *context, process, and pedagogy* categories. At this stage I focused on identifying prominent thematic clusters and affinities within each category. As mentioned earlier this process often proved challenging. Because of the intersectional and relational ways in which participants shared their life histories and by extension produced narratives thematic clusters could shift along different intersectional axes depending on reading and focus. In this instance it required me as the researcher to begin to impose delimiting forms of inquiry while also being careful not to overly insert my own agenda and bias into the process. Once the thematic clusters were completed and recorded. I repeated this process testing strength of the clusters by reimagining them along another axes of intersectional identification. For instance how would a cluster that presents intersecting narratives of class and HIV/AIDS shift if I gave greater emphases to the clusters gendered dimensions?

In the third and final phase of analysis I repeated this process based on a preliminary framing of the three proposed data chapters. The data chapters were organized according the same initial categories; *context, process, and pedagogy*. For context, having organized the life histories into time demarcated interviews I was able to organize and analyze the data and narrative clusters

according to the three time periods presented in section in 3.2.3.0; *Apartheid, the 1994 transition, the advent of HIV/AIDS and the present*. Under *process*, Kabeer's (2005) *horizontal* and vertical *citizenship* framework and the CCE-CC methodologies dual focus on dialogue and the engagement of local leaders provided a natural analytical framework to work and cluster within. *Pedagogy*, like context, was organized across time and focused on three distinct periods in the evolution of the CC process. In order to preserve the importance of CC creation process the creators/founders narratives were analyzed as whole and autonomous narratives to generate clear and origin specific insights into the early construction of pedagogy. The NMF staff and CCE-CC expert's narratives were thematically clustered and analyzed separately for the section focused on CCE-CC early introduction to South Africa. The section also involved an analysis of the **UNDP CCE-CC manual and Strategy Note**. A detailed account of this process is provided in **Chapter 5**.

3.7.0.0 – Conclusion

The methodological overview provided in this chapter offers distinct insights into both theoretical bases for the application of *life histories* and *narrative analysis* to this sort of study. Approaching the study of an HIV/AIDS oriented community mobilization approach in this way provided important opportunities to expand the scope and depth of this research. This process also demonstrated the sorts of limitations that emerged out of my inability to systematically consider Positionality and to by extension systemize the reflexive research praxis. Kim (2008) and Skeggs (2004) offer some important critiques worth considering. While life histories and narrative analysis provided opportunities to generate new nuanced and complex forms of knowledge I as the researcher and the context wholly mediated their ability. While there is nothing completely insightful about this observation it does offer an opportunity. My experience has been that despite what these approaches offer there is a need for critical qualitative researchers to produce works that demonstrate the ways in which new researchers can systematically perform reflexive, positional, research using standard research tools. While participatory action research has helped contribute to these directions there is an increasing need for life histories and narratives researchers to put efforts towards these ends.

Chapter 4:

Concerning 'Everyday' Violence, Resistance, and AIDS in Ingquza

"If history were past, history wouldn't matter.

History is the present. . . . You and I are history.

We carry our history. We act our history."

James Baldwin

4.0.0.0- Introduction:

The *Ingquza Hill Local Municipality* is a layered geography with overlapping histories and identities that co-exist as embodied histories in citizens that make up the population. These embodied histories are inscribed into the socio-political and socio-economic fabric of the municipality. In the contemporary, *Ingquza* sits nested in the coastal belt of the Oliver Tambo District of South Africa's Eastern Cape Province. It simultaneously exists, through the embodied histories of its citizens, as the Apartheid constructed Transkei. Before it was the Transkei *Ingquza* did and still exists as a part of Mpondoland; a predominantly isiXhosa speaking region made up of communities self-identified as the Amapondo. These historically constructed territorial identities are psychosocially lived in the present by residents of *Ingquza*. They overlap and intersect in the life histories of the individuals whose narratives form the foundation of this chapter's empirical analysis. In doing so, they reaffirm that 'history' as we understand it is ever present in the body and the world around. It is because of this that history is life shaping; and because it is life shaping, it is society shaping. Pursuing new contextual understandings of *Ingquza* across the time continuum and through the life histories of residents of Ingquza, ultimately necessitated theoretically engaging with *memory* as a site of psycho social politic (De Brito et al 2001). I chose to approach this **unorthodox context chapter** in this way out of an empirical necessity to engage participants life histories in full and a desire to invite into this chapter's analysis the role that "memory making" (De Brito et al 2001) plays in the evolution of South Africa as a democracy and nation. How I chose to do so will be discussed in greater detail in *Section 4.2.0.0* of this chapter.

On the statistical surface, *Ingquza* and the communities that comprise it could be contextually constructed through the accessible global and national index data. One point of statistical measurement that provides a broad picture is the Human Development Index (HDI). At times criticized the HDI is useful as a comparative measurement of health, education, and income, and serves as a 'measurement of living standards' (ECSECC 2014). While South Africa's overall index stood at 0.663 in 2013 and ranks as 116 out of 183 countries on the HDI global index in 2015, the HDI for Eastern province was markedly lower at 0.503 (UNDP 2015). Based on the UNDP rankings of human development, South Africa and the Eastern Cape Province fall into category of medium development while the Oliver Tambo District, within which *Ingquza* is nested, falls into the low development index with 0.46. The comparatively low HDI of Oliver Tambo District exists within a much bigger and more complex story about the state of inequality in South Africa, statistically expressed in the march of the countries Gini coefficient index. While South Africa's overall Gini coefficient has reportedly improved from 0.664 in 2007 to 0.654 in 2013 – still extremely high by global measures – the Eastern Cape province has reportedly become more unequal (ECSECC 2014). In 2007, the province's Gini coefficient stood at 0.636 and in 2013 0.656. Today the Gini coefficient in the Oliver Tambo District stands at 0.677. Estimates suggest that approximately 1,183,635 people live below the national poverty line in the district, almost 60% of the district's population. Persisting levels of inequality and poverty have been marked by high levels of structurally induced out-migration resulting in over 2 million citizens originating in the Eastern Cape now living outside the province (Ibid 2014). This continual and historically rooted migration saw a net out migration of 325,078 people between the years of 2001 and 2011. At the centre of, and deeply intertwined in, this socio-economic outlook are HIV rates in the district that increased from "just over 100,000 in 2000 to 145,861 in 2013" (Ibid 2014).

These global and national indices help frame the overarching costs that come with being born into a contextual continuum of marginality and yet constructing context in this way does little to make more accessible the multi-dimensional layers of co-existing histories, interlocking socio-political realities, and psycho-social worlds of *Ingquza*. Renderings such as this can equally obscure the levity, love, reciprocity, and liveable lives (Phoenix 2007) that made and make up *Ingquza*. They can flatten complex intimate specificities into valid but limiting macro pictures of marginalization. This chapter seeks out memory, story, and narrative as a point of entry to explore the complex relationships between these layers and dimensions; between the past and the present; between the individual and the structural; between the body and the state; between HIV/AIDS and the world around.

In this **unorthodox context chapter I** construct a narratively driven rendering of the *Ingquza Hill Local Municipality* through three distinct time bound eras that align with the ways in which the life stories that comprise this chapter were conducted. The periods are as follows *4.3.0.0 - Before 1994: Migration, Gendered Identities and the Survival Economy;* **4**.*4.0.0 – 1994: The Transition to Majority Rule; and 4.5.0.0 – 2013: HIV/AIDS and Municipalities in a Post-G.E.A.R Ingquza*. This chapter focuses on giving form to the structural violence (Galtung 1980), voicelessness, active silencing (Mate 2010), and embodiment (Fassin 2010; Krieger 2001) conceptual framework presented in **Chapter 2**. I draw upon Giroux's (2012) *disposability and usability* and Philo's (2005) *geography of wounding* to construct a more actionable conceptual bridge between the structural violence and embodiment frameworks. In that sense the concept of various forms of structural and socially induced wounding are wound through this chapter's analysis bonding together systemic forms of dispossession and social marginalization with health outcomes and embodied experience. Memory and memory making serves as an indispensible empirical vehicle that both implicitly and explicitly weaves together the ill health and the ways structural violence is lived in the most innocuous and mundane ways. The findings that emerged from an analysis of the resident's narratives unexpectedly produced a continuum of embodied experience whose contours were ultimately shaped by countries evolving political economy and interlinked local context. As a result the findings moved far beyond my initial expectations. I entered the analytical process with the intent to produce an analysis that fell within the neatly defined confines of the structural drivers literature format. As discussed in Chapter 2 the structural drivers literature often constructs neat boundaries around the gendered, socio-economic, and behavioural drivers of ill health and HIV/AIDS as a means to discuss targeted prevention interventions. What emerged was a far more complex and interwoven construction of context that could not be easily separated into causal or protective categories.

In section 4.3.0.0 *Before 1994: Migration, Gendered Identities and the Survival Economy* I present the ways in which an analysis of residents narratives of the Transkei wove together Apartheid induced forms of structural dispossession with accounts of familial loss, fracture, and endemic illness. The findings also highlight the mundane and everyday ways communities survived and resisted. The findings of this section highlight the early systemic contours of embodied structural violence. In section *4.4.0.0 1994: The Transition to Majority Rule* findings and analysis demonstrate how the transition was lived and psychosocially metabolized in the present. Memories of the transition to democracy provide very particular insights into present days stresses and shifts in the social landscape. The findings help to more clearly define the psychosocial and psychopolitical

dimensions of *Ingquza*.   Section 4.5.0.0 *2013: HIV/AIDS and Municipalities in a Post-G.E.A.R Ingquza* presents findings that highlight the ways in which neo-liberally induced spatial inequities intertwine with HIV/AIDS in the participants narratives. By doing so the findings establish an alternative history of HIV/AIDS to what is typically presented in the predominating epidemiologically dominated prevention literature. The HIV/AIDS that emerges is bound up in service delivery protest, popular unrest and the rising inequities that partially characterize contemporary South Africa.

Throughout this chapter I employ a number of terminologies that require greater definition. Firstly this chapter is framed as unorthodox context chapter but what is meant by context requires more definition. I intentioned work within the Black Feminist writing traditions best characterized by Mama (1995) and Dineo-Gqola (2011). Both implicitly and explicitly write 'context' as a complex and often indefinable intermingling of the psychological, social, economic, political, and even spiritual; the historical, present, and future all at once. This is a decolonizing approach to context that avoids constructing defined boundaries that parse dimensions or levels (Bronfenbrenner 1979) of the lived experience in ways that negate the messiness, integral and layered nature of lived life. This is also a distinctly different approach from those that have explored context as the linkages between the individual, community, and societal phenomena; or "mediating moments" (Cornish 2012). Treating context in this way was also an unexpected outcome of both utilizing life histories as means of data collection and narrative analysis as means to explore and understand context.

The use of the term 'psychosocial' also appears rather liberally throughout this chapter. Martikainen and Lahlema (2002) have given particular attention to the multitudinous ways in which the 'psychosocial' is employed and empirically mobilized with often liminal definition and specificity. In this chapters case the term psychosocial refers the to the mutually constitutive and or dialectical relationship between the social and psychological. An emphasis on the psychosocial suggests that participants narratives of shared space do not only provide insights into the ways the social influences and shapes the psychological but also the way the psychological offers insights into the societal. This is in many ways a Fanonian (1963) approach to the psychosocial. It suggests that the narrative experiences of the structurally dispossessed and perpetually resistive provide crucial insights into the nature of structural violence and the intimate and embodied outcomes of these systems. In this way this chapter's use of the psychosocial often verges – appropriately so- on the psychopolitical (Prilleltensky 2003, 2008)

This chapters contributions originate in a very specific politic that I discuss in greater detail in Appendix **5 Politic and Context: A reflexive entry to Contextual Construction**. This chapter aims to restart the story of HIV/AIDS in Eastern Cape Province in a somewhat alternative way. By standing as an unconventional context chapter what follows does not bear the weight of an empirical necessity to draw causal sinews between the 'everyday narratives' of the research participants and the complex and intricate machinery of structural dispossession and disenfranchisement that existed in one form and continues to exist in another. This chapter situates the exploration of participants' narrated subjectivities within a reading of South Africa's past and present in ways that admittedly reflect my own 'politic' as researcher, writer, and person. A politic I reflexively detailed in *Chapter 3* of this dissertation and choose to foreground in this chapter through a very intentional characterization of structural violence (Galtung 1969) turned embodied history (Fassin 2002) in the form of HIV/AIDS and ill health

Concerning 'Everyday' Violence, Resistance, and AIDS in Ingquza Hill, is heavily inspired by Fanon's work. Hence the play on his title "Concerning Violence" that serves as the opening of Fanon's Wretched of the Earth (1961) (See Appendix 5). Fanon's work influences and implicitly inhabits and shapes my applications of structural violence (Galtung 1980; Farmer 2004) and embodied history (Fassin 2008) to the South African context, prioritizing the relationships between the complex subjectivities of men and women living in and around *Ingquza* and the much broader social, economic, and political landscape. This chapter is an empirical ode to this inspiration.

4.1.0.0 – Disposability, Usability and Geographies of Wounding

South Africa's colonial and apartheid history was in part characterized by state-sanctioned subjugation through the attempted stripping away of all things indigenous, and by extension, the attempted suppression of all things radical and resistant. Colonialism and apartheid, politically akin, were forms of state violence that subjugated bodies of colour as an extension of a much larger imperative; economic plunder and resource control. Deploying the term plunder as a way to characterize this history in the outset of this chapter deserves explanation. In part, it is informed by the writer Ta-nehisi Coates' use of the word in his article "*When plunder becomes a system of governance" (*Coates 2014). Emphasizing the use of this term ensures that the unyielding violence of these systems are not rinsed clean by way of sanitizing language. Plunder and its linguistic kin, 'pillage' are also employed in a great deal of Fanon's unflinching illustration of colonial rule. This is

an explicit attempt to, as Adichie (2009) implores, start the storying of *Ingquza* and the contextual soil out of which the HIV/AIDS emerged in South Africa in a new place.

In order to make the plunder project workable, racialism and racism served to justify the state sanctioned atrocities of control and oppression. Plunder, as exercised through the domination of indigenous human, physical, spiritual, psychological and emotional resources, required the state to increasingly frame certain sets of people as *disposable* and by extension, inherently *useable* (Giroux 2012). Black South African worth as defined by the state was shaped by the need to commodify and consume the bodies and labour of Black South Africans for the much larger plunder project. What existed was a system structured to violently reap the ground, what was under it, and the people indigenous to it. In South Africa, the beginnings of *structural violence* as experienced through apartheid was characterized by a framing of black bodies as useable commodities that had little value outside of plunderous political economy. Homelands like the Transkei and Ciskei, now the Eastern Cape Province, became legislatively constructed and militarily reinforced zones of disposability divested of any and all human rights. *Usability* and *disposability* became the socio-economic crucible through which many South Africans of colour passed. All of the research participants' storied lives passed through this crucible in some shape or form. The usability and disposability of Black South Africa was further fortified through political disenfranchisement in which the *voices*, desires, and hopes of Black South Africans were physically, legislatively and symbolically kept far outside of the possible spheres of influence, power, or national authority. Actively and violently silencing and suppressing bodies of colour was an essential part of maintaining a system powered by *usability* and *disposability*.

To better reconstruct what emerged from this period I looked beyond the mainstream AIDS and social-psychological literature for language and conceptual framing. In doing so, I found Chris Philo's *The Geographies that Wound* (Philo 2005). Philo's work revolves around a critical questioning of 'vulnerability' as a means of framing states of dispossession. His work is particularly concerned with the ways in which 'vulnerability' as a theoretical construct contributes to the erasure of culpability through a sometimes-problematic emphasis on intrinsic characteristics, behaviours, and locality. Philo's *Geographies of wounding* keep[s] questions of responsibility and even blame very much on the table (Philo 2005). In doing so, Philo offers 'wounding' as an alternative point of conceptual focus. To move the concept of *wounding* forward Philo draws on the work of Watts & Bohle (1993) who attempt to offer critical redefinitions and reconceptualization's of 'vulnerability' that kept questions of culpability firmly intact. Watt's and

Bohle suggest that "Spaces of Vulnerability" are intrinsically shaped by mutually reinforcing political and economic "causal powers". Most notable in their work is their insistence on highlighting the relational nature of vulnerability suggesting that 'spaces of vulnerability' are often expressions of a relationship of dependency with a "regional core which drains surpluses and resources away from the periphery" through forms of systematized dispossession (Ibid 1993; pg 53). Drawing on the geographical works of Hinchliffe, Philo suggests that we see the *wounding* of the 'vulnerable' as a spatially networked phenomenon in which particular spaces, peoples, and power imbalances are complicit in the wounding (Hinchcliffe 2000). This ultimately means reimagining *Ingquza* as a g*eography of wounding* in consistent relationship with centralized spaces of colonial and apartheid political and economic power and influence that exacted various forms of *wounding* in the name of the plunder project. *Wounding*, and *geographies of wounding*,also serve as a "bodily-metaphor" creating a necessary bridge between the concept of *structural violence* and the more intimate realms of *embodied history*. In keeping with the bodily metaphor of *wounding* It is therefore, necessary to keep forever present in our discourses the spatial linkages between the "hurt and the hurter –between the vulnerable and the powerful." (Philo 2005). The forms of *usability* and *disposability* that marked this period contributed to creation of the Transkei as a site of systemic wounding. Wounding predicated on and powered by a desire to stream black bodies and bodies of colour into endless cycles of servitude, slavery, and precarious labour. Finally, *wounding* reminds us that there is a continual dialectic between structurally violent policies, economic systems, and the body, and that our bodies and the state they are in have always served as political barometers throwing open to scrutiny the quality and character of the States within which we live. As Das writes:

"…pain is a condensed expression of the trauma of individuals and can be read as a production of criticism by the body of the injustices to which the individual has been subjected. Secret histories of society are to be found, then, not in verbal accounts alone but in the havoc caused by political events on the bodies and souls of men and women." (Das 1995: 181)

To apply Galtung's structural violence to present-day readings of AIDS and the life histories of the women and men living in *Ingquza* is to ultimately acknowledge that the marginalization and ill-health we see in today's *Ingquza* exist on a historical continuum and emerged out of a period characterized by the racialized commodification and wounding of black bodies in what was then the Transkei. Historical and present day geographies overlap and coexist. The past exists in the present and does so in part through embodied histories (Dineo- Gqola 2010; Fassin 2003).

Continuities with the past, both in self and society, are what in part make it possible for history to continually write itself across the health and life outcomes of populations still living in midst of systemic *wounding*.

But, how do we empirically twine together structurally violent histories and presents, wounding, and the embodiment of history in ways that foreground a critical rendering of the rise of the AIDS epidemic in *Ingquza*? This chapter looks to memory and narratives as the means. Memory and narratives are psychosocial devices that can be utilized to critically explore how citizens living in *Ingquza* story living with, resisting, and subverting histories of *wounding*. They bring nuance and add complexity to what Dlamini calls the "master narrative" of black dispossession in South Africa (Dlamini 2009). Master narratives that overlook the rich complexities of "class, gender, age, and ethnicity" that naturally fracture and complicate reductionist framings of "the masses" that characterize some historical renderings of black dispossession under apartheid (Ibid 2009). Working with memory and narrative remind us that states of *disposability, usability, violence,* nor *wounding* are ever completely totalizing as contextual characteristics of any place.

Before entering into a critical exploration of the memories of the participants, the section to follow outlines the data-sets (story & narrative) utilized in this chapter and intentionally engages ongoing discourses about memory and narrative to more clearly frame how both terms are employed and relevant to this chapter's broader purpose.

4.2.0.0 — Data & Data Presentation Structure: Micro/Macro Political Narratives & Memory in Context

This chapter's analytical offering is organized across three distinct historical periods; **(4.3.1.0) before 1994 and the end of apartheid; (4.4.1.0) 1994 and the transition to majority rule; and (4.5.1.0) the present; being 2013 when the life history interviews were conducted**. The data presented in this chapter is organized in this fashion for a number of reasons. Firstly it follows the intentional sequential time posting used to guide the life history interviews conducted in the South African spring of 2013. Secondly, the chapter is organized in this way to help construct a trajectory of context for *Ingquza* and the lives lived there; linking past to present in more explicit ways. Lastly, the chapter aims to foreground HIV/AIDS in *Ingquza* as a societal phenomenon that emerges from a very specific history yet to be fully redressed.

The data in this chapter comes from life story interviews with **N=19** residents and citizens of *Ingquza*. This data set **includes local residents and key informants** in the CCE-CC process.

Figure 3: Life Histories - Data Overview			
	Women (Ages 19-65)	**Men (Ages 19-65)**	**Total**
Residents	11	4	15

The life histories form the basis for the first two finds sections of this chapter; before 1994: Migration, Gendered Identities; and the Survival Economy (4.3.1.0) and 1994 Transition to Majority Rule (4.4.1.0). The life histories were conducted with these chronological signposts as guides. The Semi-structured interviews of local key informants including indigenous leadership and local service providers form the basis for this chapter's final section; The present 2013: HIV/AIDS and life under GEAR (4.5.1.0). It is important to note that the sample size for analysis differed per section. N=8 of the N=19 were over the ages of 40. As a result their narratives were prioritized as the primary data sets for 4.3.10 and sections 4.4.1.0 as they had clearer and more established memories of these periods.

Figure 4: Semi Structured Interview - Data Overview			
	Women (19-65)	**Men (19-65)**	**Total**
Key Infor.	1	3	4

By inviting women and men, through life history interviews, to recount their lives from childhood to the present I naturally invited those that participated into a process of remembering; an act of intentionally engaging memory. Memory and remembering can be approached in a multitude of ways. The section to follow aims to make more clear how I engaged and understood the place of memory and remembering in this chapter's analysis.

4.2.1.0 – Memory and the Political Narratives

Memory and remembering play a central role in the composition of the sections **4.3.0.0 and 4.4.0.0** of this chapter; and as a result, call for more intentional conceptual engagement with their importance and application. In this chapter I engage memory in three ways.

Firstly, I engage the memories of participants as a site of political struggle and tension. Memories often shape and influence the potential for social and political action by shaping how citizens perceive the political realities within which they live and imagine new possibilities. As Barahona de Brito and Gonzalez – Enriquez (2001) suggest "…Memories define the scope and nature of action, reorder reality, and legitimate power holders. They become a part of the process of political socialization". In this sense, this chapter reflects a direct engagement in the ways that the participants perform and reflect a *politics of memory* (Fassin 2008; Barahone De Brito & Gonzalez–Enriquez 2001). In order to effectively achieve this, I give particular attention to the "forgotten, repressed, minimised, distorted, and reinvented" (Fassin 2008).

Like the academic Pumla Dineo Gqola, writer of *What is slavery to me? Post-colonial slave memory in Post-Apartheid South Africa?* (2010), I also look to works of Toni Morrison (1995) to give more functional form to this chapter's application of the *politics of memory*. In Morrison's work '*The Site of Memory*' she offers a conceptualization of "history as lives lived". In doing so, she posits work with memory as a "…journey to a site to see what remains left behind and to reconstruct the world that these remains imply in order yield up a kind of truth…"(Morrison 1995). Morrison's orientation towards memory is particularly instructive for communities for whom history is not over (Chabot-Davies 1998); communities and peoples that struggle to keep historical consciousness alive in an attempt to help bring to fruition more transformative futures. In offering the concept of "rememory", Morrison directs our attention to the "mind's struggle between remembering and forgetting" in the form of repression as a response to histories of wounding and trauma (Morrison 1987). This struggle that Morrison depicts is undoubtedly shaped, influenced, and formed by encounters with power hierarchies (Dineo-Gqola 2011). The analysis in this chapter is guided by Morrison's approach and her attention to these struggles but with an equal emphasis on the relationship between *suppression* and *remembering,* acknowledging that memories are at times subverted and *dismembered*, intentionally and unintentionally, in the interests of power hierarchies. In attempting to offer up a "kind of truth" from the participants' historical narratives, while also giving attention to the ways in which they reveal a *politics of memory,* I begin my analysis from an understanding that the contours of power and power hierarchies need not explicitly present themselves in narratives in order to be present.

Lastly, the analysis to follow intentionally engages the concept of 'Nostalgia' as forwarded by Jacob Dlamini in *Notes of Native Nostalgia (2009)* who examines "what it means to be nostalgic for a past generally considered to have been a dark chapter in South African History…" According to

Worby and Ally (2013), Nostalgia effectively "condenses loss and longing" and therefore offers an additional lens for working with and working from memory. Memory in this form can be understood as an unyielding loop that routinely holds history in the present as a means of coping with unanswered questions and unrealized possibilities. In the South African context, memory as nostalgia can be characterized as a form of memory politics that in part emerges out of disappointment with a Rainbow Nation not yet realized; or, as Dlamini puts it, an "anxiety about what has gone on in Post-Apartheid South Africa" (2009). In reflecting on Dlamini's work and Nostalgia, Worby and Allen ask the following: "How might the painful and uncanny qualities of memory be harnessed in the service of opening to something new, rather than the closure of repetition?" Approaching nostalgia as a particular sort of memory politic rooted in "an awareness that something is not in its appointed place"(Abbas 2011: 226) allows us to raise more complex questions around what role the collective memories of citizens can and could play in catalyzing movements and mobilization that promote more equitable worlds (Ibid 2011).

In essence, what working with memory as politic and nostalgia in this way aims to achieve is a work of counter-memory (Lipsitz 1990) in which *Ingquza* rises out of the personal-political to meet and ultimately complicate the statistical renderings offered in the introduction. Counter-memory bonds oral histories of marginalized peoples with linear public histories in order to produce new and complex understandings of the ways historical periods continue to inhabit the present (Giroux 1990). Counter-memory ultimately opens: "the way towards a new synthesis, one that offers dignity interchangeably to all peoples without first forcing them into an imaginary identity constructed from a top-down perspective on human experience" (Lipsitz 1990: 227).

4.3.0.0 – Before 1994: Migration, Gendered Identities and the Survival Economy

The narratives that form the foundation for this section are works that embody the past and present all at once. The residents of *Ingquza* that offered their life histories did so from a very specific place and time in South Africa's existence as a democratic nation state. While this will be discussed in more detail in **Section 4.5.0.0,** it is worth momentarily mentioning here since the politics of memory are as much about the present as the past. While I have utilized words like 'continuum' and 'linear' in the previous section, this is not at the expense of the overarching recognition that memory is by no means sequential or complete. Throughout this section we will see the ways in which citizens' memories cyclically curl back into the past from the present while simultaneously setting imagined and real foundational visions of the future.

The life histories to follow were offered during a period of pre-election at the end of South African President Jacob Zuma's first term; a period that coincided with a dramatic increase in service delivery protests across South Africa like the one I witnessed and recounted in **Chapter 1**. National data points to a steady rise in protest, suggesting that it has doubled since 2009 (Duncan 2014;Alexander, Runciman, and Ngwane 2014). The life histories were also offered post August 16th 2012 when South African Police (SAPS) killed 34, striking platinum miners. The 'Marikana Massacre' has been described as a significant turning point for the country (Alexander 2013), and the 'end of the of post-apartheid South Africa's revolutionary era' (Cole 2013). While seemingly disconnected Marikana and the increase in protests arguably reflected a shifting political landscape marked by pronounced forms of civic discontent. To imagine residents of *Ingquza's* memories of the past as somehow separate from these national realities would erase the ways that national political climates inhabit the lives and psycho-social worlds of citizens.   More importantly, it would ignore the significant influence the present has on the ways in which we remember the past.

4.3.1.0 – Migration and Mortality

Agnes Nombsebenzi (63) was born in 1950 and moved to Mthimde, one of the many rural communities that make up *Ingquza*, in 1970. Mthimde is approximately 20km by mostly unfinished gravel road from the town Lusikisiki. According to Agnes, she spent most her childhood in between the family kraal – caring for her father's stock of goats, sheep, and cows – and her school. It was the "girls' responsibility" to care for the homestead and kraal so she and her sisters took turns leaving school for periods of time to care for the livestock. She was one of the eight children born to her mother and father. They were five girls and three boys.

Agnes' storying of her origins offer up a micro-political narrative of *self-reliance and resilience.* Central to the story of self-reliance is her gendered positionality as a girl becoming a young woman and the eldest of a large family sustaining itself through farming, husbandry, and the wages her father sent home from Guateng:

> "**Agnes:** *We grew up in Machibini. I arrived here in Mthimde when I was already old*
> *attending grades 6 or 7. In Machibini we grew up as the children of my father. We were 8*
> *children. The girls were 5 and 3 boys. Two of the boys were twins. We grew up nice at*
> *home. My father was working in Gauteng we were staying with my mother at home we*

attended school in Mthimde because in that place of Mthinezweni there were no schools during that time. We were taking turns with work at home we were looking after the cattle's because my father had a stock of cows, sheep's and goat. When you look after the cattle's you didn't go to school you would be looking after the cattle the whole day. So we were taking turns we as the girls because [we were the] older girls so the boys are the last ones. At the age of 10 or 11, we attended school although we were looking after the cattle, the job of women. We were also doing it at home we [took] turns. At home [we] ploughed maize, beans and there were also pigs, we were taking turns to grind the maize because at that time there wasn't mealy-meal at that time we were living on maize" (Agnes : 3-18)

The family patched together its livelihood through a mixture of small-scale farming and the earnings from her father's work. While her mother remained with her and her siblings in Mtimde, Agnes's father spent most his years working in Gauteng as a mining labourer. Like many of the men in the region, his years were spent extracting mineral wealth for little pay. In her father's absence, Agnes' family's self-sustaining mechanisms reshaped themselves out of necessity placing greater responsibility on Agnes and her siblings. Agnes' storying is a political narrative because it offers up an innocuous framing of the ways in which her family responded to, and were shaped by, the intimate and relational influence of structurally induced dispossession. In particular, it highlights the ways in which gendered and aged constructs interfaced with structural dispossession, reshaping the family dynamic by dispersing the responsibility for livelihoods. In this instance we see the politics of *disposability* and *usability* as a cascading effect in which the drawing out of family members consistently remade and reshaped relational networks and gendered and aged familial dynamics. Across all of the participant's micro-political narratives, there are mentions of "Gauteng" and the cyclical nature of labour migration prevalent during the period. All of the participants similarly story this dispossession in the proximate through accounts of its impact on their family and livelihoods.

Participants' repeated reference to "Gauteng" or "Johannesburg" and travelling and labouring fathers should be considered a symbolic stand-in for a very personal and intimate dialectic that exists between the lives of participants, their families and communities, and the broader political economy under apartheid. A history of apartheid-induced migration drew men and women from rural areas like Mthimde to urban centres to work as cheap, and at times, slave labour (Smit 2001). The beginnings of migrant labour in areas like *Ingquza* was not happenstance. The genesis of black

labour migration has been attributed to two formative policies; the *Land Acts* (Act 27:1913; Act 18:1936) and the *huts and polls tax*. While the huts and poll tax imposed new fiscal demands on already marginalized black households in places like the Transkei, forcing families to find new ways to supplement household income, the lands act declared what it termed "squatter farming" as illegal imposing restrictive laws on black women and black men's farming in the homelands (Gelerblom & Kok 1994). Busiswa Bomela, 35, at the time and born in 1979 recounts hoe her father's absence, having left in search of work, reshaped the family and imposed new demands on girls and women in particular:

> "**Busiswa:** *My name is Busiswa, I am from Bodweni, I was born in 1979, I grew up here in Bodweni, I was raised by my mother, my father according to what my mother told us is that he left saying he is going to work and he never came back. I stayed with my mother. I started schooling doing grade A then up to standard 7. I dropped out of school in the middle of grade 7 because of financial struggles. At the time it was compulsory to pay school fees, my mother earned a living by gathering wood and selling it and also by washing people's clothes, I stayed at home until I was an adult, I started working part-time jobs, selling at the (spaza) tuck shops, owners asking me to help them:" (Busiswa 12 -20)*

While Busiswa's narrative raises questions around her father's absence it still centralizes his leaving in search of work beyond the boundaries of the community and implicitly locates her lifetime struggles in this absence. Arguably this is not a micro-narrative focused on familial loss and the absence of this relationship alone. It is a narrative that depicts the cascading affect her father's absence had on her family's livelihoods and ultimately her life outcomes. When participants Agnes speaks of "ploughing maize and beans" or Busiswa speaks of her mother "gathering wood and selling it" they are reconstructing memories of sustaining familial livelihoods on the small, often less productive, plots of the 7.3% of land allocated to black populations through the Act. The 7.3% of land allocation served a dual purpose. It "not only helped white landlords remove black sharecroppers, but held out prospects for the easier recruitment of labour for the mines by proposing to enlarge the recruiting areas, the reserves" (Davenport 1987: pp 531). The Lands Act eventually led to the collapse of the black agricultural sector and with that a new set of apartheid imposed tax burdens, propelled black men and women across South Africa into a migratory labour pattern (Gelerblom & Kok 1994). Alongside the national policies and legal frameworks the private sector and its representative bodies like the *Chamber of Mines* emerged as an influential interlocutor protecting and promoting the interests of "White Capital" and the

mining of Gold (Taylor 1982) while also fortifying the proleterianization of peoples and communities living in the Transkei. The *Chamber of Mines* and its labour recruiting arm the *Native Recruiting Corporation* (NRC) drew massive numbers of 'lives' into this oscillating system of human traffic. I intentionally employ the word 'lives' as oppose to the often used term 'labour' to acknowledge the ways in which the participants' narratives emphasize the drawing up of their family members and their own lived trajectories directly into the industrialized structural violence that characterized the period. By doing so, and returning to political narratives of the participants, we see that their micro-political narratives of families reshaping themselves in response to presiding political economy naturally merge to produce larger macro political narratives of *geographical wounding*. Taylor reminds us that spaces like the Transkei were rhetorically referred to as the "reserve" a politically and economically constructed space for accumulating and sourcing surplus labour; ultimately a space of *disposability* and *usability* (Lye & Murray 1980: 153). While Agnes constructs this story around the performance of a nice and rather peaceful reconstruction of that period Busiswa's offers arguably more painful depiction of a similar experience. While each of their experiences were shaped and moderated by a host of factors beyond the purview of this study and the data collected the distinction between the two does represent a sort of contradiction or disruption in the data that will be discussed further on in this section.

Paired with participants' narratives of migration are storying's of *illness*, *loss*, and *mortality*. Some bonded narratives of illness and mortality directly with migration. They spoke of the passing away of fathers that returned home ill after working far away for long periods of time. Nolusapho (49) constructs a narrative of a father that returned sick with "TB" and died shortly after. Central to Nolusapho's storying of her childhood are the ways in which her familial networks had to respond and reshape themselves around not only the illness and subsequent passing of her father, but also the challenges associated with "growing up under poverty"(Nolusapho: 10-12). Like Nolusapho, Agnes' father also returned to Mthimde with an illness she did not name. He died shortly after and responsibility for financially supporting the family shifted to Agnes; the only sibling certified to find work at the time. These intertwining micro-narratives of *mortality, morbidity, and parental loss* connect familial resilience, illness, and migration into larger macro-narratives of embodied *disposability* and *usability*.

Tuberculosis, as one of the named illnesses that presents rather consistently throughout the participants' narratives, naturally emerges as a personal-political phenomenon representing the very real relationship between the body, politics, and the state. In 1906 *District Surgeon and*

Medical Officer of Health and Justice the Peace for Pondoland J. Grant Miller, M.B wrote the following in the British Medical Journal: "Of the diseases to which Pondo is subject, tuberculosis holds the first place. Not only is it much more common than any other serious disease, but unfortunately it is also on the increase" (Miller 1908). Miller's article, in often deeply problematic ways, offers behavioural and structural reasoning's for the Tuberculosis crisis at the time[2]. Two distinct crisis-inducing phenomena emerge as poignant observations of political economy. The first being his unquestioned attribution of the Tuberculosis crisis to the cyclical migration of young men to and from the mines in Johannesburg, and the second being the prevalence of overcrowding induced by the "poll hut tax" (Ibid 1908). Packard complicates this binary by forwarding a reconstruction of this crisis by situating the Tuberculosis crisis of the period at the centre of a series of a broader set of political and economic influences (Packard 1989). While the dramatic prevalence of Tuberculosis can in part be attributed to mining companies' practice of implementing short mining contracts and sending severely ill miners home after their Tuberculosis was identified, usually during its most advanced stages, there were also rural realities beyond overcrowding that contributed to local transmission. In the 1938 Dr F. W. Fox and D.Back submitted a report to the *Chamber of Mines* citing "declining agricultural production, widespread destitution, [and] malnutrition," across many parts of the Transkei and linked this deterioration in part to the mine's labour practices (Ibid 1989; Fox &Back 1938). Beyond mining practices Fox and Back identified the 1936 Maize Marketing Act as a factor that further fortified the dominance of white farmers in the market while, through racially targeted taxation structures and unjust subsidies, simultaneously narrowed and effectively cut out the points of entry and participation for Black farmers in the Transkei (Fox & Back 1938). Fox and Back, in their report, wrote that while Black families, "were paying 18/- to 25/ per bag for maize as food for families, many of whom were reported to be in a state of semi starvation, a munificent government was supplying maize to white farmers in the same district for cattle feed as a subsidized price of 7/- per bag" (Ibid 1938). The Maize Act was imposed on families in the Transkei during an already structurally induced famine characterized by dramatic and detrimental shifts in the diets in the region. As the prices of maize climbed, the diversity of diets declined and nutritional values of families living in the Transkei plummeted, placing many families in a state of "nutritional vulnerability" (ibid 1989). Tuberculosis, scurvy, and other illnesses took hold during this period fed undoubtedly by the *disposable* and *useable* policies and politics of the period.

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[2] Miller's article is deeply problematic and racialist. It repeatedly uses the term "Kaffir" to refer to the Pondo and undoubtedly makes gross generalizations about the population. Alongside more structural observations are often crass assertions about "Pondo" life and "Pondo" peoples.

This was the prevailing context into which Agnes, Busiswa, and Nolusapho were born. As mentioned earlier a cross section of the participants narratives produced unexpected contradictions that had not been anticipated. The bonding of 'warm' and 'positive' recollections with a past so profoundly shaped by systemic violence and oppression was certainly unexpected and initially presented in the data as a problematic dichotomy. How could the participants remember this period with fondness? A number of the participants offered micro-narratives of their childhoods as "nice", "peaceful", and "good" while, when merged and analysed, also offering up macro-political narratives of lives lived in an apartheid-constructed geography of wounding. Such constructions could be read as a paradox; an irreconcilable disjuncture between the truth of the prevailing violence of the period and the truth of familial bonds, love and reciprocity provide. These narratives naturally required that I as a researcher look elsewhere for material that would aid in this reconciling. Harnessing the works of Dlamini (2009), Dineo- Gqola (2011), and Morrison (1987) reflects my attempts as a researcher to search for reconciliatory literatures and thoughts. These works provided insight into the ways in which my own implicit assumptions about the pervasiveness of apartheid as a researcher served to inhabit the data analysis process[3]. The seeming paradox in the participant's narratives, rather than a contradiction was reconciled by more aptly analytically treating them as a disruption; a disruption that exposed some of the more transgressive dimensions of the participants lived experiences. Through the works of Dlaimini (2009), Dineo-Gqola (2011) and Morisson (1987) what became all the more evident is that micro-storying such as these forward narratives that not only foreground forms of *resilience* but also move beyond *resilience* and *self-reliance* to offer greater macro-level insights into overlooked natures of *resistance*. Just as *mortality, mobility*, and *migration* violently reshaped and in many instances fractured families, many of the participants construct narratives of *resistance* in which families in face of morbidity and mortality consistently remade themselves in an aim to stabilize livelihoods and familial support structures.

These narratives can be collectively understood as macro political narratives of *resistance* in that they reflect an assertion of *value* and *worth* in the face of *disposability* and *usability*. It is important to assert that familial dynamics need not be 'perfect' to resist through explicitly and implicitly expressions of *value and worth*. These narratives highlight the ways in which families and communities consistently drew on relational networks and rewove themselves. To bracket these

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[3] The analytical process naturally surfaced some of my own implicit and explicit assumptions about what it could mean to live life under apartheid. The paradox in the literature helped highlight the ways in which my own location in the research served to prioritize what Dlamini (2009) describes as "mass narratives of black dispossession that flatten participant's experiences and homogenize them as the oppressed.

familial reweavings as *resilienc*e and/or *self-reliance,* and set them apart from what may traditionally be understood as *resistance,* is to create an artificial boundary.

Of equal importance are what the participants narratives of *migration, mortality, and morbidity* suggest about memory as a psycho-social site of politics. Returning to Morissons's emphasis on excavating the meanings behind "remembering and forgetting" (date), it is possible to look in on the memories of participants as an important affect; *the dismembering of memory*. Firstly, despite the wounds participants repeatedly surfaced through their narratives, references to those inflicting the wounding were largely absent with the exception of a few accounts. Naturally the policies and politics of the period rarely appear in participant's intimate and meaningful accounts of familial loss and reweaving. This in many ways can be seen as an almost emblematic affect of structural violence; the indirect violence of marginalizing and disenfranchising policy. In returning to Morisson's (1987) emphasis on 'absences' – the struggle between remembering and forgetting -- we can witness how the psychosocial memorialization of the past are mediated, shaped, and influenced by the forms of violence experienced. What is potentially evidenced in the participants' accounts is a sort of *dismembering of memory* where narratives of the past exists apart from the systemic violence that inflicted the wounding described in intimate and familial ways. It may be difficult to remember the policy that indirectly violence our bodies in the same way we recall the lash that tore our skin, or the fist that fractured our bones. And yet it may also be true that *dismembering* itself is a function of power; an expression of the ways that the contours of power are at times felt or not felt, experienced or not experienced, and by extension storied in structurally violent times.

4.3.2.0 – Under Education and Immobility

In 1953 the South African Parliament ratified the *Bantu Education Act*. The Bantu Education Act marked a period in which the education of Black communities -- both in townships and throughout Bantustans -- were systematically drawn up into the centralized governance system of the Nationalist Party (Chisolm 2012). In establishing the act, the South African gov't effectively erected an education system that further fortified social and political control in communities throughout the Transkei. The Education Act effectively consolidated the Nationalist party control of state run schooling and erected a segregated schooling structure that increasingly drew African children into a comparatively under-resourced and underfinanced schooling system. The overall aim of the Act reflected a distinct National Party political impulse made real through policy. The Act created a

perpetual "underclass" from which to draw cheap labour for the agricultural, mining, and domestic services sectors and to further suppress the growing tide of African Nationalism (Fiske & Lad 2004). Shortly after the ratification of the Education Act the Nationalist party passed the Bantu Self Government Act of 1959. With the creation of the self-governance act 'homelands' like the Transkei were essentially constructed as self-governing states; paradoxically autonomous and simultaneously monitored and controlled by the South African government (Magubane 2004b). The educational system that emerged was an extension of this new independent state arrangement constructed and overseen by Pretoria. As Horrell points out:

"In 1965, only 25.5% of African teachers had university degrees. Not surprisingly, by 1968, for every 100,000 in the population group concerned, 866 whites, 322 Indians, 74 coloureds and only 13 Africans reached the final year of schooling. Indeed, the average school life of Africans during the 1960s was four years. Only one-tenth of a cohort succeeded to secondary classes. Of the cohort that started school in 1957, for example, only 8.6% made it through secondary schooling by 1967.The level of functional illiteracy in the general population, and adults, was high" (Horrell 1968; Chisholm 2012: pp 86)

By 1970, the per capita expenditure for White South African children was R737.7 R versus, R104.9 for Coloured children, and R160.2 for Black South African children (Unterhalter 1990). This educational divide was an expression of the politically constructed form of violent "inter-dependence" mostly clearly expressed in M.C. Botha, the Minister of Bantu Administrations, address to the House Assembly in 1968:

" The Future of all Non-White nations and our Whites, whether we are in a partial or in a full stage of independence, is dependent upon a pattern of what I call 'inter-dependence' – mutual dependence on one national upon another. This pattern of interdependence of one nation upon another is the only pattern which can ensure a peaceful co-existence in South Africa for the entire constellation of nations… We, as whites, admit that we are dependent upon Non-White nations in South Africa for their labour, and they in turn depend upon us for all kinds of labour requiring more expertise. (Bunting 1969: 489-490)

The participants' encounters with the educational system are inadvertent illustrations of what it meant to be educated in the far margins of this 'inter-dependence'. An inter-dependence that created a dialectic between the children growing up in the Transkei, school systems, and National

Party dominated Pretoria. Returning to Busiswa story we also see a narrative of childhood encounters with the presiding educational system, that simultaneously offer up micro-political narratives of this dialectic:

> "**Busiswa:** My name is Busiswa Bomela, I am from Bodweni, I was born in 1979, I grew up here in Bodweni, I was raised by my mother, my father according to what my mother told us is that he left saying he is going to work and he never came back, I stayed with my mother, I started schooling doing grade A then up to standard 7, I dropped out of school in the middle of grade 7 because of financial struggles, at the time it was compulsory to pay school fees, my mother earned a living by gathering wood and selling it and also by washing people's clothes, I stayed at home until I was an adult, I started working part-time jobs, selling at the (spaza) tuck shops, owners asking me to help them" (Bomela: 12-20)

Busiswa almost immediately wove "schooling" into the storying of her childhood. By doing so the participant's narratives inadvertently suggest that "schooling" is a site of memory embodying both personal significance in terms of their longer trajectories and historical importance in terms of the larger political world. While many historical works focus on the impacts and nature of segregated schooling and under education propagated by the National Party, accounts like Busiswa's demonstrate that beyond under-resourced and segregated school systems, comparatively pronounced poverty routinely hindered many families' ability to send their children to school. By storying her encounters with schooling in this way, Busiswa places her struggle with schooling at the centre of her accounts of *parental loss* and *comparative poverty*:

> "**Busiswa:** Growing up here for me was hard, I felt abused because I would see other children when we were going to school with shoes and I did not have, I didn't have a jersey even in winter, even proper uniform, I would wear whatever I have and when I get to school they would make me take them off. My mother did not make that much money sometimes she would not make enough for food until I decided to dropout even my mother agreed because she could see that things were getting even harder for her, so my brother and I dropped out and he went to work somewhere else and I thought I was too young to go work elsewhere that's why I stayed behind and worked at local shops" (Bomela:42-50)

This too is a memory of structural *wounding*. Such accounts are reminders that the experience of wounding was not homogenous in geographies like the Transkei. Significant differentials in familial livelihoods adversely affected the trajectories of women, children, and men. Busiswa stories this *wounding* as a matter of *comparative impoverishment* by invoking her childhood sense of 'feeling abused' by the way her relative level of impoverishment showed up in her everyday and shaped her sense of self. The wounding was in part psycho-socially sustained when she had to experience her own material struggle in relation to other children's. And yet a much larger storying of *wounding* emerges when she links her "dropping out" to her eventual work in "local shops". What emerges is a micro-political narrative of another sort of loss, the loss of possibility. Returning to the Minister M.C Botha's address to the House Assembly and the troubling form of "inter-dependence" that characterized the period, we can also read her narrative and narratives like hers as narratives of interrupted and immobilized life trajectories; trajectories systemically interrupted and immobilized in order to maintain the surplus.

Like Busiswa and Nolusapho Mynamana (49) and Mtuthtuzeli Mnyamana (29), mother and son also construct micro political narratives of immobilized possibility. Nolusapho narratives of under-education are fused with her accounts of early marriage:

> "**Nolusapho:** *At home when I was growing up till I was 12 years I think we were still living the way I was explaining, so I think when I reached 15 years I went to get married. I was still [young] and I had already left school. It was really hard at school because they started to hit us because we [didn't] have books, and you don't have these [other] things that are wanted at school and you don't even know where you will get them."* (Nolusapho: 56-65)

Nolusapho, like Busiswa, offers a narrative of schooling experience that was mediated by her family's inability to afford basic educational accompaniments like books. But unlike Busiswa, Nolusapho's narrative offers an image of an educational environment hostile to the relative poverty of some of its students. Her narrative about punitive forms of corporal punishment highlight the way the indirect violence of Bantu Education policy took form in the interpersonal corporal punishment meted out by some teachers and other representatives of the presiding education system. Busiswa memories of corporal punishment elucidate the macro politics of political tensions that existed between Black students and the Bantu Education system. According

to Dlamini (2009) corporal punishment eventually became a flash point of political engagement for youth:

"Corporal punishment was one of the main targets of student protests. Students hated the practice they hated the victimisation it symbolised and the abuse it encouraged. In fact, they made this a key demand of their fight against Bantu education and eventually won the battle when the Department of Education and Training, the state agency responsible for black education under apartheid announced in the late 1980's that teachers would no longer be allowed to subject students to corporal punishment." (Dlamini 2009)

Accounts like Nolusapho's are illustrative of the ways in which the contours of policy and state power reached down into the intimate and interpersonal realms of life. It represents one of the many instances in which the indirect became the direct and the implicit wounding by way of policy became explicit in lives. In the midst of this remembering Nolusapho offered an alternative vision of her life if education had in fact been accessible:

> "**Nolusapho:** Yoooh! A lot would have been changed if I went to school, and my children they would have enrolled at school in time because they entered school when they were old. I would have children that are working, and my grandparents' house, I would have really made it a home. I would have made it my house." (Nolusapho 75-78)

The unfulfilled possibility expressed in Nolusapho narrative is mirrored in her 29 year old son Mtuthuzeli's life story. Together their narratives trans-generationally bonds narratives of under education under apartheid with narratives of under education and lost possibilities in the post-apartheid era. After having to repeat grade 11, Mtuthuzeli left school during his second attempt at completing successfully:

> " **Mtuthuzeli's:** I loved school, what made me drop out was my financial situation" (Mtuthuzeli: 80)

Mtuthuzeli travelled to Durban in search of work following the familiar pathways of migratory labour common to the context. During his time there he worked "piece jobs"', a form of precarious employment, mostly on construction sites. Mtuthuzeli was born in the final years of apartheid but similarly bonded narratives of under-education and immobilized possibility in a pre and post-

apartheid narrative. He had ultimately wanted to become a police officer but could not because he did not complete his grade twelve.

Together the Mynamana's narratives offer up a micro political narrative of the very proximate experience of under-education and immobility. These narratives are also insights into the trans-generational nature of structural dispossession. Their narratives make clear the symbiotic relationship between the *disposability* and *usability* that M.C Botha's comments to the House Assembly in 1968 articulated. The under-education that prevailed under apartheid effectively dedicated successive generations to the migratory mill. Be it poor education, or comparative poverty, or the inability to afford basics like uniforms or shoes, the political economy that prevailed effectively aimed to cement the underclass and by extension the promise of perpetual surplus labour in South Africa; under education was one of the many state-sanctioned means through which to realise this. At an intimate level the promise of perpetual surplus labour via under-education was repeatedly memoried as immobilized or interrupted individual and familial possibilities that cut off more prosperous pathways and directed the life trajectories of participants into various forms of precarity.

Micro political narratives of this sort offer up more macro political understandings of under education as a form of trans generational structural wounding. As an insight into *Ingquza* as historically situated geography of wounding, such accounts illustrate the ways in which histories of wounding wound futures. The participant's narratives are ultimately macro-political narratives about what it meant to live the Bantu Education Act of 1953 in the geographies that comprise *Inqguza* today.

4.3.3.0 – Survival Economies and Social Networks

In **section 4.3.1.1** of this chapter I discussed the *reweaving* and *remaking* of familial relationships as a resistive assertion of *value* and *worth* expressed in the midst of a predatory political economy. Rather than speaking of these reweavings and remakings as resilience alone, I offered resistance as an associated framing to explicitly highlight the ways in which communities throughout the Transkei resisted systematically induced precarity. What surfaces across the participants' narratives are storying's of *survival economies* with women's work and resistance at the core; Survival Economies that evolved and existed within the context of the broader apartheid political economy. Amina Mama suggests that 'African' economies, speaking liberally about the continent,

have always "been buttressed by the feminized survival economy" (; Mama 2013). Suarez describes Survival Economies as:

"… 'Care economies' where women improvise, share, generate, develop relationships, draw upon old and new knowledge, to sustain themselves and their families. Women create survival economies in the face of increasing economic inequality and impoverishment and food insecurity. Survival economies are built on women's relationships with each other, within communities, and are tied, but not directly, to formal economy or formal market systems...A better term might be women's survival economies: alternative economic systems where women create ways to survive that are not directly part of market ..." (Suarez 2009)

It may seem paradoxical for some of the participants to employ words like "nice" and "good" when recounting the lives they lived under apartheid if we overlook the *economies of care* that sustained families and communities. It may seem even more paradoxical for those that express a sort of nostalgia about the period. What becomes all the more evident through more structured analysis of the participants' life-histories are the *insulating* and *protective* roles that networks of care played in many participants' lives. While survival economies can be understood in the purely material sense ie food security and livelihoods the participants' narratives highlight the roles that expressions of *reciprocity, love, and responsibility* played in sustaining life and self. They also make more explicit the ways in which *reciprocity, love*, and *responsibility* intertwined with the more material forms of alternative economics to resist the psycho-social pervasiveness of *disposability* and structural *wounding*:

> "**Nolusapho**: At that time I would say it was **nice** because our grandmother was taking care of us, it was that time when my father wasn't there... It was my aunt that took us to the clinic when my father came back sick from TB, and we were checked to make sure we don't have it. It was our aunt that took us there. Our mother, now that we understand it, was a person that was mentally disturbed but because that time things like that were not quickly recognised, but now that we recognise that we see that it's like that … We were living with our grandmother my father's mother and living with my aunt. So those were the people that took care of us and gave us love, my mother used to shout at us and was not always at home. So we didn't see any ugliness because our grandmother was always close to us" (Nolusapho – Story2: 30-45)

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The economies of care that participants' story often centralized women's work and networks. Aunts, grandmothers, stepmothers, and daughters featured as formidable figures and animators of the networks.

> *"**Agnes:** We were taking turns with work at home we were looking after the cattle's because my father had a stock of cows, sheep's and goat. When you look at the cattle's you didn't go to school you would be looking after the cattle the whole day, so we were taking turns we as the girls because it was us the older girls so the boys are the last ones." (Agnes: 10-13)*

The gendered nature of these networks does not erase the presence and contribution of men and boys. Many of the participants refer to fathers, grandfathers, and uncles as participants in these networks but the overwhelming majority of the narratives story a survival economy that was highly gendered and woman-centric.

The survival economies that participant's narratives uncover were ostensibly intertwined with, and animated by, the forms of reciprocity, love and responsibility that rewove and remade themselves around children, and families. A considerable amount of research illustrates the impact that migration and apartheid politics had on families and areas like Transkei. Less focus has been given to the ways in which communities responded to and resisted this restructuring. The alternative economic systems and livelihoods that emerge from participants' micro-political narratives can be read as subaltern resistance to the *Lands Act* and other forms of policy driven dispossession that structurally eroded the livelihood potentials of Black families throughout the Transkei. Communities combined these relational reweaving's – bonds of love, reciprocity, and responsibility -- with diverse local forms of agrarian production as a means to sustain self and family. Porter and Phillips-Howard (1997) research argue that the migratory labour system served to radically shift the "burden" of agrarian farming to women:

"By 1936, 53 per cent of men aged 18-54 were absent from their homes" (Southall, 1982:77): the agricultural burden was firmly upon the shoulders of women… Although out migration has not been exclusively male many women have remained at home to tend to cattle and cultivate subsistence crops, assisted as in earlier decades by their children, the elderly and infirm, and nowadays also by men no longer able to find waged employment." (Porter& Phillips- Howard 1997: 186-187)

While Nolusapho and Agnes construct narratives that depict survival economies as nurturing and sustaining Zanele (55) narratives of these relational networks offers an alternative depiction. Zanele offers up a narrative depiction of these relational networks as complex landscapes with natural fractures and fissures. The complicating depiction of familial networks Zanele offers up begin in her birthplace, Gauteng, and continue through to her arrival in eastern cape as a young girl:

> *"Zanele: I was born in Gauteng in Benoni where I grow up I was a child, …. I was born in Gauteng as a child my mother neglected me she took me and sent me to her uncle, we got there and I grow up there we didn't know that we are not from this family but they educated us until we were old. When we were old we came back to study in the Eastern Cape…I was 11 years at that time I was doing standard 3, I then grow up in the Eastern Cape then I was in standard 4, 5, 6,7 and 8 in hlanza high school, do you know hlanza. But because our father wasn't our biological father it happened that I drop school because he just took us in an ugly way, we left him in Gauteng when he came back he fight with us. But our mother treated us with care and she loved us I even ran to her in Durban because my father was in Johannesburg, then I went to stay with my mother. When I was staying with mother I got a child, should I explain that I got a child? I was pregnant yes when I was doing standard 8." (Zanele: 5-17)*

Zanele's narrative should be seen as neither contradictory nor disruptive. Instead her narrative demonstrated that as much as relational networks embodied the capacity to sustain they also embodied the capacity to wound and harm. This is in fact a narrative that guards against a mutually flattening and narrowing depiction of survival economies. Just as Dlamini (2009) cautioned against broad flattening accounts of "black dispossession" the same cautions are applicable here. Survival economies embodied the potential for wounding and alienation along side their potentials for reciprocity and love. Zanele's narrative is a reminder that no form of resistance is pristine in its protective and transgressive potentials. Zanele's narratives and the narratives of younger participants that are similar but began after the transition in 1994 presented as moments where I as the researcher was again confronted by my implicit tendency towards bifurcating this chapters rendering of life under apartheid into the "bad" and "good"; the "systems" versus "the people", the "black" versus the "white". This was in part due to my own biases but also equally animated by my theoretical reliance on Freirean (1969) and the binaries that dominate his earlier works.   The

impasses and nuance these collective narratives offered opened the possibility for a much more complex everyday intimate analysis of psycho-social landscape of the Transkei.

In the midst of participants' storying of women-led agrarian survival economies is the emergence of *Cannabis Sativa* as a crop central to familial and communal livelihood. The areas that now comprise *Inqguza* have a long history of supplementing household livelihoods through the farming and selling of *Dagga*. In some instances it was reported as "perhaps the highest single internal income earner" for homesteads throughout Transkei during the period (Streek and Wicksteed 1983: 249; Beinart 1992: 185). Nomveliso Mbhedeni and Captain Madaza offer micro-narratives of Ingquza that highlight the role that farming and the sale of cannabis played in sustaining the livelihoods of families. Nomveliso narrative construction suggests that the history of Cannabis Sativa stretches back to "Before I was born, before I was here" (Nomveliso: 150) and both her and Captain Madaza affirm the long standing history of large to small community developed and tended Cannabis plantations in the area. According to Captain Madaza the farming of "dagga" is fundamental part of the "local [life]" (Captain Madaza 306-317). The farming and selling of Cannabis is significant when viewed in relation to the ways in which politics and policies of the period undermined the black farmers and the self-sustaining agricultural production many of the participant's families relied upon. Maize, as the dominant crop farmed throughout the Transkei, serves as an instructive point of inquiry into the ways that the national policy and practice of the period disadvantaged many of the participants' families. Many farmers and families were unable to produce the sorts of surplus needed to generate additional income (Beinart 1992). While commercial white farmers producing maize benefitted from favourable state subsidies and were regularly supported to market their surplus through the *Maize Marketing Board,* farmers in the Transkei struggled with labour shortages due to the migratory labour system, poor roads, a lack of grain mills, and little to no means of marketing in the rare occasion there was surplus (Porter and Howard 1997). As mentioned in section **4.3.1.1,** these circumstances were precipitated by the intersection of the 1936 Maize Marketing Act and the Lands Act. The farming of Dagga signified a diversion from a mainstream market economy politically structured to place families in the Transkei at a disadvantage. Dagga served as a material alternative for families surviving on the margins of Apartheid.

Participants' storying of life under apartheid as "nice", "good", and "peaceful" may in part be attributed to the formative presence of women-led survival economies. Survival economies that bonded informal economies and social networks of care with alternative and counter culture

farming and income generation. Survival economies arguably served as subaltern forms of resistance; expressions of *'value'* and *worth* in the midst of a political economy that rendered Black life in The Transkei *disposabl*e and *usable*. Participants narratives and the way they memory these survival economies are in equal parts a reminder that *geographies of wounding* were never and could never be completely totalizing in nature and that women's work, response, and resistance often formed an integral part of the horizontal fabric of local resistance. The participants narratives also demonstrate the limitations and complexity of survival economies demonstrating that even the networks that sustain us can also simultaneously be experienced as networks that injure and wound.. The gendered natures of survival economies also coincided with, and were shaped by, gendered hierarchies that may have proven equally confining and immobilizing for women and girls. It may be that gender inequities also contributed to the contours of survival economies by restricting women and girl's realms to the caring economy itself. The is all to say that these local forms resistance present as complex, both embodying elements that resisted the pervasiveness of *disposability* and *wounding* while also reifying and reinforcing confining gendered identities and gendered dynamics while also embodying the natural familial fractures and fissures that are common regardless of the space occupied in the socio-economic and class hierarchy. It is also important to acknowledge that, while not explicitly present in the participant's narratives, these sorts of survival economies and the resistance they offered often existed alongside, and in relationship to, other forms of women-led political and communal organizing prevalent throughout the Eastern Cape and South Africa (Callinocis 2007; Gasa 2007; Gibbs 2007). There is a formidable cross section of literature focused on the central place women's action and radical organizing held in anti-apartheid and health movements (Bonnin 2000; Hassim 2006; Walker 1991).

4.3.4.0 – Marriage, Gendered Lives, and Masculinities

While familial relationships are at times storied as protective and insulating, participants' narratives routinely reveal the complexities of love, marriage, and relationships that shaped their experiences and encounters with the local social worlds that existed under apartheid. Girls and women's entrance into marriage presented as a particularly salient set of narratives in need of exploration. A number of the participants' narratives were accounts of the way the socio-economic context, both in terms of impoverishment and local societal practice, influenced their trajectories as women. Busiswa, who narrates the influence of under-education **(section 4.3.2.0)**

on her life trajectory, inevitably linked her impoverishment to her choice to marry someone 'she didn't love' and enter into a marriage that would ultimately prove harmful:

> *"**Busiswa:** I even decided to stop working at the local shops, people that drink, sometimes you are employed by someone who sells alcohol and when people get drunk they want to ask you out so I decided to get married to someone I did not love, I was forced by the situation, I wanted to have money to survive but my marriage was also not good" (Busiswa: 51 -55)*

Narratives like Busiswa's highlights the ways in which the early immobilization of life possibilities adversely affected many girl's and women's ability to choose life enhancing trajectories.

Landiwe, born in 1969, entered into marriage by way of *Ukuthwala* at the age of 17. Characterized often as 'abduction marriage', *Ukuthwala* was widely practiced throughout the region and involved at times forced and at times consensual abductions "as a precursor to marriage" (Smit & Notermans 2015). Portions of the literature anthropologically unpack the complexities of *Ukuthwala* by bringing to the fore the diverse ways in which it was practiced and the varied levels of agency and influence, or lack thereof, that girls, women, and their families had in initiating and or mediating the outcomes of an *Ukuthwala* initiated marriage (Rice 2014). Rice's research highlights the need to understand *Ukuthwala* marriage "within the unstable structures of gendered and generational authority" and social status (Ibid 2014: 397). For Landiwe, the experience of *Ukuthwala*, was *wounding*:

> *"**Landiwe:** when I reached my teenage years I was abducted by a man who married me.*
> *Interviewer: How old were you when that happened?*
> *Landiwe: When I was seventeen!*
> *Interviewer: And how did your family feel about it?*
> *Landiwe: They were shocked but it was part of our tradition and culture at the time.*
> *Interviewer: (aha) and for you?*
> *Landiwe: It was painful but I ended up accepting it, then I had five children with that man and even there I am raising these children as the father has passed away! (Landiwe: 18 - 26)"*

As unsettling and disturbing as Landiwe's account of *Ukuthwala* is, the literature does remind us that *Ukuthwala* was practiced in a vast of array of ways some of which were consensual and age appropriate and some of which were not (Monyane 2013). It also reminds us that terms like 'culture' and 'tradition' often frame societal belief systems as static and in opposition to constructions of 'modernity', obscuring the regular contestations and tensions that often exist at the centre of what is often mobilized as 'culture' or 'tradition'. Nonetheless Landiwe and Bomela's narratives like many of the participant's narratives highlight how gendered and generational power imbalances at times merged with problematic mobilizations of 'culture' and 'tradition' in ways that were detrimental to the lives, livelihoods, possibilities, and bodies of girls and women. Narratives like Bomela's further highlight how socio-economic *wounding* intertwined with gender, generation, "culture", and "tradition" in the lives of girls and women entering into marriage and relationship. Through the confluence of their narratives we can begin to see girls, young women, and older women's lives as a meeting point for a complex array of *structural and social forms of wounding*.

Interwoven into women's narratives of marriage, relationship, and *Ukuthwala* are implicit and explicit storying's of pre-existing, present, shifting and emerging forms of *masculinity*. Throughout this section I employ masculinities in the truly plural sense acknowledging that there are multitudes of masculinities often at play in any context. Narratives like Landiwe and Bomela's frame unions and relationships like marriage as something to be survived and coped with. Men as a part of narratives like these stand as influential and powerful actors capable of mobilizing "culture", "tradition", and convention in confining and damaging ways. These narratives provide insight into the way men, by embodying and performing, certain masculinities participated in, reinforced, and contributed to gendered hierarchies. Zanele's narrative of her early life with her husband implicitly centralizes these hierarchies and their formative influence on her adult life:

> *"Zanele: … [S]ince he married me he didn't want me to work because I had already started from nursing but my husband took me out. He was jealous, after that I set down we had a great life then I was taking good care of my children because he didn't want me to work, I was living next to the school selling things …. So my husband and I came back to live in the village, he didn't want me to work I suffered while we were here but the easy thing was to plough we were eating and it was enough but the side of money we didn't have and we were busy educating our children. They are doing high schools up to tertiary level so that is why we don't have enough money in a long run it was better to*

have a tuck-shop at the school they sell things for the teachers and for the school

children and that helped me and uplifted me." (Zanele 37-50)

Substantive writing has been dedicated to the concept of "hegemonic masculinities" as one of the more pronounced and dominant forms of masculinity amongst many (Connell & Messerschmidt 2005). The term "Hegemonic masculinities" forwarded by Connell (1987) is framed as "the pattern of practice (i.e. Things done, not just a set of role expectations or an identity) that allowed men's dominance over women to continue". In response to the perceived limitations of Connells 'sex role theory' and accompanying framings of categorical masculinities a great deal of the literature urges us to think beyond a set of settled and contained identity structures – be they complicit, subordinate, or hegemonic – that can be adopted, denied, or easily deconstructed (Wetherell & Eddley 1999). Instead a number of writers suggest the need to migrate towards a much more fluid and relational psychosocial understanding of masculinities (Jefferson 2002). An understanding that helps explore the ways in which boys and men perform, act out, and embody diverse forms of masculinity at different times in different encounters, moments, and at different points in their lifespans. This framing promotes an understanding of boys and men's performance of masculinity as something that is fluid and consistently in flux. Such framing do not aim to ignore the undeniable role of power, privilege and patriarchy in gendered hierarchies. Instead these critiques suggest that we look for instance at the participant's implicit and explicit narratives of men and masculinities in more complex ways that move away from "dualistic" categorical binaries without ignoring the ever presence of various forms and manifestations of hegemony (Demitrou 2001). Zenele's narrative rendering of a wounding form of masculinity situates it within a broader construction of a "great life". While Zanele's narrative construction situates the loss of her own personal aspirations and aims against the backdrop of her husbands performance of masculinity she concludes this construction with a suggestion that she found a means to live beyond these limitation by way of socio-economic necessity. This is by no means an explicitly transgressive narrative. Instead it offers credence to the works Jefferson (2002) and Wetherell and Eddley (1999) that suggest that gendered hierarchies like masculinities are neither impenetrable nor fixed despite their dominance.

Across the participant's narratives are painful and wounding encounters that warrant the application of Gramsci's concept of *hegemony* to the gendered hierarchies present in some of the storying's of the period. Such accounts highlight the unquestionable presence and influence of various forms and systems of patriarchy operating in, through and around the lives of girls and

women. And yet women's memories of the period also illustrate, through storied moments, the ways in which masculinities embodied and reflected deep tensions and contradictions. These moments are reflected in the participants storying's of male caregivers, fathers, and families that attempted to intervene and interrupt non-consensual *Ukuthwala* marriages initiations. These moments are also evident in accounts of men serving as caregivers – be it fathers or uncles -- and nurturers in the instances where aunts, mothers, sisters, and or grandmothers struggled with various forms of ill health or were drawn up and out by the migratory labour system. Narratives that suggest tensions, contradictions, or complexity do not absolve the men they story from participating and or reinforcing patriarchal social systems. Instead they offer credence to the work of Demitrou (2001) and Wetherell and Eddley (1999) that urge us to understand that the way patriarchal norms and systems of power exist in the psycho-social worlds of boys and men and are often performed, employed, and reproduced in complex and at times contradictory arrays. The co-existence of the hegemonic and subversive makes conceptualizing the relationship between the wounds girls and women sustained through gendered hierarchies and wounding sustained via the reproduction of structurally induced *disposability* and *usability* all the more challenging. What is evident is that existing gendered hierarchies often had demonstrable impacts on girls and women's *voice* and *choice*; *voice* meaning the ability to influence norms and practices in the proximate and *choice* meaning the ability to make formative life trajectory shaping choices. These socially inscribed limitations intertwined with the already politically and economically ascribed limitations of homeland life in the Transkei and by extension could be seen as mutually reinforcing. This would suggest that within the already structurally limited and pronouncedly policed latitudes of black life in the Transkei dispossessions were plural and at times manifold for girls and women.

The mobilization of culture, tradition and convention, gendered hierarchies, and the superstructure of race and dispossession cannot therefore be cleaved apart. The micro proximal narratives of participants and especially those of women demonstrate the ways in which multiple levels of dispossession were both actively resisted and embodied via the reshaping of life trajectories. Focusing on participants narratives of *Ukuthwala* does not aim to erase the vast array of relationships, intimacies, sexualities, and loves that existed outside of and in between the narratives that participants offer up. An emphasis on *Ukuthwala* marriage as an entry point into conversations around gender can unintentionally reify heteronormative recounting of the Transkei that already abound. It can also implicitly suggest that marriage of any form stands as one of the more formative expressions of gender hierarchies in girls and women's lives; the narratives obviously offer a more complex picture. Instead what I have aimed to do is offer participants

narratives as proximal point of intersection representative of much larger gendered, raced, political, and economic divides.

4.3.5.0 – **Discussion** - Intersecting Webs of Wounding & Narratives of Resistance

Locating and exploring *Ingquza's* history under apartheid through the life stories of research participants residing in the area highlights the ways in which participants experienced, negotiated and responded to various forms of *wounding*. Utilizing Philo's (2005) concept of *Geographies of Wounding* enables us to keep ever-present spectre of the intentional political impulses that ultimately shaped the Transkei and propelled Black lives into new and often perilous trajectories at the forefront of this recounting. This framing compels us to hold in our analysis the policies, institutions, and groups participating in, perpetuating, and benefitting from various forms of *social, political, and economic wounding*. Through the at times innocuous storying's of participants we are able to bear closer witness to the inherently political dimensions of personal and proximal experiences; inherent in the sense that lives are always lived in relationship with and too presiding policies and a complex political and economic intensions and social hierarchies. I have tried to ensure that centring wounding in this theoretical framework does not imply that the lives of women, children, and men living under apartheid can be exclusively characterized as living in a totalizing state of "woundedness" and therefore be defined by it. This in part compelled to move beyond binaries that flatten the experience of the oppressed create stark binary divisions between the experiences of historically marginalized peoples and the structurally violent systems evidenced the works of thinkers whose theoretical framings drive this work (Freire 1969). Wounding instead serves to characterize the everydayness of structural violence (Galtung 1969) as an undeniable force that met, entered, and affected the lives of the participants in various ways; and that this force or forces were driven by clearly defined motives to harm in the interest of accumulation. The participant's memories of this period offer very particular insights into the ways that *structural violence* became *embodied history* alongside the inherent complexities and contradictions that fracture and make in possible tidy oversimplifications of this period.

Findings from the participant's narratives also demonstrate the ways in which a diverse array of dispossessive political processes met in participant's life trajectories. Participant's narratives construct a picture of intersecting webs of *social, economic*, and *political wounding*. The term *intersecting webs of wounding* reflects some of the more formative theoretical work around intersectionality (Crenshaw 1991). While Crenshaw's conceptualization of intersectionality is often

regarded as the basis for intersectional studies her work actually emerges out of longer tradition of black feminist theorizing that aimed at exploring the ways in which race, gender, class, and sexuality shape women's experiences (Davis 1981; Lorde 1984). While Crenshaw's work is formative the findings in this chapter more closely reflect sociologist Patricia Collins Hill's works on 'matrices of domination' despite borrowing the term 'intersections' (Collins 2000). In distinguishing the matrix of domination from intersectionality Collins writes the following:

"Intersectional paradigms remind us that oppression cannot be reduced to one fundamental type, and that oppressions work together in producing injustice. In contrast, the matrix of domination refers to how these intersecting oppressions are actually organized. Regardless of the particular intersections involved, structural, disciplinary, hegemonic, and interpersonal domains of power reappear across quite different forms of oppression" (Collins 2000: pg 18)

The concept of *intersecting webs of wounding* highlight the ways in which migration, under education, and gender hierarchy's reshaped the social landscape and the participant's life trajectories. Women's narratives in particular highlighted the compounding nature of systemic wounding under apartheid and by extension the ways in which this wounding was responded to, subverted, co-opted, and reproduced across generations. Exploring this context through the prism of *disposability* and *usability* has helped maintain the presence of "structural, disciplinary, hegemonic, and interpersonal domains of power" in the analysis (Ibid 2000). This sort of framing will prove formative as we move into conceptualizing participants present day narratives of HIV/AIDS in 2013 as extension of this historical continuum (Section 4.5.1.0).

Returning to questions of health, in section **4.3.1.0 Migration and Mortality** participant's narratives of migration, mortality, and illnesses provided insight into the adverse effects of a structurally induced Tuberculosis epidemic in the region. The prevalence of TB and its presence in what is now the *Ingquza* is demonstrative of the ways in which the macro and micro politics of *disposability* and *usability* under apartheid produced pronounced forms of ill health that adversely affected the lives of participants. Tuberculosis and ill health was not only the by-product of structural violence and the embodiment of it. The participant's narratives demonstrate that the health crisis served as a mutually reinforcing part of the dispossessive cycle. To borrow from Fanon's phrasing "the cause [was] the effect" (1961). The TB crisis that J. Grant Miller described in 1906 (See 4.3.1.0) and that participants narratives make more personal the way lives were inextricably bound up in the dispossessive "inter-dependence" that M.C Botha pronounced policy

in the 1968 South African House Assembly (See 4.3.1.2). Intersecting webs of wounding hemmed critical vulnerabilities into place making the health crisis J. Grant Miller described all the more possible. Tuberculosis through this prism was a crisis; an embodied response to a political economy motivated by a *disposability* and *usability* politic.

Alongside and deeply intertwined in the participants everyday narratives of structural violence are storying's that frame the period as "nice" and "good". Participants offered up narratives of families reweaving and remaking themselves, the creations of informal subaltern farming economies, and the existence of women led survival economies. All of these micro narratives serve as implicit and explicit *narratives of resistance* that have much larger macro level bearing. Framing these narratives as narratives of resistance rather than resilience reflects an intentional turn in terminology. Work on resilience as a response to illness, disaffection, marginalization abound (Gitterman 1999; Greene 2014; Richardson 2002). Resiliency has been defined as: "as the process of coping with adversity, change, or opportunity in a manner that results in the identification, fortification, and enrichment of resilient qualities or protective factors" (Richardson et al 2002: pg 308) As Greene's review of resilience literature highlights resilience has been framed as a "multisystemic" and "biopsychosocial and spiritual phenomenon" highly dependent on and responsive to prevailing institutional and communal contexts (Greene 2014). While participant's narratives could be conceptualized as resilience narratives this would overlook the relationship between structural wounding and the lives of the participants. Reweaving and remaking's of familial and broader social support networks arguably existed as resistive acts that reasserted *value and worth* within geography *of wounding* that treated Black life in the Transkei as disposable and usable commodities (Philo 2005). The participant's narratives are not just narratives of *coping* and *adjustment* that existed apart from the much longer and broader socio-political helix of active political resistance. This distinction is important for a number of reasons. Framing these narratives as narratives of resistance is an attempt to tear down the artificial barrier that often exists between more subtle and non-declaratory forms of resistance and the more traditional understandings of resistance. It is to assert that complex arrays of local relationships, be they familial or communal, were and are also a site of resistance inextricably intertwined with and part of the boots on the ground, the boycotts, and the overt and forceful expressions of organized political action. In the face of ever day violence in the Transkei communities often asserted various complex forms of everyday resistance. Framing these narratives as narratives of resistance also aims to further complicate the binary of passive versus active resistance that dominate historical narratives of the anti-apartheid movement. Finally, framing these storying's as narratives of

resistance also serves to demystify everyday resistance by exposing the natural, fissures, fractures, and contradictions that existed.

Understanding participant's everyday narratives as *narratives of resistance* as well serves another function within the broader argument of this thesis. Opting to emphasize resistance over resilience reflects an intentional aim to reframe the way the bodies and lives of women and men that have been structurally wounded in interest of accumulation and, by extension, experienced distinct forms of health disparity are understood. Bodies and lives affected and infected by and through the *intersecting webs of wounding* were not simple epidemiological units to be protected from illness through modifications in health seeking behaviours alone. The bodies, lives, and trajectories of the participants were biopsychosocial barometers of social, political, and economic injustice. In the midst of a complex array of wounding's supporting the body to *cope* and *adjust* to active and intentional forms of structural and systemic wounding would have proven epidemiological sound but politically problematic. Instead participant's narratives urge us to see the body as a site of resistance and epidemic forms of ill health like the Tuberculosis crisis as the body's inability and maybe refusal to "adjust" to systematic *wounding*. It is the individual and collective body's refusal to remain silent; the body's way of exposing prevailing injustice by articulating through *crisis* (Mate 2010).

4.4.0.0 – 1994: The Transition to Majority Rule

The participant's memories of South Africa's democratic transition produce unassuming narratives of what it meant to live the transition in *Ingquza*. Similar to their memories of life under apartheid many of the participants constructed innocuous and subtle narratives of the transition. There are numerous reasons for this that are worth considering. Firstly, the unassuming ways in which participants chose to describe the transition period could in part reflect a limitation in the life history interview structure I devised. A central assumption that reflects my own bias and positioning was my emphasis on identifying 1994 as an important experiential transition point warranting inquiry. What became all the more evident during the interview process and subsequent analysis was that the transition to majority rule and the democratization of South Africa was a process experienced both in significant moments like Nelson Mandela's election on April 27th 1994 and as an ongoing socio-political process unfolding over time. In essence many of the participants still storied their lives as being in the midst of the transition despite the interviews being conducted in 2013.

Secondly, it is important to acknowledge that while the dismantling of the Apartheid regime can be located in the negotiations that began before 1994 and extended far after, geographies like *Ingquza* still exist on the socio-economic fringes of South Africa. While 1994 reflected a significant moment of symbolic significance for participants the materiality of the transition; the actual lived experience of "freedom" beyond the right to vote may have been slower to come (Westaway 2012). In *Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism* Mamdani suggest that while the institutionalization of a de-racialized state was established in 1994 true democratization as it was expected and hoped for was not (Mamdani 1996). As a result 1994 may be remembered as a significant symbolic point of historical reference whose significance is blunted by a present that does yet materially reflect the *promises* made during the transitional period.

The participant's micro political narratives of 1994 are too little to offer conclusive insights into macro political shifts in the country, and yet they do offer insights in the ways the transition was lived and psycho-socially metabolized. In particular they produced two distinct categorizations of micro political narratives *i) Freedom and Discontent* and *ii) Intergenerational Tension and the rise of Right.*

4.4.1.0 – Freedom and Discontent

The participants present day occupy considerable space in memories of the period leading up to and shortly after the transition in 1994. Many of the participants offered micro narratives of the transition that were mediated by the present day state of the community. Neliswa (23), only 4 years old at the time, storied the period as period in which "we got our democracy! We voted" (Neliswa: 722). Neliswa's framing of the period as a time of new 'freedom' exists alongside the ways in which she makes sense of the very present day experience of not yet being fully "free":

*"**Neliswa:** I would say we are free and not!*

***Interviewer:** Can you maybe elaborate!*

***Neliswa:** I would say we are not free because people are killing each other and the next day they are released" (Neliswa 727-732)*

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Neliswa's reference to formidable levels of crime and inadequate local criminal justice systems frames 'freedom' as something that remains illusory. Beyond the right to vote Neliswa's narrative construction implicitly links the explicit protection of physical body from violence to the democratization process. In many ways her storying of 1994 frames democratization as an experience that stretches far beyond the right to "vote" in open and free elections. In her narrative and many of the other participant's narratives is a sense that 1994 symbolically and materially represented a very distinct "promise" that needed to be fulfilled. This 'promise' and the framing of the 1994 transition and democratization as political process embodying very particular sets of commitments to the bodies and lives of individuals living in the Transkei are expressed in narratives like Nomveliso's. Nomveliso' (45) was born in 1968 and lived her life in one of the many communities that make up *Ingquza*:

> **"Nomveliso:** 1994 everything changed!
>
> **Interviewer:** Yes so tell me what this community was like before 1994!
>
> **Nomveliso:** Before 1994 most of them were afraid of white colors, afraid of the police station, anything, anything more is afraid of the people, [the time that] people [started] voting in 1994, everything are changed. [Our] eyes were opened so Mandela gave [us] grant, gave [us] support, gave [us] laws.
>
> **Interviewer:** Yes, (mmm) what was it like; did you vote in 94?
>
> **Nomveliso:** Yes!
>
> **Interviewer:** What did it feel like to vote in 94?
>
> **Nomveliso:** Happy, I [felt] happy! **...** It was a better life for all! … It changed because he came from rural areas, he gave [us] roads, transport for people from the rural side at that time there is no car to go there...There is no funeral plans you can do but now we can do the funeral plans you see. Work is now coming, but not coming for all, but the small businesses are coming like the toilet, having the toilets, having the roads, having the [guest houses] like that house that side of [the community] there are four room house … [and] the RDP houses!"

Nomveliso micro political narrative of the period frames this *promise* not only as a significant turning point but she also binds this 'promise' to the creation of the social grants systems, the advent and of broad based legal rights, and the building of infrastructure. Moreover while she only refers to the building of "RDP houses" her framing of the *promise* and *commitments* made are in

many ways memories of the emergence of the African National Congresses (ANC) Reconstruction and Development Plan (RDP). The RDP and its political and economic emphasis on "redistribution" and "restitution" through a "people—driven" development model formed the foundation of the ANC's 1994 political platform (Nelson Mandela Centre for Memory 1994; Gumede 2005). Within the RDP's broader framing of the democratization effort was the express commitment to land reform, the provision of housing and services, water and sanitation, energy and electrification, telecommunications, transports ie roads and local transport, environmental improvements, nutritional support, dramatically improved health care provision, and social security and social welfare (Ibid 2005). In his August 18th 1994 Budget Debate opening address to parliament Nelson Rolihala Mandela said this of the RDP:

"The RDP should, therefore, be understood as an all-encompassing process of transforming society, in its totality, to ensure a better life for all. It addresses both the principle goals of transformation and ways of managing that transformation… Among its major elements are: One, socio-economic progress to improve the lives of all South Africans. In this regard, we must ensure that ordinary people are fully involved in the planning and management of this programme. Second, economic growth that is sustainable, generates employment and development of human resources, and is characterized by a high degree of equity. Third, reform of institutions, particularly the civil service and the rest of the public sector, to make them more representative, efficient, and effective." (Nelson Mandela Centre for Memory: Speeches 1994)

In returning to 1994 Nomveliso frames the RDP promise as an inherently rural one partly located in Nelson Mandela's own rural born identity. Evident in her narrative construction is the sense that the 'promise' reflected in many of the participants narratives are not only bound up in the end of Apartheid as a governing policy but also in the figure of Nelson Mandela himself and the early 'redistributive' and 'restitutional' rhetoric of the African National Congress (ANC). Across participants narratives are constructions of the transition, freedom, and democratization as an experience lived through the immediate and concrete construction of infrastructure, services, and responsive governance systems. Nomveliso's narrative proves to be a complex micro political work of memory because it merges her present day situatedness and the 'progress' she feels she lives today with the 'promises' of 1994. Her narrative is in many ways emblematic of the participants living 1994 as both a moment and process whose significance is consistently mediated by time and current perceptions of progress. And yet, there is a moment in her narrative that could easily be overlooked that aligns with many of the ways that the other participants story the

process, albeit less pronounced, when she says, "work is coming, but not coming for all". This pairing of the 'promise' of freedom and the very real present day dissatisfaction with what it has meant to live the process of democratization is equally evident in storying's of Nothabe (30):

> *"**Nothabe:** In 1994 we got our freedom!*
>
> ***Interviewer:** Did you benefit from freedom or is there one thing that you would point out and say "I have seen freedom through this"?*
>
> ***Nothabe:** I have but not properly because there are other things that we need that we have not accessed…*
>
> ***Interviwer:** Like what, please mention them?*
>
> ***Nothabe:** Like our roads, our roads were not right but now they are much better, we don't have electricity in our community, our clinics are lacking, there are certain services that are not there that we need at the clinics."*

Like Neliswa and Nomveliso, Nothabe also implicitly frames the promise of 'freedom' as something illusory; an experience that is lived and not lived in the everyday through the accessibility and inaccessibility of social grants and social welfare, essential services and the provision of health care. These everyday narratives are also forms of mirroring that conversely reflect what it would mean to live the 'promise', to live "freedom" and experience democratization in *Ingquza*. The mirror image of the participant's narrative expressions of dissatisfaction is an *Ingquza,* and more pointedly a municipality, that satisfies and honours the process through an array of services and social support, infrastructure, and governance systems that act in restitutional and restorative ways on, in, and around the bodies and lives that began in the historically constructed *geography of wounding* of the Transkei.

Like many of the participant's memories of life under apartheid their memories of 1994 and the transition are often framed in the proximal, intimate, and local. Services and infrastructure represent a formidable part of the 'promise' in the municipal worlds of participants who construct implicit and explicit micro political narratives of becoming enfranchised voting citizens in post 1994 South Africa. *Freedom* is, arguably in part, lived through encounters with and experiences of the local and the municipal and *Freedom* is a process tested by time and progress.

4.4.2.0 – Intergenerational Social Orders and the Rise of Rights

Participants narratives of 1994 and the transition offer storying's of the rise of "right's" and the destabilization of intergenerational norms and relations. Freedoms arrival, in these narratives, is often intertwined with concerns about young people's behaviour's and actions. It is important to acknowledge that these are narratives that are exclusively constructed by participants between the ages of 30 and 55. Gloria Bezana (48,) a former TB community health worker, constructs narratives around her communal and household experiences of this shift:

> **"Gloria:** *Since 1994 everything changed and the youth had new thing and saying there is freedom now.*
>
> **Interviwer**: *And what did they think freedom gave them?*
>
> **Gloria:** *It gave them the [permission to] do things without the concern of their parents and not being able to behave.*
>
> **Interviwer:** *Have you experienced that with your children?*
>
> **Gloria:** *Of how my children are maybe … Yes there is a difference I have boys, they are in this time when I'm looking at them and the way they are treating me."*

Gloria, constructs a micro political narrative of the 1994 transition that binds the social landscape of intergenerational relations to the macro level shifts in political order. "Freedom" is framed as something symbolic that young people draw upon to license new norms and behaviours; norms and behaviour that exist in tension with what was historically considered acceptable and appropriate. This explicit assertion reveals a sense of psycho-social displacedness that Gloria and other more senior participants similarly locate in the transition. This sense of displacedness is in part an expression of feeling out of place and time in a post 1994 world in which historically rooted forms of gerontocracy no longer serve as a source of authority in the way they once did. Gloria's narrative, like many of the participants, isn't a lament over a loss of power and authority alone nor should they be read as an inability to cope with the present. Participant's narratives suggest that gerontocracy was and is still seen by some as a form of social order that provided and should still provide communities and families with relative levels of *security and stability*; a form of social order that elders increasingly finding it hard to draw upon. This is abundantly evident in Agnes Nomsebenzi (65) (See 4.3.1.1 – Migration and Mortality) narrative of 1994. Agnes worked as a teacher in local secondary schools for 20 years. Her time as a teacher spanned the transition. Her narratives of the transition are framed by her changing encounters with youth in the classroom:

*"**Agnes:** Yes, they don't care about their future, so in those early times it was right to stay with the kids because they know that they have an aim to go to school. These children now know that they don't pay school fees and the transport is free they are just going for pleasure but in the early days you were not going to school for pleasure you want to make something out of yourself.*

Interviewer: What do think changed what happened?

….

Agnes: They were involved [in the struggle] when Nelson Mandela came out they started to be rude, they were just unruly.

Interviewer: If you think back, did it start then, is that where the change started?

Agnes: Yes that democracy brought something that is not good to us our kids because they don't aim in their hearts and minds they are just going to school for pleasure. And during those times it was rare to see a school child pregnant but today its pleasure they just pushing their stomach in the class but that was not good in the early but today they say their have their rights. But the problem is their rights" (Agnes: 48-72)

As discussed in section **4.3.2.0 Under Education and Immobility** schools and the education system in some contexts became a site for youth action and organizing in the anti-apartheid struggle. Agnes's narrative of the transition is in many ways framed by her experience as an authoritative figure in the Bantu Education system. The narrative she constructs suggests that the shift in intergenerational relations and the upsetting of interlocking local forms of gerontocratic social and institutional orders are located in the youth activism of the time and the subsequent rise of 'rights' and young people's active mobilization of them. At the heart of Agnes's narrative of the transition is a construction of youth as existing in a state of 'unruliness' and 'ungratefulness'. Campbell's (1994) early work on intergenerational relations suggests that increasing changes in these social orders reflected larger societal shifts in "power relations and notions of respect" during the period. In contrast to existing works that framed these tensions as "disintegration" (Ramphele 1991) Campbell suggests that the upsets in social orders were extensions of much broader societal "transformation" (Campbell 1994). While Ramphele (1992) offered a distinctly different framing of the changes in intergenerational relations her work made explicit linkages between young people's participation in 'the struggle' and the "transformation" in intergenerational power relations:

"Once children were thrust "into the frontline", it became difficult to sustain traditional social relations between adults and children with serious implications for family life. Children became used to power and control, and refused to yield to the authority of adults..." (Ramphele 1991)

Like many of the participants narratives featured in the previous **Section 4.4.1.0 Freedom and Discontent** many of their storying's of this shifting social order are intertwined with present day concerns and dissatisfaction with the state of young people. Their memories of the arrival of "Democracy" and "Rights" in *Ingquza* are complicated by an increasing sense that the ability to martial forms of generational authority and power declined during the transition leaving decreasing means to influence young people's behaviours. In the absence of this authority new norms emerged perceivably in tension and at times opposition to what was once accepted. It is important to note that these narratives of democracy, rights and freedom were not exclusive to the participants that would contextually identify as elders. Nothabe (30), someone that would be contextually classified as a youth offers a similar construction:

> **"Nothabe:** *I would say that things that did not happen in 1994 you can see them now, in this freedom era like at school now corporate punishment is not allowed so even if you have done wrong at school they must not hit you…there are things that happen currently that did not happen back then, for example we the youth have no respect like the previous youth had, we consume a lot of alcohol, we get pregnant while we still young, when we are underage, there is no respect like back then."*

The abundantly evident anxieties expressed through these narratives of 1994 and the transitions are arguably as much about gender and youth sexuality and relationships as they are about generation. References to 'teenage pregnancy' implicitly centralize the bodies and sexualities of young girls and women as a particular point of anxiety around the decline of existing orders. Narratives may demonstrate the ways in which community members attempt to make sense of change in very proximal ways in the absence of interlinking macro level justifications for these shifts. Young girl's sexuality and bodies may have become one of the many prisms through which elders, both women and men, view and by extension experience their loss of authority, influence, and power. At different junctres of the analysis it seemed as young girls became the group onto which they project their social anxieties. These sorts of narratives are important because they bring to the fore the sort of seismic shifts in social orders that took place in *Ingquza* during the transition. They in some ways establish a historical connection between shifting generational and

gendered social orders and shifting political contexts and highlights that even moments like the 1994 transition – a moment of progression in political rights – can also be experienced as a fractious anxiety inducing "transformation" experienced in the most intimate and personal spaces of communal life.

The participants storying of the decline of the intergenerational social orders can also be viewed as narratives interlinked with their *narratives of resistance* and *survival economies* (4.3.3.0 Survival Economies and Social Networks). The sorts of perceived *stability* and *security* that intergenerational social orders were believed to have provided are potential parts of the very same *economies of care* that were consistently rewoven and remade to resist Apartheids *intersecting webs of wounding*. In a number of ways these micro narratives lament the perceived loss of the generational authority and influence that was a part of the fabric of self-sufficiency and everyday resistance that sustained communities under Apartheid. The potential connections offer more salience to the sense of 'displacedness' present in many of the participants narratives; a sense that what once sustained families and communities in violent times seem to be increasingly out of reach.

4.4.3.0 – **Discussion** - Democracy, Discontent, and Displacedness

The participant's narratives of 1994 and the transition to democracy collectively construct a complex picture of the transition and the meaning it now holds. While 1994 and the transition presents as a moment of significance participants memories of this period are mediated by the ways in which they live and do not live the 'the promise' of the period. At the heart of these micro political narratives of the localized experience of the transition and 'the promise' it embodied are expressions of *discontent* and *displacedness*. While the *restitutional and redistributional* ethos of 1994 is prevalent in the participant's memories the ways in which they remember the past are mediated and ultimately shaped by the ways in which they do and don't live *restitution* and *redistribution* in the present. 1994, as a result, thematically emerges out of their micro narratives as a process rather than a moment; in other words it exists in memory as being in a perpetual state of needing to be fulfilled. On the everyday lived side of the 'the promise' is *expectation* and the *discontents*. Participant's narratives reflect a lived sense of *deferred expectations* experienced in very proximal ways. This sense of *deferred expectation* is articulated via the language of services, infrastructure, employment, and governing institutions. Running parallel to these narratives is an equally poignant sense that social orders are shifting and that the established

means to maintain communal and familial *stability* and *security* are dissolving. These anxieties are most clearly constructed through expressed concerns over the state of young people and young girls in particular. It may be that narratives like these reflect an internal communal struggle with imagined futures, generated during the transition, and now proving increasingly illusive. Memories of past hopes and ways collide with the truth of today; the present is not what it was supposed to be.

Returning to Dlamini's (2009) exploration of Nostalgia in South Africa it is evident that the participant's narratives are in many ways multi-layered performances of this sort of memory. As Worby and Ally (2005) suggest "Nostalgia condenses loss and longing". Ever present in the participant's narratives is a longing not just for a past but also for a certain type of future. Longing is not simply the longing for a particular past and stabilizing local social order but also a longing for an unrealized future envisioned through 'the promise' of 1994 and the transition. The *discontent*s in participant's narratives elucidate, in everyday ways, what Abbas describes as living in an "imploding myth, a structure of disappointment" (Abbas 1997, 5; Worby and Ally 2005). The ways in which participants explain and project their discontents in their local and very municipal worlds makes their memories and nostalgia a site of psycho-social politic and place from which something can and should be expected. This complex of longing that enfolds past and present is both bitter and sweet. It is potentially catalytic, cathartic, and limiting all at once. In 1951 Langston Hughes wrote the poem *Harlem* as a way to articulate the dissonance that exists at the centre of being Black and disposable while living with 'the promise', or "dream", of constitutionally accorded equity, freedom, and justice for all. Hughes asks:

"What happens to a dream deferred?
Does it dry up
like a raisin in the sun?
Or fester like a sore—
And then run?
Does it stink like rotten meat?
Or crust and sugar over—
like a syrupy sweet?
Maybe it just sags
like a heavy load.
Or does it explode?" (Hughes 1951)

4.5.0.0 – 2013: HIV/AIDS and Municipalities in a Post-G.E.A.R Ingquza

The participant's storying of intersections between migration and mortality under apartheid offered insights into the Tuberculosis crisis in the Transkei and Ciskei. In the years leading up to the end of apartheid in 1994 Director General of the Department of Health Dr E.P Retief reported: "60,000 new cases [of Tuberculosis] identified annually. There are probably 100,000 cases under treatment each year" (Andersoon and Marks 1988). Anderson and Marks (1988) works submitted to the World Health Organizations (WHO) 1983 "Apartheid and Health" conference in Brazzaville unequivocally drew parallels between the racialized dispossession and exploitation that characterized apartheid and the myriad of health crisis that disproportionately affected both rural and urban Black communities (WHO 1983). The systemically induced Tuberculosis crisis in the Transkei that Miller (1908) reported to the British Health Journal was arguably prologue to the emerging HIV/AIDS crisis that would inevitably take root in post 1994 *Ingquza*. While migration alone could not singularly create the TB crisis a political economy marked by a framing of black bodies as *disposable* and *useable* undoubtedly set the context for AIDS epidemic in motion (Marks 2002). By the late 70's and throughout the 80's in response to increasingly effective resistance the Nationalist party began to shift its position on health by extending liminal levels of adequate health services to specifically and politically expedient black urban middle class populations (Wisner 1991; Andersoon & Marks 1989). Despite this mortality rates remained extremely high in homelands like the Transkei and for the most part undocumented in the interest of maintaining waning control over the national narrative. According to Wisner, health-enhancing democratization would require "dramatic spatial shifts" in post 1994 South Africa:

"Ultimately, the whole of South Africa's spatial organization—the relationship between towns and villages, the distribution and flow of people, patterns of access to tax revenues and scarce resources—will have to be reworked if majority rule is to give rise to social justice'' (Wisner 1991; 130)

Spatially and socio-politically transforming the Transkei from a *geography of wounding,* that produced endemic ill health in Black bodies and lives, into a geography that produced increased health by way of equity and "justice" would not be achieved through the process of political democratization alone. Health, according to Wisner would necessitate "constant struggle on the part of the poor" (Ibid 1991; Hunter 2010); "struggle" that would ultimately have profound social-political and socio-economic implications for the spatial divides that marked the country. Wisner in

part echoed Andersoon and Marks (1989) assertion that while the global and economy and presiding political economy determined a great deal, historically and regionally, "political action and individual agency" had demonstrable bearing on health indices and national health provision.

While the Tuberculosis crisis proliferated under apartheid the AIDS epidemic in South Africa could in part be framed as a post Growth, Employment and Redistribution (GEAR) health crisis. GEAR marked a dramatic shift from the original RDP platform upon which the ANC campaigned leading up to 1994. The shift from RDP to GEAR could be summed up in short as a shift from a "people-driven" political economy agenda to a "market-driven" one (Gumede 2005). GEAR was a macro-economic policy framework that signalled an intentional step away from 'the promise' of *redistribution* and *restitution* that the "majority of the systematically deprived supported" and a very intentional step toward the sorts of neo-liberal macro-economic policies promoted by the IMF and World Bank through structural adjustment programming (Adelzadeh 1996). Cuts in government expenditure, prioritizing economic growth, and offering little to no attention to the income distribution are some of the features that defined GEAR (Ibid 1996). Returning to the spatial, a great deal of the economic planning post GEAR was shaped around new market dominated ways of seeing the future spatial landscape of South Africa. Westaway argues that a tiered geographical categorization approach to development meant that geographies were categorized based on their market-oriented potential (Westaway 2012). Within the macro-economic context, says Westaway, the Eastern Cape Province was segmented into zones and categorized based on their strategic investment potential. Many rural municipalities in the Transkei, on a neo-liberal value scale, offered little investment return and as a result only "basic needs" were seen as a priority investment area (Ibid 2012). The National Spatial Development Perspective (NSDP) developed by the ANC in 2003 framed its approach to addressing historically rooted spatial inequality in the following way:

"In localities with low development potential, government spending, beyond basic services, should focus on providing social transfers, human resource development and labour market intelligence. This will enable people to become more mobile and migrate, if they choose to, to localities that are more likely to provide sustainable employment or other economic opportunities." (NSDP 2003; Makgetla 2007)

According to Nel & Rogerson (2009) the first 10 years of South Africa's spatial development should be seen as an integrated expression of the countries macro-economic policy and the driving

ideology that underpinned the period. In the absence of a redistributive macro-economic driving framework little was done to address the historically rooted spatial inequalities that characterized the country. As a result historically privileged and "well resourced" portions of the country benefitted disproportionately, while many communities like *Ingquza* experienced liminal change (Ibid 2009). Ingquza, now nested in the larger Oliver Tambo District, is categorized as one of South Africa's "distressed areas" by new national policies that aim to address historically inadequate responses to persisting spatial inequity (Nel & Rogerson 2016).

The rise of the AIDS pandemic emerged within the context of a national neo-liberal growth policy framework that continued to consign a great deal of Black South Africa to physical and material zones of *usability* and *disposability*. With apartheids ending structural violence and the crucible of *usability* and *disposability* arguably continued, extended through macro-economic policies like GEAR that prioritized "foreign investment" over necessary forms of economic and political transformation that could create an enabling environment for equitable health outcomes and "social transformation" (Gumede 2005). Returning to the statistical data provided in this chapters introduction (4.0.0.0) the analysis provided up until this point offers a more holistic and historically situated understandings of the ways in which the Oliver Tambo District -- in which *Ingquza* is located -- arrived at its 0.46 Human Development Index (ECSECC 2014). The analysis provided up until this point hopefully renders more explicit the historically rooted political and economic mechanisms and ideologies that underlay the net out migration of 325,078 women, men, and children between 2001 to 2011 (Ibid 2014). The analysis up until this point and insights into the TB crisis in the early 1900's highlight the ways in which political ideologies, systemic dispossession, and the political inability and or unwillingness to engage in redress today contributed to a context in which despite significant gains in the country HIV rates in the district continue to increase from "just over 100,000 in 2000 to 145,861 in 2013" with *Ingquza* holding at 21% prevalence rate (Ibid 2013; IHLM 2016).

Hickel suggests that AIDS was and is, in many ways, a "neo-liberal plague" (Hickel 2012); a plague of political economy and political ideology. Hickel's work implores us to challenge the construction of AIDS prevalence as a "neutral phenomena" and to instead understand AIDS as living part of the socio-political landscape. Sentiments echoed by Zwi and Cabral (1991) whom in the early years urged that greater attention be given to "high risk situations" created by a "range of social, political, and economic forces that place groups at particularly high risk of HIV infection". Sentiments expressed in the 1991 Maputo Statement on HIV/AIDS. Works like Hickel's (2012) that

attempt to render more apparent the integral nature of HIV/AIDS risk, burden, and structural violence encourage the pursuit of a more *integral* contemporary understandings of HIV/AIDS in *Ingquza*. The analysis to follow situates local understandings of HIV/AIDS within a broader socio-political context of the *Ingquza Hill District Municipality*. Continuing with the framework of wounding and *Ingquza* as a yet to be transformed *geography of wounding* (Philo 2005) the participants narratives and analysis aim to make more lucid how HIV/AIDS exists in and amongst the persisting present day *webs of wounding* and structural violence.

The narratives to follow both provide broader insights into the present day context. While HIV/AIDS is not completely integrated into every findings section that follows this does not mean that the findings presented do not exist in relationship to local experiences and understandings of HIV/AIDS. Presenting the data in this ways is an invitation to view HIV/AIDS as an intertwining reality bound up in all things local, personal, and political.

4.5.1.0 – Service Delivery and Municipal 'Discontent'

Participant's narratives of the present day routinely reflected a deep sense of *discontent* and *frustration* with an often ill-defined framing of "the government". This discontent and frustration was often articulated through accounts of inadequate service delivery and infrastructure. Failed road works, insufficient and unsafe water, and liminal access to electricity were often punctuated by claims of "corruption". Many of the participant's narratives offered more contemporary context to the palatable sense of discontent present in their memories of 1994 and 'the promise' detailed in **section 4.4.1.0 Freedom and Discontents**. Ndodiphela having lived in municipality immediately wove critiques of the government into a broader narrative of lived precarity:

> "**Ndodiphela:** … *I tried educating my children but they could not complete their studies because I could not afford it, even now I don't work I rely on these children they survive on doing part-time jobs here in (Emantlaneni), I live that kind of life; I think now I will move on to government issues,*

> *Interviewer:* Yes sir you may!

> **Ndodiphela:** *Concerning service delivery there is none because there is no road here, they came and measure the kilometers, put red tapes on the road and said they are building*

the road since then so we as the residence of (Emantlaneni) we can see that there is corruption within the municipality were money is being misused, when they talk about the road issue we consider it as a school song now because I think they have been promising since 2004 even today there is no road, they said they will build us a 15 kilometer road and a bridge, what happens is that during summer not more than people can walk there because there is no bridge to cross, we are also dealing with graves that have water and we don't know who they belong. So what is our government doing to us, or the ANC government is doing to us, or the government of democracy?" (Ndodiphela: 30-45)

Like Ndodiphela, Mthuthuzeli also frames service delivery as a pressing when asked what he would prioritize in order to improve the lives of community members:

"Mthuthuzeli: *Yes after that I would fix the roads because we have no roads, if it rains it's hard to get here and even go to town, if I was a councillor I would be able to do those things, we also don't have electricity and water as well because we drink from the same river as the cows."* (Mtuthuzeli: 259-262)

Like many of the participants Ndodiphela narratives of service delivery paired anxieties around chronic unemployment and a dependency on social grants with inadequate services delivery and local infrastructure. By doing so he provides a complex picture of some of the sorts of intersecting forms of *wounding* operating in the present. But more specifically, like many of the participants, Ndodiphela locates the lack of service delivery in corruption. In many ways narratives of these sort frame the lack of delivery as a form of political theft; theft that is not merely about services, infrastructure, and finances intended to fund them. Political theft is seemingly experienced at the tacit level of relationship between citizens living on the margins, the African National Congress (ANC) and the experience of democracy in the present day. When Ndodiphela asks "So what is our government doing to us, or the ANC government doing to us, or the government of our democracy?" he is many ways questioning what has become of the 'the promise' of freedom and justice offered during the 1994 transition. Kutala (53) and a farmer that has lived in the region most of her life narratively constructs an rendering of a closed system of decision making that is not responsive to every day citizens:

" **Kutala:** *There is nothing wrong with politics; it's a good idea, that's a good (…) politics because it gives people rights, freedom of expression, freedom of anything, access to information ,everything but something wrong is that it is when we talk but it's not practical now that you are a politician, if you are a politician I mean the local, you are in municipality, he is in the district, the other one is in the province you will find that all the channels will go through all the politicians up to the MEC, no one wants to put things to be transparent because he is backing the other politician, ….so there is a problem about political positions, I take you, you are a doctor I put you on education because you are a comrade the results will show that, I take you I make you a ward committee, ward councillor you don't have the qualification to be a ward councillor, you are not interested in development you are interested in, in buying a house, buying a nice car" (Kutala: 397-420)*

Narratives like this elucidate a shared discontent seemingly rooted in participant's sense of citizenship and what it should mean to be citizens in a post 1994 South Africa. While Kutala juxtaposes the explicit promises of rights and freedoms with the municipal level discontents in a post 1994 democracy she also continues on to construct a narrative around poor service delivery and political corruption (Kutala: 354 – 362). These participants' narratives construct a very specific framing of democracy and '*the promise*' as one that extends itself out to citizen's lives and bodies through the provision of basic services and infrastructure. These sorts of narratives are all the more salient when viewed against the backdrop of the period within which they were collected.

It is important to note that from ethnographic standpoint the data presented in this section was collected during the lead up to South Africa's federal level elections on May 7th 2014. A period marked by dramatic increases in protests related to poor service delivery that took place throughout the country (Jolobe 2014). This increase was part of a broader national trend that saw steady increases in service delivery related protest rates starting in 2009 (Ibid 2014). Like much of the country *Ingquza* was also a site of a series of local service delivery protests and active disputes between citizens and the municipality (SABC 2013). A formidable collection of literature has attempted to make sense of the significant increase in protests categorized as service related (Booysen 2007; Alexander 2010; Mottiar 2014). Booysen (2007) frames service delivery protest as one part of a 'dual strategy' in which citizens mobilize both the "vote and protest" as a means to articulate their dissatisfaction with the gap between 'the promise' of equity and justice and the truth of pronounced spatial inequity experienced through a lack of a slow roll out of basic services

and infrastructure. Booysen, in many ways frames protest as a functional tool employed by disaffected citizens engaged in constant lived political discourse with governing bodies. Alexander (2010), on the other hand, encapsulates an analysis of service delivery protest in a broader critique of the neo-liberal state, framing service delivery protests as "a rebellion of the poor". Both Booysen and Alexander attempt to situate service delivery and reported protest within a broader lexicon of citizen action, articulation, and resistance. Pithouse (2011), on the other hand urges us to look beyond 'service delivery' and reject the "service delivery myth" as the sole justification for the occurrence of protests in geographies like *Ingquza*. The state and citizens emphasis on service delivery and local municipal representatives as a socio-political point of contention, according to Pithouse, is more a reflection of the increasing "technicalization" of democracy that frames equity, justice, and 'the promise' of democracy through the extension of basic services and infrastructure. The centrality of service delivery in contentious encounters between citizens and municipalities, says Pithouse, emerges out of the ANC abandoning its focus on "putting development in the hands of women and men by extending democracy beyond the polling booth" (Pithouse 2011). Pithouse's critique is important in the sense that it suggests that we read protests as an articulation of the disjuncture between the pronouncements of democracy in all of its complex meanings and the lived experience of it.

In light of Pithouse's (2011) urging to look beyond the language of services delivery we can more clearly envisage how participant's narratives make deeper implicit assertions? Beyond access to services and working infrastructure participants almost unanimously offered narratives of increased levels of *sexual violence* and *violent crime.* Enwoven in these narratives were critiques of inadequate *policing, police services, and ineffective criminal justice system*s. Narratives like these serve to illustrate an important feature of context that maybe less evident in their storying's of service delivery. The participant's narratives of rape, violent crime and a reported lack of police protection and inadequate criminal justice centralize the *life and the body* in the much broader implicit level discourse about democracy that spans their accounts of the local context. When viewed in whole these narratives implicitly frame democratization and 'the promise' of it as a promise experienced through the body and life itself. In the absence of services, be they water, electricity, or policing the very same Black bodies and lives dedicated to *disposability* under apartheid remain so in the absence of a democracy lived and experienced through access, safety, vitality, prosperity, and commeasurable possibility. In other words 'the promise' of post 1994 democracy amongst other things reflected an explicit promise to the bodies and lives of women, children, and men living in *Ingquza* today. The municipality and its political representatives may, in

part, be the most intimate political point at which the broken promise, the theft of the promise via local corruption, is experienced. Services, infrastructure, and justice are the stand-ins; everyday ways of actionably articulating the perceived betrayal of 'the promise' and the ever presence of wounding.

4.5.2.0 - HIV/AIDS, *Ingquza*, and the Body

The findings in this section approach the participant's micro narratives of HIV/AIDS through the prism of the AIDS crisis as a post-GEAR phenomena that shaped not only transmission and prevalence but also the overall experience of HIV/AIDS. This means understanding HIV/AIDS as it is experienced in *Ingquza* as a crisis firmly nested and interwoven into and amongst all facets of life. Employing life stories as means to explore and understand HIV/AIDS in context immediately demonstrates how deeply intertwined HIV/AIDS narratives are with a complex social, political, and economics worlds participants live within. The findings to follow aim to make explicit all the complex ways in which participants storying's produce narratives of HIV/AIDS that are deeply intersectional and often nested in or offered in relationship to broader narratives of social and structural webs *wounding*.

4.5.2.1 - HIV/AIDS Origins and Migration:

Throughout participant's narratives are consistent references to "Durban" and "KZN" as the location or origins of HIV/AIDS in *Ingquza*:

> "**Nolusapho:** *When we heard they said that this disease was brought by people from Durban, the first time when they started about the disease and it was really killing the people and they were dying. Also at home my brother died and his wife to die at that time, they said they brought the disease from KZN …." (Nolusapho: 147-151)*

Micro narratives like these frame "Durban" and "KZN" as geographies of high incidence and sites of transmission. While not explicit there is a rural urban dialectic that surfaces in these framings of AIDS origin. Durban, at times framed as potential escape from chronic impoverishment, is also framed as a perilous place. In framing Durban in this way participants implicitly implicate the historical and ongoing connection between migration, mobility and health:

*"**Nonsizwe:** In the Eastern Cape yes and it is the most area that has deep rural parts and I think here in [Ingquza] it's almost huge, I think the factor that contributed a lot is unemployment most of the people here as I already said that is has the most literal. Then people go and look for green apaches in Durban and factories and there is a mixture of people in that factory in those Durban factories, in Cape Town that is where you will find people of [Ingquza] in most cases. Then yes I think the most things that contributed are unemployment…I think it was contributing even more because firstly we in [Ingquza] we would go in these areas with no skills and we would find the lowers jobs and then if you are a lady of course you are going to look for a man which is going to assist you. Then if this man if you get him and accommodate you in some issues and you see that he accommodates you until this part and doesn't proceed to another one because we have our own needs, you are coming from a home where you are the bread winners and you have to come back home with something's then you are going to look for another one to close this gip. It will go as far as 4 to 5 guys you see that was happening; I remember most of the girls in [Ingquza] are staying in Johannesburg in the shacks in Johannesburg next to the mains"* (342-361)

Narratives like these are mirrored in larger South Africa studies that highlight the ongoing prevalence of ill migrants returning home with chronic illnesses like TB and HIV (Clark et al 2007; Collinson 2010). The choice to return home often being precipitated by the lack of adequate health services and care available to semi-skilled and low-skilled migrants in urban areas like Durban alongside the prospect of better support and care via familial networks in rural areas (Vearey 2011). Framing *Ingquza's* HIV/AIDS origins in this way innocuously and rather unintentionally brings to the fore parallels between the perceived beginnings of HIV/AIDS in *Ingquza* and the longer history of migration, health, mortality described in this chapters Section **4.3.1.0 Migration and Mortality**. Durban is also invoked in ways that further demonstrates the ways in which narratives around Durban, migration, and HIV are enmeshed in much larger and complex narratives of *dispossession* and *precarity*. Busiswa, whom in section **4.3.2.0 under education and Immobility** offered a narrative of under education during apartheid ultimately, invoked Durban in her storying of her marriage and her husband's passing:

*"**Busiswa:** I was forced by the situation, I wanted to have money to survive but my marriage was also not good, I got married to someone who was infected, before I got married I met this old man who said he wanted me to marry his son, he son was living in*

Durban at the time and he was diagnosed HIV positive, he hide this from and he also hide
that he was on ARV's so he got sick and died luckily am still alive after that I decided to
go back home, I got married in 2002, he died in September 2003, my mother decided that
I must come back home so I went back and am still living at home even now" (Busiswa:
55-61)

Busiswa's narrative of HIV origins offer an interconnected picture in which her own history of chronic unemployment and impoverishment is linked to her exposure to HIV through marriage. Within this very simple narrative issues of *nondisclosure, precarity, migration, HIV and mortality are* interlaced. Narratives like these demonstrate the lived intersections of HIV, sexuality, relationship, gender, and livelihoods through the life trajectory. Like participants narratives of systemic wounding under apartheid and narratives of the present equally produce depictions *of intersectional webs of wounding*. In the midst of these narratives it is difficult to untwine one struggle or one form of wounding from another. Busiswa's gender and impoverishment are as *integral* a part of her migration narratives as it is her narrative of exposure to HIV/AIDS and marriage. The intertwining of themes in her narrative are echoed in Nonsizwe construction of Durban. By being bound up in references to "Durban" and by extension the migration and health relationship the participant's narratives of *intersectional wounding* express a relationship with the broader socio-political landscape. Just as under education (4.3.2.0) served to articulate a dimension of apartheid policy and its presence in everyday lives, the implication of migration in HIV risk and mortality narratives arguably articulates and more importantly implicates persisting spatial inequalities. The political economy of today remains an ever-present animator and contributor.

4.5.2.2 - Sexual Violence and Masculinities:

Participant's narratives almost uniformly storied increases in *sexual violence* and rape and *alcohol abuse* as local contributors to HIV/AIDS prevalence. Many participants framed sexual violence in particular as a more recent occurrence. For Ingrid, her narrative of sexual violence was both deeply personal and illuminating:

"Ingrid: Even my child my daughter ... was raped by a police man honestly and he
infected her with HIV/AIDS, my daughter her name ... But because I had knowledge of it I

went to the court and I got him arrested but because he is from the government [he was

released immediately]." (Ingrid: 94 -97)

Like many of the participants Ingrid's narrative of sexual violence exists as one narrative in a much larger shared narrative expressing fear and anxieties around the prevalence of rape. For instance police chief, Captain Madaza states the following:

" In the past 3 month this year we notice that although in in previous rape was scarce there were no people that were raped month after month but on the past 3 months we have been getting reports about rape on a monthly bases. For example on the of July only we had 4 rape that were reported and other rapes were including murder those treads are new in our area, we notice the increasing of crime that is not normal what is normal here is assault GBH which we get on a monthly bases. " (Captain Madaza: 34-39)

While participants constructed narratives that implicated the inadequacy of the policing and the local criminal justice system Ingrid's narrative does so in a distinctly different way. Participant's narratives of increasing levels of sexual violence intersect with their narratives of discontent and inadequate service delivery. Reoccurring throughout many of the narratives are individuals accused of sexual violence that are released without explanation. While these are the explicit dimensions of participant's narratives there are equally important implicit dimensions that add to the complex of intersections. Hegemonic masculinities are equally implicated in participant's narratives of sexual violence (Connell & Messerschmidt 2005) and operate as a silent layer in participants storying's of HIV/AIDS, sexual violence, and policing (Section 4.3.1.4). Gender, and masculinities in particular, are rarely spoken of explicitly. When participants attempt to make sense of the perceived prevalence of sexual violence the cause is often rooted in alcohol and the framed as a youth issue. As Gloria states:

*" **GLORIA:** When I was growing up I knew that a child when the parent is saying no the parent is saying no, when the parent says you should go to school you must go to school. And also this alcohol that is too much at that time youngsters were not drinking and even rape didn't exist, theft didn't exist and killing didn't exist when I was growing up. I went to get married and when I arrived there that wasn't happing in a long run things appeared that are difficult in the community." (Gloria: 11 -16)*

The construction of HIV/AIDS intersections with sexual violence, alcohol, abuse, and dramatic shifts in youth behaviours are in part echoes of the participant's sense that local gerontocratic social orders are no longer resources that can be drawn upon as referenced in section **4.4.2.0 Intergenerational Social Orders & The Rise of Rights**. Understandable anxieties and fears of increased sexual violence become all the more pronounced when established social orders no longer govern, guide, and provide stability and when policing and the criminal justice systems cannot be turned to or depended on. Beyond questions of truth and the perceived accuracy of these narratives participants once again when analysed offer a complex picture of intertwining crisis, loss, and coping. These narratives bind the threats posed to girls and women to the political 'discontents' discussed in section **4.5.2.0 Service Delivery and Municipal Discontents**. In the absence of democratization and 'the promise' as expressed through adequate policing and local criminal justice girls and women bodies were vulnerable to increasing levels of sexual violence and by extension HIV. From this standpoint various forms of social and political *Wounding*, and the intersections of it, meet the bodies of girls and women in particularly damaging and risk inducing ways. Mzi (22)**,** one of the few young men participants, constructs a particularly disturbing narrative that binds youthfulness and freedom with his own participation in sexual violence as a teenager:

> 'Mzi: *You know I think if am not mistaken, one day we did something like rape because we were sleeping with the one girl, 5 boys… Streamline! You do it and go out and come, you do it and go out, you come! ... There was a sign because she did not like what we were doing but she had no choice, she had no choice because I enter alone at her house… The only problem that made us stop doing this was because of an older man who told us this could get us arrested … He was just a guy in the community, he was not that old, he was two years older than us, the thing is we talked about this publicly, when we went to school would tell everyone that "you see that we slept with her", we spoke about it without noticing it was wrong so he was trying to guide us … The problem was that we only did this when a girl was cheating, maybe when I have a girlfriend and she is cheating on me, I will call the guys, my friends and say let's go and have sex with her because it means she is not satisfied by me, so I call my friends so we can go sleep with her." (Mzi: 137-212_*

Mzi arguably offers a rendering that seems to firmly locate sexual violence in particularly problematic manifestations of masculinity. The narrative he constructs is focused on his teenage years between

the ages of "13 and 15" and bonds acts of sexual violence with constructions of youthful innocence. This narrative seems to consistently centralize the dominance of masculinitiy. Girls are silenced and disciplined, violence is explained away via "youthful innocence", and only a more senior incursion of masculinity interrupts the pattern of violence. Mzi's narrative is disturbing and to isolated to be considered indicative but it does offer an interior construction of youth, sexual violence and masculinity that offers greater form to Gloria and Ingrid's narrative. More important it is a narrative that never truly reconciles with itself or the acts of violence suggesting that it is a narrative constructed within the contours of persisting frame of dominant masculinity.

It is important to note as was noted earlier in section *4.3.4.0 Marriage, Gendered Lives, and Masculinities* these narratives are not in any totalizing and exist amidst a landscape of consensual love, complex love, and ever shifting conceptualizations of love (Hunter 2010). The masculinities that many of the participants explicitly and implicitly story are not reflective of the overarching landscape within which sex, love, and relationship take place. These narratives also do not provide insight in the complex manifestations and performance of masculinities, femininities, and all in between and around that disrupt and fracture neat gender binaries by not conforming. Participants frequent narrations of sexual violence simply suggest that matters of sexual violence are pressing and of increasing concern and threat.

<u>4.5.2.3 Mortality and Health Care:</u>

Despite South Africa's national ART program participant's narratives not only suggested that local HIV rates were extremely high but that also, despite national availability of ARVS, AIDS deaths were particularly high in *Ingquza*. Agnes's narrative of AIDS related mortality interweaves a dependency on social grants with inaccessible health services:

> "**Agnes:** Yes because most of the youngsters die of HIV/AIDS so there is a need for a clinic
> in the area because clinics are far. We are in the place that is not central so clinics are far
> they are far where they come eastward or westwards so they are very far. Some don't
> have money because not all have children, some depend on the grant as I have said. So
> some have no money they are unable to go to the clinic as a result. They usually die and
> most of them die of HIV/AIDS.
> **Interviewer**: How prevalent would you say HIV is in the community? Would you say it's
> you know, I know you are a maths person so would you say it's 5% or 10%

> *Agnes: I think it is 50% HIV/AIDS because most of the young girls and boys they die of HIV/AIDS, so we urgently need a clinic. Even these mobiles are not reliable because they come once then you are told that there are no cars."* (Agnes: 241-253)

Agnes's narrative and narratives like it can be understood in a number of ways. The repeated mention of community member's dependence on social grants is in many ways surrogate narrations of chronic historically induced persisting impoverishment. Municipalities and communities with populations predominantly dependent on social grants can with relative regularity locate this dependence in the ways in which the apartheid driven political economy remade South Africa. By equal measure the intertwining of a lack of access to local health services, chronic impoverishment, and high levels of AIDS related mortality as narratives binds contemporary forms of structural wounding in the present to the stories of structural wounding in the past. In **section 4.3.1.0 Migration and Mortality** participants memories wove together the Apartheid state, it's prevailing political economy, and structurally violent policies with narrations of embodied wounding that centralized the relationship between the TB crisis and migratory patterns and land and farming policy. In the contemporary participant's narratives of inadequate health provisions and health care services, chronic impoverishment, and AIDS twine together the prevailing neo-liberal political economy, increasing levels of inequality, and the persisting impact of HIV/AIDS. Prevailing federal level policies do not feature in the narratives of participants as they didn't in their memories of life under apartheid but they are no less lived and no less present. The macro-economically guided spatial policies that Nell and Rogerson (2009) describe arguably contributed in part to the present state of *Ingquza* health care systems. Gloria constructs a similar narrative more explicitly introducing the relationship between consistent Anti Retroviral Treatment (ART) and access to health healthcare:

> *"GLORIA: It exist and a lot and most of the people are killed by it because their problem they don't disclose the one that have disclosed doesn't follow the rule of it and another person is abused by the people that they stay with. Even if they are going to the clinic they don't have money and you notice that they are not taking the treatment in the way they are supposed to."* (Gloria: 151-155)

Majaja, a member of the indigenous authority constructs a narrative highlighting the lack of access:

*"**Majaja:** The clinic is very far, if you don't have money you won't be able to go get your medication, you will have to hike and remember it is important that you take your medication everyday if you skip one day that could be dangerous for you, it will build resistance and you die, you must always have these pills, that's why we saying they should build us a clinic here, sometimes you go far for medication and you find that it is not there so access is also a problem in this community." (Majaja: 128-133)*

Contextually it is important to acknowledge during the period this research was conducted advocacy group TAC/Section 27 launched a campaign "Death and Dying in the Eastern Cape: An investigation into the collapse of the Health System" (TAC 2013). Central to the campaign was the wide spread inadequacy of local health services and the impact on citizens living in towns, townships and rural areas across the Eastern Cape Province. Frequent pharmaceutical stock outs, inadequate facilities, and a lack of substantive provincial health budget were some of the issues identified in the report. Participant's narratives twining inadequate health care services and AIDS related mortality existed in relationship to the failing provincial health care system and the broader nationwide contestations around service delivery.

4.5.3.0 – **Discussion** - HIV/AIDS, Inequity, and Embodiment

The narrative bridge between section *4.3.1.0 Migration and Mortality* and this section *4.5.2.3 Mortality and Health Care's* findings is an important point for reflection. That these findings are bound by and emerge out of the same life stories says much about the embodied arch of history (Fassin 2010) expressed through the relationship between the health of bodies on the socio-economic margins and the evolution of South Africa's political economy. They suggest that in the absence of corrective or redistributive politic ill health and cyclical epidemic be it HIV/AIDS or other will continue to present as embodied expressions of pronounced policy induced inequality (Kreiger 1999). Participant's narratives of the present centralize the role of the municipality and local services in critiques of the post 1994 democratization process. By weaving together HIV/AIDS, a broader lack of health, basic services, and other forms of wounding their narrative naturally produce a localized integral framing of HIV/AIDS. *Intersecting webs of wounding* are as prevalent in participant's narratives of today as they are of the past and are equally bound up in narratives of municipal discontent and the unfulfilled promise of 1994. Reflecting on these findings with the works of Booysen (2007), Alexander (2010), Mottiar (2014) proposes that we see these

narratives and their articulated discontents with municipalities as part of the larger fabric of citizen's engagement or disengagement with the prevailing state. Seeing these narratives through lens of Pithouse's (2011) reading of service delivery related discontents and protests demands that we give greater attention to what participants narratives on whole say about their overarching place and influence on South Africa's democracy and the unfolding shape of the nation. The intertwining of these discontents with AIDS related deaths sits at the nexus of historically disenfranchised citizens lived experiences and prevailing political systems and democratic arrangements. HIV/AIDS in *Ingquza* is as much a political epidemic as it is a sexual behavioural and socio cultural one. Like TB was in the past it serves to express the ways in which particular bodies, predominantly black bodies, continue to experience and live national policies, political ideologies, and political economy in the present.

4.6.0.0 – Conclusion

As an **unorthodox rendering of context** the findings in this chapter build an empirical lived bridge between two periods of significant health crisis in Ingquza history. Both TB in the early 1900's and HIV/AIDS in the present surface the ways in which bodies existing on the socio-economic and socio-political margins partly articulated structural wounding and injustice through health crisis. Returning to the symbolic interaction between Mate's (2010) work and the concept of structural violence put forth by Crawshaw (2010) we are able to more clearly see the ways in which this theoretical framing holds true when explored in intimate embodied ways through the narratives of longstanding residents of *Ingquza*. The framing of HIV/AIDS as a reflection of democratic crisis raises important questions around the role of HIV/AIDS interventions that fall into the community mobilization tradition.

By focusing on structural violence and the continued prevalence of historically rooted *intersecting webs of wounding* throughout this chapter the matter of force and political intents becomes all the more central. The concept of wounding shifts the basis upon which this context chapter unfolds in two significant ways. Firstly, the presiding AIDS literature often represents marginalized communities though the language of 'vulnerable populations'. By exploring participants narratives through the lived personal and political continuum of structural violence (Galtung 1980), embodied history Fassin (2010), and more recently embodied inequality (Krieger 2001) the framing of communities struggling with high prevalence rates shifts. Across a great deal of the structural drivers literature is an arguably neutralized framing of the intersection between

HIV/AIDS prevalence and poverty. Within this framing poverty and inequality are presented sans political intent or motivation and by extension the natural intervention response is to propose prevention and intervention models that do little to disrupt prevailing systems of dispossesion. Bodies on the margins and relative levels of ill health are presented as accidental by-products of progress outside of any specific relationship with multilevel political intents and associated policies. A natural emphasis on intervention models that propose to enhance the 'resilience' of 'vulnerable populations' until progress arrives naturally take central place in the structural drivers discourse. This chapter's emphasis on *violence*, continuums of active *intersecting webs of wounding,* and *resistance* is an attempt at shifting the basis for empirically interrogating AIDS intervention and in particular interventions that propose to reorient the energies, time, and resources of historically marginalized communities in interest of health promotion. Recent calls for greater levels of emphasis on "upstream" and "distal" change that address the underlying inequities that contribute to prevalence have emphasized political context (Gibbs et al. Pg 9; Hunsman 2012; Parkhurst 2013). As discussed in **Chapter 2** the literature proposes an increased emphasis on 'political processes' that aim to catalyze deeper structural change (Heise & Watts 2013). With all this in mind this chapters findings and the contextual rendering it offers suggests the need to more carefully interrogate the political proposals at the core of interventions. Across time the political systems and policies that shaped *Ingquza* resident's lives and encounters with HIV/AIDS as an interwoven part of much bigger web were guided by particular sorts of *political animus; political animus* meaning the intention, purpose, or animating spirit driving larger political decision making and policy frameworks. From this standpoint the findings in this chapter demonstrate the need to more carefully consider the *political animus* of the CCE-CC approach and how this animus proposes to orient the energies, time, and resources of residents and citizens to engage a local context shaped in part by the broader *political animus* explored in this chapter.

Participant's narratives of HIV/AIDS in contemporary *Inguza* centralize their encounters with local municipalities and the lack of health and basic services. Underlying their accounts of contemporary intersecting webs of wounding are expressed discontents with post 1994 democratization process. Their narratives of transition suggest that these *discontent*s are in fact the psychosocial residuals from the 1994 redistributive *promise* that marked the transition from apartheid to a democratic ANC led South Africa. By implicitly exercising these *discontents* through narratives of inadequate service delivery and AIDS deaths residents -- implicitly speaking as citizens -- link democratization with HIV/AIDS prevalence. The municipality emerges as an important political geography worth reflecting on with a particular emphasis on how citizens at the municipal level can engage in ways

that despite macro-economic policy contribute to incrementally shifting municipalities like *Ingquza* from geographies of wounding (Philo 2005) to geographies that enable health, interrupt wounding, and challenge the long shadow of *disposability* and *usability*. Part of this work is acknowledging the already present and extensive history of everyday lived forms of explicit and innocuous resistance that continue to exist in the forms of active resistance and uprising, survival economies, and small scale community building.

Finally exploring resident's narrative memories of *Ingquza* and bringing to the fore some of the complexities associated with memory highlight the ways in which memory is and can become a psycho-socially political place. The discontents that in part contribute to the weaving of HIV/AIDS into politicized local service delivery narratives and the broader narrative of democratization in South Africa is rooted in and animated by memories of the 1994 transition. I would like to argue that as Abbas (2011) and Worby and Allen (2013) suggest the ever-present sense that "something is not in its right place" is a potentially catalytic contributor to community led action. Revisiting Morrison's (1995) work on rememory, the findings in this chapter also point to the ways in which memories can be *dismembered* as a function of structural or indirect violence; that wounding can remembered apart from the structures that inflict them and in time be framed as happenstance, incidental, or even worse innate. Journeying into participant's memories of the period in ways that help make sense of the present demonstrate the necessity behind ensuring that HIV/AIDS is memoried in distinctly different ways then residents remember TB in the 1900's. Maintaining the linkages between structural wounding and HIV/AIDS is future work. It is work that cultivates framings of health that produce new more politicized and holistic understandings of health provision and health promotion. As Brandt suggested in his 1988 *AIDS in Historical Perspective: Four Lessons from the History of Sexually Transmitted Diseases* the "the way a society responds to problems of disease reveals its deepest cultural, social, and moral values (Brandt 1986; O'laughlin 2015). The cultivation of interconnected and intersectional political understandings of HIV/AIDS in historically marginalized settings today will form the foundation for the memories societies draw upon to make sense of health and epidemics tomorrow.

Chapter 5:

Animus of an AIDS Intervention: A critical exploration of the CCE-CC methodology

5.0.0.0 - Introduction:

AIDS prevention methodologies are as socio-political as the context within which they operate. They exist as structured performances of a very particular set of un-intended and intended politics. A politics of prevention *(Tesh 1937), which* is projected onto, and performed amidst, the individual and collective bodies of those whose health it aims to protect and promote. This chapter reflects on the politics of prevention through Paulo Freire's foundational work *Pedagogy of the Oppressed.* In this work, Freire (1968) offered a pedagogical binary through which to view community education and engagement efforts. *Banking education* was a form of socio-political control that treated the "oppressed" as receptacles of knowledge. Freire's conceptualization of the politics driving banking education highlighted the need to critically interrogate the *animus* of educative process. For Freire, the 'banking' approach was instituted to protect and perpetuate existing structures of oppression. Liberatory education was, on the other hand guided by a dialogical ethos that promoted *critical consciousness*; new and transgressive ways of apprehending the world. This was a problem-posing approach to liberation that refuted the "mechanistic" orientation to consciousness. *Concientizing* promoted freedom and liberation by throwing the doors of possibility open through particular innovations in the student-teacher/teacher-student relationship. Knowledge in this case was not something transmitted and banked; it was co-created and cultivated through intentional egalitarian processes (Ibid 1972). Critical consciousness and the knowledge it produced was deeply bound up in the *technologies* of convening and the underlying politics that shape learning. AIDS prevention literature claiming Freirean praxis as an undergirding pedagogical ethos often does so citing *dialogical process* and *facilitation* as the preeminent Freirean characteristic of the interventions (Kiragu et al 2011). Within this framing, Freirean *liberatory education* ethos can fit into virtually any intervention that creates space for open dialogue and reflection.

This chapter approaches Freire's contribution to HIV/AIDS prevention from a distinctly different standpoint. It offers critical interrogation of the pedagogical underpinnings of Community Capacity Enhancement – Community Conversations (CCE-CC) approach from a 'genealogical' perspective. Empirical literature focused on exploring HIV preventative technologies often treats preventative approaches and community led health engagement programs as static and neutral, without trajectories or history. These ahistorical approaches are often driven by the undergirding epidemiological necessity to understand and or measure the formative impact AIDS interventions have on populations (Gibbs 2014; Jewkes 2014; Campbell et al 2013; Pronyk et al 2006; Kim et al 2009). By taking a genealogical approach to the exploration of CCE-CC this chapter findings foreground the actors and contexts that shaped and informed the methodology that ultimately arrived in *Ingquza* in the form of the Nelson Mandela Foundations (NMF) Dialogues for Justice program. Through findings and analysis presented in this chapter I attempt to nudge the popular scholarly standards for interrogating preventative technologies from a sometimes-reductive impact and outcomes focus towards a more rich and ethnographic compulsion to deeply explore the unfolding trajectories of preventative approaches and technologies over time. Doing so opens up an opportunity to make more visible the evolution of preventative technologies pedagogical politics.. Why is this important? Freire was not only imploring us to look to dialogue, facilitation, and praxis alone. His work called on us to critically explore and question the politics that undergird the communal engagement processes and mobilization approaches we promote. In other words, the purpose of the process, the places and the people from which they come, and the political dynamics that shapes them. In his *Cultural Action for Freedom* (1972) Freire offered the following:

"Each project constitutes an interacting totality of objectives, methods, procedures, and techniques. The revolutionary project is distinguished from the rightist project not only by its objectives, but by it's total reality." (Freire 1972; pg 57)

This chapter explores Community Capacity Enhancement – Community Conversations (CCE-CC) pedagogical genealogy through distinct periods in the methodologies formation beginning with its origins in Senegal and Zambia *(Creation – Section 5.3.0.0)*. Section **5.3.0.0 - Creation**, begins from the standpoint that CCE-CC, even in its most recent form, embodies the value systems of its *Founders* (Thebisa Chaava and Daouda Diouf) and the contexts within which the early iterations of the methodology took form (Zambia and Senegal). By extension, implicit and explicit values and

politics expressed through CCE-CC's origins and creation narratives offers insights into the foundations that formed the contours of its pedagogical politics today.

The findings presented In Section **5.4.0.0 Interpretation** provide insights into the pedagogical outcome of Community Conversations encounter with a large multilateral institution, the United Nations Development Program (UNDP).. This ultimately represents a period of further *technicalization* in the methodologies trajectory. A period, in which a methodology developed in and amongst community is coopted, further shaped by multilateral HIV/AIDS policy, and made more methodical in its approach to community engagement and mobilization. Rather then focus on a broad critique of the *technicalization* I focus on bringing to the fore the underlying pedagogical outcomes of this encounter. The UNDP CCE-CC framework ultimately became the means through which the CCE-CC process was then disseminated globally and translated into context through agencies like the NMF.

In Section 5.5.0.0 **Translation** I present a critical reconstruction of UNDP CCE-CC's early introduction to the South African context. AIDS prevention methodologies are routinely adapted and employed in varying contexts outside of their origins. The institutional and socio-political contexts through which they pass make equal contributions to shaping their pedagogical politics. In other words, what prevention approaches come to mean and how engaged communities experience them is as much about how they are translated into context as it is their origins or their technical form. While the CCE-CC method was a methodology housed and developed through UNDP it ultimately found an institutional home in the Nelson Mandela foundation (NMF); an organization embedded in, and naturally responsive to, a South Africa with a complex past and present.

 At the end of **Chapter 4** I framed prevention technologies encounters with communities and context as a meeting point. A meeting point where the complex psycho social, political and economic histories of communities meet with the politics of prevention methods. Presenting the findings in **Chapter 4** across a time span and doing the same in this chapter with CCE-CC demonstrates that in some ways both context and intervention are travelling. They are both moving through time propelled and shaped by complex socio-political and socio-economic forces that are consistently being metabolized and embodied by respective actors and institutions. Both context and interventions have trajectories. Undergirding and influencing these trajectories and ultimately shaping the way communities experience the meeting point is *political animus*. *Political animus* can

be understood as a complex of undergirding values systems that shapes the socio- political orientation of an intervention method. In **Section 5.1.0.0** I aim to more clearly define political animus and situate this term in ongoing health policy and preventative discourses.

Exploring the CCE-CC through periods of **creation, interpretation, and translation** renders more explicit the ways in which CCE-CC *political animus* evolved over time and through encounters with various institutions and actors. By exploring CCE-CC through the prism of *political animus*, I also aim to set an empirical precedent for the ways in which we interrogate the relevance and efficacy of intervention models introduced into complex contexts like *Ingquza*. While a great deal of the structural drivers literature focuses on exploring the impact, outcomes, or processes interventions contributed to, little attention is given to interventions themselves including what sorts of politics they perform, and how these politics propose to orient the energies of communities engaged in the interventions. I would like to propose that the work of critically engaged scholarship is to interrogate that which is conveniently presented as neutral to expose blind spots in the discourse. Exploring the evolution of the CCE-CC methodology in this way is an attempt at more explicitly exposing this gap in the literature.

It is important to note that concept of *political animus* emerged out of the analytical process. I brought to this research pronounced biases both around the efficacy of CCE-CC as a methodology and overarching approach to empirically exploring HIV/AIDS interventions. I was predisposed to seeing CCE-CC methods as a whole methodology with rather unitary intentions evident in its explicit methodological commitment to surfacing community knowledge exemplified in its moniker "the answer lies within" (UNDP 2004). Also, as mentioned in **Chapter 4**, I was also limited by my initial intention to produce findings in ways conventional to the structural drivers discourse. Encounters with the data and participants narratives presented in this chapter quickly began to complicate the preventative landscape and my understanding of Freire's (1969) earlier works. What ultimately emerged was a much more fractious and contradicting understanding of preventative methodologies. It quickly became clear that pedagogy is never as unitary as it seems. Pedagogies are shaped over time and in the public commons. As a result they are shot through with contradictions and complexities. The chapter exposes CCE-CCs contradictions and complexities by raising to analytical light its unfolding *political animus*.

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5.1.0.0 – Finding Political Animus & Defining Social Technology:

The term *political animus* refers to the composite of dominant and subversive social, political, and economic values and value systems that shape the implicit and explicit intentions and drives of prevention approaches (Parkhurst 2012). By framing *political animus* in this way I do not mean to suggest that it is a whole and unitary construct, or a construct at all. *Animus* is, as I frame it, far more amorphous. It evolves over time and is in a constant state flux being added to, amended, and influenced by the actors and institution over time. One working definition of the term *animus* is "a tendency or an inclination toward a definite, sometimes unavoidable goal; an aim objective or purpose". Another definition is the "animating spirit". While the *political animus* of a methodology can embody tensions and contradictions I argue by way of this terminology that there is often an undergirding drive that has particular orientations towards the framing of HIV/AIDS, health more broadly, and the engagement and or mobilization of affected marginalized communities. *Political animus* shapes an interventions orientation to world. It locates interventions within complex streams of socio-political and socio-economic national, regional, and local trajectories as new detracting, reinforcing, disrupting, or contributing elements. In this sense, throughout this chapter I empirically treat *political animus* as something to be narratively surfaced in all its complexity and amorphousness avoiding attempts to offer a clear construct by patching together false conceptual boundaries in order to offer a fixed and finite rendering of CCE-CC pedagogical politics.

While the term *political animus* is a unique and new contribution to discourse there is AIDS preventative and broader health policy scholarship that has explored proximal concepts and ideas. Parkhurst (2012) has for instance proposed that we offer increasing levels of attention to the normative value systems underpinning prevention efforts. He writes:

"Strategies which aim to alter the causal pathways between macro-distal structures and risk behaviour, or alternatively which shape social environments to reduce risk and vulnerability, by definition involves changes in social, economic, and political sectors which can have implications beyond health. Typically there are a range of contested values and beliefs which are brought to bear on issues of social change, even if those changes are done in the name of reducing HIV spread." (Parkhurst 2012)

Parkhurst's emphasis on "making explicit" the *normative values and value systems* underlying structural AIDS interventions is an acknowledgement that AIDS policy and prevention planning is

"political. In 1937 Sylivia Tesh's *Hidden Arguments: political ideology and disease prevention policy* demonstrated the ways in which "politics" and/or political ideology outweigh scientific evidence in the shaping of dominant conceptualizations of disease causality and, by extension, health policy (Tesh 1988). The *Hidden Arguments* and values forming the foundations of prevention policy are often left implicit and obscured from vision, leaving little room for necessary forms of constructive and deconstructive discourse focused on their implications. While Freire's work presses us to consider more carefully the *political animus* of pedagogy, Tesh and Parkhurst not only urge us to make the implicit explicit, they also urge us to do so with growing attentiveness to the tensions and conflicts that preventative measures can embody.

The underlying values and value systems that shape the *political animus* of prevention are rarely binary as Freirean thought suggests, and often embody inherent value based tensions and conflicts (Freire 1969). A competition of *hidden arguments* can potentially exist within the pedagogical boundaries of the same intervention. In Pedagogy of the Heart (1997), Freire, wrote:

"One of the main differences between assistance policies and those that assist without "assistencializing" is that the former insist on the suggestion that the great big problem with the oppressed lies in deficiencies in nature; the latter, on the other hand, underscores the importance of the social, the economic and the political: in sum power" (Freire 1997)

It is important, however, to consider the possibility that a single intervention could embody both and other, creating an approach that is made up of intersecting and, at times, conflicting values. AIDS prevention methodologies can therefore be understood as sites of political pedagogical tension. AIDS interventions, and their value based pedagogical underpinnings, may in part reflect the same complexity of values present in the individuals and institutions that create and steward them. If we treat this as a tentative truth worth exploring then surfacing the *political animus* of a prevention approach must be realized through an in-depth journey into the sense-making processes of the individuals and institutions that produced them. It is through the sense making of the *Founders and Stewards*, and the evolution of an intervention over time, that we may render more explicit the complexity of values and/or politics that form their foundations. In doing so we may also avoid constructing a zero sum rendering of prevention methods – a take it or leave it framing -- that offers little insight into how prevention approaches can be reshaped and *animus* reconstituted for much broader and more progressive socio-political purposes.

Surfacing and making more apparent the *political animus* of the Community Capacity Enhancement – Community Conversations (CCE-CC) approach required a critical analysis of how the prevention approach emerged from, was shaped by, and interacted with, the sense-making of various actors at varying points in the "life trajectory" of the methodology. More importantly, approaching an analysis of CCE-CC and AIDS prevention in this way reflects the increasing need to imagine the role of AIDS prevention approaches in society beyond the bounds of disease control. As Parkhurst writes, AIDS interventions and health interventions more broadly "can have a range of expected, or potential, impacts beyond morbidity and mortality. Obvious ones are economics costs, but many interventions will equally have social, moral, political, and other linked impacts." (Parkhurst 2012). AIDS prevention approaches, much like social welfare systems and health policies, exist as an interwoven part of the societal socio-political fabric. While the *values and politics* of prevention cannot predict and do not exclusively define the outcomes of prevention initiatives, they do exist as interwoven part of larger societal political realities and value contestations. AIDS preventions that enlist the lives, psyches, and collective energies of communities exist in and amongst longstanding social tensions, complex political dynamics, and economic systems of order. They receive, give to, align with, perpetuate, disrupt and subvert these tensions, dynamics, and orders in complex ways. In other words*, political animus* matters, not just to HIV/AIDS preventative measures and projects but also to society on a whole.

Finally another term that I employ through this chapter is the term *social technology*. The term refers to the express application of social change science to community engagement. In this sense mobilization is made methodical and technical. While the intended outcomes of social technologies can be open ended and undefined social technologies propose to have particular sorts of influence on targeted communities through an often-sequential application of engagement, mobilization and dialogical tools. In most instances the aim is to induce and or promote social change and action in the interest of a particular development goal or aim. A range of engagement and change 'principles' Mathie & Cunningham (2008) often guides *social technologies.* For Bopp and Bopp (2006) technologies of this sorts aim to transform the "invisible dimensions" of community life by directly engaging the "software" of communities. They define the "software of our lives" as "our vision, our values, our principles, our habits of thought and behaviour, our human relations, and our preferred strategies for moving towards wellness and prosperity." (Bopp & Bopp 2006). Social technologies are often developed to act on this "software" reorienting targeted populations relationship to HIV/AIDS, gender inequity, or marginalization as examples. The concepts of social technology and political animus merge at the intersection of Bopp and Boop (2006) societal

software. The *political animus* of a *social technology* in part defines how a technology proposes to orient the "invisible" worlds of communities to the larger structures and systems of dispossession that surround them.

5.2.0.0 – Data & Data Presentation Structure: Creation, Interpretation, and Translation

This chapter's analytical offering is organized across three distinct periods in the evolution of the CCE-CC methodology. Section **(5.3.0.0) Creation - the community based origins of the CCE-CC methodology;(5.4.0.0) Interpretation – The technicalization of CCE-CC; and (5.5.0.0) Translation – The introduction of CCE-CC to the South African Context through the UNDP & NMF**. The data in this chapter comes from semi-structured interviews with **N=10** participants. This data set **includes the founders of the CCE-CC process (N=2) and the Stewards of the NMF CCE-CC process (N=8).** It is important to note that the interviews presented in chapter are hybrid form of semi-structured interviews and life histories. During the interviews participants were encouraged to interweave their own life narratives with the emergence of the CCE-CC methodology. The aim of this approach was to better understand the location and relation of CCE-CC trajectory in and to the participant's personal life trajectory. This was ultimately an attempt at surfacing the interrelatedness of the participants personal and political with emergence of the CCE-CC political. It was intended to serve as a pathway into the intermingling of the participant's values, perceptions, and beliefs with pedagogical evolution of the methodology.

Figure 5: Semi-Structured Interviews - Data Overview			
	Women (Ages 19-55)	**Men (Ages 19-55)**	**Total**
Creators	1	1	2
Stewards	2	6	8

In **Section 5.3.0.0** I focus on an in-depth micro/macro political narrative analysis of the *Founders*– Thebisa Chaava and Daouda Diof – semi-structured interviews. Because CCE-CC's methodological roots began in two places distinct contexts, Senegal and Zambia, the analysis of the Founders interviews are presented separately to preserve their unique contributions and findings. This is in part to preserve the unique strains of contribution and influence each Founder made to the methodologies early animus. In **Section 5.4.0.0** The UNDP CCE-CC strategic note and handbook are analysed in similar ways to preserve the distinct framings of the approach. The thematic network analysis and findings presented in this section and in full in **Appendix 5 and 6** provide an opportunity to both look into the broader policy claims of UNDP CCE-CC methodology against the

deconstructed and critically interrogated contents of the step by step process. **In Section 5.5.0.0** the analysis of the *Stewards* semi-structured interviews focus on the trajectory of the CCE-CC's translation into the South African context through various institutions. They are presented in aggregate in order to provide an insight into the political climate and programmatic realities associated with the translation process. The S*tewards* reflected a range of roles. They include *Directors of the Dialogues for Justice Program, NMF facilitators, CCE-CC experts that supported the process, and senior government officials* that supported the early period of the process.

5.3.0.0 - Creation: The Historical Construction of the CCE-CC Approach

The Community Capacity Enhancement – Community Conversations (CCE-CC) approach is a confluence of a series of AIDS prevention and broader community based development approaches pioneered in Sub-Saharan African in the late 1980's.

In the early 1990's two distinct organizations, and by extension community workers, were engaged in forms of health intervention and community engagement that would form the foundational framework for the CCE-CC method. In Senegal, NGO Environment and Development and Action (ENDA)/SANTE) had employed Community Capacity Reinforcement (CCR), a community mobilization approach that focused on building existing knowledge of the local context and issues as a means to mobilize local communities for 'sustainable development' aims. While CAR was used as an AIDS prevention method, AIDS Prevention was not its sole purpose. It was applied equally to food security, water and sanitation, and gender equality initiatives throughout rural Senegal. In Mazabuka, Zambia the Chikankata Salvation Army Hospital was in the midst of developing and consolidating its Community Counselling (CC) methodology as a part of its broader bio medically focused AIDS management and care program. The Community Counselling approach was initially designed as an extension of one-on-one counselling for newly diagnosed HIV positive men and women (Chaava 1996). Moving beyond counselling positive individuals, Community Counselling focused on first counselling the family and then the patient's broader geographical community as both potential supports and carers for newly diagnosed individuals (Ibid 1996). The primary emphasis in Community Counselling's early stages was to provide psychological support to patients, patient's families, and the patient's immediate social networks while also dispelling dominant AIDS myths.

The contexts out of which each AIDS prevention methodology emerged present some contextual distinctions worth noting. In the early 1990's sentinel surveys in urban regions of Senegal placed HIV prevalence at 1.2% (Meda et al 1999); a prevalence rate markedly lower than those present in Southern Africa at the height of the pandemic. In Zambia, the HIV prevalence had, during the same period, peaked at 14.3% (ZNAC 2015). In Chikankata, this peak in part contributed to a needed shift in emphasis from "campaigns promoted through printed materials" to approaches that cultivated and strengthened "positive mutual accountability" (Campbell & Rader 1995). Significant increases in HIV positive patients at Chikankata Salvation Army Hospital prompted counselling staff and AIDS management workers to more concretely conceptualize and concretize Community Counselling as a community-led prevention methodology. Of equal contextual importance was the shifting global AIDS discourse that was expanding from a framing of AIDS as a 'health issue' to a much broader conceptualization of AIDS as a 'development issue' (Campbell & Rader 1991). In the latter case the shifting discourse directed attention to the creation of AIDS prevention methods that increasingly attempted to address the broader socio-cultural dynamics of the pandemic. The United Nations Development Program (UNDP) entered as an influential convening interlocutor during this period providing a developmental foundation for the merging of the ENDA/SANTE Community Capacity Reinforcement (CCR) and the Salvation Army's Community Counselling (CC) into a comprehensive AIDS prevention approach that treated AIDS as a development and human rights issue. This combination resulted in the creation of the Community Capacity Enhancement - Community Conversations (CCE-CC) approach to HIV/AIDS prevention. It is important to note that the early conception of CCE-CC was, in itself, a process of translation in which two community engagement workers with diverse approaches to knowledge production, identities, and access to power, developed an AIDS prevention methodology. Thebisa Chaava of the Salvation Army, and Douda Diouf of ENDA/SANTE collaboratively merged CC and CCR into the current incarnation of the UNDP CCE-CC HIV/AIDs prevention approach.

5.3.1.0 - Micro/ Macro Political Narratives & The Social Psychology of Values:

The section to follow begins to unearth the origins of the CCE-CC methodologies political animus through a narrative analysis of Thebsia Chaava and Douda Diouf's storied accounts of the methodology's origins. The section explores the ways in which Thebisa and Daouda 'story' CCE-CC origins in an attempt to unearth the broader *micro and macro political narratives* (Andrews 2012) that form the foundation of the CCE-CC methodologies. Unearthing the micro macro narrative intersections (Brough et al 2012) in Doauda and Thebisa accounts creates pathways between their

individuated experiences and the broader communal and societal context within which they lived. Writing about the use of narrative analysis Andrews (2012) says the following:

"Individuals reveal how they position themselves within the communities in which they live, to whom or what they see themselves as belonging to/alienated from. How they construct notions of power, and the processes by which such power is negotiated." (Andrews 2015)

The positioning of import to this section are the ways in which Thebisa and Daouda's narratives position themselves in relation to the broader world of community mobilization, engagement, AIDS intervention, and the international "development" sector and its accompanying cultures. More to the point of this chapter's empirical focus Andrews says the following:

" ... In constructing the stories about what is and what isn't working, and how this compares to a notion of 'how it should be' we are invariably deciding what aspects of social / political / economic / cultural life are and are not relevant to the current problem and its solution – in other words, the lifeblood of politics." (Andrew 2014)

This chapter's treatment of Daouda and Thebisa's semi-structured interviews as a composite of layered 'political narratives' aligns with this chapter's conceptual framing of AIDS prevention as inherently political. As an empirical exercise the analysis to follow attempts to demonstrate how intricately interwoven pedagogy and the personal are. *Pedagogy and the personal* are, arguably, as interwoven as the personal and political (Hanisch 1969). This analytical approach undoubtedly reflects the empirical ethos of this chapter and owes a significant debt to feminist epistemology. As Amina Mama writes:

"Feminist epistemology also seeks to build understanding of the connections between the local and the global, between the micro politics of subjectivity and everyday life, and the macro politics of global political economy. This reflects a commitment to a certain holism…" (Mama 2004)

Acting on this indebtedness, I as the researcher, made the choice to offer significant room to the creator's political narrations of the CCE-CC origins in the section to follow. Their narrative insights into the origins of the methodologies *animus*. The analysis of Thebisa and Daouda's political narratives provide us with psychosocial pathways into that animus. They demonstrate the ways in

which the Founders psychologies become inscribed and enshrined into the *politics of the* Community Conversations *methodology*; tethering this AIDS intervention to its origins.

5.3.2.0 – Unearthing the Founders: A Micro Political Narrative Analysis

This sections findings foreground the micro political narratives of Daouda and Thebisa. An analysis of Thebisa and Daouda micro political narratives created an opening through which to critically view the ways in which the Founders sense making informed and shaped the CCE-CC methodologies pedagogical and political core. The first stage of analysis involved the harvesting of the founders' storied constructions of the CCE-CC origins. Each story was analysed with a focus on unearthing the micro political narratives of the periods and the approaches that the CCE-CC method emerged out of. This unearthing emanates from a desire to dig into the proverbial pedagogical ground out of which CCE-CC emerged to more clearly examine its psychosocial and contextual roots. Unearthing the pedagogical ground out of which CCE-CC emerges will help construct our understanding of the methodologies *political animus*. Each Founder is therefore presented separately in order to more clearly preserve the strands of lived narrative trajectory that contributed to the methodologies ultimate creation. It is also an opportunity to surface and make plain the inherent contradictions and tensions in the founders narratives of CCE-CC and its overarching purpose. These contradictions are arguably the beginnings of inherited pedagogical tensions and complexity; instances where the pedagogy of CCE-CC seems to serve different forms of AIDS politics. The individuated analysis presented in this section provides an analytical foreground for a cumulative analysis that explores the micro- macro nexus of the founder's political narratives to follow.

5.3.2.1 - Daouda – Micro Political Narratives of Community Capacity Reinforcement (CCR) – Senegal –Findings

Daouda Diouf is the current director of ENDA/SANTE and was one of the piloting founders of the CCE-CC process. As a community worker with ENDA/SANTE, Daouda worked for many years as a community development worker engaged in a broad range of sustainable development programs. In the early 1990's Daouda was directly engaged in applying the Community Capacity Reinforcement (CCR) approach as an AIDS prevention method. It was the early stages of Senegal's brush with HIV/AIDS. Diouf roots the history of CCE-CE in both the values and qualities of ENDA/SANTE early work and the CCR approach.

Daouda's storied reconstruction of the CCR method intentionally aligns the methodology and approach with already existing histories of collective organizing prevalent throughout rural and urban Senegal. CCR, through Daouda's narrative is a methodology ascribed explicit value because of its ability to serve as a "tool" to be employed in various contexts with an aim to address a wide array of 'development issues':

> *"**Daouda:** [The CCR] was really a good **tool** for community mobilization and community counselling and counselling of families. It was used for HIV for sure and because we working with development organizations we were offering to them a methodology that could be used for multiple purposes. That was one of the things that made it very powerful. It was something they could use for the environment for agriculture for gender issues; it was used for women's empowerment, youth empowerment and HIV. Popularly mobilizing religious leaders and community leaders to overcome the barriers between the religious leaders and the way they were seeing HIV in the community. We saw it as a methodology that can strengthen the coherence of the communities and cohesion within the organization and build trust within the community based organization. "(Daouda: 77-111)*

His account of CCR and the employment of developmental categories often rehearsed in development language 'agriculture', gender issues, 'women's empowerment', and 'youth empowerment' partly situates Daouda's narrative construction in a 'development' tradition that has historically created defined boundaries around societal phenomena, struggle, need, and potentials in order to construct relevant targeted interventions and or *technologies*. This is technical language that in part rehearses a history of engagement in the 'development' sector. Daouda's narrative is one that aims to ascribe validity and value to CCR through various means.

Through Daouda's narrative, CCR is presented as a *social technology* located in a community mobilization tradition that places emphasis on cultivating *coherence* and *cohesion* amongst everyday community members and local influential religious and community leaders. This framing, while seemingly innocuous, is important. Daouda's narrative implicitly constructs the local social, cultural, and political spheres as the primary unit of analysis for AIDS prevention and, by extension, intervention and action. His narrative suggests that the crucial pathways for AIDS prevention are the multidirectional relationships between community members, local authorities,

and influential leadership. While subtly expressing his own interpretations of AIDS prevention efficacy, Daouda is also stating that it is this framing that legitimizes CCR as a prevention method. The assertion that *cohesion* and *coherence* must be cultivated through "trust building" suggests that these multidirectional relationships are amenable to "trust building"; that the power relations that shape many communities can be traversed and transformed through petitions for stronger relationship and collaboration. Embedded in the not-so-explicit elements of Daouda's narratives are potential assertions about communities' socio-political location in society and the broader world. His narrative makes implicit assertions about communities' active role and potential contribution to the world that surrounds them, and less explicitly, the nature and disposition of socio-political worlds the communities in question are enmeshed in.

Daouda's narrative equally locates the 'goodness' or efficacy of CCR in its *cultural embeddedness and responsivenes*s. According to Daouda, community based organizations have been a relatively long-standing feature throughout Senegal serving as communal structures for the promotion of collective action and mutual support. This is echoed in literature that emphasises the history of community based CBO's that emerged out of long standing religious organizations and institutions in villages and towns throughout Senegal (UNAIDS 1999; Navarra 2014). As a *social technology,* CCR was meant to travel through local organizational systems enriching their engagement approaches while still honouring and remaining rooted in valued 'cultural' epistemologies and ways of organizing.

*"**Daouda:** So it was really strengthening the organization knowing that in Senegal in every single area and village you have an organization that is the tradition…. It is supported and funded by local people. You have community groups you have youth groups in every community and it is well grounded in Senegalese culture." (Daouda: 128-131)*

At the heart of Daouda's narrative lies a complex interplay between an appreciation for the endogenous and indigenous and a value for intervention and development technology. To suggest that these are diametrically opposed values, or an implicit contradiction in his narrative would be too simplistic. But a close reading of Daouda's micro narratives does reveal conceptual cracks; implicit tensions in his narrative worth exploring in greater depth.

Daouda's micro narrative locates CCR in an epistemological nexus around which broader international development interests, epistemologies, and social engagement technologies vie for

local psycho-social and political space. The technologies, according to Daouda, exist at times in problematic forms of tension with the knowledge and ways of knowing deemed 'local'. Within this telling, 'communities' and 'culture' emerge as contested space that must be acknowledged, prioritized, and mobilized in the community engagement process. In constructing the *value* of CCR, Daouda employs accounts of failed HIV campaigns and attributes their failure to 'cultural inappropriateness'. For Daouda, it is "storytelling", one tool amongst many, that distinguished CCR from approaches promoted by "foreigners"; and it was storytelling that saved it from these common failings:

> "**Douda**: Storytelling is based on African culture, they [community] feel like it is closer and more appropriate to them because what you should understand is that people have been overwhelmed and you know saturated with these approaches from foreigners and a person was just pushing these approaches on them. They [Communities] feel like this story telling belongs to them because we were born in this environment where we were told stories… I know several countries where there has been a lot of tension between communities and themselves because they thought the way people was approaching the issue was not culturally appropriate." (Daouda: 152-155:)

There is a complex interplay in Daouda's 'narrative tensions'. The systematization of "African culture" into a methodical process and tool-set that can be replicated and repurposed for various sustainable development uses is presented as an unquestioned value in itself despite the evident tensions. The tension being the role that a sort of 'cultural appropriation' may play in offering validity to development technologies that emerge out of local context and are then appropriated and disseminated globally as a part of a dominant standardizing global health agenda originating out of a complex global historical politic.

Implicitly, Daouda's narrative suggests that the well documented epistemological imbalances that characterize some forms of 'development' can in part be corrected or challenged by ensuring that social technologies like CCR embody tools and practices that are rooted in, and reflect, local ways of knowing and being. His narrative, at least in part, reflects a subtle erasure and or rehearsed naiveté about the role dominant cultures and epistemologies, be they neo-liberal and/or "foreign", play in shaping the potential of endogenously generated methodologies and intervention approaches. And yet this is not all that Daouda's narrative reflects. Arguably Daouda is simultaneously rehearsing a narrative of resistance. One that characterizes a particular form of

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development that seeks to 'overwhelm' and 'saturate' communities into a passivity and acceptance of 'foreign' dominant epistemologies that negate local value, values, beliefs, and identity. While Daouda speaks little of longer histories his micro political narratives often illuminate important dimensions of the much broader and deeper historical macro level politics of development and development aid (Andrews 2012; Brough et al 2012).

5.3.2.2 - Thebisa – Micro Political Narratives of Community Counselling (CC) – Chikankata, Zambia

It was Chikankata, Zambia in the late 1980s. Thebisa was a new social worker stationed at the Salvation Army's Chikankata Hospital when the first HIV incident in the community was reported. At the time, Thebisa's work focused primarily on supporting men, women, and children in the early and acute stages of Hansen's Disease (also known as Leprosy). The hospital offered one-on-one counselling for patients and worked with families and the broader community to reduce fear, speculation, and stigma. At the time, and for much of Thebisa's early career, Leprosy was considered incurable. It was both the incurability and the obvious impacts of the disease on the body that in part produced what would ultimately become a familiar cycle of fear, stigma, and discrimination. Thebisa's experience with Leprosy and the learning gleaned through this work provided the basis for the creation of the Community Counselling (CC) approach to HIV prevention. For Thebisa, the lessons Leprosy taught ultimately guided the way the social work department "worked with communities", supported "community responses" to illness, and cared for individuals in the "absence of a cure". (Thebisa: 25-30)

Thebisa's storied reconstruction of the Community Counselling's (CC) emergence as a community based response to rising HIV prevalence reveals a pronounced thematic emphasis on the very real need to acknowledge and engage the *trauma*, *grief*, and *anxiety* that accompanied the beginnings of the epidemic in Chikankata. Her narrative locates part of the local impetus for CC's development in the overwhelming need to hold, support, and offer concerted attention to the emotionality of AIDS impact on those infected and affected. "Trauma" and the "traumatized" are at the centre of Thebisa's narrative and both terms are returned to repeatedly throughout her narration of CC's beginnings:

> *"**Thebisa**: … You know where we started was overwhelming, the impact, the grief the*
> ***trauma** that was in communities because of the onset of the epidemic when the people*
> *were, so many sick people, people dying and there is no cure we said why don't we*

*apply the principles of one on one counselling to help address the **trauma** and anxiety*

that was mounting in communities…" (Thebisa: 56-59)

The thematic prominence of *trauma* and *anxiety* in Thebisa's narrative needs to be distinguished from the familiar AIDS prevention refrains that placed necessary emphasis on 'fear' and 'shame' as a significant contributor to stigma and discrimination (Gausset et al 2012). Equally, pedagogically engaging *trauma*, *grief, and anxiety* must also be distinguished from AIDS prevention approaches that employed 'fear arousal' and 'fear appeal' (Semercnik & Ruiter 2010; Halperin 2006; Mutusahmy et al 2009). The debates in the literature reflect both unquestioning forms of reliance on *fear appeal* and *arousal* through information and education alongside evidence of this approaches routine failure in numerous context throughout Sub-Saharan Africa and in marginalized communities throughout the America's (Ibid 2009). What Thebisa narrative reconstruction of CC origins points to is a slight but significant turn of focus in the way that this prevention method treated and engaged the communal emotionality of the epidemic.

Thebisa's narrative lifts to light the need to address the original psychosocial woundings associated with the infection and loss prominent during this period in the epidemic. *Healing,* and the promotion of psychological and emotional reconciliation with the epidemic's lived toll emerges as central point of departure in the CC pedagogy when considered against the backdrop of earlier generations of AIDS prevention (Campbell & Cornish 2014). Thebisa narrative further suggests that healing alone will not suffice. She presents engaging the *trauma, grief, and anxiety* of community members as a necessary pedagogical pathway into influencing *"personal choice"* and ultimately sexual behaviour. By reconstructing the origins of the CC method in this way *"personal choice"* thematically emerges as not only the method's point of intervention, it also binds the active potential of *personal choice* to immediate histories of trauma and AIDS related psycho-social wounding. This thematic intertwining suggests a symbiotic relationship between themes of *trauma, choice and change* in the approaches conceptualization. In this relationship *choice* is presented as the catalytic moment in an individual's change trajectory and as result becomes the central point of focus for the Community Counselling process.

According to Thebisa, central to one-on-one counselling is the guiding principle that individuals possess the ability to 'change' with the right *information* and more pointedly *options*:

> *"**Thebisa:** … the principals there was people have the capacity actually to make choices,*
> *if they can understand, the modes of transmission, what is at stake and the implications*
> *for their personal life for their family, for their community people can make choices and,*
> *I mean that's what counselling is really about, people have the capacity, they make*
> *choices if they know they have options, different options then they make [different]*
> *decisions..." (Thebisa: 100-106)*

The repetitive emergence of *choice* as a catalytic psychological medium between AIDS preventative choice and AIDS perpetuating ones places a hazy *proximate psychosocial boundary* around the space for preventative action. Thebisa's narratives suggest that within this boundary of focus are local social and cultural dynamics and interpersonal and familial relations. These sorts of pedagogical boundaries are important. They can often define whose *choices* matter in the effort to prevent new infections and by extension whose choices need to be acted upon and changed. This psychosocial boundary is, no doubt, porous. No prevention method can control the contextual range of interrogation that a community inevitably explores. A communal counselling process focused on the *choices* of men can cascade into critical conversations that interrogate the choices of men in positions of local political and even provincial power and influence. But, Thebisa's storied reconstruction does thematically root the Community Counselling method in the realm of the *proximate* and the *proximate* is political, in so far as it reflects a form of politics around who is implicated in the rapidly increasing prevalence of AIDS locally and nationally (O'laughlin 2015). In other words whose *choices* matter most where AIDS prevalence and the health of a community is concerned. We cannot conceive of these politics as an imposed psychosocial construct emanating from Thebisa's sense making alone. More fairly, Thebisa's storied construction is imbued with a politics of a much more macro sort. Chikankata was and is a context embedded in and shaped by interstitial political, social, and economic forces that connect the local to the national, regional, and global realm. CC and the space to imagine prevention is an equally embedded phenomenon interstitially bound to dominant understandings of AIDS and prevention. Thebisa's narrative is undoubtedly nested in the much larger global AIDS development discourse that dominated the period.

Through Thebisa's narrative, we are also presented with another significant pedagogical turn that distinguished CC from the existing health intervention and AIDS prevention modalities. With *choice* presenting as a sight for change, Thebisa's narrative suggests that Community Counselling was a

divergence from the way Chikankata Hospital's existing approach to AIDS prevention, "Care Workers Talks" attempted to influence *choice*:

> *"Thebisa: Like in hospitals there was a tradition, what you call the care worker talks and it would take the root of campaigns and people would just be taught you do this you die and etc so that was going on [and] we opted to go the other way of counselling because we realized I mean, adding fear to fear will not empower people…" (Thebisa: 150 -155)*

The pedagogical distinction between existing health education approaches that Thebisa's narrative proposes is a Community Counselling approach that intentionally sought out an alternative path to the *fear arousal* and *fear appeal* approach of the "Care Worker Talks". This alternative path, according to Thebisa was marked both by a shift in the role of the Social Worker and the approach to health education. Diverging from the biomedically constrained 'Care Worker Talks' the Community Counselling approach attempted to "address the hopelessness creeping into communities" by "coming along side people so they see that there is something they can do" (Thebisa: 130 – 133: 2015). Thebisa storied reconstruction suggests that one of Community Counselling (CC) divergent characteristics is an *accompaniment* approach to working with and within communities.

> *"Thebisa: In Community Counselling were bringing communities together and literally sitting down and explaining 'this is how HIV is transmitted' and the in a reflective way we say now if it is transmitted this way what is it that you are doing that puts you at risk of contracting HIV, we would ask communities together and so if these are the things that you do, how can you change this. So you are actually engaging, communicating with the people respecting the fact that if they have the understanding they can actually make the right choices." (Thebisa: 156 -161:)*

This narrative construction of Community Counselling explicitly ascribes value to the repositioning of the local health worker in the AIDS prevention process. This is a repositioning from central expert offering AIDS information alone to a facilitator *accompanying* groups and or communities through collective *exploration and reflection*. Thebisa's narrative frames Community Counselling as a mutual learning process:

*"**Thebisa:** So we all learned a lot about what was going on because of the counselling approach we took. We were open to actually learning from the community, what is it? How are we doing sex? What makes our community so vulnerable … They were doing very respectable things and this was actually what was making them vulnerable so its not like its promiscuous, you know like polygamy is not like considered promiscuity because you are married, this is official marriage… so instead of telling people stop doing this and stop doing that we said what is that we are doing and then people will identify for themselves what applies in that community. " (Thebisa: 375-395)*

This repositioning of health workers purportedly pivots on a much deeper pedagogical shift in the perceived relationship between *knowledge*, *action*, and *choice*. It is purportedly a shift, according to Thebisa's reconstruction, that opened space for complex discussions about enshrined widely practiced ways of living and societal organization; culture, tradition, and beliefs. Like Daouda, Thebisa's narrative seems to implicitly suggest that in order to access the pathways into the complex truths of community's intimate lives, an epistemological imbalance in existing AIDS prevention approaches needed to be corrected and or challenged.

This telling holds multiple levels of significance. In part, Thebisa explicit assertion suggests that CC's pedagogical turn was a simple one on the surface, and yet there is a more transgressive element nested in the implicit politics of her narrative. The pedagogical turn in Community Counselling's approach to prevention is one that purportedly hinges on an ability to see Chikankata as more than a mass of bodies and sexualities to be policed and prodded towards preferred health outcomes and "zero transmission". If so, the pedagogical turn in Community Counselling is one that may have emerged out of seeing and valuing peoples; the very whole and complex psychological, emotional, and spiritual life of peoples and communities. The micro politics of *value* expressed in her narrative are made more salient when read against Thebisa's storied reconstruction of resistant doctors and health official's critique of the emerging approach:

*"**Thebisa:** Some doctors couldn't see how you can look at a community as an entity like as you would look at a person and then be able to ask questions and create a space for thinking it was just like we had some opposition as some point." (Thebisa: 277 -280)*

When asked where she believed the resistance came from, Thebsia offered the following:

*"**Thebisa:** It was from doctors and even some people who, good doctors, who were also of the opinion that counselling will not work in an African context… because people in Africa are used to being told what to do and we were saying we are going to create an option and space where people can think and make choices and they are like doctor patient relationship is like here in Africa is not let's discuss, there is an expectation that they will be told; this is how it is transmitted, this is what you do to prevent it and people will do what the doctor says so when we say no we are going to create space and people are going to think and reflect and make choices they are like this is really crazy " Africans don't work like that"… this was even written to me in the next village. It was some British medical doctor how worked in Africa for so long and they thought that people were not developed enough to use the counselling approach." (Thebisa: 285-304)*

Employing this story as a part of a narrative reconstruction of Community Counselling's divergence brings to the fore the intersubjective relationship between an oppositional British biomedical gaze and her own. Out of Thebisa's storied construction, emerges a landscape of colliding knowledge systems. A landscape in which the knowledge system that proves more prominent are often mediated and shaped by historical power imbalances that are arguably *colonial*, *racialized*, and expressed through the dominance of the *biomedical*. Similar to Daouda's narrative, Thebisa's storied reconstruction of Community Counselling directs our attention to a subtle form of epistemological resistance that undergirds the methodology. The epistemological imbalance presented in her narrative suggests that Community Counselling's approach attempted to centralize the *knowledge systems* of those most affected by the epidemic. The drive to challenge the dominant knowledge system landscape emerges out of an attempt to ascribe a renewed sense of *value* and priority to the community's thoughts, feelings, and perspectives. In this simple, seemingly innocuous, storied reconstruction, Thebisa demonstrates the way complex shared histories of subjugation and dominance exist in and inform our intersubjectivity, ultimately vying for space in AIDS prevention politics. Histories rarely remain in the past and continue to inscribe themselves on and weave themselves into the fabric of seemingly neutral acts of prevention and broader health promotion. Thebisa's narrative as a counterpoint to the British biomedical gaze proposes that prevention methods can equally reflect and emerge out of how communiy's and people's capacities are perceived. The ability to imagine and create community-based AIDS prevention approaches that combat prevalence rates are in part psychosocially tethered to ways

in which we imagine and by extension value the peoples and communities that the prevention method is intended for.

5.3.3.0 –Exploring Micro/Macro political narrative nexus in the founders Narratives

Both Thebisa and Daouda *founders'* narratives serve as a generative account of the psychosocial and contextual "ground" out of which the Community Capacity Enhancement – Community Conversations (CCE-CC) approach emerged. Making *the ground* relevant, in so far as understanding and exploring the politics of this sort of AIDS prevention, requires a more careful consideration of the micro macro nexus (Kenizler 2008). Beginning with the individual storied reconstructions of the methodologies two contexts of origin creates an opportunity to explore the "individual biography in the larger matrix of culture, history, and political economy" (Ibid 2008). The micro-macro political narrative nexus helps surface the connections between the 'micro, individual experience' of the founders and the 'macro socio-political context' of AIDS and AIDS prevention (Brough et al 2012). It is through the unearthing of this nexus that we are better able to empirically construct an imperfect but plausible rendering of CCE-CC's early *political animus.*

Driving this analysis is a need to conceptually envision *the early political animus of CCE-CC* as a contextually and psychosocially formed roots system that embodies explicit and implicit belief, values and perspectives about the catalytic potential that exists between community members, AIDS prevention methodologies, and the broader society. The analysis to follow reflects critical points of thematic overlap and alignment in the founder's micro political narratives as well as the critical tensions and points of contradiction in Daouda and Thebisa's narrative reconstructions of the methodologies origins. Naturally much broader macro political narratives about AIDS prevention and AIDS more broadly emerge out of the analytical aggregation of the founder's micro narratives.

5.3.3.1 – Proximity, Local Action, Sexual Behaviour

Thematically surfacing in both Daouda and Thebisa's micro political narratives of Community Capacity Reinforcement (CCR) and Community Counselling (CC) is an emphasis on the local as the active sphere for preventative action. *Personal choice, sexual behaviour, familial relations, and influential local religious and societal leadership* thematically overlap across both narratives. Out of these thematic overlaps arise a seemingly shared pedagogical bend that aims to direct the focus

of affected and infected communities preventative energies towards a focus on immediate *proximal* communal dynamics, relationships, and behaviours. The *proximate psychosocial boundary* that emerges in Thebisa storied reconstruction of CC is similarly echoed in Daouda's accounts of CCR and its emphasis on engaging local influential religious and traditional leaders. The founder's micro narratives of CCR and CC simultaneously reflect a particular reading of the AIDS epidemic. AIDS and AIDS prevention are in fact co-constructed political narratives that revolve around one another. The macro politics of AIDS prevention are deeply embedded in the dominant framings of the AIDS pandemic that find explicit and implicit expression in the founder's micro narratives. Both founders' storied reconstructions of the prevention methodologies assert local choice and communal behaviours as sights for preventative action. *Sexuality, sexual behaviour, and local socio cultural dynamics* are storied as distinct spheres of interpersonal interactions and communal dynamics seemingly disconnected from the broader political economy of both contexts. This macro political narrative of AIDS prevention that emerges is, in part, reflective of the period in which the methodologies took formation. It is a macro narrative that proposes a form of prevention that enhances a community's ability to see itself as a unique set of relationships and cultural dynamics that either promote or prevent the spread of AIDS. Seemingly central to preventative work of this sort is the cultivation of *cohesion and coherence* or in broader terms, a form of *solidarity and shared vision* amongst community members and local influential leaders. As a contributor to the CCE-CCs early *animus* this macro narrative situates responsibility for community health in the hands of the community itself. The proximal *psychosocial boundary*, the contextual spheres of critical interrogation that marginalized communities are to focus on are immediate and local. The choices and behaviours that seemingly matter most are their own.

Arguably, the macro political narrative of AIDS that emerges from this framing is partly embedded in a dominant biomedical interpretation of HIV/AIDS that shaped a great deal of early intervention strategies during this period. As Thebisa micro narrative reveals the presence of this dominant narrative was in part induced by *the crisis*. While attempting to escape and challenge the dominant AIDS prevention paradigm of *"preaching and teaching"* both Daouda and Thebisa's narratives demonstrate that the pedagogical turns and/or innovations that CCR and CC represent are still preventative engagement innovations that continued to be nested - at least in part - in the dominant framing of the AIDS epidemic and its subsequent drivers. This was a contradiction or tension that proved to be an unsettling finding. Prior to this point in the analysis I imagined CCE-CC and its pedagogy as whole defined mostly by the principles openly declared by its founders. While

these were unexpected findings I chose not to treat them as insignificant contradictions. Instead they offer initial insights into the, at times, fractious nature of animus and preventative pedagogy.

5.3.3.2 – Tools, Process, and Accompaniment

Central to the founder's micro narratives are a thematic emphasis on the cultivation of a distinct and contextually divergent pedagogical approach to AIDS prevention. Emerging out of their micro narratives is a thematic interaction between the concepts of *process* and *tools*. Both methodologies locate the methodological identity of Community Capacity Reinforcement (CCR) and Community Counselling (CC) in their approach to community engagement process and the tools that make up and characterize the way *process* unfolds.

While more prominent in Daouda's micro narrative both of the founders micro narratives characterize the methodologies as a form of dialogical *social technology* that promotes individual and collective dialogue that aims to foster new ways of thinking and patterns of behaviour. Both the framing of tools in Daouda's micro narrative as *'culturally appropriate'* and the insistence on *'walking alongside communities'* in Thebisa's narratives seem to suggest a very necessary symbiotic relationship between the undergirding politics of the tools and the way they are presented and utilized throughout the process. Daouda's and Thebisa's respective narratives of *'Storytelling'* as a tool and the importance of *'Accompaniment'* as a guiding ethos and approach to Community Counselling process depict a very particular dialogical orientation. On a micro political level they present a preventative *social technology* that relies on the approach and orientation of the individuals using the technology as much as they do the tools that compose them. On a macro political level this emerging dialogical orientation proposes an approach to prevention that challenges the dominance of biomedical and behavioural expertise. Within this framing, the "expertise" that proves equally salient is the ability to co-cultivate dialogical spaces alongside community members. *Social technologies* and the accompanying tools become one way to cultivate the dialogical process but what surfaces as equally important in the narratives, albeit it implicitly so, are the politics and psychologies of those that facilitate the process; that work alongside community to apply the technologies for preventative ends.

AIDS by extension is simultaneously constructed as an epidemic with drivers that cannot be surmounted by the simple impartation of preventative information and knowledge. The emphasis on social technologies that promote a reflexively driven change process is, in equal parts, a storied

reconstruction of an epidemic whose drivers are deeply woven into communal dynamics and individual and shared psychologies.. The macro political narrative that most clearly emerges is one that argues for the efficacy of accompanying social technologies that can be woven into, and ultimately transform, the "software" of communal fabric (Bopp & Bopp 2006).

5.3.3.3 – Value, Local Knowledge, and Emotionality

Central to both of the founder's micro political narratives is a proposed shift in the way communities participate in, and engage with, the AIDS prevention process. Out of Thebisa and Daouda's micro political narratives, emerges a thematic emphasis on pedagogically expressing a holistic *value* for community. The founder's micro narratives of *value* thematically manifest in their attempts to reimagine the role of affected communities in the prevention process. In doing this, they narratively construct a broader rendering of communities and their experience of HIV/AIDS. Engaging the *emotionality* of the pandemic by more intentionally engaging *grief* and *trauma* in the prevention and social change process is one arguable form of revaluation and reimagining. Centralizing the knowledge systems and ways of knowing of communities through a pedagogical emphasis on valuing *storytelling* and the sorts of knowledge stories carry and transmit is another. In each case, the role of communities in the prevention process seems to expand alongside the desire to pedagogically envision communities in a more holistic manner.

While these pedagogical shifts may not demonstrate a *revaluing* and *reimagining* of community on their own, when considered within the broader context of the founder's micro political narratives their rootedness in *value* become more clear. In both Thebisa and Daouda's micro narratives are moments in which they assert the need to resist external *culturally inappropriate* and or *colonial* framings of prevention and the communities they work with. These narratives are supported by a formative body of literature that interrogates the role that colonial mythologies played in both the framing of HIV/AIDS and the evolution of prevention (Squire 2007; Joffe 1999; Chirimuuta & Chirimuuta 1989; Packard & Epstein 1991). Stillwaggon's (2003) for instance gives considerable attention to the role that "nineteenth century racial science" played in shaping early responses to AIDS. Thebisa and Daouda's micro narratives arguably offer up a macro political narrative about the presence of "epistemic violence" (Spivak 1988) in early AIDS prevention practice. In framing the relationship between colonialism and knowledge Dotson say's the following:

" An epistemic side of colonialism is the devastating effect of the ''disappearing'' of knowledge, where local or provincial knowledge is dismissed due to privileging alternative, often Western, epistemic practices … one method of executing epistemic violence is to damage a given group's ability to speak and be heard" (Dotson 2012)

Writing about the overarching impact of colonialism and imperialism Wa Thiongo (1986) also wrote of the role violent and systemic colonial motivated "devaluation" had in larger systems of control. The founders macro political narratives of prevention locate resistance in the creation of tools and processes that intentionally value, and more intensively engages, the internal lives and realities of communities. Framing this as a form of *epistemic resistance* emerges out of the founders' micro narratives emphasis on epistemologically imbalanced knowledge encounters. Encounter seemingly rooted in and animated by a historically situated devaluation of local knowledge systems, 'African' identity, and worth.. By way of this framing the community and the collective consciousness of communities engaged in prevention processes become a contested psychosocial space. .

5.3.3.4 – **Discussion**– The Early Animus of Community Capacity Enhancement – Community Conversations (CCE-CC)

From the micro-macro political narrative nexus of the founders emerges a partial empirical portrait of the contexts out of which the Community Conversations approach to AIDS prevention emerged. The founder's narrative reconstruction of Community Capacity Reinforcement (CCR) in Senegal and Community Counselling (CC) in Zambia demonstrate the ways in which individuated micro narratives merge to develop and shape the pedagogical out look of AIDS prevention methodologies. By extension an analysis of their narratives demonstrate the way AIDS prevention methodologies pedagogically define and by extension shape the roll that communities play in the prevention process. This imagining and shaping is arguably political and embodies a host of implicit and explicit valuations made more evident through an in-depth analysis of the narratives of the individuals that create these processes.

While this section may present as a litany of pedagogical contents listed out for clearer scrutiny this is not the only purpose. Critically exploring the early animus of CCE-CC in this way exposes the complex and at times contradicting arrays of implicit and explicit values that underpin and drive the focus of preventative methods. The *Founders* micro-macro political narrative nexus of

prevention lay bear underlying intentions not easily accessed through a simple reading of a CCE-CC handbook. This analysis aims to disrupt the tendency to neutralize HIV/AIDS prevention methodology and programs by surfacing the way a simple account of its origins exposes a very different story. I aim to set a precedent here for critical studies of AIDS prevention. What would it have meant if a similar empirical approach had been applied to the early prevention approaches founded on "nineteenth century racial science" (Stillwaggon 2006). What if the "colonial mythologies" (Squire 2007) that drove early AIDS response policy had been exposed through in-depth micro-macro political narrative analyses of early global actors dialectical storying's of prevention and HIV/AIDS. How might that have shifted the unfolding AIDS intervention discourse? Finally this sections findings also attempts to nudge the Freirean influenced HIV/AIDS community mobilization discourse in a new direction. The findings and discussions presented in this section complicate Freirian (1967) binaries of oppressive versus liberatory education. They suggest that unearthing the animus or politics of any *social technology* is forensic work requiring engagement with the long line of actors that shape pedagogy. The section to follow provides another level of forensic analysis of the ways in which the emerging Community Conversations process was given more form through its encounter with the UNDP.

5.4.0.0 – Interpretation -- UNDP Community Capacity Enhancement – Community Conversations (CCE-CC_

Building on the previous section this section focuses on a thematic document analysis of **the United Nations Development Program (UNDP) Community Capacity Enhancement – Community Conversations (CCE-CC) Strategy Note** and the **UNDP CCE-CC Handbook (2005**). While the previous section emphasized a narrative deconstruction of the *pedagogical ground* through narrative analysis of the founder origins stories this section focuses on constructing a critical portrait of the dialogical methodology that finally emerged from the *values and politics* of that *ground*. This section is an empirical exploration of the ways in which CCR and CC were merged and institutionalized by the United Nations Development Program (UNDP). In this case *institutionalization* refers to ways in which the creation of CCE-CC as a UNDP methodology is marked by an increased *technicalization* of emergent *social technologies* and the social change *process*. Selecting the *UNDP CCE-CC Strategy Note* and *UNDP CCE-CC Handbook* as a unit of analysis reflects the need to both look at the strategic positioning of CCE-CC as an AIDS prevention methodology alongside the more technical construction of the methodology itself. The *politics* of

CCE-CC is expressed both in how the UNDP positioned it as an HIV/AIDS prevention approach and in the pedagogy of the methodology itself. While a traditional document analysis works to thematically explore documents in aggregate the analysis to follow intentionally treats each document as a distinct institutional artefact in need of individuated analysis and discussion. Both Thebisa Chaava and Daouda Diouf were hired by the UNDP to merge and transfer CC and CCR into this more technical format. This is an analysis of what this merging produced.

The document analysis process in this case was guided in part by the Freire's inference that liberatory education is in part predicated on liberating the relationship between catalysing agents and "oppressed" communities (Freire 1970; Freire 1997). Freirean theory directs our attention to the way the handbook frames 'communities' and 'catalytic actors' (facilitators & Organizations), their relationships with each other and their proposed relationship and engagement with the surrounding world. These relationships provide Freirean insights into the methodologies eventual *political animus* (Freire 1997; Freire 1992). The findings that follow flow in part out of this Freirean framework and politic in turn provide a platform to critically question Frierian assumptions about social change in this thesis conclusion.

5.4.1.0 – UNDP Community Capacity Enhancement – Community Conversations (CCE-CC) Strategic Note

This sections findings emerge from a thematic document analysis of the United Nations Development Programs (UNDP) CCE-CC *Strategic Note*. The *strategic note* is akin to a policy paper that rhetorically argues for the efficacy and importance of the CCE-CC process as form of AIDS prevention. It is a document that aims to position CCE-CC as a necessary and novel approach to AIDS prevention in the Global South. In the document Community Conversations is in part presented as a UNDP methodological product that exists as a necessary part of a tripartite global AIDS prevention strategy. Community Conversation is also presented as the community based strand of a broader program that aims to "enhance" the capacities of "countries" to respond to the "HIV/AIDS" pandemic (UNDP 2004). It is one part of the larger *UNDP Leadership for Results Program (Ibid 2004).*

The *strategic note* frames AIDS prevention as a broad based social and political systems initiative that aims to promote interlocking and mutually reinforcing forms of leadership across varied cross sections of society. Initiatives like *Leadership for Results* focused on encouraging political, policy,

and civil society leaders to reflect on their respective roles and personal approaches to "Leadership". While it is not within the purview of this study "Leadership" as a conceptual focus and the politics of its repeated invocation warrants further analysis. Are the complex power relations and tensions that can exist between affected citizens engaged in communal action and influential decision makers sanitized by a "Leadership" rhetoric? Or does the "Leadership" rhetoric, in all of its strategic dimensions, expand the sphere of preventative focus to incorporate and implicate the relationships between affected and or marginalized citizens and the influential individuals, institutions, and spaces. Questions of this sort, in so far as they relate to Community Conversations and the broader preventative lessons this process offers us will in part be considered further on in this thesis.

The findings presented bellow emerged out of a two-tiered coding framework. The first tier focused on coding the UNDP strategic note into two sets of coding frames *i) Community Conversations/ Dialogue ii) HIV/AIDS*. This coding framework emerged in part out of the micro-macro political narrative analysis of the creators. The second tier of codes provided a means to more systematically categorize and group thematically affinitive text (Annex 4a – UNDP CCE-CC Strategy Note – Thematic Document Analysis).

5.4.1.1 – Pedagogy, Principles, and Politics

The UNDP strategy note frames *Community Conversations* as a form of *AIDS* prevention guided by a very specific approach to prevention. To systematically define this orientation the coding process organized thematic findings into three distinct but related 2nd tier coding categorizations. **Pedagogy, Principles, and Politics** emerged out of the **1st coding tier Community Conversations/Dialogue** *(*See Appendix 5a – 2nd Code Categories). Creating these coding categorizations before organizing the findings according to Attride &Stirling (2001) thematic network method offered an opportunity to more carefully explore the documents arguments and intents.

The *Pedagogy* category housed the thematic resonances that framed the purpose and preventative intention of CCE-CC. The thematic networks constructed under *pedagogy* presented CCE-CC as a methodical process with set tools and steps that aim to promote and guide open reflection and strategic communal action. Repeated references to the "transformative" nature of CCE-CC locate its transformative potential in its *praxis* (Freire 1964) oriented approach to the

social change process. Praxis is in this case a carefully sequenced process of dialogue and action facilitated by trained and skilled facilitators. As a result dialogue is not left exclusively to the natural devices of everyday public dialogue. Praxis is as Thebisa and Daouda narratives suggest *social technology* and the UNDP CCE-CC process aims to make more sequential and methodical this *technology*.

The *principles* category housed resonances that reflected moments in the document that spoke more broadly of AIDS prevention efficacy. By establishing *principles* for effective AIDS prevention the *strategic note* constructs its argument for the importance and necessity of a dialogical *approach.* Like Thebisa and Daouda's narratives of CCE-CC's origins this document constructs a dialectical relationship between the diagnosis of AIDS as a societal phenomena and the prescription of prevention as social antidote. It is a rhetorical means to establish the value of the CCE-CC process and its potential contributions to AIDS responses. The strategic note's underlying arguments suggest that effective AIDS prevention approaches must aim to rearticulate the local "socio-cultural dynamic" by promoting equity and the renegotiation of ethnic and gendered social contracts. Local socio-cultural dynamics are by extension presented as the primary driver of sexual behaviour and AIDS prevalence. Central to this renegotiation are preventative methodologies that specifically focus on building social cohesion and coherence by cultivating a critical inward looking awareness of health 'disabling' communal dynamics amongst participants. According the strategic note this must be realized through local praxis oriented prevention approaches that cultivate new forms of *social coherence and cohesion*. Renegotiating local gendered, aged, and ethnic imbalances are a necessary part of rearticulating the communal socio-cultural dynamics into health enabling ones. The process of renegotiation is one that is made possible when AIDS prevention efforts work to cultivate *safe spaces* for communities to dialogue and deconstruct their communal "software" (Bopp & Bopp 2006).

The *politics coding* category housed resonances that situated community conversations in relation to existing governance structures and systems. The strategic note expressly locates CCE-CC processes within relational networks that include local community leaders, political representatives, and representative bodies. In this framing CCE-CC is presented as a sight for civic convening that creates opportunities for citizens to engage governance's structures. It is important to note that the note clearly suggest that governments are to be engaged as supports for local social-cultural transformation work. Matters of accountability and the role larger political dispensations play in shaping communities experiences of HIV/AIDs are undisturbed. While the

strategy notes speaks repeatedly of "stakeholder engagement" and the "enrolment of leaders" the complexities associated with these political processes go unaddressed.

The findings that emerge out of the categorical thematic analysis of *pedagogy, principles, and politics* may at first glance be seemingly innocuous and technical.. The *political animus* of CCE-CC is in part a product of the dialectic between the framing of HIV/AIDS and prevention. Through this analysis we begin to see that political animus is constructed out of some of the core pedagogical proposals at the heart of the CCE-CC methodology. If HIV/AIDS is driven by local social-cultural dynamics rooted in communal values, behaviours, and beliefs then affected communities naturally become the bearers of preventative responsibility. This sort of underlying animus becomes political when we measure CCE-CC's dialectic framing of HIV/AIDS and prevention against questions of context. To propose an emphasis on socio-cultural dynamics against, for instance, the contextual backdrop of political economy, dispossession, and embodied inequality presented in **Chapter 4** is arguably political (Fassin 2004; Fassin 2010; Krieger 1994; Kreiger 1999). The political animus of social technology like CCE-CC is partly defined by how it proposes to orient marginalized communities conceptualization of self, illness, and the role of the prevailing socio-political and socio-economic context in local and or national AIDS prevalence. What will be taken up in greater detail in the next section, are the pedagogical proposals or what Tesh (1937) refers to as the "hidden arguments" that lie at the heart of CCE-CC. In other words, how the various element, tools, and processes of CCE-CC propose to consciousness raising aspects of the methodology.

5.4.2.0 – UNDP Community Capacity Enhancement – Community Conversations (CCE-CC) Handbook

The United Nations Development Program (UNDP) CCE-CC *Handbook* provides another perspective on the CCCE-CC methodology. While, like the *UNDP strategy note*, it also aims to set out an argument for the efficacy and importance of CCE-CC it primarily serves as a training document for Community Conversations practitioners. By extension it reflects the enshrined sense making of the founders; Thebisa and Daouda. From a discourse perspective deconstructing the handbook is a step forward in questioning how the methodology proposes to shape the relationships between facilitators and engaged communities, and engaged communities and the world around them. As mentioned earlier this is often the overlooked and taken for granted premise of Freire's work (Freire 1970). The CCE-CC handbook is one means of structuring the way facilitators and associated organizations learn and inherit the CCE-CC process.. It serves as both

doctrine and guide prescribing a sequential change process while simultaneously arguing for a very specific reading of community responses to HIV. The CCE-CC process embodies six set steps that guide the dialogical process. (1) *Relationship building (2) Concern Identification (3) Concern Exploration (4) Decision Making (5) Action Planning (6) Reflection and Review*. Each step is accompanied by a series of tools that propose to enrich the dialogue by promoting critical reflection. The CCE-CC Handbook provides detailed guides for trainers and facilitators on how to facilitate the process and uses the specified tools.

Like the section 5.4.1.1 the findings to follow also emerged out of a two-tiered coding framework. The first tier focused on coding the CCC-CC handbook into (3) sets of coding frames*: (1) Methodology (2) Facilitators (3) Communities.* This coding framework is also driven by the findings that emerged from the micro/macro political narrative analysis of the founders and the work of Freire (Freire 1970). Freire's theoretical framing of emancipatory dialogue and transformative change prescribed the need for pedagogies guided by an aim to promote critical consciousness through "cultural synthesis" rather than "cultural invasion" (Ibid 1970). Freire's work expressed a conceptual preoccupation with "liberating" the relationship between external instigators and "the oppressed". This sections analytical focus interrogates this relationship as a means to further inquire into the political animus of CCE-CC. It reflects a deep questioning of how the *methodology* of CCE-CC proposes to shape *facilitator* and *community* encounters and in turn proposes to guide community's relationships and interactions with each other and the surrounding context. In essence this section is a look into the social change proposals that lay at the pedagogical heart of the methodology.

5.4.2.1 – Ways of Being, Ways of Working, Ways of Thinking

To systematically explore the methodology and its change proposals the coding process organized thematic findings into three distinct but related 2 tier categories. *History, Underlying Factors, Storytelling, Values and action, collective introspection, action, vision and reflection all* emerged out of the first coding tier **Methodology** (See Figure 2.0 – 2nd Code categories). Data was thematically organized under each of these second tier coding categories. *Ways of Being, Ways of Working, and ways of Thinking* emerged out of the first coding tier **Facilitators** (See Figure 2.0 – 2nd Code categories). Out of the first tier coding category **Community** emerged *Values and Beliefs, Strengths, Histories, Power Relations, and Gender* and 2nd tier categories (See Figure 2.0 – 2nd Code categories).Out of each of the 2nd tier coding categories emerged thematic resonances that gave

form to the underlying pedagogical drives of the CCE-CC methodology. Unlike the previous section (5.3.1.1- UNDP strategy Note Findings) this sections analysis is primarily focused on empirically defining the relationship between *methodology, facilitators, and community*. As a result the analysis to follow focuses on exploring the findings that emerged out of these three primary coding categories.

CCE-CC Methodology – Themes:

The thematic networks constructed out of **Methodology** coding category produced thematic findings that helped define the core facets of the CCE-CC approach. CCE-CC presents as an approach that places particular emphasis on the contextual and preventative *history* of engaged communities. The process attempts to facilitate collective reflections on past prevention efforts that participants experienced. "Tacking Stock" (UNDP 2005) of past prevention methods aims to provide an opportunity for community members to discuss how previous prevention methods have and or have not shaped communal dynamics and impacted prevalence rates.

The methodologies emphasis on exploring HIV/AIDS and prevention *history* intersects with its focus on unearthing the *underlying factors* that perpetuate local prevalence. By exploring the history of HIV/AIDS the CCE-CC process aim is to unearth historically embedded cultural beliefs that consciously or unconsciously shape intimate relationships and ultimately contribute to the transmission of HIV/AIDS. The proposed means of entry into these *underlying factors* are communal "concerns". While the emphasis on community concerns may seem mundane this emphasis reflects a pedagogical emphasis on prioritizing participant's feelings and emotional states. A pedagogical emphasis that can in part be attributed to CCE-CC's pedagogical grounding in Community Counselling (See 5.3.2.2). The handbook presents "concerns" and the associated *emotionality* of them as an emotional pathway into the less visible *psychosocial worlds* of socio-cultural dynamics. The sharing of disturbing concerns is meant to serve as living emotive data for the community action planning process. Communities are to construct community led action strategies and organizing efforts out of the collectively and critically explored concerns. According to the handbook one of the central conduits for surfacing and exploring concerns is achieved through the methodologies focus on *storytelling* as a central part of the process. The handbook presents *storytelling* as an accessible communicative vessel that embodies and communicates multiple levels of meanings; meanings that provide important insights into community experiences, thoughts, and feelings. The thematic analysis of the handbook suggests that the

emphasis on beginning with concerns and foregrounding storytelling is in fact a pedagogical attempt to target communal *values and intentions.* The processes ultimate aim is to render more visible the underlying *values and intentions* that contribute to AIDS prevalence and transmissions.

Another driving pedagogical focus is undoubtedly the aim to promote *collective critical introspection*. Thematically the handbook suggests that CCE-CC aims to support and "enhance" participants "capacity" to interrogate and critically question taken for granted dimensions of communal dynamic.. Ultimately the analysis of handbook points to a methodological emphasis on creating a psycho-social foundation for this process by intentionally cultivating *trust, respect, and socially reciprocal relationships* amongst participants throughout the dialogue process. The difficult and challenging conversations that may ensue require AIDS preventative forms of social cohesion and communal coherence amongst participants and other communal actors. While the strategy note (5.4.1.1) stresses the role that social cohesion and coherence plays in supporting the renegotiation of complex and historically rooted beliefs and social conventions an analysis of the handbook suggests an additional purpose. Cohesion and coherence also present as a means to enhance "community's capacity" to collectively organize and act on the concerns identified during this intentionally curated dialogue.

CCE-CC Facilitators – Themes:

The CCE-CC handbook offers considerable attention to both guiding and framing the role of CCE-CC **Facilitators** in the dialogical process. The handbook thematically suggests that the facilitator plays a key role in shaping participating communities experience of the methodology. The pedagogical underpinnings of the CCE-CC methodology are in part expressed in the way the handbook frames the role facilitator's play in the social change process. The coding framework that emerged from the handbooks analysis was segmented into *ways of being, ways working, and ways of thinking (*See Figure 2.0 – UNDP CCE-CC Handbook- Thematic Document Analysis)..

Beyond the mastery of facilitation tools the facilitator is expected to embody particular ways of *thinking and being* that align with the pedagogy itself. *Ways of thinking* (Figure 2.0) and *being* are as important as the mastery of tools and process. Thematically the handbook suggests that facilitators embody the ability to support the emergence of local knowledge, understanding and action by *being* critical listeners and questioners that are able to accompany, not lead or direct, the dialogue. The origins of this pedagogical focus can be located in the early animus that

Thebisa's narrative helped construct (5.3.2.2). The pedagogical emphasis on *accompaniment* in the handbook frames *accompaniment* as an intentionally cultivated disposition rooted in an ability to actively listen and carefully question unexplored assumptions, biases, and perceptions. The handbook offers practical shape to the concept of accompaniment by shifting facilitator's efforts away from knowledge impartation to a way of being that creates the space for the collective cultivation of shared knowledge. The handbook further suggests that facilitators must embody a *self-awareness* of their own explicit and implicit perceptions of the communities, groups, and issues. This *self-awareness* is presented as an essential part of a facilitator's ability to interrogate power differentials between themselves and the community.

The handbook also served to define the way facilitators practically work to facilitate the dialogically driven change process. Emerging from the second tier-coding framework, *ways of working* (Figure 2.0), is a clear emphasis on the centrality of tools and practiced process. Central to the facilitators work is the methodical application of specified CCE-CC tools as part of the much more elaborate and 6 stepped sequenced process referred to in section 5.4.2.0. Facilitators are tasked with using the tools as a means to support the emergence of community stories, concerns, perspectives, and latent community strengths and capacities. By extension and closely related, language surfaced out of the coding category of *ways of thinking* (Figure 2.0) as both a skill and tool that must be intentionally employed by the facilitator. Language, like self-awareness, is utilized to subvert power imbalances between the facilitators and participants and amongst participants on a whole. The methodologies emphasis on "language change" acknowledges the ways that power is codified and differentials perpetuated by specific forms of language use.

The themes that emerge from the *ways of being, ways of working, and ways of thinking 2nd tier* coding framework clearly demonstrate that the politics of pedagogy are beyond social technology of prevention itself and are equally embedded in the identities and dispositions of the persons that utilize them. Often overlooked are the natural tensions and processes of reconciliation that must take place between the personal histories of individuals charged with facilitating methodologies like CCE-CC and the politics embedded in the pedagogy of the methodology itself (Chapter 6). Political animus by extension is not just a matter of structure and technology but substance as well. The substance that people and practitioners, with their complex histories and identities, bring to process.

<u>CCE-CC Communities – Themes:</u>

The thematic networks constructed out of the 2nd tier-coding category **Communities** helped more clearly define the way the CCE-CC handbook framed 'community'. Thematically the handbook presents communities as a densely intersecting matrix of values, beliefs, practices, and norms that consciously and unconsciously shape socio-cultural dynamics and ultimately sexual behaviour. Inherited from the pedagogical ground from which the methodology came this focus places undoubted emphasis on the local as a bound set of relationships in need of engagement. This dense intersecting matrix is meant to be collectively explored, transformed, and mobilized in the interest of AIDS preventative action and living. Beyond socio-cultural dynamics communities also thematically emerge as spaces with long standing histories that inhabit the present and continue to shape the very same socio-cultural dynamics under scrutiny. These histories are histories to be engaged through the change process. History is to be unpacked, rethought and mobilized as broader part of the change process.

<u>5.4.2.2 – **Discussion:** Concluding on Interpretation</u>

The thematic resonances that emerged from *pedagogy, principles, and politics* categories demonstrate that animus is most evident in the ways that methodologies propose to direct the attention and energies of affected communities. While CCE-CC's emphasis on socio-cultural dynamics is reflection of a animus it is now clear that the politics of pedagogy run even deeper than these constructions. The *animus* of the methodology is given further form by the cyclical relationships between *methodologies, facilitators, and communities,* and how these relationships propose to propel the social change process forward. These findings demonstrate that the animus of a methodology is, in essence, a multi layered thing. One layer of animus proposes to direct participant's attention to socio-cultural dynamics drawing a *proximate psychosocial boundary* around the local, the behavioural, the sexual and the cultural. Another layer of animus is expressed in the way that critical actors in the praxis process are framed and how the methodology proposes to free the dialogue and social change process from the directive expert driven model of health education. In other words animus is partly defined by how a methodology directs us to see and understand HIV/AIDS and then how we are to collectively act on what we have come to understand.

While CCE-CC seems to construct space for increasingly expansive framings of HIV/AIDS that could connect the local to the national this potential is invariably anchored by its emphasis on the socio-cultural. This is one of the most formative contradictions or tensions that surface out of this analysis. The handbook explicitly locates the CCE-C facilitator contribution in Freirean (1968) tradition. The facilitator's role is to promote the cultivation of critical community based knowledge through dialogical process. By extension the political animus of CCE-CC is, in part, expressed in attempt to shift the power and the position of the outside instigator and promote a form of 'cultural synthesis'. By proposing such a shift participating communities are supported to raise and explore their concerns with the support of facilitators that aim to *accompany* as oppose to *teach*. The methodology proposes to subvert the dominant politics of AIDS knowledge that frame traditional education paradigms as a means to promote greater freedom in the creation of community based responses. And yet the anchoring of the methodology in the socio-cultural creates a pedagogical boundary around the catalytic potential of this accompaniment approach; a potential limitation on the realms of communal experience that can be implicated. It is important to acknowledge that this anchoring inhabits the political animus of CCE-CC by way of methodological approach and structure. The tools, process, and principles of CCE-CC are the expression of these politics. While this section has helped firmly define underlying animus of CCE-CC the next sections explores the ways initial encounters with country context bring new sorts of form to the animus of this social technology.

5.5.0.0 – Translation - South Africa, CCE-CC and the Nelson Mandela Foundation (NMF) - Findings

The previous sections of this chapter reflect an in-depth attempt to make more clear and visible the early trajectory and formation of CCE-CC *political animus*. This works overall aim was to demonstrate the ways in which methodologies like CCE-CC are naturally imbued with and come to embody their own politic. At the centre of all methodologies are a series of proposals, pedagogically political proposals, which serve to situate prevention within broader conceptualizations of HIV/AIDS and society on a whole. The *political animus* of CCE-CC emerged from specific origins and identities, was made technical and standardized through the UNDP process and finally reached South Africa in the late 1990's to be further translated into the community context through organizations like the UNDP and ultimately the NMF.

This section is entitled **translation** because the findings demonstrate the ways in which civil society actor's, , sense making gives further form to the *political animus* of CCE-CC in the South

African context. While the founder's narratives provide us with insights into the early animus and politics of pedagogy the narratives of the Nelson Mandela Foundation (NMF) staff -- some of whom worked in the UNDP during the introduction of CCE-CC -- provides insight into the ways that introductions to new socio-political climate added new layers of *animus* to CCE-CC. As mentioned earlier the NMF as an institution embodied its own *values, intentions, and politics*. Choosing to steward the process ultimately resulted in the introduction of a new layer of values, intentions, and politics to those already embedded in the pedagogy and structure of CCE-CC itself. This section, as it moves forward, aims to make clearer how CCE-CC travelled through and was shaped by the UNDP, NMF, NMF staff, and the socio-political context in South Africa; both past and present.

5.5.1.0 – Historicizing Translation: The CCE-CC method in South Africa

This section is comprised of the political narratives of **(N=8)** Nelson Mandela Foundation and South African based CCE-CC Key Informants or *Stewards* that were in various ways witness to and direct participants in the CCE-CCs introduction to South Africa. The political narratives that form the findings presented in this section were harvested from interviews with each informant. These Stewards were central figures in a community of CCE-CC practitioners involved in the methodologies entrance and introduction to South Africa beginning in the early 2000's to the present.

Like the earlier portion of this chapter and the previous one (Chapter 4) this sections findings organized into two key time frames *i) the introduction of CCE-CC to South Africa through the UNDP and ii) the NMF early history implementing the CCE-CC process*. Micro political narratives of CCE-CC were harvested from the *Stewards* interviews and then systematically clustered to form cohesive macro political narratives (Kenizler 2008). This section employ's a Kenizler (2008) micro-macro political narrative nexus framing to make clearer how the external politics prevalent in the period served to further influence and shape the methodologies trajectory and *animus*.

5.5.1.1 – The UNDP, AIDS & Mbeki's ANC

The Community Capacity Enhancement – Community Conversations (CCE-CC) methodology was first introduced to South Africa through the United Nations Development Program's (UNDP) multilateral operation in the early 2000's. The micro political narratives of the Stewards naturally

nest this early introduction within the broader national political climate of the period. They collectively construct a framing of the period as one in which the political positioning and posturing's of then president Thabo Mbeki's ANC materialized amidst pronounced institutional tensions between the UNDP and the government. These tensions were further exacerbated by the overarching *politics of AIDS* and AIDS denialism (Mbali 2002; Fassin 2003) that marked the period. Mothomang, former manager of the UNDP CCE-CC program and Director of the NMFs *Dialogues for Justice Program* recounted this period:

> *"**Mothomang:** I was at the UN going to meetings with government officials asking 'What are you guys actually doing here.' It was a very odd position to be in because I was South African wearing a UN hat and I found myself caught in between. I have never felt such anger and resistance towards an agency. As a result everything that should have taken 3 days took 9 months of decision-making… The whole process of authorization was just difficult (Mothomang: 199-203).*

Mothomang's sentiments are echoed by Tom, a CCE-CC expert instrumental in supporting the early entry of CCE through the UNDP:

> *"**Tom:** It was the politics of the day with UNDP and CCE, the politics of the day. Remember the position of the South Africa on HIV/AIDS. You remember it was during the era of former president Thabo Mbeki… He had been in the UN all of his years in exile so he knew some of the things that are done, implemented rough shod over people, he wanted South Africa to have an identity" (Tom: 71 -82)*

As micro political narratives they merge to construct a broader macro political narratives of AIDS prevention in the time of denialism. During the late 1990's and early 2000's the South African government under then president launched into a series of public campaigns denying the linkages between HIV and AIDS. Considerable attention has been given to the political and personal undercurrents that contributed to the Mbeki and the factions of the ANC's positioning on AIDS (Mbali 2004; Fassin & Schneider 2003). Particularly poignant in the literature are references to Mbeki's "distaste" for what he believed to be a "racist" and "neo-colonial" framing of Black African sexualities (Gumede 2005). As a politically Pan-African standpoint Mbeki envisioned the emergence of an African Renaissance that resisted the dominant narratives of South Africa and the continent on a whole. AIDS and its emergence as a South African epidemic was ultimately read as

an impediment to that vision (Mbali 2004). Mbeki's positioning on the AIDS crisis is often discussed in relation to its relevance to broader governmental policy and the delivery of ART. What is often a lesser focus are the ways in which Mbeki and the ANC political standpoints impacted relations with multilateral agencies like the UN. During this period Mbeki openly and repeatedly asserted that NGO's and international agencies were exaggerating the magnitude of the domestic AIDS crisis (Gumede 2005).

Mothomang continues on to say the following:

> *"Motohamang: I think context is everything. We were operating in the early 2000's in a context in South Africa where there was immense denial of HIV so we should take that into consideration. In fact the facilitators were up against a tide the communities were up against a tide. So as we did the process on the ground the push back was immense because the president said this and the minister said this and all of that." (Mothomang 38-42)*

Mothomang and Tom's quotes reflect a broader narrative construction of UNDP ANC tensions and the ways that institutions experienced and internalized the political climate. UN and ANC relations during the period are storied as one of the many sights of politically induced institutional struggle over the South African response to AIDS and the broader post-apartheid narrative of South Africa. In order to introduce CCE-CC to the South African context UNDP representatives navigated and worked within the strictures the political climate imposed. More importantly, what these narratives demonstrate are early instances in which CCE-CC as an extension of the UNDP presence became politicized via the identity of its institutional steward. By being associated with an institutional steward deemed to be a "western" political threat to the presiding ANC AIDS policy line, CCE-CC and its associated programming was received with suspicion. Gift Buthelezi an ANC insider and struggle stalwart tasked with guiding the UNDP CCE-CC team through this political climate offered the following narrative:

> *"**Gift:** He [Thabo Mbkeki] didn't want to be dictated to by the west. He felt the UN and some of these guys are told by the west. He felt the UN and some of these guys are told by the west what to write about South Africa without appreciating the complexity and challenges. It's easy to speak from outside it's a different thing to be here and see." (Gift: 658 -660)*

Gift's storied reconstruction of the period and the Mbeki's resistance is worth unpacking. His micro political narrative makes more available another central tension in this quiet conflict. His narrative brings to the fore Mbeki's often discussed desire to control and shape the broader narrative of South Africa's emergence from Apartheid. In speaking as an "insider" about a UN unable to "grasp" the complexities of post-apartheid South Africa Gift seems to implicate the poverty focused AIDS narrative that Mbeki and some representatives of the department of health employed during the period. Attempting to avert the national focus away from the bio-medically proven link between HIV and AIDS and the subsequent need for ART, Mbeki and representatives of the Department of Health actively asserted that poverty, low levels of literacy, gender and social inequality, poor sanitation, unemployment, and other infectious diseases the major contributing factors to the "progress of AIDS in Africa" (ANC 2001; Mbeki 2001; Forsyth et al 2008). In the midst of this struggle the steward's narratives suggest that a sort of paranoid style (Fassin 2008; Hofstadter 1964) of governance emerged filling the spaces between the UN agency and the ANC and ultimately the space between the governments and the CCE-CC methodology itself:

*"**Interviewer**: But why was that fear there? Of just dialogues?*

***Gift**: I guess government was probably not ready enough to have such dialogues because they had their own which they used to call imbizos. Their own imbizos, now you come with something. Is this an alternative to what we are doing? Are you undermining what the regime is doing… the perception was that what if it's used by certain opportunists who are competitors of the ANC what are you going to do with them. What if it is used to organize against the government of the day? What will we do? What if you enlighten the communities then they realize their rights and start exercising them."* (Buthelezi: 660 -668)

As the layers of Gift's narrative unfold they reveal another level of political storying that offers new dimensions to the tension surrounding the introduction of CCE-CC to South Africa. Beyond the evident tensions between the UNDP, Mbeki, and the Department of Health, CCE-CC is framed as embodying a pedagogy imbued with threat by the predominating paranoid style. The telling points of this storying are not simply the suggestion that CCE-CC was seen as a western preventative construct that could subvert existing forms of indigenous dialogue, *imbizo's*. It suggests that the pedagogy of CCE-CC itself was seen to have a potential impact beyond the confines of AIDS

prevention. Underlying the resistance to CCE-CC was a sense that it could act as sight for civic organizing capable of generating politically disruptive dialogue.

During this period, Mbeki's rejection of anti-retrovirals as a proven and effective means to treat HIV and AIDS ultimately created the context out of which the Treatment Action Campaign (TAC) movement evolved (Heywood 2003). In delaying the creation of a comprehensive treatment and care program for HIV positive citizens Mbeki and the ANC more broadly put them at odds with a rapidly growing movement of activists. With the rise of TAC, AIDS and health more broadly became an increasingly volatile point of political convening and conflict between infected and affected citizens and the South African government

In **Chapter 4** *the promise* of 1994 redistributive policy loomed large in the narrative clusters of residents of *Ingquza*. Just as the shift from the original RDP to an emphasis on the neo-liberalization of the economy had bearing there it also has bearing here in formation of CCE-CC political animus. While Mbeki sought to redirect the narrative towards an emphasis on 'poverty', denying the proven science, and reasserting that interlinking forms of deprivation were the true contributors to AIDS, the ANC under his leadership was simultaneously presiding over a retrospectively problematic Growth, Employment and Redistribution (GEAR) policy that would ultimately exacerbate historically entrenched inequalities (Gumede 2005). It would be a dramatic oversight not to foreground the ways in which dramatic shifts in macroeconomic policies away from the original focus that emerged out of the anti-apartheid struggle, and the emergence of TAC and the struggle for anti-retroviral and a comprehensive national AIDS response shaped the political climate into which CCE-CC entered and the UNDP negotiated it's place. Within this context the prospect of rights focused civic dialogues about AIDS led by a UN agency was, by way of the *Stewards* narratives, constructed as a politically problematic prospect for the ANC.

The steward's narratives offer modest but important insights into the on-going construction of CCE-CC's *political animus*. While the method embodied its own pedagogical politics the means through which it entered the context opened the methodology to a new process of interpretation. By way of prevailing political climate and institution tensions CCE-CC became imbued with a new politicized identity and association. The ongoing shaping of *political animus* emerges when, through the steward's narratives, we are offered insights into the way they story UNDP negotiations with the persisting political climate. Mothomang states:

> *"**Mothomang:** You're really just peripheral pimple on the face not taken seriously on the ground and in the provinces. You were getting exactly the same questions. "What are you doing here?" So you know the whole process of just trying to get a meeting or to even enter communities, the whole process of authorization was just difficult. We actually had to hire in our program someone who was just simply a political sniffer who would find out who had to know. No we really had this position. If we didn't have Gift this program would have been nothing frankly." (Mothomang: 211 -217)*

Mothomang's narratives are emblematic of much broader shared narrative common across these steward's storied reconstructions. Arising out of their narratives is a broader shared narrative about the *politics of authority and access*. The politics of authority and access can be characterized as the negotiations of power, influence, and authority actors engage in to be offered rights to engage South African citizens in active health enabling mobilization and prevention efforts. Gaining entry, access, and the rights to implement the CCE-CC project involved intense periods of careful political negotiation. It also meant navigating a complex political environment shaped by much larger national trends. Gaining entry and access meant hiring ANC insiders capable of negotiating the existing tension and diffusing potential conflicts. Navigating the politics of authority and access contributed to the creation of new layer of *political animus*. The steward's narratives highlight a process of strategic conciliation aimed at gaining entry and access to communities without upsetting or destabilising the local and political gatekeepers. In contrast to the insurgent style of TAC the Steward's attempted to gain access without upsetting the prevailing political climate. This was arguably a new layer of *animus,* framing CCE-CC as a communally driven AIDS intervention that posed no overt threat to presiding policy and national or local political climate. It was presented as form of community led prevention sans an explicit disruptive politic.

5.5.1.2 – The Nelson Mandela Foundation, Political Climate & the African National Congress (ANC) in 2013

When the UNDP CCE-CC program concluded three years after its inception the Nelson Mandela Foundation (NMF) became one of the more notable organizations to embrace the CCE-CC methodology. Mothomang moved from the UNDP to the NMF and assumed responsibility for the new *Dialogues for Justice Program* (NMF 2008; NMF 2011). The program launched countrywide dialogues employing the CCE-CC process as means to address both HIV/AIDS and to eventually respond to Xenophobia in 2008.

Extending the CCE-CC methodology through the Nelson Mandela Foundation (NMF) Dialogue for Justice Program came with its own complexities. The steward's narratives of the program inception centralize the symbolic influence of 'Mandela' on the CCE-CC trajectory post the UNDP. Their narratives naturally surface a number of unexpected tensions:

> " **Mothomang:** *I promise you going to the NMF and implementing this program was so much more difficult but [WE] walked in with a name first of all and it was like "yes please come in" you know, and I could feel the difference" (Mothomang: 218 -221)*

Mothomang's continues on to offer the following.

> "**Mothomang:** *We worked with civil society because to work with Government was just…it was really the resistance was still there, very suspicious of the NGO sector, even more suspicious of the NMF itself. The political thing there was that Madiba had agreed for ARV's with TAC then to be rolled out ahead of the government approving it. That really just gave us a bad name [with government]." (Mothomang: 254-260)*

Mothomang's narrative constructs a tension between the access that working with the NMF offered and the political resistance they experienced. While Mandela's open opposition to Mbeki and the Department of Health's stance on HIV/AIDS resulted in increased tensions the name Mandela offered new levels of access and "protection" in other areas of society (Gumede 2005). The NMF found new levels of receptiveness in the communities they engaged. Ken, a human rights lawyer, worked to initiate the *Dialogues for Justice* program alongside Mothomang Diaho in the mid 2000's. Ken's narratives directly attribute high levels of community-based receptiveness to Mandela's name:

> "**Ken:** *If you travel to the most remote communities the name 'Mandela' alone open's gates in so far as community members themselves. This was most certainly and is still most certainly not true for all organizations (Mutuma: 93-96)*

The Stewards narratives reconstructions offer up narratives of mass communal approval and commitment. Motlatsi, one of the first NMF CCE-CC trained facilitators to work with the NMF, shared offers the following narrative:

*"**Motlatsi:** It wasn't necessary the skill, what made people to actually respond to our mobilization. It was the name that we were carrying the Nelson Mandela name that made people to then you know attend dialogues. Because of the name and the expectation to a certain extent that maybe they would get something out of it and maybe to certain extent we were actually seen as people working for the government…"* (Motlatsi: 157-163)

The Stewards storied reconstructions of the relative influence that the Mandela name carried further reify the role that the socio-political identity of the Stewarding institution played in the CCE-CC reception. The narratives presented here story the complexities associated with navigating the inherent tension between the willingness and eagerness of 'everyday' citizens to participate in dialogues associated with Mandela and the wariness and resistance of local municipal representatives of ANC amidst the paranoid style of Mbeki's governance, insurgent AIDS activism. It is important to not take some of the subtleties in these narratives for granted. Motlatsi narrative surfaces the presence of "the promise" explored in Chapter 4. His narrative links Madiba's symbolism with the promise of better. By way of his narrative community members attend in numbers because of the promise of more or better; "maybe they would get something out of it". Mandela's name presents as a promise not kept by the presiding ANC government and by extension a potential threat to local party members. As a result the steward's narratives suggest that NMF staff and facilitators had to manage both the expectations of citizens involved in the CCE-CC process while also placating wary and potentially resistant municipal ANC representatives. In response to what are storied as "overwhelming" expectations and hopes of communities NMF staff opted to reduce the overt symbolism of Mandela during the dialogues:

*"**Motlatsi:** We realized that the [Nelson Mandela Foundation] branding also raised expectations, we use to have the t-shirt, we use to hire cars and you know sort of drive in a convoy into a particular venue we saw that such thing are creating particular expectation and they have this tendency of, sort of not making us to not be an obvious part of the community. We would be seen as us and them. That type of situation…and with local facilitators it was better because the people know the facilitators, those have been chosen by them, they can really associated with these guys so we did away with things like branded t-shirts… we wouldn't go to a particular place in convoy maybe with*

ten cars or something like that but a particular group of people would go using one car… (Motlatsi: 234 – 262)

While the NMF as an institutionasought to subdue the symbolic presence of "Madiba" in the dialogue the steward's narratives also construct a lucid picture of the ways NMF CCE-CC facilitators worked to assuage the fears of local municipal representatives as a means to minimize resistance:

"Ken: The other great challenge was attempting to facilitate this process in a single party state with the sort of liberation credentials. The result is that governance involves a sort of patronage between citizens and government. This created access issues. On entering communities you receive who are you? what do you want to do with our people? There were serious challenges. Even as the NMF facilitators and program officers had to in some cases attend political schools. We had to sell ourselves as comrades. We wore berets." (Ken: 73 -80)

Actively reducing Madiba's symbolic presence in the dialogical process while simultaneously depending on the *patronage* and *authority* of local gatekeepers represents another significant moment in the life and trajectory of CCE-CC's *animus*. Beyond the repeated storied accounts of complex negotiations between the NMF and local municipalities the Stewards narratives also speak to the ways in which these dynamics came to inhabit the dialogues. Lesley, a CCE-CC facilitator with the NMF storied the period in this way:

"Lesley: CCE-CC is shackled because we cannot talk about politics because every time we talk about politics the only word is 3 letters; ANC. There is no politics without the ANC in this country so we [found] ourselves doing community dialogues and we invite people and we do set it down on ground rules that this is not about politics but there will be political influences that come from people because now people will see that that things are happening so there will be people who belong to the ANC that will come to community dialogues … and they start influencing people to not come or they start influencing the direction of the dialogue." (Lesley: 509 -518)

Collectively the Stewards micro-political narratives reveal a collective construction of the "ANC" during this period as a problematic political presence intent on controlling and guiding civic

convening's. As the Stewards narratives move closer to the community based implementation they uniformly present local municipal representatives as obstacles to be overcome, worked with, or worked around. They routinely locate this reality in self-interest and an ultimate desire to preserve the "party". Part of this preservation is maintained through a command over citizen's collective "political imaginary" of the ANC and its role in building the nation state. Monitoring, presiding over, and influencing public discourse, maintaining authority over civic space, emerges as means of preservation. The *politics of authority and access* in this instance becomes more then who enters and who can engage citizens in HIV/AIDS prevention. It is about who has access to the sorts of civic spaces that can influence, shift, and guide the socio-political imaginary of South African citizens. This is a familiar point of narrative convening; a bridge between the Stewards micro-political narratives and those of the founders in section 5.3.0.0. Once again the psychologies of citizens emerge out of the data as a contested space in which various histories, knowledge systems, political desires, and development agendas converge and struggle for dominance. Ken's narratives construction ascribes explicit political intent to these obstacles:

> *"**Ken**: … even problematic politics such as this offered their dividends to influential stakeholders; even those with limited influence. Even in war torn countries you see that the war develops a livelihood of its own. It becomes profitable for people to sabotage a process…" (Ken: 133 – 139)*

Ken's narrative in concert with the other narratives presented above frame CCE-CC as a "threat" to the prevailing order. It is storied as a social technology that threaded the gap between disaffected citizens and the political institutions and political representatives in power. In the midst of this gap CCE-CC was read by municipal authorities as an unpredictable civic space difficult to control. It perceivably threatened to disrupt the complex and at times delicate relationship between the NMF and local municipal representatives. More importantly, it threatened to upset the prevailing order of patronage and citizen/government disconnect:

> *"**Ken:** [Our] role as comrades and the access it granted was temporary. Once the dialogues began and the communities began to identify issues and raise concerns the very same senior comrades, the local ward councillors and representatives would feel threatened." (Mutuma: 86-89)*

Implicit in many of the narratives presented here and slightly more explicit in this last narrative offered by Ken are narratively constructed bridges between "threat" and "voice" (Lesley: 237; Mothomang: 108; Tom: 1236; Warren: 180). The potentially disruptive and 'threatening' nature of CCE-CC is located, in part, in its emphasis on creating space for 'voice'. CCE-CC is by extension framed as an approach that unintentionally enlivens and complicates the everyday interactions between socio-political imaginary of "everyday" citizens and representative institutions. These narratives may seem straightforward and simplistic rehearsals of common refrain circulating around well-worn development language like "voice the voiceless". I propose that there is something slightly more complex and profound underlying.

Warren a NMF partner and participant in the early stages of the NMF project offers a narrative that constructs a bridge between 'voice', community dialogues, and a much broader need form of citizen/ government reconciliation:

> **"Warren:…**it's to frame the community dialogue within a constitutional democracy and that everything about community dialogues should be about entrenching our democracy in the deepest possible, in an embedded way and for me that is about understanding because that raises all those issues about equality, all about the major rulings that our constitutional court have made that are which are ground breaking internationally in many respects around housing, around access to food, around access to education those decisions are being made, the issue is are we practicing our democracy, are we using our constitution adequately in order to have these conversations and the answer is "no" (Warren: 623-633)

When we consider these narratives as political narratives nested in and ultimately tied to the Stewards storied reconstructions of the power and influence of "Mandela's name", something significant surfaces. Running under and through narrative of institutional tensions and negotiations with local municipalities is a sense that Mandela's name and the prospect of open dialogue represented an opportunity for *reconciliation*. Reconciliation in this way is not a reconciliation of the racial divide established during the Apartheid period and its persistence, though it was in in some ways implicated. What surfaces is a desire to reconcile the present with the policies and *promises of 1994* (See Chapter 4). Warren's Nebe narrative offered above is arguably an explicit narrative manifestation of an implicit thread that weaves through most of the

narratives presented in this section. Reconciling the very real socio-political and socio-economic shadow of Apartheid in part meant reconciling with the symbolic value of Mandela and the South Africa he envisioned. In the Stewards narratives communities engaged through the CCE-CC process seemingly live with an absence of redress. HIV/AIDS was not storied as separate from this but an integral part of it. Alongside the physical healing and provision of health and treatment there was also a parallel need for socio-political healing that mended the divides between citizens still living on the margins and the promises Mandela's ANC made:

> "**Ken:** *Despite the immense investments in communities many still feel used and frustrated especially [because] the promise of freedom was so high… Mandela did not say 'we will try to build you houses. We will try to offer you water. He said we will."* (Mutuma: 110 -113)

A civic space convened around the symbolism of Nelson Mandela embodies reconciliatory symbolism; an opportunity to publicly reconcile present day discontent with the promises of the past. The prevailing political climate under Mbeki's government and resistance from local representatives are framed as impediments to this reconciliation. The CCE-CC process was by extension imbued with symbolic value and emerges from the stewards narratives as an incomplete and or insufficient stand in for reconciliatory citizen led civic discourse.

5.5.1.3 – **Discussion** – Returning to Animus

The Stewards narratives provide necessary insights into the ways in which intersecting levels of political climates came to shape and reform the *political animus* of CCE-CC. *Animus* was partly shaped and constructed through all of this. Steward's micro political narratives produce macro political narratives of a methodology whose *animus* is further shaped and mediated through encounters with national and local political realities. While CCE-CC posed the potential to produce disruption the institutional politics of the NMF demanded that the CCE-CC process be introduced in ways that didn't threaten to disturb the political order. Navigating the politics of authority required Stewards and facilitators to steer away from politicizing conversations both about context and the HIV/AIDS more broadly. Through *seeking buy-in, authority, and access* the Stewards arguably introduced a pedagogical tension into the *animus* of the methodology without making intentional modifications to the approach. The early political animus of CCE-CC that formed out of the pedagogical ground of CCR and CC centralized communal *emotionality,*

endogenous knowledge, and embodied a form of *epistemic resistance*. By understandably minimizing the threat that CCE-CC posed in response to the political climate the Stewards arguably reshaped and influenced the political potentials that may have arisen otherwise. The *animus* of CCE-CC was not rooted in pedagogy alone. The animus was also shaped by the ways in which the NMF translated pedagogy into context; the ways in which political positioning of the Stewards and their respective institutions are translated into practice of holding and convening conversations in complex settings.

Conversely by depicting the ways in which the disruptive potential of CCE-CC were subdued the Stewards narratives also unearthed what was possible. Their narratives pointed to some potentials that should be considered. As community members openly began to raise localized concerns implicating municipal elected official's tensions grew. The stewards narratives construct a macro political picture of the civic space CCE-CC created as both potential filled, limited, and disruptive all at once; a sense that the creation of an unrestricted and open civic space to discuss HIV/AIDS at a time when AIDS was extremely political posed significant threat to the political order. The theme of reconciliation that emerges out of the Stewards micro political narratives resonates with findings from **Chapter 4** around the 1994 promise. The Stewards narratives do not offer enough to suggest anything conclusive they only hint to the import of civic space, the presence of *the promise* in the psycho-social worlds of citizens living on the margins, and the willingness to openly call on *the promise* through public discourse about concerns that matter.

5.6.0.0 – Conclusion

There are a number of points that should be raised before concluding. The findings presented in this chapter were unexpected. As mentioned earlier I entered this research with a rather unitary and whole view of preventative methodologies and CCE-CC in particular. My initial approach to this chapter did not feature the concept of *political animus*. Instead it focused on understanding the methodological contents of CCE-CC that included an analysis of its tools. I hoped to draw on the same research participants and artefacts presented in this chapter to produce a critical interrogation of the 'bones' of CCE-CC. Through the analysis process I quickly began to realize that there was a fully alive and accessible implicit world of meaning under the participants explicit narratives. This chapters is entitled *Animus of an AIDS Intervention* because its initial and more shallow iteration resembled an *Anatomy of an AIDS prevention*. Shifting from an anatomy to

animus approach made room to surface the often complex and at times contradictory underlying intentions that partly define CCE-CC as a preventative methodology.

There are undoubted limitations in this chapter that must be acknowledged. The inability to access UNDP actors involved in institutional discussions around CCE-CC means that in some ways I obscure from vision necessary analysis of a power global interlocutor. As a result this chapter is not able to critically interrogate the influence the sense making of actors working in an international global AIDS agency had on the emergence of CCE-CC animus. In the absence of this it leaves local grassroots actors open to greater levels of scrutiny while obscuring from vision the role that global policy plays played in constructing the dialectic between prevention and HIV/AIDS. Future research would need to involve a critical interrogation of sense making of all levels.

Nonetheless, by presenting the Founders and Stewards narratives alongside the thematic analysis of the UNDP CCE-CC handbook and across the three stages **Creation (5.3.0.0), Interpretation (5.4.0.0), and Translation (5.5.0.0)** I have tried to demonstrate that like individuals and institutions HIV/AIDS intervention models also have their own trajectories. Ever present and consistently evolving through each of these phases in CCE-CC trajectory is the methodologies *political animus*. **Section 5.3.0.0 Creation** demonstrates the ways in which the early stages of *political animus* emerge out of a very specific pedagogical ground. This *pedagogical ground* is in this case rooted in the very personal and professional narratives of the CCE-CC founders Thebisa Chaava and Daouda Diouf. By reconstructing the early phases of the CCE-CC process in this way I attempt to render more apparent how personal histories, understandings, and experiences of the Founders encounters with HIV/AIDS and local context contributed to forming the foundations of the methodologies *animus*. In other words the early animus of any methodology is often deeply intertwined with and in part anchored in the sense making of their founders, their Positionality, and the ways in which they experience and encounter community and understand HIV/AIDS

Section 5.4.0.0 Interpretation offered more clarity to the ways in which the formalization and technicaliztion of the methodology under the UNDP added new layers of *political animus*. It is important to first highlight how the bifurcation of the community based component and the engagement of local stakeholders and political leaders added a new layer to *animus*. As stated in **section 5.4.2.3** the animus of the methodology was in part evident in how it proposed to 'orient the lives, bodies, and energies of the affected communities' within the broader socio-political and socio-economic realities of nation states.. While acknowledging that influencing political

leadership is vital the UNDP *Strategy Note* framed it as separate endeavour in which communities explored the local drivers of HIV/AIDS while political leadership was engaged through a separate leadership enhancement program. The space between citizens and political leadership and representatives was arguably left vacant. The framing of the political realm was one in which enhancing political systems and representative's contributions to the promotion of health enabling contexts were to be realized through improved leadership skills and reflexive leadership development process. What did this all mean when applied to settings in which HIV/AIDS was in fact political and structurally driven?.

Finally **Section 5.5.0.0 Translation** aims to highlight the ways in which the CCE-CC methodology and intervention models more broadly are imbued with new layers of *animus* through encounters with new socio-political contexts and political climates. Through the narrative analysis of the Stewards semi-structured interviews we see the ways in which both institutional identity, political climate, and the way that the UNDP and NMF responded to political tensions had significant influence on the way CCE-CC was both received and introduced into community settings.. While at the core it aimed to create open dialogical space that prioritized emotionality, local interpretations of HIV/AIDS, and the cultivation of endogenous community actions plans the political climate required facilitators and staff to carefully steer conversations away from more politicized and disruptive conversations. There is an undoubted irony in the Stewards reported efforts to neutralize the symbolic presence of Madiba and the political tenor of the Community Conversations convened through a program named *Dialogues for Justice*.. In essence this entailed neutralizing the sorts of civic potentials it pedagogically proposed to promote and cultivate.

This is ostensibly a chapter that elucidates the trajectory of CCE-CC. It does this by showing the ways in which its *political animus* traveled and evolved through time, institutions, contexts, and the sense making of various actors to eventually arrive in *Ingquza*. The chapter to follow ultimately explores how this animus met the context of Ingquza. **Chapter 6** explores this new stage of encounter by giving specific attention to the ways in which the context of CCE-CC – meaning its histories and trajectory -- and the broader program and the context of *Ingquza* convened in the lives of facilitators, participants, and local stakeholders engaged in the process.

6.0.0.0 – Introduction:

This chapter explores the convening of contexts in the bodies, lives, and psychosocial worlds of Community Conversations (CC) *(1) Key Informants; (2) Facilitators; (3) Participants*. This is a chapter about convening contexts because its findings aim to make empirical sense of how the *political animus* of CCE-CC depicted in **Chapter 5 – Animus of an AIDS intervention** met the complex embodied context of the Ingquza Hill District depicted in **Chapter 4 – Concerning 'Everyday Violence', Resistance and AIDS in the Ingquza Hill District**. The research participant's narratives of the CC process experience span August 2013 to December 2013. In many ways there narratives reflect an active psychosocial reconciling of context and intervention in the midst of the community mobilization process. As a result this chapter explores this convening through the prism of the HIV/AIDS community mobilization tradition (Campbell & Cornish 2012; Cornish et al 2013). Chapters 4 and 5 intentionally destabilize the neatness of AIDS prevention and highlight the very real complexity or "messiness" (Campbell & Cornish 2014) of both context and intervention. Exploring the experience of these convening contexts through these actors' narratives raises important questions. Do our understandings, exploration, and analysis of CCE-CC as a form of community mobilization shift when preceded by a contextual rendering that highlights the interplay between bodies, lives, *intersecting webs of wounding*, and *everyday resistance* in *Ingquza*? Does our exploration of CCE-CC through a community mobilization lens change when we see CC as form *of social technology* with a layered *political animus* psychosocially imbued with inherent pedagogical tensions? This chapter attempts to offer an empirical 'yes' to these questions by exploring CCE-CC as a critical or political form of community mobilization that attempts to "provide a route of collective action to challenge (resist) the social inequalities that place people's lives at risk"(Campbell 2014). AIDS and poverty correlative discourses are markedly different than discourses focused on AIDS and inequality (Fox 2014), as they are also markedly

different from, in this instance, an AIDS and structural violence (Farmer 2001) discourse. By way of framing they each place different expectations on community mobilization efforts Framing or reframing is also relevant for the ways in which we consider AIDS interventions. AIDS prevention discourses that treat preventative community mobilization efforts as politically neutral technologies measured only through causal relationship between intervention and health outcomes produce very specific insights. Empirically debunking 'neutrality' – as chapter 5 aims to do – provides another form of entry into the community mobilization discourse and this chapters overarching analysis of the CC experience in *Ingquza*.

This chapter's exploration of the CC process through a community mobilization lens emphasizes the need to re-contextualize the analysis of community mobilization. Campbell and Cornish (2014) in highlighting the need to address the "decontextualisation" of the individual and body in community health psychology also inadvertently highlight the need to think about "decontextualisation" in a multitude of ways. Beyond the decontextualized individual and body community mobilization and AIDS prevention more broadly are often explored in decontextualized ways. Even when considered in more contextualized fashions AIDS preventative community mobilization often constructs analyses of community mobilization efforts in ways that frame community mobilization as purely health promotive acts [4]. Framings like these overlook the fact that community mobilization and small-scale collective action efforts that engage communities unfold as embedded parts of the broader socio-political whole of nation states. By focusing on the relationship between community mobilization and HIV/AIDS prevention and health promotion more broadly we can overlook that all forms of small-scale collective action receive from, feed into, and exist as a part of the socio-political fabric of a community and country (Parkhurst 2012). With this in mind this chapter's exploration of *process* intentionally engages the broader context of South Africa's past and present.

In order to more systematically explore process this chapter will employ Kabeer's (2005) *horizontal and vertical citizenship* framework as means to empirically explore the unfolding CCE-CC *process.* Section *6.4.0.0 – Community Conversations, Dialogical Processes & Horizontal Citizenship* explores the dialogical portion of the CCE-CC process through a narrative analysis of facilitator, participants,

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[4] This is an understandable feature of a great deal of the community mobilization literature. As Campbell and Cornish have repeatedly pointed out small scale collective action is often seen as too small and limited in influence to be considered capable of affecting broader social, economic and political inequalities. As a result there is often an emphasis on expanding the understanding of the individual, the body, and illness to acknowledge the nestedness and intertwinedness of epidemics. While acknowledging this is an important step forward it is also important to acknowledge that every small-scale collective act is an unquestionable part of a nation's fabric and therefore exists in relationship to larger systems. If the ability to demonstrate relative influence alone is the metric by which to measure the right to imagine CM as relevant to the whole we may in fact be replicating the same shortsighted framings we critique.

and key informants storied constructions. This section gives particular attention to the barriers, potentials, and challenges that shaped the actors experience of this process. Working through a horizontal citizenship framework helps foreground the complexities of creating space, nurturing dialogue, and cultivating solidarities. *Section 6.5.0.0 Facilitator/Local Stakeholder Processes & Vertical Citizenship* and *section (6.6.0.0) Participants/Local Stakeholders & Vertical citizenship* explore facilitators and participants experience of vertical engagements respectively. Narratively interrogating these narratives separately raise to empirical prominence the ways in which differences in mobilization experiences and communal positionality shaped their experiences differently. This analysis that is presented intentionally constructs connections between the findings in **Chapter 4 and 5** to provide insights in which *context* and *pedagogy* bring greater understanding the way the *process* unfolded.

Finally on the matter of convening contexts, the CCE-CC process, as an HIV/AIDS intervention entered *Ingquza* by way of very specific community health partnership. It is therefore, equally important to acknowledge the ever present apparatus of international funder and managing partner relationships that facilitated and funded the CCE-CCs final phase. While it isn't the empirical purview of the chapter's analysis or one of the overarching interests of the thesis the architecture and by extension influence of the co-operative health development relationship was also part and parcel of the convening. Aid was always present. Budgets, timeframes, salaries, the selection of local implementers, all of these elements of the programs architecture were created outside of and far beyond *Ingquza*, long before communities encountered the first CC meeting. And yet, they also symbolically and materially inhabited the most intimate places and moments of the unfolding CC process.

6.1.0.0 – The CC Program Architecture & Stakeholders

The Community Conversations explored through this data set were part of a larger AIDS prevention program funded by the *Deutsche Gessellschatt fur Internationale Zusammenarbeit* (GIZ) through the Nelson Mandela Foundation (NMF)[5]. GIZ is a private company owned by the *German Federal Government* and operates on Behalf of the *Federal Ministry for Economic Cooperation* and Development. As a development corporation it officially began working in South

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[5] The GIZ/NMF funding partnership began as an organizational enhancement and structural enhancement program focused on strengthening the NMF financial management systems, organizational structure, and campaign capacity. This sort of cooperative partnership is relevant in that it highlights that GIZ and NMF relationship was a relatively long and in depth one beginning with a commitment to organizational system strengthening.

Africa in 1993. GIZ has been one of the Nelson Mandela Foundation partners since 2001 and began supporting the NMF Community Conversations HIV prevention program in 2008. The program that emerged from this new funding partnership was the *Dialogues for Justice Program* detailed in the later portions of **Chapter 5**. The period within which the data in this chapter was collected (August 2013 – December 2013) marked a new period in the GIZ/NMF cooperative relationship. In the 2012 it was announced that GIZ and NMF would begin to phase out the *Dialogue for Justice Program*. This shift was often anecdotally attributed to a number of factors. The Nelson Mandela Foundation (NMF) was considering -- in light of Nelson Mandela's waning health -- shifting the centers emphasis to archival and memory work. At the same time GIZ like many funding bodies was recommitting funding to new areas of work and focus in the South Africa Development Community (SADC). As a result the Nelson Mandela Foundations (NMF) Community Conversations program running from 2012 through to 2013 took on a distinctly different tone. A programmatic focus during this period was placed on "disseminating the approach, evaluating its impact, and establishing sustainable structures"[6]. "Sustainability" and "Ownership" were words repeated by influential stakeholders working at different levels of the partnership. Many key informants used the phrase "passing CC down to communities" in their accounts of the final phase. The GIZ/NMF focus on establishing 'sustainable' structures resulted in the creation of an interlinked managerial network of international funder, managing partner, Community Based Organization (CBO) relationships that were meant to help coordinate, implement, and pass on "ownership" of the methodology to participating communities while also ensuring financial and programmatic accountability.

In the Eastern Cape Province portion the final phase of the program resulted in GIZ funding the NMF and its original CCE-CC team as a technical/expert unit in Community Conversations. Funding was channelled through the NMF to the *Institute of Health Programs and Systems (IHPS)* that served as the grants managing partner. As the managing partner IHPS was then responsible for coordinating and channelling funds to the locally identified CBO that would implement the Community Conversations program. IHPS as an organization had no historical experience with the CCE-CC method and it's running. A long-standing NMF CCE-CC facilitator/manager was placed in the IHPS team to oversee and manage the implementing CBO's and the overall process. The

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[6] The following information was gleaned through ethnographic research but is also taken from the German Federal Ministry for Economic Cooperation Website: "http://health.bmz.de/what_we_do/HIV-and
AIDS/studies_and_articles/Promoting_community_dialogue_to_tackle_HIV_and_AIDS/index.html"

Treatment Action Campaign (TAC) [7] and the *Development Education Leadership Teams in Action* (DELTA)[8] were CBO's selected to conduct the Community Conversations process in the Ingquza Hill District Municipality and the Chris Hani District Municipality respectively. 'Ownership' and 'Sustainability' was essentially perceived to be a three-tier process of embedding. The CCE-CC process would be embedded at the managing partner level (IHPS), in the local CBO, and the local community based CCE-CC facilitators. TAC and DELTA's selection as the local implementing CBOs was due in part to their established relationship with communities in the municipality and perceived capacity to manage the process. Ultimately, "passing CC down to communities" meant exposing CBO and communities to CCE-CC in the hopes that the approach would continue beyond the bounds of the funded program. At the same time GIZ and NMF worked in conjunction with the South African Federal level Department of Social Development to explore the modalities of employing CCE-CC as one of its lead community engagement approaches.

In early 2012 TAC withdrew as an implementing partner for the CCE-CC project [9]. This withdrawal took place after TAC had already identified and sent local TAC members for the one week Community Conversations training organized by the Nelson Mandela Foundation in June 2012 leading up to the programs beginning. During this period the TAC members trained to facilitate CCE-CC chose to remain with the program and join DELTA. DELTA took responsibility for supporting, planning, and overseeing the work of all of the facilitator located in *Ingquza*. Because DELTA was located in the Chris Hani District Municipality, some 265 km and 4hrs away, a local CCE-CCE-CC mentor and NMF affiliate was identified to support and coordinate local facilitators collectively working under DELTA to implement CCE-CC. As result the actual beginnings of the CCE-CC process was delayed significantly and locally identified *Ingquza* based facilitators were unable to attend the second set of CCE-CC trainings.

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[7] The Treatment Action Campaign (TAC) Lusikiski branch was first established in 2003. The Treatment Action Campaign was officially launched on December 10th 1998 and led a nationally and internationally renowned campaign for national access to Anti-Retroviral Treatment at the height of the AIDS epidemic in South Africa. According to Friedman and Morritar (2006) TAC strategically employed the court systems, international solidarity, and alliance building across sectors, civil disobedience and mass mobilization as a part of its broader campaign.

[8] DELTA was established in the Libode, small town in neighbouring Nyandeni Local Municipality. It was first established in 1992. DELTA community intervention program self professedly revolves around Paulo Freire concept of "Critical Consciousness". The core program works through a "psychosocial method called the Development Education Program". The organization focuses on promoting (a) Democratic Learning (b) Liberation Theology (c) Human Relations (d) Organizational Basics for Community Work, and (e) Social analysis on topical issues of development.

[9] Anecdotally GIZ and NMF staff suggested that TAC felt it already had a strong community engagement model and that there was no need to follow the CC methods . There was no clarity as to what prompted the withdrawal.

A considerable body of literature has given attention to the processes associated with transitioning large internationally funded HIV/AIDS intervention to local level partners and communities (Bennett et al 2015; Bennett et al 2011; Oberth & Whiteside 2016). Much of the literature endeavours to empirically highlight important factors that inform the successes and challenges associated with transitions to local ownership for programmatic sustainability. The financial, resource, and programmatic components of sustainability feature prominently in the literatures foci (Bennett et al 2015; Bennett 2011) Oberth and Whiteside (2016) locate an increased emphasis on sustainability and ownership in some of the more formidable shifts in international funding allocations to HIV/ prevention post 2008 global economic crisis [10]. Oberth and Whiteside (2016) propose the need to conceptualize sustainability beyond financial the epidemiological prism. In particular they emphasize the need to place greater emphasis on assessing the political and structural potential for sustainability (Ibid 2016). *Political sustainability* is the existence of the sorts of "political leadership" and "political scaffolding" necessary to maintain programs and *structural sustainability* emphasizes insuring that structural drivers that contribute to HIV/AIDS prevalence have been adequately addressed and considered. While the data provided is not substantive enough to empirically explore *political* and *structural* sustainability, as concepts they provide a more expansive framing to reflect on this CCE-CC process. Questions of downward accountability naturally surface. What role did participating community members and CBOS play in the decision to receive the CCE-CC process as a final phase intervention? What role did DELTA and local stakeholders, facilitators, and participants play in assessing the political and structural sustainability of the CC process beyond the bounds of the existing funding model? Who defined "local ownership" and made it a priority? While these questions cannot be answered with confidence they are undoubtedly worth holding as open questions throughout this chapter's inquiry.

6.2.0.0 – Community Mobilization & Citizenship Processes

The community mobilization literature that grapples with understanding the relationships between CM and social and political contexts and power relations have naturally directed attention to new forms of 21st century action, organizing, and resistance. In *Community Mobilization for the 21st Century: Updating our theory of social change?* (2014) Campbell focuses on how " lessons from the new left" and bourgeoning "global movements" can help inform the

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[10] There is a recognizable plateau in HIV/AIDS funding globally with multilateral agencies like the Global Fund, PEPFAR, UNAIDS etc reporting significantly decreased or plateaued funding levels. Oberth & Whitese (2016) site AIDS fatigue, the 2008 crisis and reprioritization as some of the contributing factors.

trajectories of community mobilisation efforts to address structurally induced ill health and health disparities. In the final analysis of Campbell's work she suggest we step away from prevailing forms of conceptual "rigidity" that have, at times, dominated discourses focused on framing transformative action and change. Campbell's work steers the community mobilization discourse away from "instrumentalist" and "outcome" driven thinking towards more fragmented, complex, and process oriented conceptualizations of small-scale social change (Ibid 2014). Cornish et al (2014), echoing similar sentiments, draw on lessons from the Occupy Movement to suggest an increasing emphasis on process oriented community mobilization that "allows more for local variations, experimentation, 'mistakes', changes to aims, learning and risk taking." (Ibid 2014: pp 68) as a means to challenge ill health inducing structural inequities, injustices, and or oppressions. This chapter's analysis of the Community Conversations process attempts to contribute to the cusp of this literature in a very distinct way. By seeing this body of literature as means to not just influence future directions of health focused community mobilization but also to frame empirical inquiries into community mobilizations processes this burgeoning body of literature provides an opportunity to focus on community change from a "process-oriented" standpoint.

The community mobilization literature also implicitly challenges the traditional framing of the bodies and actors engaged in health focused mobilization. The increasing emphasis on the need for community mobilization efforts to address the political and or structural contexts (Cornish et al 2014) arguably necessitates a shift in the framing of community members engaged in community mobilization efforts. For the purposes of this chapters analysis I have chosen to reflect this needed shift in framing by exploring the facilitators and participants narratives of process as *citizens narratives* of *socio-political processes* instigated by the convening of contexts; the meeting of the *CCE-CC pedagogy* and *Ingquza*. Seeing facilitators and participants as 'citizens' engaging their socio-political context as oppose to 'beneficiaries' enlisted in realizing the outcomes or targets of programs naturally reshapes the way we explore CCE-CC as a process. This shift in framing responds to assertions that the state has a central role to play in "redistribution programs and health service provision' for historically marginalized groups" (Campbell 2014). Disproportionate levels of ill health and HIV that affect specific and historically marginalized populations are often physical manifestations of democratic deficit. By exploring community mobilizations processes through the prism of *citizenship* the citizen state relationship is naturally implicated. It also acknowledges that, as I stated in this chapters introduction, "small-scale collective action receive from, feed into, and exist as a part of the pre-existing socio-political fabric" (6.0.0.0). On an even more essential level this shift is also responsive to some of the insights on the body and its framing

discussed in **Chapter 4.** If the body is indeed a justice barometer and endemic ill health an indictment of political economy and the states that preside over them then the framing of bodies as *beneficiaries* doesn't suffice. Centralizing *citizenship* is also an attempt to foreground the bodies unwavering dialectical relationship with its surroundings and more squarely with prevailing policies and political dispensations.

Shifting from *beneficiaries* to *citizen's* ultimately means moving beyond the literatures emphasis on cultivating enabling environments (Campbell 2010) as an aim to consider the ways in which the processes do or don't contribute to *health enabling democracies* (Rolston 2016). *Health enabling democracies* "can be characterized as political environments in which political processes, policymaking, and service allocation increasingly act reparatively to address systemic imbalances that negatively affect the health outcomes of disenfranchised groups and communities" (Ibid 2016: pg175). *Health enabling democracies* and the health justice they promote are made real through various forms of political processes that increasingly respond to and centralize the voices and influence of citizens in decision-making, policy formation, and resource allocations. This framing of democracy takes prompt from Laclau and Mouffe (1989) concept of Radical Democracy; a form of democracy that prioritizes "redistribution" and "recognition" (Ibid 1989). Within this conceptualization citizen led processes that directly and indirectly engage the socio-political context through creation of critically informed civic spaces, occupations, and mobilization efforts become the locust around which health enabling democracies revolve and ultimately evolve.

In order to more systematically explore the citizen's narratives of the CC process the analysis to follow utilizes Kabeer's (2005) *horizontal* and *vertical* conceptualization of citizenship as an analytical framework. Kabeer's framework frames citizenship as a mutually reinforcing combination of *horizontal citizenship* that stresses relationships and solidarity amongst citizens, and *vertical citizenship* that emphasized various forms of engagement with the state and or governing bodies (Ibid 2005). Kabeer framing of citizenship echoes the work of Dagnino (2005) that proposes an increasing emphasis on understanding "citizenship from below". Dagnino explores the ways in which citizenship has been utilized to both challenge exclusion and growing inequities while also expanding and challenging " dominant conceptions of politics itself" (Ibid 2005). Dagnino writes:

"Thus, the redefinition of citizenship undertaken by social movement sectors intended in the first place, to confront the existing boundaries of what is to be defined as the political arena: its

participants, institutions, processes, agenda, and scope (Alvarez, Dagnino and Escobar 1998). Contrasting with previous conceptions of citizenship (conceived of as strategies of the dominant class and the state for the gradual and limited political incorporation of excluded sectors towards a greater social integration, or as a legal political condition necessary to the installation of capitalism), this was a strategy of the non-citizens, a political project of the excluded − a citizenship 'from below'" (Dagnino 2005: pg 150)

Julian Brown (2015) reflecting on theoretical constructions of citizenship against the backdrop of contemporary South Africa highlights the expanding landscape of citizenship and its conceptualization. Brown suggests that this expanding landscape has coincided with an "expansion of the political possibilities connected to citizenship" (Ibid 2016). Feminist's emphasis on "social citizenship", the belief that citizenship had to be realized through enabling social, economic, and political contexts that made accessing "formal political rights" possible, is an example of this expansion (Liebenberg 1999). Claims of social citizenship are, according Liebenberg, often articulated through through but not limited to calls for accessible health care and housing, employment, a fair wage, education, electricity, water, and sewage removal (Brown 2015: pg 58-5; Liebenberg 1999). Beyond the purview of democratically accorded rights this expanded framing of citizenship also expanded what it meant to be politically active and what constituted sites of political action. Similar to Dagnino's framing, beyond voting and traditional routes of political advocacy, social movements, community based organizations (CBO) and community based action all served as sites from which to claim and promote social citizenship. It is important to note that there is a vast body of HIV/AIDS focused literatures that expands the framings of citizenship to explore the ways in which the interaction of AIDS activism, particularly in South Africa, have given rise to new subjectivities and framings of citizenship (Petryna 2002; Nguyen 2005; Robins 2006;). This body of literature offers considerable attention to AIDS focused social movements, exposing the ways in which interactions with the global politics of biomedicine and the political economy of "access" have given rise to forms of "therapeutic citizenship" (Nguyen 2005). Petryna (2002) deploys the term "Biological Citizenship to describe the ways in which Ukrainian HIV positive citizens depended on making "claims for biomedical resources, social equity, and human rights (Ibid 2002:192). While these framings of citizenship are equally applicable I intentionally focus on the works of Kabeer (2005), Dagnino (2005), and Brown (2015) to acknowledge the ways in which the more expansive rendering of HIV/AIDS constructed in **Chapter 4** calls for framings of citizenship that move beyond but also encompass the biomedical as site for action. Of even greater importance are conceptualizations of citizenship that can help situate and make sense of

mobilization in these insurgent times (Brown 2015). Kabeer (2005), Dagnino (2005) and Brown (2015) construct a landscape in which democratization is incrementally made possible within, outside, and within the cracks of existing political orders and pathways. While Kabeer's (2005) vertical and horizontal citizenship framework will give systematic shape to the analysis Brown (2015) and Dagnino (2005) offer a grass rooted and contextually relevant framing of citizenship.

6.3.0.0 - Data & Data Presentation Structure: Citizenship narratives of the CC processes

This chapters findings are organized into three sections; **(6.4.0.0) Community Conversation Processes & Horizontal Citizenship; (6.5.0.0) Facilitator/Local Stakeholder Processes & Vertical Citizenship (6.6.0.0) Participants/Local Stakeholders & Vertical citizenship**.. Section 6.4.0.0 frames the dialogical process in terms of horizontal citizenship (Kabeer 2005) and reflects DELTA staff, facilitators, and participants storying of the dialogical portion of the CC process. **Section 6.5.0.0** gives empirical focus to the vertical citizenship (Kabeer 2005) processes that *facilitators* engaged in throughout the period including but not exclusive to encounters with local municipal officials, indigenous leaders, and service providers (Local Stakeholders). **Section 6.6.0.0** gives empirical focus to the vertical processes that *participants* engaged in throughout the CCE-CC process including but not exclusive to encounters with local municipal officials, indigenous leaders, and service providers (Local Stakeholders). Organizing the data in this way does not mean to suggest that the boundaries of horizontal and vertical citizenship are explicitly defined, clean, and clear of ambiguity. Just as there is a "messiness" and "complexity" inherent to the context of both *Ingquza* and the *animus* of CCE-CC there is similarly complexity to the ways in which facilitators and participants exercised their citizen selves throughout this process.

The data that forms the basis for this chapters findings are **life story and semi-structured interviews** with **N=34** residents and citizens of *Ingquza*. This data set **includes participants, facilitators[11], CBO representatives and Local Stakeholders, and participant observations** in the CCE-CC process:

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[11] The life histories approach to data collection helped place participants and facilitator's encounters with the CCE-CC process within the longer span of their own lived trajectories[11]. During this period I was able to conduct extensive participant observations of facilitator meetings and CC related encounters. These observations also informed this sections analysis.

Figure 6: Life Histories - Data Overview			
	Women (Ages 19-65)	**Men (Ages 19-65)**	**Total**
Facilitators	6	0	6
Participants	12	3	15

The facilitators featured in both the life histories and semi structured interviews worked under DELTA as the managing community based CBO. As mentioned in **section 6.1.0.0 N=4** of the participants originally entered the program as TAC members. *Nonziwe* (F: 38 years), *Zezehtu* (F: 33 years), *Kholiswa* (F: 27 years), *Pumza* (F: 30 years) were originally TAC community mobilizers and staff members. **N=2** of the facilitators, *Zanele* (F: 53 years) and *Nokaya* (F: 48 years) worked as community health mobilizers and later with the Nelson Mandela Foundation (NMF) as facilitators in an earlier iteration of the program. The CC participants **(N= 15)** included in this sample ranged between the ages of 19-65 and were a mix of genders[12]. Participants occupied varying spaces in the communal fabric ranging from prominent figures in the local indigenous governance structure to local members of the Ward Council Committee[13].

Figure 7: Semi Structured Interview - Data Overview -			
	Women (Ages 19-65)	**Men (Ages 19-65)**	**Total**
Facilitators	3	0	4
Participants	4	1	5
Local Stakeholders	1	3	4

The **semi-structured interviews (N = 13)** and participant observations conducted in the later portion of the 2013 research period followed up with facilitators, participants, and local stakeholders interviewed in the earlier portion of the period. This particular period was important because it took place towards the end of the GIZ project. The interviews conducted during this period focused on active CC Task Team members/participants responsible for carrying out some of the agreed upon tasks. Only (3) of the original facilitators could be interviewed[14].

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[12] It is important to note here that the sample of participants I was able to engage in in-depth interviews were all over the ages of 35. While I attempted to speak with younger participants it was often not possible or prioritized by facilitators and local gatekeepers.

[13] The Ward Council Committee is a local body set up by the local ward councillor. The committee is meant to act as local liaison body that channels communal interests up to the Ward Councillor and eventually the municipality.

[14] One of the more senior facilitators *Zanele* unexpectedly passed away before the final phase of research. No one spoke openly about the circumstances under which she passed. *Pumza* had been in a car accident earlier in the year and was reportedly struggling with a severe addiction to alcohol. *Kholiswa* refused to participate in an interview because of persisting tensions between herself and the

6.4.0.0 - Community Conversations Process: Findings Overview

This thesis is also entitled *Between the Brick and the Ballot* in part because the Community Conversations processes took place during an unprecedented uptick in service delivery protests – the *brick*—and the lead up to the 2014 federal election – the *ballot*. During the first phase of the research a protest led by local vendors blocked the roads in and out of Lusikisiki; a central town in *Ingquza*. The protest lasted for over a week and involved tense encounters with local residents and the Mthatha police force. A number of the CCE-CC participants were active participants in the protest. As **Chapter 4 – Concerning 'Everyday' Violence, Resistance, and AIDS in Ingquza** attempts to illustrate *Ingquza* like many places is a multilayered geography. The increase in service delivery protests and the impending election existed as a layer; a newly emerging layer forming on top and out of a defined and pronounced history of geographically concentrated structural wounding, *disposability*, and *usability* and persisting levels of national spatial inequities. The increase in serve delivery protest and impending national elections also existed in an amongst the prevalence of post 1994 narratives that framed life in *Ingquza* as a life psycho-socially and materially being lived within an imploding 'promise' of social, economic, and political reconciliation and redistribution. An imploding promise experienced in part through the absence and unreliability of local services and municipal support. By introducing Community Conversations to *Ingquza*, GIZ and the NMF contributed a new layer to the context. As **Chapter 5 – Animus of an AIDS Intervention** attempts to demonstrate, with this new layer came a unique *political animus* replete with pedagogical tensions and politics. This is all to say that the *convening of contexts* is in fact multitudinous and multilayered. Furthermore the introduction of CCE-CC through DELTA and the trained local facilitators is another moment of pedagogical *interpretation and translation* (See Chapter 5) in which the CCE-CC methodology once conceptualized in Zambia and Senegal, formalized by the UNDP and later taken on by the NMF was once again being reinterpreted and translated into *Ingquza* through the sense-making, personal histories, and politics of DELTA staff and the local facilitators. The findings presented below attempt to acknowledge and grapple with this multilayeredness while also giving formidable attention to facilitators, participants, and local stakeholders narratives of process. In order to more explicitly explore the narratives presented in this chapter in relationship to this multilayerednesss the findings in this chapter will be considered in concert with the findings in **Chapter's 4 and 5**.

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managing partner IHPS. The dispute was anecdotally attributed to a pay dispute and the abrupt and reportedly nonconsultative end of the dialogues program. Associatively, many of the previous participants interviewed had migrated out of the community or were inaccessible during the time period.

6.4.1.0 – Community Conversations, Dialogical Processes & Horizontal Citizenship

The Community Conversations methodologically emphasized the creation of space for facilitators and participants to explore HIV/AIDS and its prevalence in a number of ways. The methodical nature of the CCE-CC process prioritized *relationship building, the identification of concerns, the exploration of concerns and the creation of action plans* based on the collective prioritization of concerns. This process is framed as a horizontal citizenship (Kabeer 2005) process because the facilitators while occupying a very different position in the dialogue were also local residents of *Ingquza with* measurable life circumstances and social positioning. It is important to mention that there was very little data available to verify if each step and tool in the CCE-CC process was followed and employed correctly. As mentioned in **section 6.1.0.0** due to programmatic issues the facilitators based in *Ingquza* were unable to attend the final CC skill refinement training. As a result the time between the original training and the actual inception of the Community Conversations approach was quite long. With this in mind participant's narratives do not offer up narratives of an unbroken methodical process. Instead their narratives reflect what was able to exist within and amongst the space that was initiated by the Community Conversations process.

6.4.1.1 – Reframing HIV/AIDS & Dialogical Process

The analysis of participants and facilitators narratives of the CCE-CC dialogue suggest that the process created space to expand the framing of HIV/AIDS to encompass broader *structural* and *political drivers*. These findings were also mirrored in participant observations portion of this research in which facilitators and participants routinely employed and produced *problem tree analysis* as means to identify the locally perceived root causes of HIV/AIDS prevalence. At the roots of numerous problem trees and across a number of facilitators and participants narratives of the dialogical process were consistent references to the absence of local services and infrastructure including *health services and infrastructure, access to water*, and *electricity*. *Crime* with a particular emphasis on the intersection between *sexual violence*, *poverty,* and *alcohol* abuse also featured formidably in participants and facilitator's collective analysis of the root causes of HIV/AIDS. The prevalence of these narratives suggests that the dialogical portion of the CC created the space and opportunity for a collective *reframing of HIV/AIDS*. Narratives like Busiswa's, a CCE-CC participant and long standing resident of *Ingquza* reflect this reframing:

"**BUSISWA:** *I remember one time when we were at the dialogues after we had written our grievances down the burning issue that was on everyone's paper was the issue of alcohol and the young boys that drink alcohol. After getting drunk they want to go rape or kill each other so we decided that we should talk to the tavern owners and they should close at 10pm but Mr. N stood up to and asked if they can close at 5pm, everyone should be home by 5pm and also the clinic issue, we spoke about people that are taking medication they default because they cannot go alone to the clinics because they are too far, they have to wait until their neighbors are finished as well, and sometimes when you are coming from work for those that work and you get there at 4pm you find that they are closing.*" (Busiswa) 369-378*

There are a number of ways in which we can understand the *reframing of HIV/AIDS*. From a pedagogical standpoint the dialogical portion of the CCE-CC process is driven by a focus on surfacing diverse and at times divergent communal concerns (UNDP 2004). As explored in **Chapter 5** this methodological emphasis is in part rooted in a pedagogical emphasis on engaging with participant's emotions and most pressing fears, concerns, and anxieties (See Section 5.2.2.3 Chapter 5). Because CC pedagogically embodies and in turn promotes a form of *epistemic resistance* and by extension the revaluation of *local knowledge*s and *emotionality* the process may have created room for participants to construct their own complex framings of HIV/AIDS as it is experienced in the everyday of *Ingquza*. Participant's narratives demonstrate the ways in which the "burning issues" raised in the midst of process were framed implicitly as intersecting and intertwined. Busiswa's intertwined storying of *alcohol, sexual violence, and physical violence* paint an intersecting picture of the root causes of HIV/AIDS. Participant's narratives present an interconnected and intersectional vision of the local in which many issues exist in interrelated ways. Nolusapho, another active CCE-CC participant constructs a similar narrative while also introducing new concerns and needs worth noting.

"***Nolusapho:*** *The first [concern] that was talked about was the clinic that we don't have, even there is something that we have done to try and get it. Water [was also an issue] and also the idea for the children to have fields for soccer so that children can play so that we can see if they can stop what they are doing. Another thing that we have tried is to have police forums under the situation that we see of murder it is increasing. Another thing the people viewed was the issue of pre-schools so that the children can be able to go to pre-school and problem that we are far from the town, the clinic we wanted it to be*

sort of like a hospital. If I hire a car from mantlaneni to come here its R400 so that hits us. Another thing just to go back it is working with the counsels; they can't really work with the people of the community or with the entire ward. "

While this may also in part be indicative of a *intersectional reframing* narrative it is also important to avoid attributing the prevalence of these narratives to the CCE-CC process exclusively. While CCE-CC could have made a contribution to the reframing of CC **Chapter 4 analysis** of residents narratives of *Ingquza* surface other possible interpretations. By constructing a space for open public deliberation the CCE-CC process also in part became a communal epicentre for the airing and sharing of local grievances fears and concerns; an opportunity for local residents to channel broader desires, hopes, and needs through a new and available channel. In the later portions of **Chapter 4** I discuss the prevalence of 'the promise' and local narratives that link *'the promise'* of equity and redistribution to the present day accessibility of local infrastructure and services. One way of understanding the *reframing* that took place is to see public space the CCE-CC created as another means through which citizens attempted to call down the *'the promise'* into everyday reality through spaces that promote public deliberation and the airing of shared concerns.

A broader and more balanced perspective on the findings suggests that what took place in the midst of the process was in fact an alchemy of both phenomena. The CCE-CCs pedagogical focus on constructing safe, egalitarian, and open space for HIV/AIDS focused dialogue offered an opportunity for participants to weave broader structural service oriented concerns into the unfolding dialogue. This may not have been an intentional alchemy but still altogether an important one. Implicating local basic services and infrastructure in the root causes of HIV transmission and AIDS prevalence is significant when considered against the backdrop of a national political climate marked by tense encounters between citizens and municipalities and municipal representatives. In 2002 Desai suggested that service delivery protests would increasingly become new sites of struggle (Desai 2002). Saul (2005) and more recently Mottiar and Bond (2012) frame service delivery protests as new and potential sites for liberation. The interweaving of HIV/AIDS with the absence of local services and infrastructure suggests that this *reframing* could in part be an increasingly political reconstruction of HIV/AIDS that pressed out the boundaries of dominant understanding of HIV/AIDS beyond an emphasis on behavioural and social-cultural drivers. By collectively redrawing the landscape of 'root causes' the range of implicated local stakeholder and responsible authorities expanded beyond Local AIDS Council's (LAC) and health related municipal committees.

The prominence of the expressed need for local health services is one example of the reframing of HIV/AIDS in ways that merged prevalence and burden with service delivery and accessibility grievances. Participants and facilitators narrative clusters suggested that the need for an accessible stationary health clinic or mobile clinic presented as a prominent and shared concern throughout the process. Gloria's narratives like Nolusapho, and Busiwa's reflects the prominent intersectional storying of the need for clinical services:

"**Gloria:** *When they opened with a prayer and they were welcomed the first person said that in the last week we were going there and there, a person that beyond of what we are saying can tell us and the one that is welcoming can take me there, because the reason why the youth is dying is because they are not taking their medication in the proper way some of them the medication ends and they don't have the money to go to the clinic. This clinic they are saying they are interested that I would be built or that mobile can come back even if the clinic hasn't been built yet, if that mobile can come back because it was one of the things that it seemed like it's going down and more people are getting sick because people are not working, what I'm saying they are saying they are having fun and there is nothing that they discriminate.* " (Gloria 328-337)*

Phumla, a CCE-CC task team member committee member actively involved in the dialogues echoed the need for a clinic:

"**Phumla:** *It is exciting for the mobile clinic to come here, the mobile clinic helps us because it caters for the elders that cannot walk or who are very sick to get their medication, they can get their diabetes and high blood pressure medication nearer, it helps people a lot because the clinic is far, the Emantlaneni clinic is far from the St Hospital, if you are sick you need to hire a car it will take you to the clinic still and if you don't have money, it's better if you go to the hospital but sometimes you don't get your medication, it will also help because am not supposed to be in the sun too long, it is far for me to go to Lusikisiki,"* (Phumla: 165 -171)

The storying of the clinic, presented in these narratives centralizes *poverty* and the *lack of access to life-sustaining medications*. As one *example* of *reframing* these sorts of storying's of clinics are, once again, all the more salient when considered against the contextualization presented in

Chapter 4. As discussed the participants wove together these intersectional narratives of lacking and inaccessible health care services in the midst of what *Section 27* termed the Eastern Cape Health Care Crisis (ECHCAC) (TAC 2013). The *Section 27* report sighted "poor quality facilities, medicine stock-outs and shortages, a lack of emergency services, and understaffing as some of the indications of crisis" (Ibid 2013). Framed as a direct result of "democratic failure" by Section 27(Ibid 2013) the eastern cape health care crisis that is also mirrored in participants and facilitators narratives exists within the broader realities of spatial inequality and persisting structural wounding. A contextually narrated illustration of what it means to live in a neo-liberally deprioritized zone.

Participants storying of a lack of access to basic health services also brings to the fore the limits of *reframing* [15]. The narratives of participants and facilitators rarely located the lack of services and health services in the broader political and economic reading of municipal, district, provincial or national level dynamics. Equally absent in the dialogical process were in-depth narratives of municipal political pathways and intimate understandings of the inner workings of local municipal decision making processes. While dialogue supported the reframing of HIV/AIDS and more politicized and structural reconstructions of its root causes participants and facilitators ability to imagine actionable pathways for socio-political engagement were hampered by a lack of access to knowledge of the prevailing political dynamics, arrangements, and the broader architecture of political decision making [16]. These limits can in part be understood as pedagogical limitations. The result of a *social technology* (See Chapter 5) with a *political animus* that aims to cultivate space for consciousness raising and critical reflection while being restrained, by history, tool, and pedagogical politic, and a proximal socio-cultural and behavioural emphasis. Another consideration worth noting is about also seeing the more political reframing of HIV/AIDS root causes as an act of detour that steered public deliberation away from more communally sensitive socio-cultural or behavioural issues leaving health harming biases and dynamics intact.

It is also important to acknowledge the ways in which a number of the participant's narratives seemed to surface contradictory constructions of the dialogue suggesting that the process

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[15] Beyond "democratic failure" South Africa special investigation units also identified significant levels of corruption made possible by weak financial management systems resulted in the loss of R800 million between January 2009 and June 2010 (Section 27 2013). This broader analysis of the health crisis in the Eastern Cape was corroborated by the Eastern Cape Health Crisis Action Coalition comprised of a number of civil society organizations and community health workers, and medical staff (ECHCAC 2013)

[16] It is important to acknowledge here that the use of the term 'lack of access' here is intentional. It aims to highlight that knowledge of political architecture can at times be intentionally obscured and or willfully withheld. The lack of understanding is often not from a lack of wanting but rather a reflection of a democratic deficit located not only in a lack of access to basic services but also a lack in democratic mechanisms that aim to actively involve citizens in political processes in meaningful ways.

remained tethered to the *socio-cultural* and *proximal boundary*. Alternative accounts of the dialogue frame the process in much more didactic terms with an express focus on the behaviour, social cultural dynamics, and treatment and care. Zwelidumile, a member of the local indigenous authority offers the following narrative:

> **"ZWELIDUMILE:** *Yes! Then these people came and showed us that 'No, here is the route to take if there are such situations'. We learned a lot from them. These people of TB and Aids. We learnt a lot of things we didn't know. Yes, they showed us many things. On which direction to take. Aids was curbed and everything. When you go there, you are kept, and you die at an older age. Let's say you had Aids at a young age, now by going to the clinic to get those pills, you can live your whole life and live. Those are the things they taught us. That we shouldn't be afraid and shouldn't go to traditional healers and witch doctors what because those people confuse us. Yes. They taught us a lot. Important things"*

While seemingly contradictory this narrative and narratives similar to it may only suggest that the dialogue was expansive making room for the behavioural, social, and structural. Zwelidumile narrative of a didactic seemingly preach and teach encounter is in fact contradictory and points to question of approach and pedagogy that will further discussed in section **6.4.1.3 Personal Histories & Pedagogical Revision**. If anything narratives like this arguably express the emergence of CCE-CC's pedagogical tension in the experiences and accounts of participants. A methodology that made room for expansive framings of HIV/AIDS by tapping into emotionality and local knowledge while also explicitly focused on social cultural dynamics may naturally produce complex and conflicting accounts of the process.

6.4.1.2 – Navigating Gender & Gerontocracy

In **Chapter 4** the life histories explored produced narratives of complex and intersecting *gerontocratic, gendered, and classed* landscapes.   Just as *gender, gerontocracy*, and *class* is inscribed into numerous facets of life it also shaped and influenced the CCE-CC process. Facilitators and participant's narratives offer insights into the ways in which gendered and generational social orders and associative norms influenced the dialogical space. Gender and generation at times influenced who spoke and who was heard throughout the dialogical process.   Facilitators – all women between the ages of 27 and 53 – spoke about the ways in which the intersection of gender

and generational hierarchies shaped their interactions with male participants. Facilitator's narratives in particular suggest that these interactions were made all the more complex when gendered and generational hierarchies intersected with other forms of local authority and power. Kholiswa (27), facilitator, and former TAC organizer offered the following narrative:

> *"**Kholiswa**: Goso forest it is a community were the chief is respected a lot, I don't know whether the chief is respected of they are scared of the chief. Sometimes I get lost even myself because I would think they respect the chief but they are afraid of the chief in a discussion this topic needs to be discussed feather but if the chief says no this issue like the issue of taverns we were trying to discuss that issue, I think 2 months back the chief said no the tavern should close at 6 … Even the counsellor the chief just says to him hey you I'm saying this do this do that but now the chief he is starting to change, in goso forest I came with a strategy we are using a tent when we are having a community dialogue because I find that yes at the great place as much as the tent is at the great place but when we are outside next to the carol women don't like to talk there and now I came up with a strategy of using a tent everybody feels like they don't feel like it is at the great place they feel like it's a meeting and everybody can talk. And now I started to see change I started to have more youth attending the conversations I started to have more women attending then before because I only started in June, in June I started to see that more men are attending although there is a good number of men that participant, so I sit down with the facilitators to check what strategy we can use to attract more women to come and attract more youth."(Kholiswa: 571 -590)*

Kholiswa's narrative is indicative of a larger cluster of narratives that highlighted the overlap between indigenous governance spaces and gendered and generational hierarchies. Pumza (30), and also a former TAC member said the following:

> *"**Pumza:** Not all people but maybe in other communities, more especially in the places that we enter like Komkhulu they have that thinking that men should speak and the women keep quiet, even the dressing codes that I will get up in Komkhulu but I'm wearing something that showing off my arms. "* (Pumza : 515 -518)

Phakama, a CCE-CC participant offers a similar, albeit simpler and more cosmetic account of the process:

*"**Pakhama:** Yes I personally did not attend before (DELTA) got involved, I went once and I found elder people, there were few women and lots of men,*

__Interviewer:__ How many were there do you think?

__Pakhama:__ I would say 50 if am not mistaken,

__Interviewer:__ At that time, at that time,

__Pakhama:__ Yes because men attended in numbers,

__Interviewer:__ (OH) and then there are few,

__Pakhama:__ There are few women" (Pakhama: 418-425)

These narratives illustrate the ways in which social orders and hierarchies are coded into the symbolic dimensions of public deliberative spaces like indigenous governance sites. In **Chapter 5** I discuss the *politics of authority* and complex processes associated with gaining entry, access, and the rights to speak and mobilize communities that shaped the first iteration of the NMF's dialogues for justice program. Narratives like Kholiswa's highlighted the ways in which these sorts of politics shaped where and when public dialogues could take place. Many facilitators by way of constantly negotiating access to community through municipal representatives and indigenous governance structures naturally felt obliged to organize dialogues in the "great places" across *Ingquza*[17]. By doing so, many of the symbolic dimensions of indigenous governance structures and associative conventions and norms shaped the gendered and generational dynamics of the dialogical process. It is important to mention that there were also participant accounts of 'great places' deliberations that ruptured and contradicted the definitive nature of these accounts. As in all cases there is room for nuance. Gender and generational hierarchies by intersecting with class and station could always be interrupted. Nonisizwe (38), former TAC member, facilitator , and a member of a royal family often reported greater levels of latitude in her ability to occasionally circumvent these gendered norms when Community Conversations took place on indigenous governance land; the 'great place'.

It is also important to highlight that Kholiswa's earlier narrative suggests that these dynamics could be worked with and around in different ways like shifting to symbolically neutral spaces for instance. In part Kholiswa's narratives and narratives like hers suggest that through process and approach there were ways to negotiate and interrupt the influence of hierarchies on the process.

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[17] Great places arehistorically established physical communal sites for indigenous governance meetings, deliberation or *imbizos*, and communal events.The are spaces where communal decision making take place including the adjudication of communal crime or disputes as well as communal discussions and debates.

Both the narratives and observations suggest that facilitators in some instances engaged in respectful subversions and avoidance tactics. While a lone narrative, Tobezweni, a member of the indigenous governance circle described an encounter with a local CCE-CC facilitator:

"Interviewer: Do youth think you would ever be involved in the community conversation or community dialogue if somebody came to ask you to participate as an elder, as a leader would you ever want to participate, (...)?

TOBEZWENI: I would be willing to come if somebody invites me, even that girl who is a neighbor here came to me to ask for a room where they can have the conversation with the group and asked what were they going to talk about because I was keen to know but she said "don't worry, don't worry" like they are hiding something" (Tobezweni: 239-242)

Across participants and facilitators narratives were consistent constructions of the CCE-CC as a unique space that through methodology and approach skilfully made greater room for women and young people to speak[18]. By tactfully interrupting the influence of hierarchies the shape and focus of dialogues shifted and expanded to encompass multigenerational and cross gendered perspectives on communal challenges or issues:

"Kholiswa: So now I started to see that change. Women started to attend the dialogues and now they are engaging themselves. Even the youth they started to because they said the people that are the murderers are the youth, so now that the youth us within the dialogue now the elders don't talk that the murderers are the youth so now they say it's because of the taverns they close late. So now even now in the next dialogue next month we have called the entire tavern owners can be a shebeen or tavern we want to have a conversation about this time the closing time," (Kholiswa: 598 -604)

The prevalence of gendered and generational hierarchies do raise importance questions around process. While not explicitly present in the facilitator or participants narratives observations of the Community Conversations suggest that the ever presence of hierarchies may have, at times,

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[18] It is also important to acknowledge that facilitators and participants attempts to negotiate and interrupt existing hierarchies and the influence of social orders could prove challenging. As mentioned in Chapter 4 the inability for community members to draw on existing social order and the proposed interruption of hierarchies proved destabilizing for some. Increasing levels of challenge to social orders could contribute to resistance.

contributed to the de-prioritization of women, young women, and young men's perspectives when not actively addressed or disrupted. This may have proven particularly true for a public deliberation process like the CCE-CC that focused on HIV/AIDS, an illness intimately intertwined with sexuality and gender in contexts where literal trans generational public deliberations about sex, sexuality, and gender hierarchies are uncommon or considered inappropriate[19]. At the centre of Kholiswa's narrative is important shift that should be acknowledged. Naturally a shift in attendance shifted the focus of the dialogues process demonstrating the ways in which subversion of hierarchies influenced the content of the dialogue.

Reflecting on facilitators and participants narratives alongside the findings from **Chapter 5** raise pedagogical questions. While the CCE-CC methodology emphasized addressing gender inequality as a driver of HIV/AIDS CCE-CC it -- like many community mobilization frameworks -- overlooks the intractability of gendered hierarchies and gerontocracy and the ways in which they inhabit and shape the community engagement process itself. An emphasis on methodologically supporting dialogue about gender inequality as a driver as oppose to an issue that limits and restricts the range of public deliberation is a markedly different foci. Facilitators and participants narratives in many ways exposed important insights that are both relevant points of reflection for CCE-CC and community mobilization literature more broadly. As Cooke and Khotari (2001) have routinely pointed out, spaces often framed as homogenous 'communities' in the participatory development tradition are often complex, multi-layered, and at times fractious spaces. The CCE-CC methodology and process, as it presents through facilitators and participants narratives, reveals a critical limitation in itself. Campbell and Cornish (2010) earlier works highlighted the importance of the *relational* dimension and *shared identity* in the community mobilization process. It is equally important to acknowledge that there is a formidable body of literature that gives formative attention to the ways in which gendered hierarchies for example shape preventative processes (Nhamo et al 2010; Gibbs 2012). Reflecting on this literature in light of this sections findings suggests a continual need to consider the ways in which complexities of communities also inhabit and shape process. As a social technology CCE-CC, while dialogical in nature, was in part limited by its methodological inattention to the complex communal dynamics and hierarchies that inhabit and shape dialogical spaces and encounters between facilitators and participants.

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[19] I used the word literal here intentionally to highlight that while in some contexts it is not officially acceptable to engage in trans generational dialogues about sex, sexuality, and gender it doesn't that public deliberations and discourse aren't taking shape in other non-literal ways.

6.4.1.3 – Personal Histories & Pedagogical Revision

The CCE-CC methodological process was in many ways driven by the institutional and personal histories of the stewarding organization, DELTA, and the facilitators selected by DELTA to organize and facilitate the Community Conversations. As mentioned in the findings overview (Section 6.3.0.0) and discussed in **Chapter 5** this was another period of translation in the CC's trajectory. Facilitators and DELTA representative's narratives highlight the ways in which the facilitator's personal histories and DELTA's institutional identity shaped the translation of the CC process into the *Ingquza* context. Facilitators consistently storied their introductions to the CC as an encounter located in the longer span of their personal activist and or community histories. Facilitators formerly working with TAC often storied their previous work in the *banking education* (Freire 1968) and *peer education* (Campbell and Cornish 2004) tradition; the impartation of scientific AIDS related preventative information. Zezethu, for instance, storied her introduction to CC in the following way:

> "***Zezethu:*** *Because I learnt a lot of things in the training things that we have to do in the community, I felt that the thing of HIV or working for TAC is known to everybody and TAC is exposed everyone knows it but I will stay as a member even if I go, in working I felt that dialogues are needed for the people because those problems there isn't another organisation that does dialogues and the isn't another organisation that has the strategy to do dialogues. Because the CCE training it made us to see things differently, you see we used to do trainings at TAC and talk about HIV, and talk about the science of HIV and how does it happen but at CCE we learnt how to build a relationship everything and I decide that there is something missing there is something that I'm not doing to the people, I have done this work and it is enough...*" (Zezethu: 407-422)

In a similar framing Kholiswa storied her encounter as a distinct shift in perspective:

> "***Kholiswa:*** *To me very thing was different in my work it was very different with the work that I did with TAC because as much as they were talking about HIV I'm used to educate, to tell people of what I know about HIV and wait for them to ask questions but there it is more like sharing of what have you done yourself about the issue of HIV. So you share and then you listen to other people's stories and then you find that ok this person was helped in this way so maybe if I can also implement that strategy in my community*

maybe I can but the NMF work as much as they are doing HIV work but it is very different from other organisations that I have seen…. Because with the conversations you let people talk you don't do much of a talking you as the facilitator you just listen, and you just look and you listen and then people will talk. So now it is vice versa even if you convene, even if you say you want to assist you will assist knowing exactly what is the problem, then to tell the people that you have this problem so this is what I'm going to educate you about you see so it's a bit different. Because now with the conversations you get the views of the community and you might think that you know the community but you don't." (Kholiswa: 497-510)

Narratives of this sort explicitly frame facilitator's entry into the CCE-CC process as a methodological transition undergirded by a shift in perspective. While promising, not all facilitators storied their encounter with the CC methodology and pedagogy in this way. A selection of facilitator's narrative clusters point to important divergences worth giving attention to. Nokaya, a former community mobilizer, storied her introduction to the CC methodology in a slightly different way:

*"**Nokaya:** So my job in 2009 was that, so it continued until I was a mobiliser collecting people and write papers putting them in the shops and schools, in the clinics, at the police then I put the day of the dialogue then the people come. Then I left in 2010 mmm I don't remember well what year it was but I was sent to a training NMF, I was trained the way I should speak to people to stand in front of them and speak with them, educating them and learning how to write because I didn't know how to and I was scared but Lesley comfort me."* (Nokaya: 23-28)

While Kholiswa and Zezethu arguably story a shift to a *concientization* (Freire 1968) approach to engaging community and how this changed their positioning and approach in the dialogical process, Nokaya's statement "speak to people to stand in front of them and speak with them, **educating them**…" suggests a slightly different framing of the facilitator's role. Across the facilitator and participants narratives are storying's of process that highlight the divergent ways in which facilitators interpreted and facilitated the Community Conversations methodology. While some of the facilitators constructed narratives that suggest that they naturally embraced the positional shift in approach that CCE-CC requires, others often vacillated between facilitating open

and safe dialogue and a traditional information sharing and knowledge impartation approach. In some cases facilitators made promises that could not be kept:

"**Nonsizwe:** *If [the dialogue] was out of order mama D could tolerate it, mama D would promise someone things that she cannot give them, "no Nelson Mandela will do this and that for you" because she is older, then we decided to split because we use to rotate all the areas, all eight of us"* (Nonsizwe: 301-303)

Chapter 5 findings highlighted an important pedagogical shift at the center of the CCE-CC methodology. Instead of imparting knowledge the pedagogy required facilitators to *accompany* communities through a self-reflective dialogical praxis oriented process (See Chapter 5 – 5.2.1.1). Facilitator's narratives offer insights into the lived realities associated with not only practicing but embodying this shift. Because the CC process was being cultivated and constructed by the facilitators it didn't just depend on a technical understanding of the methodology and accompanying tools. The shift in approach required facilitators themselves to shift their own personal pedagogies; their own *ways of being* in community and public deliberation.

The pedagogical *translation* process, the means through which a methodology is translated into context and encountered by community, is also shaped by the personal and professional identities of those charged with facilitating the process. By entering the context through persons, individuals selected to be facilitators, pedagogies are once again *revised* intentionally and unintentionally. These narratives demonstrate the way in which the facilitator's explicit and implicit pedagogical and personal biases came to inhabit and shape the dialogical process. While participant's narratives say little about the influence these divergences had on process it is not a stretch to suggest that they may have had an influence. These sorts of narratives naturally inspire bigger questions about the role of identity and personhood in the dialogical process. They raise important questions around the role that identity and personhood play in filtering and reshaping the dialogical process, experience, and focus. In **Chapter 5** the document analysis surfaced the implicit and explicit principles that characterize the methodology. At the center of the CCE-CC methodology are core *principles* that frame the facilitator's *way of being, working, and thinking* (Chapter 5 – Section 5.3.1.2*)*. An *accompaniment* approach and *self-awareness* were two of the core principles that surfaced through the analysis of the UNDP CCE-CC document. Facilitator's narratives potentially demonstrate how a lack of a certain sort of self-awareness can shape the

dialogical process. Beyond pedagogical bias other forms of bias be they gendered, aged, classed, sexuality based, or ethnic as examples also stand to inhabit and influence the dialogical outcomes.

The GIZ/NMF final phase approach was to provide a one-week training to individuals selected by local CBO. The emphasis on providing one week training is in many ways illustrative of the ways in which the "intervention model" approach may in fact be incongruent with the pedagogical needs of this sort of *social technology*. The role of a facilitator was undoubtedly demanding and often required facilitators to exist and support dialogical processes in ways that were new and novel. *Accompaniment* and the necessary *self-awareness* could not be realized through a bound one-week skills training. Without the time, support, ongoing mentorship, and the space for continual deep reflexive work some facilitators seemed to at times fall back into a didactic knowledge impartation approach while also allowing their own personal biases to influence the dialogue.

6.4.1.4 – Political Climate & Civic Space

In Section 6.3.1.1 facilitators and participants narratives highlight the ways in which the CC process became an epicenter for the airing of service oriented grievances and concerns that implicated the local municipality and political representatives. Both facilitators and participants narratives brought to the fore the greater implications that 'reframing' had on the process. As mentioned in **Chapter 5** the CCE-CC method was initially paired with a transformative leadership program focused on engaging political representatives and local leaders. The aim of this paired program approach was in part to ensure that there was an enabling political environment for the community dialogues process. Central to this paired methodological framing was an emphasis on involving local political and indigenous governance representatives in the actual dialogical process. Across facilitators and participants narratives of the dialogical processes are indications that creating public space to discuss concerns required careful and complex negotiations with municipal representatives. Facilitators and participants narratives recite instances in which local ward councillors and local ward committees expressed open discomfort with the Community Conversations process:

> *"Zezehtu: They didn't want to come because after people attended the dialogues they would go out in the community to discuss what we were talking about or doing in the dialogues so it seemed like we wanted to take the ward committee's job or we think we are better than them or the councillor, or maybe we are there to expose their*

incompetency, they thought maybe we were send by a particular party to converse and it happened that Nosandla was our leader and she was with COPE(it is a political party), she was a COPE ward committee. She was from DELTA; the NMF dialogues were by DELTA, she was a manager at DELTA and a COPE ward councillor you see it was like we are conversing for another political party and the councillors did not like that." (Zezethu: 458-464)

Consistent across most of the facilitator's narratives are accounts of local ward councillor's resistance. Ward councillors often felt challenged both by the dialogues and the presence of the CCE-CC facilitators. On the borders of these narratives is an implicit storying of ward councillors as political representatives acutely aware of the prominent levels of *discontent* they preside over. In response both facilitators and participants narratives story a context in which some ward councillors attempted to intervene and exercise control over the dialogical process. In some instances facilitators in particular described various attempts at obstruction and interference. Beyond the content of the dialogues facilitators narratives also point to DELTA political identity as a contributing factor. Zezethu's narratives bring to the fore the role that DELTA's institutional identity and Nosandla's – the DELTA directors -- political affiliations played in this response. As a member of C.O.P.E – The Congress of the People Party [20] – Nosandla's active participation in the political sphere seemed to create more resistance, especially during the election lead up time in which perceptions of political vulnerability became more pronounced. DELTA representative's narratives offered nuance to facilitator's narratives by providing an institutionally grounded perspective on the emergent tensions. Nosandla crafts a narrative of DELTA's engagement with ward councillors as both non-confrontational and contentious:

*"**Nosandla:** We do talk to ward councillors but at the end of the day in normal cases we ended up working with communities because we ended up "you are not having people, people are of their own, they are not your people so they have right if they want us" even this ward we were shifted out but the community said DELTA we need you and then we said "fine if you call the office we will come" and we always tell the councillor "no the community members want us to come" and we can't say because they are not your people, they are their owners.*

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[20] COPE was formed in November 2008 by a series of politicians and political representatives from competing parties along with disaffected members of the ANC. A primary focus of the parties MANIFESTO is 'economic freedom' and higher levels of governmental accountability.

Imara: Do the councillors have the right though to tell you that you have to leave?

Nosandla: No they don't have a right but they think they have a right."

By constructing her narrative in this way Nosandla attempts to suggest that the presence of DELTA and the CC's is by way of the 'peoples mandate' reflected in residents desire to engage in dialogue, unpack concerns, and grievances, and devise collective solutions despite resistance from municipal representatives. Ward Councillors and associated municipal representatives aligned with the ANC are by extension framed as individuals intervening in the CCE-CC process as the sole and rightful representatives of *the peoples will*. Merci Manci, another local DELTA representative charged with mentoring the CCE-CC facilitators storied these encounters as a "political struggle":

"**MERCY:** *Okay each municipality then what happened now the challenge was in other municipalities especially (Mbizana), especially (Mzimkhulu), especially also Mountfrere, those three areas I remember they did not want to buy in, they never said that they did not want to buy in, can you see now,*

MERCY: *The municipality meaning the councillors,*

IMARA: *(Yeah) the ward councillors,*

MERCY: *The ward yes it was like the time of the power struggle, everybody wanted to be in a position and those that are in a position were focusing on moving out; the one who is a councillor and another one comes in; you understand that it,*

IMARA: *Yes it was a political struggle,*

MERCY: *Political struggle, when we were implementing this so that was a very big challenge,"* (Mercy: 55-76)

Through DELTA staff and local facilitator narratives we begin to see the Community Conversation as a site of political struggle. These narratives illustrate the ways in which the psycho socially constructed identity of the CCE-CC process expanded in the imagination of some from an intervention space to a contested *civic space*. The political climate undoubtedly contributed to this

expansion but so do the longer standing histories described in **Chapter 4**. As a *civic space* the CCE-CC process became a meeting place in which historically situated grievances and a shared civic yearning for the fulfilment of the redistributive *promise* of 1994 met with a prevailing political climate in which local municipal representatives have come to represent the imploding *promise* by, in part, attempting to police and exercise control over public deliberation. The*se* narratives implicitly frame the *politics of authority and access* discussed in **Chapter 5** as an ongoing negotiation in which CBOs and local facilitators consistently navigate complex political dynamics and climates. These negotiations are animated by struggles over who has the right to engage and address citizen's local discontents and frustrations.   The dialogical processes created tension in part because of the ways in which participants reframed HIV/AIDS and linked it to issues like access to water and other basic services in climate where services have become an increasing point of political contention both locally and nationally:

> *"**PUMZA:** When we arrived and introducing the programmes in fact building our relationship, telling them on how we work and when we are in dialogues facilitating you find out the most thing that's a problem is water. Then the counsellor will say that the issue of water is theirs and how they do the water here, at the mean time we are teaching the community on where they can go when they want water…" (Pumza: 338-342)*

Similar to the findings in Section 6.3.1.1 the CCE-CC process presents very particular pedagogical limits. These limits can be understood in a number of ways; firstly by way of the methodological design that emerged from the UNDP *technicalization* of the dialogical process. As mentioned in the outset of this section the methodology was imagined as a paired initiative with one part focused on community dialogue and another focused on enhancing the leadership capacities of political representatives. A core set of pedagogical assumptions lay at the core of this arrangement. The first being that political representatives could be trained and would be willing to engage in more egalitarian and democratic ways of interacting with affected communities. These assumptions shaped the *political animus* of CCE-CC. In a context where histories of structural wounding go unaddressed and local municipal representatives do little to disrupt the prevailing state of structural violence CCE-CC offered little to the facilitators charged with navigating this complex political climate. In the absence of a *political animus* intended to encounter, negotiate, or disrupt this climate the ability to navigate these dynamics fell on the facilitators and DELTA staff's personal histories, identities, and experience.

Facilitator's narratives also clustered around the challenges associated with their attempts at building trust with the communities they engaged. The narrative clusters suggest that participating communities often expressed levels of mistrust and at times resistance. Both facilitator and participant's narratives located low levels of initial trust in the prevailing levels of discontent and a sense of *promise fatigue*. Throughout the participant observations phase of the research residents and facilitators routinely referred to unfulfilled municipal promises and projects and recited numerous HIV/AIDS education programs that had come and gone. Across communities were signs of unfinished municipal projects languishing as *promises* unfulfilled. Unfinished partially gravelled roads reportedly initiated years before but incomplete. Brick piles intended for local sanitation systems abandoned after the contractors supposedly attempted to illegally sell the raw materials for a higher price. It is important to note that these accounts were not totalizing. Anecdotes of these sorts also existed alongside those of local municipally funded nurses and health workers working endless hours with liminal compensation and support. Within breadth of these contextual complexities the mistrust that facilitators storied emerged as participants and engaged communities need to carefully assess the viability and potential contributions that DELTA and the community conversations proposed to make.

> **" ZEZETHU:** *The community members in that area are not easily convinced, when we got here to continue with the dialogues they had chased female N away because they did not understand what these dialogue were about, they believe that the anything that comes from the chief/king is legit, they believe in the tribal council and the chief/king more than everything, they would ask us why we here, we want to be wealthy through them, why do we give them food what do we want to use them for, and they did not understand what the dialogues were for or is it maybe the way it was introduced because we had to proceed from step 4, if we had the dialogue on the same day as they have the tribal court, we would have to wait for them and start the dialogue after 1pm and they would do it purposely because this was a waste of their time and when we spoke to them about crime and murder it was not such a big deal to them because they are used to it, they concentrated mainly on water and they thought we would bring them the water, they always spoke about water and roads but not crime but I thought it was because maybe*

we were not their children maybe they saw us a s strangers so people from there are
hard" (Zezethu: 202 -215)

These narratives show how influential and present the *politics of authority and access* was. Successfully navigating these politics was essential. Building trust with involved communities often required engaging indigenous governance leaders and representatives prior to and throughout the dialogical process; gatekeepers capable of offering local legitimacy and the right to occupy space and hold public deliberation. Building trust often involved numerous deferential meetings, inviting leaders to participate in the dialogical process itself, and seeking the regular council of leaders on CCE-CC and community related matters. As a result trust building often involved a compromise between rights to *access and authority* and autonomy from existing hierarchies. While facilitators and participant's explicit narratives said little of these compromises the role that *gendered and gerontocratic* hierarchies played in the dialogical process suggest that these sorts of negotiations could in fact reshape the experience and outcomes of the dialogical process if not intentionally worked with (See Section 6.4.1.2).

Another central feature that emerged from the facilitator and participant's narratives reflects **Chapter 5** findings that highlighted the need to – in the early years of the Dialogues for Justice Program -- reduce the symbolic presence of Nelson Mandela in the dialogical process. Nelson Mandela and the meanings associated with the Nelson Mandela Foundation (NMF) often influenced the ways in which residents participated in the dialogues. Despite the presence of *promise fatigue* the redistributive *promise* encapsulated in the symbolism of Mandela created unmanageable expectations:

> **"Nonsizwe:** *Yes, yes that's what made our dialogues to be on and off because people came with high hopes, they thought the Nelson Mandela foundation will give them tractors, sewing machines and when they attended and realised they had to do things for themselves,"* (Nonsizwe: 261-263)

Decentralizing Nelson Mandela's symbolic presence in the process entailed working intensively to both sensitize, expose, and build communities trust in the CCE-CC methodology, facilitators, and DELTA. This ultimately entailed working to shift the expectations from *delivery* and or *education* to an understanding of *accompaniment* and an emphasis on supporting citizen imagined and led action. These narrative insights raise a level of complexity worth acknowledging. As discussed in

Section 6.4.1.3 building trust by promoting the accompaniment approach often took place in tandem with facilitator's own on-going process of internalizing and embodying the CC pedagogy. Pronouncing that 'Nelson Mandela would deliver or build' (Nonsizwe: 301-303) stood in contrast to the CCE-CC process-undergirding ethos of community led action and change. Where trust and relationship building is concerned facilitator and participants storying seemed to overlook the possibility that CCE-CC and the accompaniment model could and would be psycho-socially metabolized in ways that built service delivery like expectations. The intensive work to build relationships helped to create expectation around the facilitator's ongoing presence and a reliance on the civic space the Community Conversations created. *Accompaniment* itself and the careful creation of civic space, in the imaginations of some, embodied a different sort of *promise* that many came to rely on. CCE-C participant Kutala's (53) narrative of the community's response to the impending end of the dialogues reflects a cluster of participant narratives that frame the ending of the program as difficult and disappointing:

> **"Kutala:** *(YOH) that meeting was a trauma to my life because we were not told it's the end of DELTA whilst we left here, whilst we left here we did not know it's the end of DELTA so when we were there at the college we were told that's the end of DELTA, it was very traumatic whilst we came back to the people who were interested at DELTA, they thought DELTA is coming back, it will come with something new, it was like when we say somebody is dead whilst we told them that it's the end of DELTA it seem like,"* (Kutala: 332-337)

Zamile, a CCE-CC task team member working to secure a clinic for the community expressed a similar sort of expectation and accompanying despair:

> **"ZAMILE:** *People were very disappointed with Delta because they thought that they would get development, there would be projects, community halls, fixing of roads, things like that. People were disappointed that none of these things happened. You see?"* (Zamile: 57-59)

Facilitators and DELTA representative's emphasis on cultivating community led agency may have overlooked the formative role they play in creating catalytic space. While attempting to cultivate a sense of self-reliance and agency the experience ultimately created a reliance and dependence on a civic space that would not be maintained in the form it had been. While participants narratives

do not point to a rupture in the relationship between facilitators and the communities within which they live the disappointment was palatable and present across many of the participant's narratives.

Consistency and maintaining the dialogues *momentum* and participants participation through regular planned contact and dialogical encounters was one of the means facilitators employed to build trust with communities. This consistency generated expectations that DELTA, working within the broader framework of the GIZ/NMF final phase framework, could not in the end meet. Narratives that centralized trust building also, in many ways, exposed how inadequate the final phase intervention model (Section 6.1.0.0) was for an unpredictable and relatively involved social technology like CCE-CC. In a context with the political climate described earlier and pronounced levels of municipally focused discontent and promise fatigue, there seemed to be an uncomfortable contradiction at the centre of final phase program. The introduction of *a social technology* with the potential to surface complex communal concerns and inadvertently unsettle existing hierarchies be they political or social seemed problematic and harming. This was programmatic contradiction that in an embodied sense became all the more real when viewed through facilitator narratives of the personal costs associated with engaging in in-depth and complex periods of trust building with residents, local leaders, and stakeholders only to see it come to an unexpected and inevitable end. These narratives surface important questions around the funder driven focus on 'sustainability and ownership' discussed in *Section 6.1.0.0*.

6.4.1.6 – Discussion – Horizontal Citizenship, Dialogical Process and HIV/AIDS as Municipal Politic

The findings presented above construct a fractured and complex picture of the dialogical process. This sections 'process-oriented' focus on Community Conversations demonstrates the way in which the dialogical process was reinterpreted through the facilitators and participants embodied encounters with *Ingquza*. Most salient are the ways that the findings make clear the often overlooked fact that interventions and prevention models meet contexts through people; individuals tasked with implementing, convening, and facilitating processes. Even more important is the realization that the peoples, bodies, and lives through which intervention models pass into context are also integral parts of the very same contexts and are by extension enmeshed in the very same orders and hierarchies interventions aim to address. Sections *6.4.1.2 Navigating Gender & Gerontocracy* demonstrate the ways in which the embeddedness of the facilitators, the

histories of the facilitators, and their gendered and aged identities had a formidable place and at times influence on their own experiences of the dialogical process itself. As women, of different ages, class categorizations, and political professional histories the dialogical process often taking place amidst pronounced and historically situated hierarchies demanded that the facilitators address, work with, and strategically subvert the very same hierarchies and social orders they were enmeshed in. This often meant destabilizing and challenging the local context through dialogues in ways that could prove both publically and personally challenging. At the same time findings in *Section 6.4.1.4 Personal histories & pedagogies* bring to the fore the ways in which social technologies like CCE-CC could at times align with, shift, or exist in conflict with facilitators personal approaches and *ways of being* and *thinking*. While navigating the complexities of gendered hierarchies and gerontocratic social orders facilitators were also metabolizing and experiencing, often for the first time, a new approach and *way of being* with and in community. These findings offer important insights into social technologies that intentionally aim to cultivate horizontal citizenship (Kabeer 2005) through public deliberation. Little attention is often given to facilitators and or individuals tasked with convening and facilitating the processes. Even less attention is given to what this means in contexts like the *Ingquza* where women having both been central to long standing *survival economies* and *political resistance* now occupy significant spaces in *community services* and *civil society sectors*. Women's encounters with hierarchies and prevailing social orders proved all the more complex when set against a political climate in which the presence of facilitators and convening of dialogues presented a political threat.

Findings from *Sections 6.4.1.4 Political Climate & Civic Space; 6.4.1.1 Dialogical Process & Reframing HIV/AIDS* demonstrate the ways in which *reframing of HIV/AIDS* shifted the dialogues from a relatively neutral preventative intervention to a more politicized form of *civic space* partly as result of prevailing political climate. The politicization of the Community Conversations was in part precipitated by the prevailing political climate. Citizen led insurgency converged with participating residents intertwining of HIV/AIDS, broader social concerns and issues, and the lack of reliable service delivery. This convergence in the context of the Community Conversations process brought to the fore the role that local political systems and representatives play in limiting, and or distorting the *civic potentials* of the dialogues. The levels of resistance facilitators and participants faced throughout the dialogical process could be interpreted as a limitation; an indication that the CC process is ill suited for such complex contexts. As an alternative it could also be useful to interpret the resistance as an indication of the CCE-CC processes potential to nurture a new dynamic between citizens and municipal representatives. These findings may also

demonstrate CCE-CC ability to challenge to prevailing levels of municipal inaction and reticence. By inspiring resistance and discomfort facilitator and participants brought to the fore the potentials in carefully facilitated municipal level public deliberations led by citizens. While this chapters finding highlights some of CC's inherent pedagogical limitations an important feature that could be easily overlooked is the CC methodologies insistence on convening non –hierarchical *civic space* into which municipal representatives and local stakeholders are invited to participate. These findings suggest that a rethinking of the methodologies *political animus* in ways that shift it from a social technology to a socio-political technology may offer new possibilities.

Findings in Section 6.4.1.5 Building Relationships raise important questions around engaging with and working with communal *discontent* in complex political climates. Findings from both facilitator and participant's narratives demonstrate the importance of building strong relationships between civil society actors, facilitators, and participating residents. While the pre-existing levels of *discontent* contributed to the reframing of HIV/AIDS and the transition of CC from intervention into a civic space the discontent was also accompanied by a pronounced level of *promise fatigue*. Engaging communities in public deliberation that rehearsed dominant *discontents* required the intentional cultivations of trust and relationship that in turn produced pronounced expectations. These findings raise important questions around convening *civic space* and the promotion of challenging public deliberation within the confines of a fixed programmatic period. While trust was essential to maintaining residents participation in dialogues the trust also created the sense that facilitators and the CC process were present as a part of a longer-term socio-political change project.

Finally and most important the findings produce a rendering of HIV/AIDS as deeply intersectional and interwoven health crisis. Residents and facilitators narratives routinely produced narratives that wove HIV/AIDS in with numerous communal challenges and struggles that they hoped would be addressed through the CCE-CC process (Section 6.3.1.1 Dialogical Process & Reframing). This construction of HIV/AIDS was in many ways an *intersectional* construction of the health crisis and a reminder that HIV/AIDS is not lived apart from the broader lifeworld and therefore cannot be easily extracted from communal existence through narrowly targeted interventions. The narrative constructions presented in this section interweave HIV/AIDS with the some of the same *intersecting webs of wounding* discussed in **Chapter 4**. What is unique about these narrations of HIV/AIDS is that they are constructed within the context of a process that proposes to catalyze and more clearly define pathways for action. As a result their narratives implicated local indigenous

governance systems and authorities, municipal institutions and representatives, health care systems, and gendered hierarchies. By doing so HIV/AIDS was situated in a broad socio-political web of *wounding* determinants animated by a diverse set of local authorities, stakeholders and structures. In many ways these narratives are not only intersectional but also move HIV/AIDS into contextually holistic framing. From a process-oriented "citizenship from below" (Dagnino 2005) standpoint these narratives raise important questions around what it would mean to engage in holistic intersectional HIV/AIDS mobilization and action; to engage HIV/AIDS in the way it's lived. The manners in which facilitators and participants construct their narratives suggest that engaging and rearticulating local municipal democracies and political systems are a possible point of focus.

6.4.2.0 – Community Conversations, Community Mobilization and Vertical Citizenship (Kabeer 2005)

The Community Conversations methodology both aimed to create in depth dialogue and in time promote community designed and led forms of action. Once core concerns had been identified and discussed actions to address the concerns were devised by participating residents. Methodologically CCE-CC emphasized the need to create *Task Teams*; a core group of participants committed to seeing through the collectively devised actions plans participating community members agreed upon. Following the decision making and action-planning phase of the process task teams began their engagement work. The Task Team members were often chosen by the participating community members and charged with extending out and engaging local stakeholder and municipal representatives and institutions. At the same time CCE-CC facilitators and DELTA staff members also supported communities through the engagement of local stakeholders, leaders, and municipal representatives as both support to task team members and also in the interest of protecting and preserving the dialogical process. These actions are treated as vertical citizenship (Kabeer 2005) processes that reflect the ways in which CCE-CC participants, acting in-between the *brick* and the *ballot,* both in a figurative and literal sense, performed forms of 'citizenship from below' (Dagnino 2005). The outcomes of the dialogues generated very particular focal points for community action. Concerns about local health and HIV/AIDS prevalence surfaced the need for more accessible local clinics to serve the elderly, provide emergency services, and reliably dispense medications including ARV's. Concerns about increased *crime* and *rape* surfaced the need for improved policing and collaborative spaces for community local police department collaboration. Actions like these involved various forms of vertical processes in which task team members, having participated in the dialogues, extended outwards to identify and engage

influential municipal representatives, service providers, and leaders with the necessary influence and leverage. By the time the end of the GIZ/NMF final phase arrived task teams were still engaged in vertical processes. This sections findings are presented with split focus on an analysis of facilitator (*6.3.3.0 – Vertical Citizenship (Kabeer 2005) and Facilitator/Local Stakeholder Processes*) and participant (*6.3.4.0 – Vertical Citizenship (Kabeer 2005) and Participant/Local Stakeholder Processes*) narratives. Approaching the analysis in this way allowed for an express focus on the distinct experiences of each group.

6.4.3. 0 – Facilitators /Local Stakeholders Processes & Vertical Citizenship

As discussed in Section 6.2.0.0 the women selected to facilitate the CCE-CC process came from very distinct backgrounds and ranged in age. Some having worked with the Treatment Action Campaign (TAC) were versed in municipal engagement and had experience navigating local municipal architecture and engaging local political representatives. Other facilitators, having been volunteer community workers and long-standing and more senior members of the involved communities took their first steps into municipal engagement as a result of the CCE-CC process. From a methodological standpoint CCE-CC facilitators were charged with engaging local leadership, political representatives, and local stakeholders throughout the dialogical process in order to cultivate an enabling environment for the dialogical process. As discussed earlier, where possible, facilitators attempted to advocate for and invite the active engagement of leaders and local political representatives in the actual dialogues. As discussed in **Chapter 5** and earlier in this chapter this framing of the facilitator's role was in part rooted in the bifurcated methodological framing of the UNDP Community Capacity Enhancement Approach. In the absence of methodological guidance and an *animus* geared towards fraught and challenging political encounter, facilitators drew upon their own experiences and improvised. DELTA staff and facilitators supported CC Task Teams in their strategic planning, revision, and engagement process.

6.4.3.1– Civic Praxis & Emerging Political Selves

Throughout the CCE-CC process local facilitators routinely engaged influential stakeholders in efforts to "allay fears and concerns, seek rights and permissions to convene, or to invite municipal representatives to support community led action plans" (Rolston 2016). Facilitator's narratives of these vertical engagement processes demonstrated an increasing willingness on the part of less experienced facilitators to improvise and experiment with various approaches to engagement.

Facilitator's narratives also centralized the relationship between improvisational civic action and personal political growth. Throughout the CCE-CC process facilitators engaged in forms of civic experimentation by way of "door knocking"; approaching various influential local leaders and municipal representatives for relevant information, support, and or access (Ibid 2016). Facilitator's *door knocking* narratives expose the ways in which they traversed the municipal political landscape speaking to a multitude of political representatives while also advocating for increased levels of support and involvement. For many of the facilitators, new to these forms of engagement, the CCE-CC process proved particularly transformative both personally and politically. Through expanded framings of HIV/AIDS and consistent vertical engagements with municipal representatives and local stakeholders facilitators perspectives on the range of possible pathways for action and change expanded as well. By traversing the municipal landscape facilitators construct narratives that suggest that they themselves changed in the process. Zanele (53) wove together a narrative that implicitly married the influence of the CC process on the community and herself with a very personal and intimate experience with HIV/AIDS and sexual violence:

> *"Zanele: ... So through those conversations there was some decreasing, and you invited the women of [the community] they were here in the dialogue about four of them. They were very interested in Nelson Mandela foundation to the extent that they were trying the best to attend the meetings and they even invited the youth, they were crying for those who were neglected and infected by HIV/AIDS but through NMF it was all right. The parents started to speak for themselves and said that they made mistakes of thinking that their children got HIV/AIDS because they slept with men. And they used to hide the children and making like they have been bewitched but they know that they have this. Now it seems like people understand this HIV/AIDS and the people started talking and telling themselves that this doesn't matter so they speak freely about this HIV/AIDS. Even my child my daughter she is working at KFC she was raped by a police man honestly and he infected her with HIV/AIDS, my daughter her name is Thebisa. But because I had knowledge of [HIV and the Municipality] I went to the court and I got him arrested but because he is from the government we [he was released]. But I called the people of TAC to invite them to talk about this issue you know, the people from the TAC they raised the notices that this person is a rapist and collected all the youth that was raped him. They showed that this [trusted person] did this, and that they have lost their*

trust and who will assist them. So the people from the TAC they supported me a lot and

my child, the TAC members you know." (Zanele: 84-101)

This narrative is in many ways a narrative about the ways that the *reframing of HIV/AIDS* and the subsequent actions reframing necessitated expanded her own approach to addressing sexual violence in her personal life. As a narrative she pairs the perceived hopelessness associated with stigmatizing perceptions of HIV transmission with her own account of how embracing a more expansive framing of HIV/AIDS and subsequent 'door knocking' experience shaped her response to her own daughter's sexual assault. A response that involved the traversing of various municipal institutions and drawing on influential activist oriented stakeholders like TAC for support. This narrative is in many ways a narrative of an *emerging political self*. By rehearsing and drawing upon vertical forms of citizenship throughout the CCE-CC process many of the facilitators themselves became increasingly politicized and politically aware; "Door Knocking" was in many ways a rehearsal of political practice and political self (Ibid 2016). Facilitator's narratives suggest that the political selves that emerged were not necessarily ideologically driven in nature. These were instead functional political selves. A sense of political self-imbued with a growing understanding of local political and civil society architecture and the municipal pathways and mechanisms for recourse, advocacy, and action. Nokaya, a facilitator with less experience engaging municipal representative constructs a positive narrative of drawing a supportive ward councillor closer to the community in attempts to have a local clinic built:

"Nokaya: *We spoke to the our ward councillor about the clinic issue, I was with the task team, firstly we invited him to come to the community meeting at the chief's so that he can hear people's grievances about the clinic issue, he came and listened, he agreed that there is a need for a clinic in the community but he has no power to make it happen but he will try to pass on the message, since the DELTA people came here to facilitate community dialogues, he saw them as vital in getting the community to communicate with him so that he as a ward councillor can pass on the grievances to those that are in power at the municipality, for me to see that he passed on the message, yesterday we were with Mr T here at the hall,*

INTERVIEWER: *Here at this hall?*

NOKAYA: *Yes at this hall, the issue of the clinic was raised, that here at Quda we have no clinic, we need a clinic, people from here go far to fetch their medication that is one of the*

main reasons why people default, the clinic that is here it's not efficient and big enough to accommodate the community, that is why I say we spoke to the municipality, we brought the ward councillor closer and Mr T attended the meeting that was held yesterday." (Nokaya: 19-33)

While Nokaya does not explicitly frame her encounters with the municipality as a form of evolving political self she does fuse this narrative with a much more personal narrative of empowerment. Reflecting on the process she speaks of the ways in which it changed who she was, giving her the confidence to stand up as a woman and speak in front of all male local indigenous authorities (Nokaya: 184 -188). Facilitators increasing ability to enact diverse forms of vertical citizenship in both their personal and public lives in part emerged out the natural forms of civic praxis (Ginwright & Cammarota 2007) and municipal level engagement that the CCE-CC process required. These accounts of emerging political selves raised important questions around the ways in which the CCE-CC methodology with its *animus* and the municipal level political complexities of *Ingquza* converged in the lives of facilitators. If the *animus* of the CCE-CC process had placed explicit emphasis on supporting and cultivating the political acuity of facilitators what sorts of *political selves* would have emerged from this process? How would this affect the outcomes of the strategic focus and nature of CCE-CC inspired civic praxis process? Beyond the boundaries of the GIZ/NMF final phase all of the surviving facilitators remained in *Ingquza*. There emergent political selves, whether acted upon or not, remained an interwoven part of the communal fabric.

6.4.3.2 – Leveraging & Civic Potentials

Across all of the facilitators narratives, despite experience or age, are accounts of the ways in which they worked across the municipal landscape to engage a diverse array of actors. These processes often involved attempts at weaving influential political and institutional actors into dialogical and action processes as a means to build influential pathways of support. *Ward Councillors, Ward Committee members, Medical Administrators, Police Chiefs, and local Department of Social Development Social workers* were some of the individual's facilitators engaged throughout the process. Each of these individuals represented institutions with the necessary resources and authority CC participants needed in order to realize the agreed upon aims be it the building of a local health clinic or more responsive police services. Facilitator's narratives of these processes often provide an interwoven rendering of *Ingquza's* municipal landscape in which strategically selected stakeholders and institutions could be called or drawn upon to leverage support from another:

*"**Nonsizwe:** Yes especially were projects were concerned, we met with social development to find out how they can help the community and they are on the process of helping them with those projects, the social worker keeps on coming to the community to check on what do they need and so forth, if you came yesterday you could have seen they were attending the group thing at the tribal grounds, where people are put into groups of what they would like to do, farming, chickens,*

***Interviewer**: So all of this started because of the dialogues?*

***Nonsizwe:** Yes it was started by the dialogues.*

***Interviwer:** So who are other stakeholders, there is the Department of Social Development (DSD), am sure there were other stakeholders that got involved not only one, please tell us about the other stakeholders.*

***Nonsizwe:** Yes the tribal council, the tribal council played a major role in getting social development involved, get to this juncture were they are hands-on because when we left we were still on the process of finding out what social development can do to help people in the community and then social development addressed people and said people must identify each other and know what they want, I cannot feed them and force them to do what they don't want to do,"* (Nonsizwe: 445-461)

Narrative like Nonsizwe's offer insights into the ways that CCE-CC facilitators drew upon relationships with influential stakeholders like "tribal councils" to *leverage* the support of the Municipal level Department for Social Development (DSD). More importantly these narratives expose facilitator's efforts to build interconnected networks of relational pathways between CCE-CC participant's local leaders and municipalities. By both engaging multiple influential institutions and actors and weaving these representatives into the civic dialogue the facilitators built temporary bridges between residents, the civic space that CCE-CC created, and municipal institutions and representatives. These relationships arguably enhanced the *civic potential* of CCE-CC process and its contributions. Whether or not these relational pathways or bridges remained intact or had formative health enhancing impact on participating residents was beyond this research.

Facilitator's narratives of bridge building equally highlight how fraught such vertical processes can be pointing to local disjuncture's and disconnects between local leaders and community based municipal representatives:

"ZEZETHU: We called the chief put him in front and the ward committee as well and we gathered them in two different meetings, we put the chief and the ward committee alone so they could listen the problems of these people and what is going on in this community right and what is the reason for them not to [have done anything]. We got the reason that these people are related and it is not easy for someone else to show other person's name, also in the story telling the person stood up and said that my child was killed and was found lying at the bottom but the father of this one was present and the boy is also present in the community he is not arrested, they just arrested him and he came back out again. That makes that people scared to talk about everything so they have hidden their things now that they are getting destroyed." (Zezethu: 487-496)

Narratives like these bring to the fore the interpersonal complexity and dynamics that, at times, exacerbated existing disconnects making bridge building all the more challenging. Beyond meetings, invitations, and introductions, facilitators often engaged in bridge building, and at times served as mediators not only navigating disconnects but also actively working to ameliorate existing tensions between leaders, stakeholders, and municipal representatives. Implicit across similarly structured narratives is a sense that through building bridges, mediating pre-existing tensions, and strategically leveraging existing support in order to secure new and needed support facilitators were able to make small incremental contributions to the overall *civic potential* of the CCE-CC process itself. These efforts in part enhanced the civic potential of CCE-CC by creating and nurturing pathways and relationships that community members could, if still intact, draw upon beyond the boundaries of CCE-CC process. At the same time these narratives raised questions around the sorts of civic potentials that could be realized if these processes did not take place within the boundaries of a finite final phase project.

6.4.3.3 – Gendered Identities & Public Space

Facilitating the CCE-CC process as women living lives intertwined with the longstanding gendered and gerontocratic hierarchies proved to be intensely complex and challenging. At the same time facilitator's narratives of the process highlighted the ways in which the rehearsal of new political selves and the process of facilitating dialogues reshaped the way facilitators, as women and activists, identified and located themselves in the landscape of gender, generation, and class.

Facilitators narratives routinely clustered around the challenges associated with convening and holding civic spaces in contexts where gendered hierarchies where convention and public culture was mobilized to maintain these hierarchies. Nonsizwe narratives of gendered hierarchies complicate a potentially dichotomous picture in which men, purveyors of patriarchy, mobilize convention, culture, and authority to maintain hierarchies in varied settings and moments. Her narrative illustrates the ways in which gendered hierarchies can also be embodied and exercised by those they disadvantage:

> *"**Nonsizwe:** Honestly because of some of the things I have mentioned, the dependency thing even if the community had potential to be bright, it's pulling backwards, even if it could be at a level, a promising community because of this it is pulled backwards, here in this area there is a pull her down syndrome, a woman does not appreciate another woman in the community, they only appreciate things that are done by men so there is still lot of work to be done, there is still that thinking that anything that is better is brought to the community by a men, we listen, we have ears to listen to, at community meetings they say in order for things to be better let's elect a man, we don't see any potential that we as women, so that dependency we are still going to suffer, if this element dependency can be eliminated, if it can be eliminated we can address a lot of things because it is a stumbling block that prohibits a lot of things and the catalyst to destroying a lot of things, Its HIV driver this is, this is the source, homes that are unstable this is the source, orphans this is the source, I don't know, it really hurts me because when you are a facilitator you get sick a lot because you absorb, you get to a stage where you don't know what to do to try and change your community , that's what hits you hard because this is a community of birth, this is your community so you would like to see it as an outstanding community, as a changed community so there are pillars in the community that prohibits and you don't know what to do about them so it hurts, it hurts you have sleepless nights not knowing what to do about your community and on top of that you are not only a facilitator but you are a woman."* (Nonsizwe: 600-618)

Nonsiwe's narratives, while presenting as a critique of women's dependency on men, is in equal parts a lament for a stronger sense of gendered solidarity. This narrative is reflective of a common narrative construction spanning many of the younger facilitators storying of vertical processes. Many of the facilitators with histories in TAC constructed implicit narratives suggesting that greater levels of local solidarity amongst women would have expanded their ability to navigate the

complex spectrum of *masculinitie*s they confronted throughout the process. On the border of these narratives, beyond explicit storying, are the gendered landscapes explored in **Chapter 4** (See Section 4.5.1.2). In Chapter 4 resident's narratives wove together *hegemonic masculinities, sexual violence, and municipal discontents.* Understanding facilitator's narratives within the broader contextual rendering of *Inqguza* establishes the pervasiveness of these hierarchies. These narratives of bounded agency and *civic potentials* are intertwined with HIV prevalence. They suggest that just as gender hierarchies drive HIV prevalence they also inscribe themselves into the fabric of the mobilization process in ways that limited the CCE-CC processes influence and impact. At the same time these hierarchies also placed significant levels and particular sorts of psycho social strain on women that facilitated the dialogues.

Facilitators also wove together narratives of gendered *comprise* with incremental moments of disruption that challenged the gendered hierarchies. These narratives suggest that pressing forward and challenging hierarchies that prescribed who could convene and lead public space often involved selectively comprising and capitulating to pre-existing norms in other ways. Nokaya stories the twining of compromise and tentative progress in the following way:

> " **Nokaya:** *They will tell you, you are not allowed to stand in front of us dressed that way, when you go to the tribal grounds you must dress respectfully and wear a scurf on your shoulders, it was not easy for girl K you know her, she always wore pants so when she was coming this side we would have to call her and remind her to bring something respectable to wear, she would argue and stay firm in her ways, she would talk about she is being herself and like pants, we would talk to her and encourage her to carry something to wear over her pants, we would tell her that the community we going to will not accept you this way, when you stand up and facilitate, we would also carry something for her and later she ended up understanding and getting used to the way things are done here, she also bought herself something to wear over her pants as she is bigger than us, so all am saying is that it was not easy, the dialogue have helped the community change and acknowledge that women can stand up and speak to the community, there has been a lot of change in the community with the inception of dialogues, you see now that our chief is a woman who is guarded by a group of men called (phakati), they help her make decisions as the chief, it is not easy my brother."* (Nokaya: 175-188)

Nokaya narrative offers layers to narratives like Nonziwe's that squarely implicates women's material and psychosocial dependency on men. Through Nokaya's the disruption of gendered hierarchies is associated with levels of comprise and a sense that the progress associated with expanding the space for women in the local public sphere is mediated by this compromise. By constructing her narrative in this way the role of compromise in the personal is bound to the role of gendered comprise in the social, communal and political. This reaffirms that the gendered hierarchies and accompanying spectrums of masculinities must be confronted in all facets and dimensions of life and are by extension inextricably connected. In essence these narratives construct gendered hierarchies and masculinities as an interconnected web, mutually reinforcing but not completely impervious or unyielding.

Finally while not explicitly surfaced by the narratives participant observations highlighted the aged and class divergence in the facilitator's stories highlighting the way the facilitators both experienced compromise, resistance, and their encounters with hierarchies. While Nokaya and more senior facilitators new to convening public space storied the process as empowering and personally transformative younger facilitators with histories in the TAC movement storied the process in different ways. Nonsizwe's narrative of the process brings to the fore the complexities of navigating gendered hierarchies while both benefiting from the class privilege of being a member of a royal family and simultaneously beholden to the ways in which conventions and norms are mobilized to maintain hierarchies in that context. For facilitators that were gender non-conforming compromise compounded vulnerability making the navigation of hierarchies and encounters with masculinities more complex and potentially *wounding*. This does not suggest more senior facilitators did not confront challenge. Disrupting public sphere norms could often unsettle and complicate personal love and familial relationships in ways that bound public sphere *comprise* with *comprise* in the personal.

Returning to **Chapter 5** and reflecting on the findings presented their facilitators narratives of gendered hierarchies, associated complexities, and personal and social costs raise important insights. While the CCE-CC methodology sought to address gender as driver of HIV/AIDS in very explicit ways it also pedagogically and methodologically framed the facilitator's role as neutral; beyond gendered, sexual, ethnic, racial, aged, considerations. This neutral framing overlooked the role that the facilitator's identity played in overall encounter. Framing CCE-CC as a social technology brings to the fore the emphasis on it being an applied technology channeled through very specific socially situated identities. The facilitator's narratives centralize the importance of

acknowledging the role women of varied, ages, and class backgrounds play in these preventative mobilization efforts and the ways complexities associated with navigating the very same hierarchies and gendered landscapes that contribute to prevalence shape facilitator's experiences throughout the process. Facilitator's narratives in essence highlight the ways in which women throughout the process came to embody and live the pedagogical blind spots at the center of the CCE-CC methodology and a much larger program shaped around these blind spots.

6.4.4.0 – Participants/Local Stakeholders Processes & Vertical Citizenship

As discussed in Section 6.2.0.0 the participants engaged in vertical encounters were established as task teams during the dialogical process. After substantive public deliberation on prominent concerns and the collective prioritization of key issues participating communities identified community members to serve on *CCE-CC Task Teams* responsible for taking forward the agreed upon action plans. Many of the task team members were diverse in background with little experience engaging local municipal institutions. Locally many of the participants spanned the local class structure some holding positions in the local ward committees and indigenous governance system. All of the CCE-CC participants were primarily dependent on social grants offered by the South African government and were either underemployed or chronically unemployed. Most telling was the age of the CCE-CC Task Team members. The age range for task team members was 35 to 82[21]. While less prevalent in the **Chapter 5** analysis the CCE-CC methodology while clear in its conceptualization of the community as a complex setting to be dialogically explored offered little in the way of strategic mobilization and action. In **Chapter 5** Section 5.3.1.2 the dialogues Freirean focus on *concientization* while rigorous stopped short of more explicitly framing and offering insight into the complex process of engaging, influencing, and shaping the broader context within which the dialogues took place. Within the UNDP booklet itself the mobilization portion of the methodology was the least detailed. Participants through their own experience, knowledge, and strategizing in concert with the facilitators enacted forms of vertical citizenship (Kabeer 2005) by reaching out to local stakeholders, institutions, and political representatives. As mentioned in Section 6.3.2.0 a great deal of the Task Teams emphasis was on the establishment of local clinics, emergency health services, and better and more responsive policing. Mobilizing and engaging local stakeholders with considerably less resources and access to an in depth knowledge of municipal systems and architecture made the work of Task Teams challenging.

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[21] The age of task team members in this chapters sample set stops at 65. Task team members not interviewed in this set were up to 82 years of age.

A consistent refrain that surfaced, both through participant's narratives and participant observations of CC process, was the statement "*We are the government*". This statement was not just reflected in participant's narratives but equally surfaced in facilitator's narratives of their work with residents and CCE-CC participants throughout the process. In many ways the narratives produced by facilitators and participants point to both the existence and intentional cultivation of *a political will from below* rooted in a framing of citizens as imagined integral parts of municipal governance and architecture[22]:

> "**Ingrid:**. *So there is a big change because they see that things are changing so that they don't say we are waiting for the government to do things for us, we used to tell them that they can't say that we are waiting for the government to do things for us because mmmh let me say we were explaining to them that they can't say they trust the government, they are the government themselves, they can't depend or wait from the government*" (Ingrid: 134 -139)

Ingrid cultivates a very particular framing of *political will from below* framed by a *self-reliance* and *self-efficacy* rhetoric. It suggests that in the absence of reliable and relevant governmental support everyday citizens must self-organize to fill the existing societal gaps. These narratives proved complex terrain when examined in greater depth. The complexity of this narrative terrain is equally evident in the narrative construction of "We are the government" produced by Task Team member Mnyamana (82):

> "**Mnyamana:** *You also want to a have a word with him but what am trying to say is that we are all part of the government, even myself as am seated here am also part of the government, am not trying to disturb you or anything,*
> **Interviewer** *Yeah, I understand you granddad,*
> **Mnyamana:** *What I would like to see happening is that they build us a clinic and a hall for meetings, we would see that our government is doing something for us, we see that there are changes but these should be the starting points, we have children they are growing quickly, there are too many new words that are coming out, our children are dying there is no help*" (Mnyamana: 52-60)

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[22] In this case I utilize and apply the term imagined in an attempt to highlight that this was a perception and some sense reflected the political imagination of participants. This does not suggest that these imaginings were false or misinformed.

While these narratives centralize the importance of everyday citizens in relationship with governments and governance systems they also vacillate between an expressed dependence on governing institutions and assertions that equally rehearse prominent discontents with this relationship. In many ways narratives like these consistently gave greater form to a disjuncture between citizens yearning to have an increased level of influence over local decision making and a municipality that has proven unresponsive to local demands and needs. Within these disjuncture's the CCE-CC process and the Task Team member's attempts at engaging local municipal representatives presented as an exercise of *political will from below* and a simultaneous rehearsal of municipal discontents. These narratives offer important insights into the ways in which the CCE-CC process and its engagement of residents and citizens existed as a part of the prevailing political climate embodied in the sense-making of citizens and residents of *Ingquza*. As discussed in **Chapter 4** the CCE-CC process took place during not only a significant increase in service delivery protests but also during a protracted protest in the town of Lusikisiki around which many of the engaged communities revolved. It is a not stretch to see participants "We are the government" rhetoric and *political will from below* narratives as a mirroring of psychosocial strands and sense-makings woven throughout the local protests. While the narratives presented in this chapter are not enough of an empirical basis to provide insights into the protest that took place, anecdotally a number of the task team members engaged in the CCE-CC process also participated in the protest. While CCE-CC participants engaged in the CCE-CC process manifested 'we are the government' through forms of self-reliance and self-efficacy framed by measured engagements with municipal representatives local residents engaged in protest arguably did the same employing more disruptive and insurgent (Brown 2005) means of civic engagement[23]. 'We are the Government' was a narrative of a very particular framing of citizenship constructed within the experience of an unfulfilled democratization process. They arguably articulated the perceived centrality of citizen led action in hastening forward the fulfillment of *the promise* (See Chapter 4). Viewing participant's narratives through this lens then raises important questions about these different approaches to vertical engagement and their potential effectiveness; the approaches being the CCE-CC Task Team member's actions and the protracted protest and occupation that took place in Lusikisiki. When considered against the *political climate* encountered throughout the dialogical process (See Section 6.3.1.4) the question arises as to whether or not CC as a social technology could contribute to an influential articulation of *political will from below* or "citizenship from

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[23] Framing engagements in this way is not meant to suggest that the Lusikisiki protest lacked strategy. Instead it simply suggests that the CC Process municipal engagements could be framed in terms of their emphasis on maintaining a level of "respectability", avoiding overt disruption.

below" (Dagnino 2005) in ways that have a formative impact on citizen / municipality relations. In many ways participants narratives of vertical engagement suggest a shared sense that the existing political climate, the municipality and its representatives would yield to measured requests and engagement. Set against the confrontational encounters unfolding in Lusikisiki the CC participant's engagements with municipal representatives presented as neutralized expressions of the same sentiment.

It is important to highlight that instances of expressed *political will from below* were not uniform. Presenting this as present in the narratives of participants does not mean it was reflected in all of the storied constructions of the vertical process. There are equal numbers of participants who rehearsed understandable levels of reliance on government services and delivery. These are the numerous narratives that construct a rendering of residents and participants as citizens in waiting. It is difficult to cast such narratives as contradictory while they may appear so. Instead they can be read a natural part of the complex fabric of wills, expectations, and political dispositions that make up *Ingquza*. Expectation and seemingly dormant frustration can just as easily contribute to *political will from below* by maintaining the unflagging levels of discontent.

6.4.4.2 – Municipal Architectures & Strategic Knowledge

While participant's narratives clearly articulate specific demands and needs identified through the dialogical process attempts at engaging local municipal representatives and stakeholders reveal certain limits worth considering. Like the CC facilitators (See Section 6.3.3.1) participants also construct "door knocking" narratives that highlight the ways in which participants reached out to numerous municipal representatives in an attempt to identify influential pathways they could draw upon to secure support and commitments for their demands. While presenting explicit detailed accounts of the vertical engagement process many of the participant's narratives implicitly demonstrated the ways in which an absence of strategic knowledge of both the municipal systems and the means through which to influence them hindered and or limited the participant's vertical efforts:

> *"Busiswa: I remember that the old people were talking about the clinic and they had found a place for the clinic but this did not go anywhere and the young people were also participating a lot, I remember the councillor was invited, he then responded by saying that the mobile clinic comes to (Mpomazi) often, it's something that has been happening*

for a while and in (Nkongolo) then he asked us if we can get to those places. He then went on to say that people from this area have been wanting a clinic for a long time but unfortunately the clinic cannot be approved because they say we are closer to these areas and then we continued attending the meetings and we even invited a nurse, Ms. G who works in (Bodweni), she wanted to assist us with the clinic, she wanted to find out who really wanted the mobile clinic; is it the older people or, she also wanted to know if it was people with TB or BP or people who are pregnant and then she went on to explain to us if it's for people that take ARV's the mobile clinic can only come two times to give them pills but after that they will have to go to the clinic themselves to collect them, our main reason for us to want a clinic in this area is because we are far away from the clinic and the nurse explained that the government does not look at the distance so now we are dying because most people default because they don't want to go to the clinic it's too far and if their neighbour does not want to go they will not go as well, and other places are not safe and the nurse explained to us how important it is to take your medication for life" (Busiswa: 318-336)

Busiswa's narrative, centering on efforts to advocate for building of a local clinic, implicate a number of local figures including a Ward Councillor and a nurses working in the municipality. In each storied engagement the councillor and the nurse attempt to offer both information and guidance suggesting that the community would not be eligible for a clinic. While these encounters are reflective of participant's attempts to engage relevant representatives and members of the municipality it is also emblematic of the challenges:

BUSISWA: *Okay, at the first meeting we spoke about the clinic, we as the community we asked for a clinic, we asked for them to help us build a clinic if not at least if a mobile clinic can come here to help because we have elderly people who are taking their treatment and they cannot travel far then we also asked for the police to help us with these killings or murders in the community and they said we should write to the station commander in (Lusikisiki) and the station commander in (Vlakstuf) because sometimes when you go seek help in (Lusikisiki) they will say you should go to (Vlakstuf) because you are nearer and sometimes when you go to (Vlakstuf) they say you fall on the (Lusikisiki) district, so we wanted them to come clear this matter but for us but they never came, we got a report saying the station commander from (Lusikisiki) cannot make it as they are attending a meeting elsewhere."* (Busiswa: 289-299)

Repeated and often unsuccessful encounters with potential gatekeepers, resource persons, and influential stakeholders are central to these narratieves. Running throughout these narrative clusters is an explicit commitment to relentless "door knocking" in attempts to identify individuals that will support community led efforts. Indigenous governance representative and task team member offers a similarly stripped down account of 'door knocking"

> *"Somani: We are asked the government to help us get the clinic up and running,*
>
> *Interviewer: Who is helping you, is it the municipality or the hospital?*
>
> *Somani: We went to the hospital, we never got help from the municipality, we told them they said they are not involved too much with clinics so we went to a hospital, that's why when we saw you we coming to the community we held on to you"* (Somani: 328-333)

Similarly in Section 6.4.3.1 Civic Praxis and Emerging political selves Nokaya constructs a narrative of door knocking that includes a reference to working with CCE-CC task team members "*we spoke to the our ward councillor about the clinic issue, I was with the task team, firstly we invited him to come to the community meeting at the chief's so that he can hear people's grievances about the clinic issue*" (*Nokaya: 19-22*). While these narratives are also narratives of *civic praxis* and emerging *political selves* (See Section 6.3.3.1) they also offer insights into the inherent limitations to this approach. They demonstrate how the limited knowledge of municipal architecture, decision making practices, and systems for resource allocation hindered participants vertical efforts. They brought to the fore some of the core limitations inherent in the CCE-CC process and the limits of the civic space and potentials it created and contributed to. In the absence of in depth strategic knowledge of municipal inner workings, strategic points of entry for engagement, and even governmental and local municipal policy CCE-CC participants often found themselves circulating in loops of "door knocking" of which few opened up to any offered substantive possibility or opportunity. These encounters in many ways offered further insights into the character and nature of contemporary structural dispossession and wounding in *Ingquza* explored in **Chapter 4**. At the intersection of insufficient service delivery, increasing levels of discontent, and growing levels of inequality the means to influence and shape the local municipal environment was often inaccessible and, in some instances, conveniently obscured. In the absence of clear pathways for recourse and in-depth knowledge of municipal architecture efforts that aimed to act on forms of citizenship that occupied the space between the *brick* and the *ballot* could be easily frustrated, resisted, and suppressed. Beyond a form of *concientization* (Friere 1968) that brought increasing

awareness to the HIV/AIDS and dispossession nexus, consciousness of systems, structures, and architecture proved to be equally important. Strategic and practical knowledge of systems, structures and the means to navigate systems and place pressure on political representatives and decision making structures proved to be all the more salient.

In **Chapter 5** exploration of the CCE-CC *translation* into the South African context many of the Stewards narratives of the translation process highlighted the ways in which the CC process was rinsed of a disruptive politic as a strategic means of navigating the complex *politics of authority and access* (See Section 5.4.4.0). The ability to do so was in part rooted in the pedagogical politics and overarching animus of the CC method which offered liminal political guidance. Despite being framed by NMF Stewards as an integral part of a redistributive politic and the aim to reconcile the present with *the promise* of 1994 the animus of the methodology and it's intentional neutralization anchored the process in forms of respectability and measured engagement. Within the prevailing municipal climate CCE-CC would do little to overtly disrupt the status quo. While it is fair to say that transformative change can take root anywhere and by extension begin anywhere *pedagogy* can also contribute to enabling or disabling the cultivation of influential and transformative citizen led action. In the absence of an *animus* that also aimed to cultivate a disruptive or challenging consciousness of municipal architecture and strategic knowledge around working with and or strategically challenging presiding systems CCE-CC participants had to rely on the knowledge they possessed and were permitted to access. Within the boundaries of the GIZ/NMF final phase program the time for new forms of *strategic knowledge* to emerge was limited and unlikely.

6.4.4.3 – Material Limitations & Momentum

Participant's persistent vertical engagements often proved costly in context where chronic unemployment, underemployment and dependence on social grants and small scale agriculture were prevalent. This meant an undoubted level of personal costs for CC Task Team members and community members that supported them. Many of the communities engaged in the CC process were spread out across Ingquza and a costly distance from local municipal offices. Participants observations brought home the contextually exorbitant costs associated with vertical engagements and the hidden financial and personal costs associated with the mobilization process. In some instances individuals originally selected to be a part of the CC Task Team withdrew because they would not be paid and because the personal costs were too high.

Participant's narratives of vertical processes bound the need to maintain *momentum* throughout the engagement process and the influence of *material limitations*. For many of the participants maintaining *momentum* and consistent engagement was one means of both applying pressure to municipal representatives and structures while also maintaining communities interest and support. *Promise fatigue* (See Section 6.3.1.5) was a very real obstacle to be consistently surmounted and reduced through consistent engagement. Inhabiting the intersection of material limitations and momentum was undoubtedly the shape and nature of the GIZ/NMF final phase program framework. Observations of facilitators and participants highlighted the ways in which budgets created outside of the context and lived reality of residents constrained the active potential of participant's vertical engagements. Inhabiting participant's attempts at extending out to influential gatekeepers and municipal representatives were decisions made in a series of offices across the country. Participants repeated anecdotal accounts of liminal funds raise important questions around intervention models, demanding social technologies and the construct of volunteerism as a top-down imposed vehicle for change in structurally marginalized settings. As a process the CCE-CC methodology often required concerted levels of effort, involvement, and commitment from individuals often working intensively to sustain self and family. Tensions over budgets for travel and food costs often surfaced in conversations about the overarching program and the challenges associated with vertical engagements. In order to reach the municipal buildings by midday participants often travelled for two to three hours at high personal costs. In the absence of local municipal representatives like ward councillor's active involvement CCE-CC Task Team members often travelled long distances and waited long periods only to be referred elsewhere or deterred. This was often done at the expense of farming responsibilities and other needs. With the personal costs high and the results of "door knocking" unsure many participants fell away from the process and became disengaged.

Participant's accounts raise important questions around the interface between the CCE-CC methodology, its animus, and the broader politics of the GIZ/NMF final phase project. The emphasis on employing participatory community mobilization methods with social technologies dependent on volunteerism and the energies and contributions of marginalized communities is important to question. This raises important questions around the way a social technology aimed at cultivating endogenous responses to HIV/AIDS that incidentally becomes a civic space exists in an intervention model driven by a cost effectiveness ethos. While these questions are in many

ways beyond the data available they will be worth considering in the later chapters of this dissertation.

6.4.4.4 – Discussion – Vertical Citizenship, Civic Potentials & Municipal Struggle

Both facilitators and participants worked in unison to construct an enabling environment for the CCE-CC process itself. Their narratives construct a municipal context characterized by a complex web of relational dynamics and architecture. Engaging in vertical forms of citizenship (Kabeer 2005) action and advocacy involved intimate and challenging encounters with various representatives. These narratives demonstrate how central relational (Campbell and Cornish 2014) dimensions of the municipal landscape are and the ways in which the prevailing political climate inscribed itself into relational pathways between everyday citizens and municipal representatives.

Findings from facilitator's vertical engagements interweave *civic praxis* with the emergence of new *political selves* (Section 6.3.3.1). Facilitators narratives demonstrated the ways in which navigating the relational complexities that exist between various actors and findings ways to both leverage, mediate, and build upon existing relationships enhanced the *civic potentials* of the CCE-CC process and associated actions. In many ways these findings bind together actions that contributed to facilitators increasing levels of political acuity and the potential potency and influence of the CCE-CC process itself. They suggest a sort of psycho social feedback loop between facilitator's political acuity, municipal experimentation, and the positioning and influence of the CCE-CC process. This centralizes the importance of *civic praxis* in not only enhancing the potential influence of vertical citizenship (Kabeer 2005) but also enhancing the potentials of civic space CC created. It is important to note that '*Door Knocking'*, *leveraging* strategic local partnerships, and utilizing new strategic understandings of the municipal landscape were incidental occurrences outside of the methodologies explicit pedagogical intents. The *political animus* of the CCE-CC offered little in the way of guiding facilitators and made little explicit contributions to their political acuity raising similar question discussed in Section 6.3.1.5 around what sort of narratives may have emerged had the CCE-CC processes *political animus* placed greater emphasis on strategic disruption and municipal level political engagement. What if rather than being socially a driven technology CC E-CC was politically oriented technology; a *socio- political technology* that intentionally aimed to enhance the civic potentials of the CC process by embodying a pedagogy that focused on enhancing the strategic political acuity of CC facilitators. The prevailing political climate expressed in part through the resistance of local ward councillors, and complex relationships with local

community leaders often demanded a pedagogy that expressly focused on building and cultivating the facilitator's and participants political selves. In the absence of this sort of pedagogy facilitators drew upon their own experiences and understandings of context. The pressure associated with this self-reliance was compounded by gendered hierarchies. At the core of the facilitator's narrated encounters with limiting gender hierarchies was an expressed desire for greater levels of solidarity amongst women. These narratives framed local women's solidarity as foundation for forms of municipal engagements that often involved in encounters with various forms of masculinities and institutions communal and municipal that embodied these hierarchies. Narratively constructing the municipal landscape in this way suggested strong perceived linkages between horizontal solidarities amongst women and the latitudinal effectiveness of women's vertical engagements. These narratives in many ways draw together vertical citizenship efforts and horizontal citizenships efforts as equally necessary and mutually reinforcing.

Findings from participant's vertical engagements offer markedly different storied construction of the process. The findings presented in participant's vertical narratives provide an alternative rendering of the *discontents* and promise *fatigued* described in **Chapter 4**. What surfaced out of the analysis were pronounced forms of *political will from below* expressed in Task Team members willingness to engage municipalities and local stakeholders despite exorbitant costs and other material limitations discussed in *Section 6.3.4.3*. These findings demonstrated the ways in which discontents could be mobilized in the interest of action and potential change through various forms of civic engagement. Findings from the participant narratives demonstrate the ways in which the efficacy of Task Team efforts was mediated by knowledge of *municipal architectures* be they political or service oriented. The political climate and relative levels of resistance, reticence, and unexpected challenges participants faced often necessitated access to strategic knowledge of the ways in which municipal level decision making took place. Information as simple as being able to identify the correct municipal representative for the corresponding ask would have proven useful. These findings also provided another level of insight into broader political climate and context and the ways in which it worked against the efforts of engaged citizens. In the absence of resources and knowledge of municipal architectures participants found it difficult to maintain the momentum they needed. In a context where promise fatigue was pronounced and existed as the mirroring of municipal discontents CC Task Team members needed to demonstrate progress through their efforts to keep communities engaged. While the *political will from below* and the desire to be active participants in municipal decision making propelled participants vertically, incidental and intentional limitations on knowledge flow and information made acting on, and

strategically pressuring and engaging municipalities, a challenge. These findings also provided further insights into discontents associated with the 1994 redistributive *promise*. In the absence of substantive redress the formidable distance between citizens and their municipal bodies made the discontents with the democratization process immediate and intimate. The imploding *promise* was not just experienced through persisting forms of socio-structural wounding but also through the unsatisfactory and at times conflictual encounters with ward councillors, police officials, and clinical services. The local institutions, officials, and representatives meant to embody *the promise* by sustaining and promoting *the promise* through the effective delivery of life and body preserving services and resources.

6.5.0.0 – Conclusion

This chapter findings offer important opportunity to return to and reflect on the conceptual intersections between health enabling democracies (Rolston 2016), horizontal and vertical citizen-led action(Kabeer 2005), and community mobilization in the 21st century (Campbell 2014). From a health enabling democracies standpoint the findings in this chapter help to locate the struggle over health enhancing democracies in some of the very local and intimate everyday negotiations and encounters between everyday citizens, their elected officials and municipal institutions, services, and infrastructure. What we arguably see through the process oriented exploration of CCE-CC are enactments of *'citizenship from below'* aimed at actively expanding *social forms of citizenship* (Libenberg 1999) through mobilization efforts targeting basic services like health clinics, emergency health services, and improved policing as an examples. The potentials for the realization of these forms of citizenship are circumscribed by disjuncture between citizens and the South African state most immediately experienced in the local and municipal. More squarely these findings frame local municipal democracy and its intersection with the health of bodies long held on the margins as an important sight of struggle (O'laughlin 2015).

Findings that illuminate the gendered and gerontocratic landscape centralize the importance of horizontal citizenship to these struggles (Kabeer 2016). In this respect the latitudinal propensities of vertical actions and engagements are indeterminately mediated by the horizontal landscape. This suggests the need to give greater attentions to the purposeful cultivation of environments that enable and enhance the purposeful and careful deconstruction of challenging communal hierarchies and social orders that interrupt the potentials for broad based solidarity and communal organizing. **Chapter 4** findings focused on the 1994 transition demonstrated the ways

in which new forms of freedom served to upset gendered and aged norms in ways that proved destabilizing for some community members. The findings brought to the fore the ways that resident's attempts at drawing on pre-existing social orders in the midst of profound structural wounding proved increasingly ineffectual. The findings in this chapter propose a needed turn towards the cultivation of new and increasingly equitable social orders that incrementally produce horizontal civic landscapes that can enhance the potentials of vertical engagements with local municipalities and representatives. In this way the work of horizontal cititizenship and vertical citizenship are bound with the horizontal serving as the centrifugal force for strategic forms of municipal engagement.

The findings in this chapter also point to a need to reclaim the political and challenge the, at times, neutralizing effects of 'interventions model framework' that continue to mobilize communities around a purely epidemiological framing of HIV/AIDS and broader health crisis. As discussed in *Section 6.1.0.0 CC Program Architecture & Stakeholder* the broader intentions and architectures of the GIZ/NMF final phase was an undeniable determinant that shaped and influenced the potentials of the process. The program emphasis on a certain interpretation of *sustainability* and *ownership* constructed limiting boundaries around the civic potentials of the facilitators, participants and the process. Equally limiting was the projects framing as a standard prevention paradigm model and targeted short-term project. In this framing CCE-CC was administered like a dosage of medicine, aimed at ameliorating a health issue. This bureaucratization *and technicalization* limited the latitude and range of civic action, improvisation, and experimentation. The process that unfolded was equally accountable to and shaped by top down indicators, log frames, budget restrictions, and predefined programmatic outcomes. In this way GIZ and the NMF inscribed themselves into process constructing a very explicit tension between civic imaginations and potentials and the political limits of funder driven intervention. [24].

I opened up this chapter by suggesting that what took place during GIZ/NMF final phase Community Conversations project in *Ingquza* was a convening of contexts. The findings throughout this chapter have demonstrated how embodied this convening is. This process was undoubtedly shaped and driven by people, community based, and mostly women. Many of the narratives explored above illuminate the very real and gendered costs and personal compromise associated with this work. The linkages between the prominence of women in the CCE-CC process

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[24] It is important to note that the civic potentials are not completely restrictive or over deterministic. New forms of political expression can emerge from unexpected or intended spaces. This merely suggests that the politics of development aid and finite and technical programmatic frameworks exist slightly out of line and sync with the socio-political landscape within which they operate.

and findings in **Chapter 4** focused on the presence of gendered *survival economies* and forms of every day *resistance* should not be lost or overlooked. While facilitators and participants narratives point to the emergence of new *political selves* this did process added new and at times personally disruptive layers of responsibility to women already living at the centre of the psycho-social and material livelihoods of *Ingquza*. While facilitators were paid small salaries CCE-CC participants and task team members were not. Facilitators were offered one week of training and offered very little support throughout the process. The findings suggest a very real need to critically interrogate the relationships between internationally funded community mobilizations programs dependent on volunteerism with the bodies, experiences, and social-political locations of women. A reimagining of CCE-CC would need to take this into consideration.

The findings in this chapter when viewed within the framework of health enabling democracies, citizenship and community mobilization point to need to consider the ways in which *social technologies* like CCE-CC can be reshaped and reconceptualised as *socio-political technologies* or *political technologies*. This ultimately entails a cascading shift in *political animus* and pedagogical underpinnings that give way to more politically focused methodologies. Considering this sort of shift is in response to some of the predominating unanswered questions at the heart of the community mobilization literature (Campbell 2014; Cornish et al 2014). Moving beyond upward looking and expansive theorizations of transformative change this approach suggests the strategic reclaiming and repoliticizing of the everyday and the potentially neutralized. The introduction of socio-political technologies with a political animus explicitly aimed at enhancing the *political acuity*, *municipal knowledge*, and *civic potentials* of communities still living on the edges of *disposability* and *usability.* In the spaces between the *brick* and *ballot* socio-political technologies may make incremental contributions to enhancing the strategic *civic potentials* of citizens engaging municipalities in a diverse set of ways. For HIV/AIDS community mobilization it potentially means the cultivation of socio-political technologies that reflect intersectional and holistic framings of HIV/AIDS that implicate local democracies and municipalities and begin from a place of envisioning health crisis as an articulation of injustice and pronounced inequity. This would naturally push socio technologies like the CCE-CC beyond the bounds of the traditional 'intervention'. It would mean reimagining these technologies as integral parts of a broader political project by realigning HIV/AIDS focused action in the everyday with the calling down of the *1994 promise* through the gradual and challenging reorientation of the municipal as a starting point.

Chapter 7:

Conclusion: Resurrecting the Embodied Promise

7.0.0.0 – Introduction

In **Chapter 1** entitled *Madiba Promise* I took the first steps towards expressing the ways in which this thesis would, while contributing to the convergence of specified literatures, also attempt to challenge the boundaries of what we consider structural interventions. I rooted the impetus for this challenge in a conceptual tether between the early framing of HIV/AIDS in the *1991 Maputo Statement on HIV/AIDS*, the progressive state of the literatures explored in this thesis, and a critical reading of present day South African political economy and the HIV/AIDS epidemic. At the center of this introduction was an implicit attempt to construct the foundation for an empirically driven discourse that lifted HIV/AIDS intervention up from the "program" realm into the place of long term political project. In order to do so I proposed the need to explore the relationship between dispossession, democracies, and HIV/AIDS through a critical interrogation of the GIZ/ NMF's Community Conversations final phase program. This was an exploration that inevitably centered on the experiences of citizens, articulated through their narrative constructions of *context, pedagogy, and process*. The title, *Madiba's Promise*, was in one way an acknowledgement of the NMF's rhetorical supposition that justice could be realized or at least promoted through dialogue. The title was also a means to foreshadow the ways in which the symbolic resonances of *Madiba* and the *1994 promise* were inscribed into both the fabric of resident's narratives and revealed something deeper about the context within which the CCE-CC process unfolded. The introduction of service delivery protest to this thesis broader discussion serves to articulate the ways in which *Madiba's* substantive redistribute *Promise* has succumbed to market led forces and political ideology and now survives on a tacit and implicit level in and amongst municipal insurgencies and service oriented disruptions. Beginning this thesis in this way bound together questions of HIV/AIDS intervention, political

economy, political determinants, democracy, and South Africa's past and present in ways that called for empirical resolution through this work.

Chapter 2, emerging out of the implicit and explicit framings constructed in Chapter 1, brought attention to convergences in the political determinants (Ottersen et al 2014), structural interventions (Gibbs et al 2012; Parkhurst 2013), and prevailing community mobilization (Campbell 2014; Cornish et al 2014) literature. At the convergence of the structural interventions and community mobilization literature is an increased emphasis on political context and the role it plays in both limiting the possibilities for communal action and attempts at sustainably reducing HIV incidence and contextual features that contribute to it. This increasing focus on political context aligns with the political determinants of health literature that draws greater levels of attention to political "power asymmetries" while also proposing that we see crisis like HIV/AIDS as a" crisis in governance" (Kickbusch 2005). As a starting point for reconceptualising the relationship between political contexts and HIV/AIDS I proposed a symbolic application of Mate's (2010) 'voicelessness' and Galtung's (1969) structural violence as a means to more explicitly characterize the ways political dispensations interact with the health of historically dispossessed and presently disenfranchised peoples. To add more form to this framing I presented Fassin's (2010) embodied history and Kriegers (2001) embodied inequality as means to more clearly theorize the ways in which bodies articulate structural injustice through health crisis. On this new theoretical foundation I proposed Freirean thought (1968; 1997) as a theoretical pathway into the exploration of the Community Conversations process in *Ingquza*. By Centralizing Freire's concept of *concientization* and critical consciousness in this framework I by extension prioritized the sense making of residents and citizens involved, impacted, and or implicated in the process. I proposed narrative inquiry (Andrews 2007; Andrews 2013) as an empirical pathway into this sense making.

In **Chapter 3** I provided a detailed account of my methodological approach to this inquiry. In particular I detailed the ways in which I applied life histories (Haynes 2009) and an experience-centered narratives approaches (Squire 2013) to this study. I framed this broader inquiry as narrative ethnographic exercise that aimed to produce a holistic case study of Community Conversations – context, pedagogy, process and all. I also tried to locate myself in this research opening to greater scrutiny the ways in which my biases and blind spots inhabited this work.

In **Chapter 4** the participant's narratives produce a rendering of *Ingquza's context* that makes explicit the relationship between the prevailing political dispensations of the past and present, HIV/AIDS, and

the overall health and livelihood of residents. The chapters demonstrate the ways in which an unbroken continuity with the past manifests municipally in ways that are damaging and confining. HIV/AIDS within the *Ingquza* context is presented as integral part of *intersecting webs of wounding* rooted in histories of dispossession and extended into the present through neo-liberal orders expressed through a lack of basic life protecting and enhancing services and infrastructure. This form of 'counter memory' (Lipsitz 1990) constructs a markedly different framing of both HIV/AIDS and the landscape upon which health enhancing actions take place. In essence I make clearer the ways in which the *animus* of political dispensations when reconstructed in more critical ways demands an equally critical inquiry into the political *animus* of CCE-CC.

In **Chapter 5** I explore the creation and evolution of CCE-CC's *pedagogy* through the stages of *creation, interpretation, and translation*. In doing so I attempt to foreground the ways in which pedagogical politics contributed to forming the *political animus* of CCE-CC. Central to this work was an attempt at representing the complex and at times conflicting pedagogical underpinnings that shape interventions interactions with context. In the final stages of this chapter I present a CCE-CC methodology with a *political animus* that is further complicated and shaped by the ways in which NMF chose to engage the political climate and resistance that surfaced in the early stages of the Dialogues for Justice Program. The findings in this chapter challenge the sorts of political neutrality often ascribed to HIV/AIDS interventions and provide a foundation for an inquiry into *process* that imagines the dialogical and mobilization processes that took place in *Ingquza* as a convening contexts.

Chapter 6 explores this convening as an embodied one that takes place through individuals and identities; the facilitators, participants, and local stakeholders engaged in the process. Through the prism of horizontal and vertical citizenship (Kabeer 2005) I explored the ways in which facilitators and participants storied the dialogical process and their attempts to engage local municipal leaders, stakeholders and indigenous leaders. These narratives demonstrated that while CCE-C contributed to new and arguably more politicized reframing's of HIV/AIDS that implicated municipalities and representatives the potentials of these reframing's were often circumvented by a number of social and political factors. These findings aligned with the literature that highlights the ways in which Community Conversations are often unable to sufficiently engage the complex social and political contexts (Campbell et al 2013; Kotze et al 2013). And yet, at the same time this chapters approach to analysis surfaced the ways in which the CC process contributed to the creation of unique and contested *civic space*. Findings also demonstrated the ways in which continual action and dialogue

could contribute to *civic potentials* and foster the emergence of new *political selves*. By opening the interrogation of process up to questions of *pedagogy* the methodologies potentials naturally emerged alongside its limitations.

In this **Conclusion** I will explore the ways in which this dissertations finding challenge, validate, and potentially interjects new proposed directions and or divergences into the literatures I describe in **Chapter 1**. In the outset of this dissertation I spoke about the convergence of the prevailing *structural interventions* literature (Pronyk, 2006; Gupta, 2008; Jewkes, et al., 2008; Vyas, 2008; Dworkin et al 2011), the political determinants literature (Ottersen et al 2014), and the advancing community mobilization literature (Campbell 2014; Cornish et al 2014). The first section of this chapter *Section 7.1.0.0 A Shifting Terrain – From the Alma At to the Peoples Health Charter* I premise these new directions on the shift from the 1978 Declaration to the 2000 Charter. The shift from the declaration to the charter locates this chapter's discussion in already existent global policy. *Section 7.2.0.0 – Political Determinants and Structural Interventions for HIV/AIDS* will consider how the findings presented contribute to both the emerging political determinants discourse and the ongoing and evolving structural driver's literature. The second section, *Section 7.3.0.0 HIV/AIDS, The Body, and Structural Violence* will focus on the ways these dissertations findings propose new framings of HIV/AIDS, the body, and the ways in which we understand Galtung's (1969) structural violence. In particular this section will reflect on the ways in which the symbolic application of Mate (2010) provides room to reflect on the concept of 'voicelessness' against narratives of the convening contexts of intervention and municipal lives explored in **Chapter 6**. The third section, Section *7.4.0.0 21st Century Community Mobilization, Community Conversations and Freire* reconsiders community mobilization alongside a more holistic reflection on CCE-CC and the role of Freire's (1968) thought in health focused community engagement work. Lastly, *Section 7.5.0.0* proposes new directions for the community mobilization discourse. Rather than making out right prescriptions I propose new areas of inquiry that could potentially help nudge the mobilization discourse forward. I conclude this chapter with a reflection on overarching meaning this dissertation and its findings has.

7.1.0.0 – A Shifting Terrain - From the Alma Mata to the Peoples Health Charter

In 1978 the World Health Organizations (WHO) *International Conference on Primary Health Care* produced the *Alma-Ata Declaration* (WHO 1978). Endorsed by over 134 members states the Alma Ata and its core tenets forwarded one of the first global health policies rooted in a social justice

agenda (Fee & Brown 2015). The Alma Ata declared health justice by 2000 and proposed the following:

"The Conference strongly reaffirms that health, which is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector … The existing gross inequality in the health status of the people, particularly between developed and developing countries as well as within countries, is politically, socially, and economically unacceptable and is, therefore, of common concern to all countries" (WHO 1978)

Almost as soon as the Alma Ata was made policy and public proclamation it was criticized by various sectors (Chan 2008) and ultimately compromised by the advent of neo-liberal alternatives promoted by the International Monetary Fund (IMF) and the World Bank (Hall & Taylor 2003). Within a shifting global economic climate Structural Adjustment Policies (SAPS) introduced and promoted throughout the 1980's and 90's resulted in the promulgation of marketized health reform. The Alma Ata is often lauded as a progressive justice oriented framing of health that succumbed to market forces and various levels of political resistance but it had limits (Ibid 2003; Chan 2008). While the Alma Ata's framing of health equity proved progressive it arguably stopped short of a more sober reading of the political and economic drives and intentions that undergirded ill health and prevailing health inequality[25]. The Alma Ata also focused its appeal, in part, on "governments", "health development workers", and the civic society sectors in ways that framed health justice as a matter of equitable service provision and health financing. Participation was at the centre of the Alma Ata's proposal: "The people have the right and duty to participate individually and collectively in the planning and implementation of their health care" (WHO 1978). While significant the assertion of people's right to participate against a relatively benign framing of the relationship between poverty, health, and growing inequality left many of the prevailing political orders and global economic arrangements unmolested.

In 2000, acknowledging that the aims of the Alma Ata had not been realized the People's Health Assembly was organized. Involving 1453 participants from 92 countries the assembly produced *The Peoples Health Charter*. In a less benign fashion the Peoples Health Charter rested "full

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[25] The Alma Ata was offered during a period shortly after many Sub-Saharan African countries realized independence. Prevailing health related inequities and challenges were often hangovers from periods in which the health of colonial subjects were subjugated to the political and economic accumulative and exploitative motivations of Empire (Rodney 1973).

responsibility" for the Alma Ata's unrealized vision with government and international bodies (PHM 2000): "Genuine, people-centred initiatives must therefore be strengthened in order to increase pressure on decision makers, governments and the private sector to ensure that the vision of Alma-Ata becomes a reality." (Ibid 2015) The PHCs preamble proved markedly different in tenor:

"Health is a social, economic and political issue and above all a fundamental human right. Inequality, poverty, exploitation, violence and injustice are at the root of ill health and the deaths of poor and marginalized people. Health for all means that powerful interests have to be challenged that globalization has to be opposed, and that political and economic priorities have to be drastically changed. This Charter builds on the perspectives of people whose voices have rarely been heard before, if at all. It encourages people to develop their own solutions and to hold accountable local authorities, national governments, international organizations and corporations." (PHM 2000)

The PHC while remaining conceptually indebted to the vision of the Alma Ata produced a less benign rendering of the intertwined national and global political and economic dispensations contributing to health inequities and health crisis. The PHC framed the realization of health equity as a struggle between citizens "whose voices have rarely been heard before" and local authorities, national governments, and beyond. As a member quoted in the Health Crisis section of the PHC states: "Illness and death everyday anger us. Not because there are people who get sick or because there are people who die. We are angry because many illnesses and deaths have their roots in economic and social policies that are imposed on us." (Ibid 2000). The PHC invocation of "neo-liberal political and economic policies" and "capitalism" presented a vision that explicitly foregrounded the ideological dimensions of global and national political dispensations. Grassroots health promotive engagements with authorities, were not just encounters with governance structures. These were fundamentally ideological encounters. (Ibid 2000: Pg 3). Organized and engaged communities encounters with local authorities and governing bodies and institutions were at the root ideological struggles waged on the fronts of *value* and *worth*. Social movements led by everyday people had a central role in realizing "democratic" and "accountable" people-centred health reform (Ibid 2000). Reform that could only be realized through a holistic reorientation of global and national policies including everything from trade, financial, agricultural to social, and environmental policies. Movements, mobilization, and organizing needed to locally, nationally, and globally trigger ideological shifts in policy, governance, and decisions making structures. Organized people and communities needed reorient the policies of nation states from health harming performances of *value* and *worth* that were accumulative and exploitative to performances of *value* and *worth* that

were people-centred and holistically health enhancing. The role that communities on the margins played in this process and explicit location of community action in a much broader ideological struggle marked the ways in which the PHC diverged from the Alma Ata.

This divergence reflect the ways in which findings spanning **Chapter 4, 5, 6** offer new insights into the gaps and limitations identified in **Chapter 2** empirical and theoretical positioning of this paper. The political tensions at the centre of the divergence between the Alma Ata and the PHC can also be seen in the way the prevailing political determinants (Kickbusch 2005; Bambra, 2005; Ottersen et al 2014) and the structural interventions literature (Pronyk, 2006; Gupta, 2008; Jewkes, et al., 2008; Vyas, 2008; Dworkin et al 2011; Gibbs et al 2012; MacPhail, 2013; Gnauck, 2013) frame the future of health equity promotion and the proposed horizons of HIV/AIDS moblization. There are outstanding questions about the political role that historically dispossessed and presently marginalized communities have in promoting and fighting for health justice. The sections to follow cannot and should not resolve these questions. Instead what are presented in this conclusion are contributions based on what has emerged over the course of this research.

7.1.1.0 – Political Determinants and Structural Interventions for HIV/AIDS

In **Chapter 2** I offered a critical review of the empirical structural interventions literature. The overall trend across the structural driver's literature is an increasing emphasis on political contexts and environments (Gibbs et al 2012; Parkhurst 2013; Heise & Watts 2013). This trend in part emerges out of the progression of literatures documenting interventions that pair HIV/AIDS prevention initiatives with micro-finance initiatives aimed at alleviating poverty and promoting gender empowerment and women's "agency" (Pronyk 2006; Vyas 2008; MacPhail 2013). While structural interventions increasingly attempt to address the "underlying factors" contributing to prevalence rates the broader and complex contexts shaped predominantly by global and national policies held in place the health harming determinants that shape the local environments. The increased focus on the political contexts and by extension political determinants of health (Kickbusch 2005; Bambra, 2005; Ottersen et al 2014) seemed to draw attention upwards towards an emphasis on more" upstream" policy level interventions (Gibbs et al).While this emphasis will prove increasingly important for future it is an emphasis that can implicitly take attention away from community based interventions and the sorts of politics they express. An emphasis on the upstream and policy level can further obscure from vision the much needed emphasis on the spaces between citizens living on the margins and their respective political systems. By doing so it equally makes it possible to leave important questions

about the hidden proposals and or values that undergird structural interventions untroubled (Tesh 1937; Parkhurst 2012).

In *Reclaiming 'Agency', Reasserting Resistance* Wilson (2008) interrogates micro-enterprises neo-liberal framing of women's agency. She aruges micro-enterprise: " operates at the level of individual rather than social change, and," it insists that women "must be directed towards 'moving up' existing hierarchies of power, not demolishing them." (Wilson 2008: Pg 86). Citing Mayoux (1995) Wilson argues that micro-enterprise, as an approach to the intersection of gender and impoverishment, is a "less socially and politically disruptive alternative that helps to undergird the withdrawal of the State through "neo-liberal economic reforms" (Ibid 1995). Wilson's foundational critiques of micro-enterprise in many ways serve to articulate the way the findings in the preceding chapters direct our attentions. They suggest that at the intersection of an increasing focus on political determinants and structural interventions is a needed focus on deconstructing the *political animus* and *pedagogical politics* that form the foundations of interventions. As demonstrated in **Chapters 4, 5, 6** this ultimately means moving beyond neutral characterizations of political context and foregrounding the underlying political ideologies and drives that shape the political landscape. It means understanding how these landscapes are lived and embodied by historically disenfranchised peoples. Finally it means, from this new standing understanding, interrogating structural interventions from their pedagogy up. The following sections explore in greater depth how the findings across **Chapter 4, 5, 6** can inform the future trajectories of political determinants discourse and the structural interventions discourse respectively.

7.1.2.0 – Political Determinants of Health & Embodied Violence

Chapter 4 findings provide micro political insights into what it means to live in a politically constructed *geography of wounding* (Philo 2005). Centring on *disposability* and *usability* attempts to demonstrate that *Ingquza* is not simply a municipality that exists on the unfortunate side of a South African political economy that is yet to holistically prioritize health. Instead the findings in **Chapter 4** demonstrate the ways in which the health and life trajectories of residents were hemmed into overarching political and economic ideologies. Framing the Eastern Cape Provinces Tuberculosis crisis spanning the early 1900's and later the HIV/AIDS crisis nationally as politically constructed health crisis first under apartheid and later under a post-apartheid neo-liberal political economy in many ways echoes Kickbusch's suggestion that " health is not a crisis of disease, it is a crisis of governance" (Kicbusch 2005: Pg 246). The political determinant of health literature primarily addresses health

inequity as global governance issue rightfully challenging large bodies like the WTO, IMF, World Bank, UN bodies; multilateral agencies that shape global policy (Ottersen et al 2014). A central feature in this literature is a emphasis on "power asymmetries" arguing that they "suffuse" all parts of life shaping gendered, ethnic, racial, sexual, religious, regional, and national relationships (Ibid 2014). This dissertations findings urge us to give equal attention to how the political determinants of health can be applied to the nation across time. The crisis in governance in the context of *Ingquza* was rooted in intentionally constructed power asymmetries. The findings demonstrate the ways in which health crisis emerged out of very particular racialized and capital oriented constructions of peoples and geographies. This data suggests a need for a political determinants literature that is far more explicit about the relationships between political ideology, political economy, and the health of individuals living on the margins. In being more explicit there is a need to engage in more exacting discourses about the ways the 'subordination of health to broader societal objectives' may be an integral part of the overarching societal macro-economic or political objective (Ibid 2014). The TB crisis in the early 1900's emerged out of a very particular form of racialized capitalism highly dependent on socially, politically, economically, and psychologically constructing black bodies as *disposable* and *useable*. In choosing a neo-liberal pathway for the political economy the African National Congress (ANC) partly in response to international pressures and national realities (Gumede 2005) made very distinct decisions around the spatial prioritization of municipalities like the *Ingquza Hill Local Municipality*. By doing so the ANC also made distinct decisions about the way in which the communities that make up the municipality would in turn experience and weather the HIV/AIDS crisis. Underpinning these periods was the ideological interface between the health of residents living in the surplus and the broader accumulative economic objectives of the state. The data presented throughout this dissertation arguably calls for a political determinants of health discourse that more forcefully characterizes the ways in which the ideologically violent and exploitative is lived out in the politically constructed surplus.

Contributing to the political determinants literature from this standpoint would mean explicitly acknowledging the ways in which normative questions of *value* and *worth* underpin structurally violent politics. The prioritization of neo-liberal national development policies in a post-apartheid context reflect decisions around what populations and geographies shall continue to be framed in *disposable* and *useable* ways for the foreseeable future; or at least until economic progress trickles down sufficiently. The data presented in **Chapter 6** also demonstrates the ways in which these decisions manifest in the regional and municipal systems and architectures. The political determinants of health when viewed through narrative constructions of residents living in Ingquza

are evident in systems of local governance that perform *accumulative* and *exploitative* norms of *value* and *worth* through the de-prioritization of the most basic of municipal services and infrastructure in contexts in dire need of a redistributive politic. The asymmetries of power that matter most to health are not just the social landscapes with their persisting hierarchies and social orders. They are also the asymmetries of power between everyday citizens and the state most immediately expressed through their encounters with municipal authorities, systems, and infrastructure. The locally experienced crisis in local governance and a lack of service delivery are undoubtedly emblematic of a protracted national order embedded in and responsive to longstanding global ones. The asymmetries between the collective influence of citizens living in deprioritized disposable zones and political authorities and systems meant to represent their interests is core to Kickbusch's (2005) crisis in governance.

Running through the narrative analysis presented in the previous chapters is the presence of the *1994 promise* of redistribution that proposed a political economy arrangement distinctly different to the one that prevails and drives policy formation in South Africa today. While the redistributive politic of 1994 framed redistribution through basic services, infrastructure, and opportunity amongst many other things the redistribution that presents as equally pressing is a redistribution of power in favour of the 'voices' of citizens living in municipalities like *Ingquza.* In **Chapter 2** I offered the term 'incomplete democracies' as a way to frame the ways in which the needs and desires of citizens living in the surplus are "reduced to an inaudible whisper" (See Section 2.4.0.0). Throughout the data chapter's residents, facilitators, and participants construct a rendering of the municipal landscape that partially demonstrates the ways in which the prevailing ideology underpinning South Africa's current political economy is hemmed in and sustained through incomplete forms of democracy. Against their holistic constructions of HIV/AIDS as an experience intimately intertwined with various socio-political and socio-economic challenges the inability to influence and engage municipalities in meaningful ways present as a barrier that impedes citizen's ability to substantively influence and or engage governing systems in formative ways. In essence the forms of structural violence that shape the life trajectories and health outcomes of the individual that participated in this research is in part, not whole but in part, a function of municipal systems that perpetuate the prevailing ideology through systematic unresponsiveness and reticence.

While these findings are not new in the broader scope of cross disciplinary studies focused on the ways political economy and increasing levels of inequality are lived and experienced by marginalized populations, in the realm of political determinants of health and HIV/AIDS they do signal new

directions in writing and research worth exploring. While the focus on global governance is undoubtedly warranted equally important directions in inquiry should give attention to the ways in which citizens deemed disposable by neo-liberal political economies exist as influential or non-influential actors in their given democracies. The ultimately means a political determinants discourse that gives particular attention to the ways in which citizens on the margins are "deliberately or coercively silenced, and preferably unheard" (Roy 2004) to the detriment of their broader health outcomes and in some instances the production of health crisis. The concept, *health enabling democracies* (Rolston 2016) presented in **Chapter 6** is a step towards the cultivation of a discourse that attempts to imagine political dispensations that operate out of a political ideology that prioritizes health equity as a primary societal objective and the undergirding aim of health initiatives aimed at addressing and engaging the political determinants of health.

7.1.3.0 – Structural Interventions, Structural Drivers & Political Animus

While the Community Capacity Enhancement – Community Conversations (CCE-CC) approach does not neatly fall into the structural interventions category its categorical ambiguity and overlaps provide for interesting reflections on the structural interventions discourse. Reimagining political determinants of health in not so benign ways suggest a need to reconsider the 'structural' in structural interventions. Findings presented in both **Chapter 4 and 6** produce a rendering of context that demonstrates the ways in which HIV/AIDS is experienced as an interwoven part of *intersecting webs of wounding*. These forms of wounding are representative of how the structural violence of the past finds political and economic continuity in the present. By extension they are lived and experienced in the most intimate and localized ways by residents living in *Ingquza*. Many of the structurally driven forms of wounding that residents storied in these chapters have also been framed in slightly more neutralized terms as neatly bound structural drivers. My aim is not to disavow or refute the structural drivers literature but rather to encourage a critical reflection on what sorts of interventions are produced when the ways that structurally violent political dispensations become embodied are neutralized via the discourse and global AIDS policy.

As discussed in **Chapter 2** The literatures increasing focus on political context and environments have, at times, produced framings of upstream political interventions as policy focused with an emphasis on civil society advocacy and engagement (Gibbs et al 2012; Parkhurst 2013; Heise & Watts 2013). While this is not the express intention of the literature the role of marginalized citizens in "upstream" work is often obscure.. This could be for a number of reasons worth discussing here.

Firstly, despite numerous examples of organized citizen led political action and social movements across the globe, neo-liberal orders and rising levels inequality have encroached on gains made by movements that, at one point, proposed social, political, and economic alternatives. In the wake, critical questioning about the viability of small scale critical citizen led action abound. There are increasingly practical apprehensions around proposing ambitious citizen led solutions to health crisis like HIV/AIDS and health inequities . Secondly, while the structural drivers discourse represents an expanding framing of HIV/AIDS determinants beyond the sexual behavioural and biomedical structural interventions continue to be driven by an understandable epidemiological emphasis on disease control that can frame communities as sites of treatment. Returning to Kicbusch's statement "health is not a crisis of disease, it is a crisis of governance" (2005), the undergirding epidemiological focus arguably contributes to framings of affected populations as beneficiaries and recipients of targeted health interventions and health systems. Within this framing the active potential of individuals as citizens can unintentionally recede constricting the possibilities for imagining and or reimagining the role of affected communities in political efforts to holistically address health crisis like HIV/AIDS.

The increasing focus on political context in the structural interventions literature arguably calls for scholarship that gives greater attention to the ways in which interventions propose to orient citizens not just to HIV/AIDS but also to the broader political context out which the AIDS crisis evolved. In essence there is an increasing need to reclaim structural interventions from the sole focus on the epidemiological imperative by producing interventions that do not just challenge the embodied manifestations of structurally violent political ideology but also the ideology itself. This dissertations contribution is to locate a part of this challenge in the *political animus* of structural interventions that engage historically disenfranchised communities. Challenging ideology from the *animus* out begins with treating structural interventions as *socio-political technologies* that can explicitly and implicitly perform and promote an alternative and potentially disruptive form of *value* and *worth* at the pedagogical level by co-conspiring with the political potentials of citizens deemed disposable. Findings in both **chapter 5 and 6** demonstrate the ways in which HIV/AIDS interventions are a part of, receive from, and feed into prevailing socio-political contexts. Attention to *political animus* involves interrogating how the normative values of structural interventions implicitly and explicitly position engaged communities and citizens in relation to the prevailing local and national political determinants of HIV/AIDS. Doing so acknowledges the complex ways in which the pedagogies of interventions embody particular proposals around what is possible, who it can be made possible by, and what sorts of change should be prioritized.

This period in the life of the HIV/AIDS pandemic both in South Africa and across Sub-Saharan Africa calls for a new strain of structural interventions inquiry. Structural interventions need to be approached as integral parts of ongoing political projects that aim to address the political determinants of health through promotion of health enabling democracies. This involves interventions founded on critical framings of the political dispensations that undergird and produce health inequity and injustice. Rather than treating HIV/AIDS and affected communities solely as sites of treatment and disease management's new strains of politically inclined interventions would aim to disrupt and challenge problematic prevailing dispensations from the normative value system up. This in essence means envisioning where the "upstream" (Gibbs et al 2012) change should originate and who should drive it.

7.2.0.0 – HIV/AIDS, the Body, and Structural Violence

These new directions in the political determinants and structural interventions literature must be established on a much deeper symbolic shift in our framings of HIV/AIDS and the body. The analysis presented thus far have made the symbolic terrain of HIV/AIDS a much more complex and diffuse thing. Running through this dissertations findings and partly anchored in the empirical literature reviewed in **Chapter 2** is a an attempt at reframing the way *HIV/AIDS, health, and the body* are symbolically enshrined in health intervention work. In **Chapter 2** I employed Gabor Mate's work "When the body says No" and the concept of 'voicelessness' to create a frame around some of the implicit discussions that would run through this dissertation (Mate 2010). Central to this frame was a proposed shift in the way the body is symbolically constructed, and by extension, the way HIV/AIDS and disproportionate health crisis are symbolically constructed. The preceding sections in this chapter propose new directions in both the political determinants and structural interventions discourse. These new directions arise out of the substantive findings presented in the **Chapters 4 through 6** but also revolve around an expansion of the symbolic terrain of the body, health, and HIV/AIDS. At different points in the proceeding chapters, most pointedly in **Chapter 4**, the narrative analysis provided presents the ways in which residents of *Ingquza* lived policy and came to embody cumulative effects of policy in very literal embodied ways. By doing so the findings offer up new ways to see the body and health crisis in relationship to larger political dispensations and local social contexts. What I have attempted to present is a framing of the body as a justice and equity barometer that, when beset by various forms of structural wounding, articulates dissent through health crisis. Similar attempts at rethinking the body and health more broadly can be found in pre-existing literature. In the *Ill Health Assemblage: Beyond the body-with-organs* for instance Fox (2011)

argues for a more expansive understanding of the body beyond its dominant framing as an autonomous self-contained biological entity:

"The model of the ill-health assemblage set out in this paper suggests an ontology in which the body is no longer individual and organic; in which health and ill-health are marked not by aspects of an individual body but by connectivities and relations between bodies, objects and ideas; in which healthcare is re-focused upon these nexi of relations, and encompasses biological, psychosocial and cultural realms of action." (Ibid 2011: pg 369)

Fox offers a framing of the body and health as far more diffuse and interrelated thing spanning, occupying, and binding bodies with social relationships, communal networks, political encounters and systems. Emerging out of his work is a sense that health is not something to be promoted, treated, or prevented into existence through interventions and systems that target the body alone. Health is something to be struggled over, advocated for, lost and eroded across diffuse terrain in which the physical is intertwined with the social, cultural, and political (Ibid 2011). While Fox's appeal is to the discipline of sociology my own application of a similar rethinking arises out of need to establish proposed shifts in the political determinants and structural interventions discourses on slightly different symbolic terrain. This is in many ways a response to the fact that the biomedical and the strict biological framing of the body, health, and health crisis stand to anchor the futures of health action and intervention in a symbolic terrain that is both limiting and a foundational part of neo-liberal political ideology (Fox 2011).

Mate (2010) suggestion that histories of trauma can be embodied and that individual health crisis was the bodies way of saying "No" centralized voice, expression, influence, and ultimately power. Offering this framework in **Chapter 2** was an attempt at foregrounding the importance of contributing new ways of thinking about HIV/AIDS but also about the body and health more broadly. The application of structural violence to this framing and the unearthing of narratives that detailed very intimate forms of *intersectional structural wounding* demonstrated how intimately policy and political decision making is lived; how simultaneously biological and biomedical the political and the economic can be. Out of these findings emerge a framing of HIV/AIDS that is both deeply intertwined with numerous local challenges but also and more importantly perpetuated by local democratic deficit. In the absence of substantive forms of recourse, and in contexts deemed disposable by policy and political economy, HIV/AIDS is in part the physical embodiment of the socio-political and socio-economic landscape; it is the nation states signal that the historical and prevailing political

dispensations are severely out of balance. In a diffuse and relational reading of HIV/AIDS where the active negation of voice, expression, and influence is the point at which disproportionate health crisis is made possible then voice, expression, and influence becomes an important point of entry. The equitable provision of health is then rooted in the rebalancing of dialectical relationships between citizens living in zones deemed disposable and the democracies within which they live [26]. Equitable health provision must also be sought through magnification and irrefutability of voice. On this new and more diffuse and symbolic terrain of the HIV/AIDS and body voice, and expression, and equitable influence are one means of working at the place of "connectivities" and "relations" (Fox 2011) to right health inequities.

Reconceptualising the symbolic terrains of the body, health, and HIV/AIDS in this way provide symbolic underlay for the discussions around the relationship between *political animus*, interventions and governing ideologies. Where bodies and health are no longer conceived of as self-contained and autonomous biological units then it is increasingly relevant to see the *political animus* of *social* or *political technologies* as diffuse and relational parts of prevailing political dispensations. Intertwined and enmeshed with these dispensations they can exist to disrupt or coerce change across the greater body politic. This symbolic framing of the body, of health, and HIV/AIDS is an important underlay for a world of interventions whose pedagogy and politics are a part of, receive from, and feed into dispensations. Intervention as a concept but also in practice when established on this underlay of new symbolic terrain may have greater potentials sustainable transformation when they intervene at critical points of relationship like the relationship between citizens and their democracies. Findings across **Chapter 5 and 6** demonstrate the ways in which the limits around the framing of HIV/AIDS as a socio-cultural phenomenon anchored the potentials of the facilitators and participants employing a social technology not yet purposed for challenging and at times contentious political engagement. A Community Conversations approach founded on more diffuse symbolic HIV/AIDS and bodily terrain may have produced different experiences and introduced a process with a slightly different *political animus* into *Inqquza*.

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[26] It is worth noting that focusing on citizens can conceptually undersign the very same forms of neo-liberal political dispensation and withdrawal popularly critiqued. An emphasis on citizens is not an attempt at side stepping necessary work at the level of political systems decision making, and policymaking. This is offered as another point of intervention and focus alongside a myriad of interventions.

7.3.0.0 – 21ˢᵗ Century Community Mobilization, Community Conversations, and Freirean

The findings presented in the **Chapters 5** and **6** offer a very distinct framing of community mobilization as multi-layered interaction that is partly shaped and driven by the interactions between *social technologies* and the social, economic, and political contexts technologies are introduced to. While the Community Conversations process was the means of exploring this interaction the findings produced in both chapters offer up important insights worth considering more deeply. These are insights that are both relevant for community mobilization as a means for health promotion and HIV/AIDS intervention but also as a more general approach to socio-political change. As discussed in the **Chapter 6** some of the more recent community mobilization literature has conceptually fixed on the need to consider the ways community mobilization can more effectively transform social and political contexts that continue to inscribe pronounced health inequities into the societal landscapes (Cornish et al 2014). The preceding sections in this chapter highlight the need to move beyond the boundaries of the conventional intervention framework to consider what it would mean to imagine community mobilization, even those that are funded and time bound, as part of the fabric of long term political change.

Exploring the CCE-CC experience through a process-oriented approach brings to the fore the importance of viewing community mobilization as an alchemy of the *planned, the opportune, and the unexpected*. The planned in this instance was the CCE-CC process itself both as a *social technology* and modality for community mobilization efforts. The *planned* in this instance acknowledges that from a process standpoint there are dimensions of social and political action that can be predetermined and chosen. The design of *social technologies* and the predetermined approach, are for instance, the planned. The *opportune* and the *unexpected* are obviously the unplanned and unanticipated. It is the unexpected ways in which *social technologies* meet the sense-making of local actors, political climates and integrate with ongoing local histories. In this dissertation the opportune and unexpected was about the ways CCE-CC unexpectedly shaped interactions between citizens and local municipal representatives as well as the ways in which the hierarchies and social orders would react, and interrupt mobilization efforts. The sections to follow focus primarily on what can be done at the level of *the planned* dimensions of mobilization efforts. The opportune and unexpected dimensions of mobilization explored in **Chapter 5 and 6** are used as material to reflect on new approaches to *the planned*. Freirean discourses around *concientization*, dialogue, emancipatory intervention have served as a conceptual core for much of this dissertations reflection on the CCE-CC process and community mobilization more broadly (Freire 1968). In this section Freire's broader

social change proposals will be considered against CCE-CC specific findings but also against what the process suggests about the future of Freirean thought's role in the community mobilization discourse.

7.3.1.0 – Community Conversation & Freirean Futures

The pre-existing literature focused on the application of Community Conversations in Southern African contexts address both its capacity to catalyse social action as well as its pronounced limitations. Campbell et al (2013) suggests that while community conversations create important social spaces to engage in "critical reflection" and "strategize" they are unable to substantively influence the larger political, social, and economic forces that dispossess and disenfranchise (Ibid et al 2013). The literature also raises equal concerns around the models emphasis on training local facilitators and highlights the ways in which political climates affect the regular attendance of vulnerable community's members (Ibid 2013). Kotze et al (2013) offers equally sobering accounts of Community Conversations that centralizes the relationship between time and the social change process: "The community conversation method holds promise to prepare communities to exercise influence over resources; however, it would likely require a long-term process and commitment from community members and stakeholders" (Kotze 2013). In particular Kotze et al, reflecting on the complexities of social change, proposes that we consider the impact of many Community Conversations over a longer period of time as a potential direction forward. When considered comparatively these literatures raise important questions. While Campbell et al (2013) rightly suggest that conversations themselves cannot right structural forms of violence its equally true that as Kotze et al (2013) implicitly suggests there has been very little occasion and opportunity to explore the influence of a vast constellation of community conversations taking place over long periods of time. Moreover it also raises questions around whether or not totally "changing" these broader social and political dynamics should be the aim. The running red thread of thought through this dissertation has centred on questions of 'disruption' and 'challenge' as a point of focus for transformative change processes. In particular **Chapter 6** emphasis on process and Brown's (2015) and Dagnino's (2005) conceptualization of citizen based organizing within the 'cracks' and *in-between spaces* offers an alternative basis for interrogating the contributions of CCE-CC. Instead of questioning whether or not CCE-CC can contribute to broad based social change the potential question should be whether or not constellations of intentionally curated civic dialogue can over long periods of time and increased political focus offer sustained opportunities for local *disruption and challenge* that compromise and interrupt the ways in which societies are inequitably arranged. This

approach to interrogation then envisions CCE-CC's as part of an interwoven tapestry of actions and encounters that span the *brick* and the *ballot*. This reframes the questions we put to the process. The more appropriate line of questioning becomes how can CCE-CC contribute to and exist as a part of a myriad of attempts at cultivating health enabling democracies from below.

The evolution of Freire's is most evident in a comparative review of *Pedagogy of the Oppressed* (1968) and his later works like P*edagogy of the Heart* (1997). The transition between the two works offer important insights into the expanding terrain of his thought. Freire's early work's focused on radical consciousness raising dialogue as a vehicle for oppressed peoples to comprehend the world in new ways that challenged and upended the dominant forms of knowledge impartation that neutralized descent and radical potentials (Freire 1968). *Concientization* was central to this work and framed a great deal of popular thought around emancipatory engagement and movement building. Often overlooked are the ways in which his work over time turned towards political systems, placing greater emphasis on cultivating an "intimacy" with democracy" (Freire 1997). Core to this turn was, as Carnoy (Freire 1997) suggests, the suggestion that progressive movements turn their attentions to "creating space", "pushing against limits", and "redefining the social agenda". The progression Freire's works are almost predicative when set against the findings that emerged out of **Chapter 4, 5, and 6.**

Chapter 6 findings offer very pointed insights into both the values of dialogical process as a contribution to horizontal citizenship as well the ways in which vertical engagements of facilitators and participants were routinely challenged, hindered, and resisted my municipal authorities and representatives, gendered and gerontocraic hierarchies and social orders, and the very real material limitations that participants faced. These findings in many ways align with the sorts of limitations Campbell et al (2013) cite as factors that limit the effectiveness of dialogical civic spaces. The findings also demonstrated the ways in which radical proposals like Freire's could be neutralized and repurposed in ways that contradict their original intentions. Accounts of *pedagogical revision* are in part demonstrative of robust dialogical models being pressed into short term narrowly targeted programs. They demonstrate the ways in which many of the radical proposal at the heart of Freire's work can also become "domesticated" and serve as radical lacquer for less progressively structured community engagement approaches. The one week training that facilitators received existed within a long history of experience, activism and while formative for many was at times not enough to signal the sorts of personal pedagogical change the methodology required and the Freire himself deemed necessary. These findings could corroborate that Community Conversations are ill suited for complex

context as Campbell et al (2014) and Kortze (2013) suggest. Alternatively there is another way of interpreting these findings. The emphasis on exploring political animus in **Chapter 5 and 6** has demonstrated both the ways in which the Community Conversations methodology was not designed to produce formative political challenge or disruption. The findings also go far to demonstrate the ways in which the disruptive potentials of the methodology were neutralized to assuage fears and the potential threat the politics of authority and access posed. *Social technologies* are, as demonstrated, not fixed and whole things. They can be reshaped and repurposed for new means and affects; *social technologies* can become *socio-political* or *political technologies* if need be. An alternative interpretation would focus not only on what CCE-CC was not but also what it has the potential to be.

Reconstructing the CCE-CC methodology from pedagogy up with an emphasis on shifting it from a social technology to a socio-political is a proposal in part prompted by **Chapter 6** findings focused on *civic space* and *civic potentials*. I would like to argue that by inadvertently cultivating a civic space outside of commonly understood points of democratic engagement like meetings called by councillors or other political representative's facilitators and participants were creating and participating in an alternative stream of democratic praxis. Demonstrating the immature and early beginnings of what Mouffe's (1991) called "Radical Democracy". One in which citizens 'often preferably unheard, and sometimes forcibly silenced' (Roy 2004) constructed new interwoven understandings of their municipalities that they then called local political representatives and influential stakeholders to participate in. It offered insights into some of the ways citizens engaged in horizontal and vertical action could *disrupt* and *challenge* democratic deficit in the cracks of what is typically considered conventional democratic engagement. The progression of Freire's thought presented earlier echoes in these findings. There is potential here, the opportunity to not just focus on *concientization* as the source of change but also as an opportunity to consider the role of prefiguration, and alternative pathways. It is an opportunity to see the potentials in cultivating spaces for alternative democratic praxes and slowly building their influence and power over time. As mentioned earlier the question would not be ' could CCE-CC change the social and political context if approached in this way' the question would be can this form of intentionally and pedagogically politicized CCE-CC exist alongside and in concert with a constellation of coercive, insurgent, and conventional forms of engagement and action in progressively enriching ways.

7.3.2.0 – Community Mobilization & Freirean Limitations

While the literature emphasizes an increased focus on the broader social and political context (Cornish et al 2014; Campbell 2014) the findings in this dissertation suggest that a formidable part of that work should begin with interrogation of existing modalities. Just as the construction of the CCE-CC political animus emerged out of sense-making of actors that created, stewarded, and implemented the process the same range of actors and their influence need to be considered when considering new ways to produce social-political technologies that aim to engage the broader political context. Campbell (2014) suggestion that we look to the new left for cues for 21st century organizing aligns with this view. Arguably central to numerous new left movements including the *Occupy Movement, Black Lives Matter (BLM), and Idle No More* are increasingly levels of attention to process, political animus, and the underlying science of creating space and cultivating dialogue. Many of these movements bind process to outcome suggesting that the ways in which processes unfold shape the potentials for change. Underlying this is a sense that movements through selective *social* and *political technologies* need be intentionally cultivated in ways that reflect the sorts of futures they advocate for. Attention to *political animus* and pedagogical underpinnings of technologies utilized throughout mobilization efforts is as a result as much a part of engaging political context as the actions themselves. Findings in **Chapter 6** demonstrated the ways in which gendered hierarchies and gerontocratic social orders pervaded the dialogical process and shaped the facilitators and participant's attempts at engaging municipalities. Complex and at times hegemonic masculinities and the reported absence of necessary forms of solidarity attributed to women's dependency on men demonstrate the ways in which the social landscape fractured, limited, and hindered the facilitators and participants ability to meaningfully engage municipal leaders, influential stakeholders and relevant authorities. In the absence of processes and technologies intentionally geared towards unpacking, challenging, and disrupting gender inequities and challenging forms of gerontocracy the processes threatened to leave undisturbed health harming and mobility binding hierarchies.

Returning to the subject of Friere's early work there is equally a need to complicate the concept of *concientization* with new frontiers of horizontal process in mind. In **Chapter 2** I offered Fanon (1952) as means to provide an alternative framing of consciousness that is plural, fractured, and capable of holding and maintaining the progressive and regressive at once. The findings in both Chapter **4 and 6** offer complexity to Freire's early framings of the "the masses" or "oppressed" peoples. While Freire's later works began to grapple with questions of diversity and dualism his early framing of *concientization* in terms of the *semi-transitive, naïve transitive and critically transitive* states

produced a unitary framing of consciousness and by extension a collective transitive process that was neatly phased with clear stages. The findings that emerge out of the **Chapter 4 and 6** demonstrate the ways in which individuals and communities can embody and perform transitivity, semi transitivity, and naïve transitivity simultaneously responding differently to the intersections of various forms of oppression and or structural wounding (Friere 1972). While structural violence was a shared experience for residents, facilitators, and participants gendered hierarchies and gerontocratic social orders undoubtedly shaped how community members experienced systemic dispossession and disenfranchisement. The prevalence of intertwined raced, classed, income, gendered, and aged oppressions produced *intersecting webs of wounding* that oppressed participants in some areas of communal life and privileged them in others. While local indigenous leaders proved to be influential points of leverage for facilitator and participants, facilitators and participants, as women were also circumvent to oppressive and marginalizing encounters. Male privilege and hegemonic masculinities could exist alongside progressive support for systemic and municipal level action. Many of the research participant's narratives of *context* and *process* complicated *concientization* and transitivity framework as Freire presented it. In his later works Freire, as result of travel and encounters with post-colonial countries and thought systems, began to grapple with these tensions in his expositions on 'unity in diversity' but for the most part left this complexity un-interrogated (Freire 1992; Freire 1997). The CC process and participants narratives present *concientization* as a fractious process requiring careful pedagogical attention to the intersectional nature of wounding and the embodiment of plurality in the form of oppressive, regressive, and transgressive tensions in individual and collective consciousness.

This disserations findings suggest that future of community moblization as a discourse and actual AIDS prevention strategy is located in its most challenging obstacle. Cultivating, enhancing, and sustaining soladarities across diverse identities, power asymettries, and agenda's is challenging. This dissertations findings routinely demonstarated the ways in which gendrered and aged hiearchies impededed both horizontal and vertical process and action. It also stands as one of the formidable blindspots in early Frerian (1969) thought. Beyond the binaries of "oppressed" and "oppressor" is are deeply complex worlds of community action. Greater levles of empirical attention need to be given to the pyscho-social and psycho-poltical worlds of horizontal process be it dialogue, organizing, and or action. The findings suggest that it is in the work to build shared understandings, visions, agendas, and mutual commitment that the greatest barriers surface. Returning to Campbell's (2014) 21st century assertion that we look to the vangaurd of social movements bears this out. Contemporary social movements have undoubtedly aknowledged the relationship between horizontal process and

transformative potentials (Graeber 2013; White 2016). Giving greater levels of attention the horizontal both in discourse and action may make room for new and unexpected potentials.

7.4.0.0 – New Directions & Policy Prescriptions – 21st Century Community Mobilization

As discussed throughout this dissertation this research has aimed to make a unique contribution to a 21st century Community Mobilization discourse (Campbell 2014). Both AIDS focused and beyond. In the pursuit of this end both the presented findings and the discussion presented in this conclusion open up new possibilities for future empirical inquiry and experimental HIV/AIDS focused action. In the following sections I present three areas for future interrogation and exploration. In doing so I offer these areas as potential sites for action research that would bond experimental social action and empirical inquiry. While the data was not sufficient enough to offer these areas as empirically driven policy prescriptions the data does suggest that these are areas worth exploring. The new directions for inquiry are potential ways of moving discipline and work of community mobilization forward into the 21st century and beyond.

7.4.1.0 – Prefiguring Municipalities

Between the findings in **Chapter 4 and 6** municipalities with their complex relational pathways and dynamics present as a possible point of entry and focus for mobilization efforts that aim to enhance health. New action research initiatives could potentially focus on promoting and exploring the prefiguration of municipalities through long term forms of complex engagement that employ carefully considered and intentionally cultivated *social-political technologies*. The prefiguration of municipalities are potentially a way to promote people-centred holistic health enhancing framings of *value* and *worth* through consistent and strategic pressure, agenda setting, and democratic praxis. Initiatives of this sort could focus on influencing municipal decision making, spending, resource allocation and representative's responsiveness meeting by meeting, policy by policy, and encounter by encounter. Mobilizations of this sorts would move beyond single moments of pressure, quick wins or simple targeted health outcomes driven interventions. They would aim to pervade the everyday raising the political tenor, acuity, and the potential of the everyday; enlivening the space between the *brick* and the *ballot*. Reflexively driven action research initiatives could focus on cultivating forms of mobilization that are long term, innovative, and empirically informed.

7.4.2.0 – Community Organizing and the Whole Citizen

The limitations presented in this research have also opened opportunities to consider new alchemic approaches to mobilization. Future forms of action research could focus on exploring more intentional investment in a mutually enriching alchemy between *community organizing* and *community mobilization* approaches to health enabling democracies. While mobilization aims to generate collective action towards a given aim or goal community organizing often influenced by the Saul Alinsky (1981) tradition of organizing aims to: "creates durable institutions and build local leadership, giving otherwise fractured communities a unified voice and the collective power necessary to resist oppression."(Schutz & Sandy 2011) Organizing often concerns itself with targeting and radicalizing the everyday influence and collective power of citizens.In *Raising Expectations Raising Hell* labour organizer Jane McAlevey forwards the concept of Whole-Worker Organizing (McAlevey and Ostertag). The Whole-worker organizing framework moved beyond an express focus on individuals labour and engaged workers as whole individuals interested in the overall betterment of their lives. It is rooted in the belief that the worker and the person beyond the labour floor on person. This dissertations findings suggest that there may be value in exploring the ways in which. A Whole Citizen Organizing framework may move forward HIV/AIDS work on the margins. Borrowing from McAlevey framing a Whole-Citizen Organizing action research initiative could be founded on the notion that historically dispossessed citizens living in zones deemed disposable do not experience HIV/AIDS in isolation. Similar to Mc Alevey (2011) whole-worker organizing, whole citizen organizing could explore ways to support citizens in the betterment of their localized lives while also over time expanding their focus from their very immediate communal concerns to those of the province, the nation, and beyond.

7.5.0.0 – Conclusion

This research has attempted to forward new forms of thinking and directions in multiple areas of the HIV/AIDS intervention world. This dissertation is in many ways a work of theoretical and empirical weaving. As set out in Chapter 1 I was particularly interested in exploring the relationships between *context* (Chapter 4), *pedagogy* (Chapter 5), and *process* (Chapter 6). I began this research with intent to write a rather conventional structural drivers and structural interventions dissertation in hopes of making a very clean and defined contribution to the ongoing discourse. This research naturally led me into much more complex world that demanded that I begin to weave together a much broader cross section of AIDS related and health related discourses. It also meant drawing on thinkers and

scholars not typically sited in the mainstream AIDS prevention research. This also meant drawing together unexpected societal phenomena that would ultimately lead me to very unique empirically informed conclusions. In the final analysis I realize that I was always pursuing research that could provide insights into how we mobilize, organize, and act more effectively to holistically end HIV/AIDS. Exploring this through the questions that drove this research and in particular utilizing life stories and other ethnographic means to explore this naturally aided in producing a much more complex and sober account of the CCE-CC process in Ingquza.

But, this process has also naturally surfaced important contradictions. While they go unresolved in this work I would like to speak to them. There is something fundamentally contradictory about critiquing the liminal scope of structural interventions and the AIDS interventions tradition more broadly while continuing to work within it through proposed amendments to methodology and programmatic approach. In this way my work is neither reformist nor revolutionary. Instead I opt to stick with the same running of theme of *disruption* and *challenge* prevalent in this work by proposing that we do the same with the HIV/AIDS preventative tradition itself. While there are potentially more transgressive and radical proposals I could have come to my aim is to exist with and disrupt and challenge, not to reform, but as a reserved way to influence the discourse.

I entitled this dissertation *Between the Brick and Ballot* for many reasons mentioned throughout this work. Most importantly I hope to explore and understand the place of CCE-CC as a form of civic space and community mobilization that could span the space between elections and popular protest. This seemed particularly relevant partly because of the political tenor of South Africa and the time within which I conducted this research. This chapter is entiteld *Resurrecting the embodied promise* as a way to characterize the new direction I propose in these final pages. The promise of redistribution and equity and broad based prosperity was every present in this research. This dissertation aims to contribute to thinking and action that embody the holistic capacity to resurrect the embodied promise through not just mobilization but deep and holistic forms of organizing that can employ reimagined forms of dialogue, conversation, and civic space creation. I call it an embodied promise because the promises Madiba and the newly elected ANC made in 1994 was a promise made directly to the lives and bodies of women, men, children and the non-binary still living and loving in South Africa's margins. HIV/AIDS and its persistence and prevalence were in many ways an embodied sign that under the current dispensation this promise could not be kept and was untenable. What I propose in these pages is a refocusing on the calling down and claiming of that promise through HIV/AIDS focused work. Through this ethnographic exercise I offer one small and incremental step

towards this by remaking the landscape out of which it emerged and is sustained. I do so in hopes that even the most incremental and small scale acts of *disruption* and *challenge* can matter if cultivated right. Be it in the midst of protracted struggles with municipalities or through the ideas, thoughts, and findings I offer here amongst these pages.

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Appendix 1 – Personal and Professional Reflexive Exercise

Note: This section was originally located in Chapter 3 of this dissertation. For purposes of easier readability and continuity in the chapter it has been placed her for readers particularly interested in the ways in which my personal and professional identity inhabited the research process.

3.2.1.0 – Personal Identity & History

As a person and researcher I am many things Black, Male, Heterosexual. Ethnically I am both African- Canadian and African-Caribbean now having lived most of the formative portion of my adult life in between Southern Africa and the Horn and East Africa. I come from a working class background and live a middle class existence. I hold a B.A and M.A from Canadian universities. I lean politically left and locate that leaning in a litany of experiences rooted in the some of the identities I have named. These identities intersected my Positionality as a researcher in distinct ways and became more or less salient depending on the contexts I was in and the perceived roles I played. Deriving from a number of these identities were express forms of privilege magnified by their intersections. My maleness meant masculinity and my masculinity offered me gendered privileges, accompanying biases, and critical blind spots. My status as a straight male was often reflected in my heteronormative framing of a research process that did little to explicitly interrogate the place sexuality had and held in the context. My relative level of socio-economic privilege and leftist politics threatened to produce analyses of participant's narratives that flattened their storying's into blanket accounts of the dispossessed. My level of education could at times inculcate trust in gatekeepers I engaged and at the same time surface mistrust in those that understandably felt that "Researchers" would often pass through harvesting stories, accounts, and perspectives from community members and then leave leaving little behind.

Offering an introductory account of my *Positionality* in this way is an attempt at bringing attention to my litany of intersecting identities and the complex ways in which they potentially shaped the research process. Part of bringing awareness to my *Positionality* in the research process necessitated giving equal attention to the way in which research participants, authorities and various stakeholders, read my body. Throughout my reflexive journaling I intentionally recorded both my own interpretations of self in process and the ways in which my presence was interpreted. The ways in which my Positionality was read created new layers and at times had

demonstrable influence on the communal authorization (3.3.0.0) and data collection process (3.4.0.0). Throughout my time in the Ingquza Hill municipality the reading of my body vacillated between *Makwerekwere* and *Model C*. Makwerekwere being a derogatory word for individuals originating in other Sub-Saharan African countries and *Model C* being relatively affluent private school educated South African youth. Perceptions of foreignness and class in this instance complicated my Positionality by grafting alternative and new identities onto my race, class, and gender. In some instances these created unintended insider and outsiders status shifts that required intentional negotiation. Beyond these identities *language, perceived marital status, and perceived age* often proved salient when engaging local authorities and local political representatives and municipalities. The dialectical identities emerging out of my identity and local interpretations naturally influenced the collection of data and in particular the interviews. For example, because of local importance of age, marital status, and circumcision conversations focused on HIV/AIDS with elderly residents proved challenging because of the conventions cross generational conversations about sex and sexuality. Despite the fact that the interviews did not intentionally delve into questions of sexuality, love, and or interpersonal marital affairs these dynamics still influenced the interviews process and their directions.

Reflexive journaling helped signposts encounters, moments, experiences and thoughts creating an opportunity for me to give explicit attention to the Positionalities. I opted for a praxis-oriented approach to the research in which I tested all moments in research process with this increasing awareness. While this proved useful there were limitations. Throughout the process this mode of reflexivity often felt unstructured and unreliable. While reflexivity is often presented as a necessary part of progressive critical theory there are salient critiques of its place in research. As Skeggs (2004) suggests 'Reflexivity' is not always benign or critically progressive: "… the use of others as resources through the reflexive writing self becomes the means by which political claims are made and authority transferred." According to Skeggs, reflexivity is often invoked as a means to maintain the power and authority of researchers lens through legitimation. Within this framing reflexivity is not an anti-oppressive or subversive accompaniment in qualitative research. It is a means cloak biases in scholarly theatre. As Emibrayer and Desmond (2011) state: "many have conflated reflexivity with self-effacing self-disclosure, the ritualistic quality of which often serves more to establish legitimacy than genuinely to advance social science." While I did aim to weave reflexivity into my research process I recognize that a more in depth and systematized approach paired with reflexive journal would have proven more impactful.

<u>3.2.2.0 – Professional Identity & History</u>

As mentioned in the introduction over the course of this research I was both a doctoral candidate and evaluator on an evaluation team of four South African investigators from the University of Witwatersrand. As an evaluator I was hired to contribute to the qualitative and quantitative design of the evaluation as an experienced and trained dialogues facilitators/practitioner. For the purposes of this section and it's analysis my reflexive focus will be on brining to the fore the ways in which my position as a member of the evaluation team, a trained CCE-CC facilitator, and PhD candidate had to be actively negotiated and reflexively engaged throughout the analysis (Ganga & Scott 2006)[27]. Each of these roles and the negotiation of them inhabited the research conceptualization, design, data collection, and analysis process in various ways.

As researcher I co-managed and co analyzed the collection and analysis of impact oriented data collected during this process. My first analytical encounter with data from CCE-CC process in Ingquza was carried out as a researcher and evaluator hired by GIZ. Because the evaluation was focused on a baseline, midterm, and end term qualitative and quantitative analysis of the final phases impact on key behavioural and social drivers this, at times, influenced my overall lens and initial approach to the analysis of my own doctoral data (MXA & GIZ 2014). From a doctoral standpoint I entered the context with specific research questions and research tools rooted in both my personal understanding and experience of the CCE-CC methodology and the existing HIV/AIDS literature. The focus of my research was informed by the discipline within which I write, social psychology, but equally informed by my academic history in political science and adult education. Lastly, my entry into understanding and exploring HIV/AIDS and the CC process was also informed by eight years of professional experience supporting and coordinating broad based HIV/AIDS programming across the Horn, East, and South Africa. I naturally brought certain assumptions, biases, and agendas to the analysis of this data as a result of each of these positionalities. In the remaining portion of this section I aim to make these assumptions, biases, and agenda's and my negotiation of them more explicit.

Kirby and McKenna's (1989) "Conceptual baggage" approach to systematically surface and engage the role my identity played in both the data collection and analysis of this process. "Conceptual Baggage" can refer to implicit and explicit assumptions and biases "idiosyncratic concepts", and pre-existing attachments to theoretical frameworks (Ibid 1989). To more clearly organize and

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[27] It is important to note here that I am aware that professional and personal identity positionalities are not in fact separate and overlap and intersect. I have only organized my reflexive process in this way for communicative purposes.

present my reflexive process I have employed Hsiung's (2010) framework for organizing self-reflexive accounts. Hsiung offers a 'self-searching' framework that makes more explicit "where one is coming from, including one's research interests and curiosities, any personal [or professional] agendas one may bring to the research, one's own life history and social position" (Ibid 2010):

Figure 1.0: Conceptual Baggage Framework (Hsiung 2010)	
Identification	**Personal Location**
Research Interest	My research interest focused on understanding the CC process in context through life histories of facilitators, participants, and local stakeholders. I wanted to explore the CC process both as a moment in time and as a part of an ongoing socio-political fabric in the community. My emphasis on the facilitators and participants in particular reflects my process-oriented interests in CCE. Initially I hoped to have access to process related data i.e. the proceedings of conversations. In reality gaining access to this information proved difficult. My research interest represented a very specific lens that in the initial stages of my analysis revealed some important "baggage" worth considering. **By framing the women and men who participated in this research as facilitators and participants first and foremost my initial stages of analysis made it clear that I had not empirically prepared myself to take on all of the many facets of the participants lives and identities**. The complexity of the participant's life histories and identities threw into stark relief the confines of my research interest and its associated framings.
Personal Agenda	My own personal agenda was complex. On one hand I was hired as an evaluator responsible for evaluating the final phase of the CC process in the Eastern Cape Province. The evaluations audience was both the international funder GIZ and the South African Government's Department of Social Development. The evaluation was driven by an outcome/impact driven approach that at times influenced my empirical focus. **There were definite moments where the empirical lens of my doctoral study was more evaluative and impact focused. This was in part due to the fact that I first encountered the data through evaluative process.** As an evaluator I was also personally embedded in the overall architecture of GIZ/NMF project. **In the capacity of researcher a large portion of my evaluative work was framed in terms of its usefulness to GIZ and the South African federal government. While this level of 'upward accountability' was only required for the evaluation it did, at times, have a formative impact on how prevalent 'downward accountability' was in my own analysis**

	process. Beyond the academic requirements of the doctoral exercise and my academic contribution my emphasis throughout my research (where real world engagement is concerned) was on producing actionable knowledge that could be shared throughout the network of CCE-CC facilitators, practitioners, and civil society bodies employing CCE-CC as a methodology. The usefulness of this analysis for communities involved in the process was not as present a consideration as it could have been.
Biography and/or Beliefs	Throughout the data collection and analysis process I routinely encountered my own core assumptions and biases about CCE-CC and the development sector. I came to this research fundamentally believing in the potential of CCE-CC while also being keenly aware of its limitations. At times this bias made me more inclined to lean towards a sense that CC could be reformed and made more relevant if it proved ineffective. This perspective was in part rooted in my long-standing participation in the international development sector. A sector that in my professional experience, at times, views its contributions through new intervention models and methodologies. **Therefore my commitment to potentially seeing CC reformed for the purposes of transformative change in part reflects my own location as active part of the 'international development' field. The potential outcome of this in my analysis was a desire to explore the process in ways that would naturally reveal not only reasons to reform but also points of pedagogical entry worth reformation.**
Socio-economic Position	My research both as an evaluator and doctoral researcher was funded by GIZ and LSE scholarships. As a result I was paid a regular consultancy rate for my evaluative work. My socio-economic status as a result was markedly different from the translators, community researchers, and research participants I worked with. My period in Lusikisiki was spent between a local BnB in the town's center and small one room walled dwelling. Aside from outward appearance my place of residence served as a definitive marker of my relative privilege. As a result I was at times perceived as someone with "money" that could be called on or appealed to and at other times as someone, because of my race, that was not as privileged and working for "the people that actually had the money". It is hard to say how my own socio-economic privilege affected my overall analysis but it is undoubtedly true that my relative lifelong privilege shapes how I understand the lives of participants. **My own relative level of privilege could, at times, prompt me to emphasize and focus in on portions of their narratives that proved particularly shocking or difficult while at the same time overlooking the complexity of their overall narratives and the nuances they embody. It could lead me to overlook the intricacies of lives lived on the margins by making the margins the largest and most salient part of my analysis. I still struggle with this and I am not sure I resolved this in my research.**

The contents of the table above represent insights gleaned through the consistent reflexive journaling I engaged in beginning in conceptualization phase and through the data collection, analysis, and write up. The *Conceptual Baggage* represented in this format is not and in-depth analysis. It is merely aimed at highlighting for the reader the sorts of beliefs, biases, and Positionality that would not be apparent otherwise. While some reflexive empirical work seeks to offer an empirical analysis of such insights I believe that adding another layer of analysis as oppose to demonstrating reflexive rigour would only obfuscate what should be laid bare for open interpretation. I was an ever-present part of this research. As much as I sought to understand these convening contexts I too became a part of the context. My interests, agendas, beliefs, and positions all stand as relevant matters worth considering throughout the reading of this chapter.

Appendix 2 – Ethical Approval – University of Witwatersrand

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON MEDICAL)
H120533   Khunou

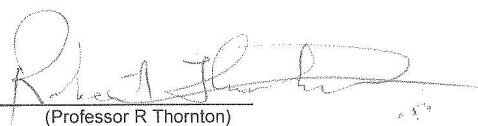| CLEARANCE CERTIFICATE	PROTOCOL NUMBER H120533
PROJECT TITLE	Evaluating the effectiveness of "Community Dialogues" on key behavioural and attitudinal drivers of HIV Transmission
INVESTIGATOR(S)	Dr G Khunou
SCHOOL/DEPARTMENT	Psychology
DATE CONSIDERED	18 May 2012
DECISION OF THE COMMITTEE	Approved Unconditionally
EXPIRY DATE	31 May 2014
DATE 21 May 2012	CHAIRPERSON _____ (Professor R Thornton)

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____
Signature

18 | 06 | 2012
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE ■

Doctoral Research Brief:

An Unlikely Conversation about AIDS: Exploring Community Dialogue, Democracy, and the Cultivation of Collaborative Social and Structural HIV/AIDS interventions in South Africa's Mpumalanga and Eastern Province

Submitted by: Imara Ajani Rolston MPhil/PhD Candidate

Introduction

This short brief provides an overview of the doctoral research being conducted by MPhil/PhD candidate **Imara Ajani Rolston** (*B.A Hons; M.A*). This doctoral research is fully supported and supervised by experienced faculty member **Dr. Catherine Campbell** and the **Department of Social Psychology** at the **London School of Economics and Political Science**.

This research explores the Nelson Mandela Foundation's use of the Community Capacity Enhancement – Community Conversations approach to HIV/AIDS in the Eastern Cape. This research places particular emphasis on exploring the experience of communities that have utilized CCE-CC to address the social and structural drivers of AIDS by intentionally or unintentionally engaging influential local and possibly provincial stakeholders either through the process itself or in the actions the process inspires. This research is also focused on the role supporting partners and implementers have played in the evolution of the CCE-CC process to date. Because of these two foci the research process will include a series of semi-structured and life story interview with supporting national partners, CCE-CC methodology founders, facilitators, and local community members and stakeholders engaged in the process. This research is a much about the evolution and trajectory of a methodology as it is about the experience of communities engaged in dialogues.

My field research will run from **August 20th to December 20th 2013,** which overlaps with MXA's Community Dialogues Evaluation. This research will then overlap with the ongoing GIZ/MZA evaluation of the dialogues. While these two research initiatives are related they are in fact two distinct research initiatives. As separate and longer term research this doctoral research aims to establish a longer term relationships with those involved requiring multiple visits to the communities that were engaged in the CCE-CC process.

This short doctoral brief outlines the following: *Section (A)* outlines the list of identified partners and communities that aim to involve in this research. *Section (B)* is short of overview of the research methodology and methods of data collection being utilized.

Section A: Identified partners, communities, and stakeholders

The following is a listed projection of the hopeful research participants. In certain categories there is an emphasis on both senior staff and those involved directly in the implementation of the program. The focus on senior staff is meant to focus on how the CCE-CC process as a methodology fits into the broader vision, approach, and framework of an organization. This listing is an evolving one and will partly be informed by earlier interviews and referrals. Those involved will hopefully participate in the research through semi-structured interviews, life story interviews, or focus group discussions:

a) **Community Capacity Enhancement – Community Conversations Founders**: Particular emphasis will be placed on individuals responsible for the development and refinement of the CCE-CC methodology in its early stages.

b) **Nelson Mandela Foundation/Program Management Staff:** Particular emphasis will place on senior staff and those involved in establishing and implementing the CCE-CC process.

c) **Mindset & Institute of Health Programs and Systems Staff:** Particular emphasis on organizational leadership and staff involved in supporting the CCE-CC process in the Mpumalanga and Eastern Cape Province.

d) **South African Department of Social Development Representatives**: Particular emphasis on staff directly involved with the CCE-CC process, its inception as DSD program, and potentially local social workers engaged in facilitating this process.

e) **CCE-CC Implementing Partners in the Mpumalanga and Eastern Cape Province: (Mpumalanga: *SANARELA, NAPWA*) & (Eastern Cape Province: *TAC, DELTA*)**: Particular emphasis on senior staff and staff directly involved in supporting the CCE-CC process.

f) **CCE-CC participants and facilitators:** Particular emphasis will be placed on participants and facilitators that participated in conversations that intentionally or unintentionally engaged local stakeholders ie. Traditional leaders, local political representatives, religious leaders, and NGO stakeholders are expected to amongst the targeted stakeholders.

   Note: *Non CCE-CC participants will also be interviewed to provide a comparative sample of experiences of those not involved in CCE-CC*

g) **Local stakeholders and leaders:** Particular emphasis will be placed on local stakeholders and leaders that have either participated or in some instances intentionally not participated in the CCE-CC process.

Section B: Research Methodology and Tools

The research methods employed will be qualitative *utilizing Life-Story Interviews, Semi-Structured Interviews*, and *Focus Group Discussions*:

Life Story Interview: The life story approach will generate socio-historic data that root current socio-economic and socio political contexts in historical continuum. They are especially important because they will provide participants with the opportunity to construct their own story in "relation to the connections he or she has with other people, institutions, and experiences" (Atkinson 1998). Relationships, and the way they change and evolve are important features in any social change story. According Chilisa (2008) life story: "valorized the web of connections that people have with those around them… with land, environment, and historic institutions".

Semi-Structured Interviews: Semi-Structured interviews utilizing topic guides will be conducted with one federal government level representative from the **Department for Social Development** at the macro level; and with provincial and **implementing partner staff** at the meso level, and **local**

religious, traditional, and political leaders at the micro level. The primary focus of the semi-structured interviews will focus on perceptions of the CCE-CC program, HIV/AIDS, and HIV/AIDS prevention more broadly. Participating in these semis-structured interviews will be implementing partners **TAC, DELTA**, and **IHPS** staff in the Eastern Cape Province.

Conclusion

This doctoral brief provides and basic overview of the research process methods and anticipated research participants. This research is an evolving process and will be informed by those who participate.

An Unlikely Conversation about AIDS: Exploring Community Dialogue, Democracy, and the Cultivation of Collaborative Social and Structural HIV/AIDS interventions in South Africa's Eastern Province

Consent to participate and be audio-recorded in a one-to-one interview

I, the undersigned, confirm that I have been fully informed about this research project entitled *"An Unlikely Conversation about AIDS: Exploring Community Dialogue, Democracy and the Cultivation of Collaborative Social and Structural HIV/AIDS interventions in South Africa's Mpumalanga and Eastern Province".* I have also been fully informed about the nature of my participation in this study. I consent to participate in an interview conducted by a fieldworker and or the lead researcher Imara Ajani Rolston.

I understand that Imara Ajani Rolston is a doctoral student at the *London School of Economics of Political Science* in the *Department of Social Psychology* entering the second year of his doctoral studies and lead researcher on this study. Mr Rolston's research is focused on exploring Nelson Mandela Foundations (NMF) Dialogue for Justice Program in the Eastern Cape Province. This study focuses on the experience of community members, facilitators, implementers, and local stakeholders and leaders engaged in the Community Capacity Enhancement-Community Conversations process.

I understand that my participation in this research is voluntary and refusal to participate will involve no penalty or loss of benefits for myself or other participants. I know that I may discontinue participation at any time without penalty or loss of benefits. I understand that I especially have the right to refuse participation if I anticipate that there will be any medical or psychological cost for participating in this study.

I understand that participating in this interview involves being audio-tape-recorded. I accept that my responses may be quoted in the study report but my name will not be used. I understand that the audio-tape recordings will not be shared with anyone except the authorised researcher, transcribe, and LSE based supervisors, and will be destroyed once the research is completed to ensure confidentiality. All transcribed data will be stored in secure area with the appropriate passwords and security. I confirm that by taking part in this study I will incur no risk of harm and will receive no direct benefit to myself for participating.

I understand that if I experience and physical, psychological, or emotional disruption through participation in the research I will contact the primary researcher and the researcher will report concerns to local implementing partners and the necessary support will be arranged (ie counselling, medical advice etc). If I choose to discontinue participation at any point during the conversation I will still reserve the right to the abovementioned support.

In the advent of concerns or challenges of any sort following participation I understand that I have the right to contact lead researcher Imara Ajani Rolston at 0766503112 or by e-mail at i.a.rolston@lse.ac.uk.

Name of interviewee: _____

Signature of interviewee: _____

Name of researcher/fieldworker: _____

Signature of /researcher fieldworker: _____

Date: _____

Venue: _____

Appendix 5: 'Politic' and Context: A reflexive entry to Contextual Construction:

This history of AIDS prevalence in the communities that make up the Ingquza Hill Municipality, and in particular the communities that make up *Ingquza*, exist enmeshed in the much broader historical tapestry of the Eastern Cape Province and South Africa. This chapter attempts to return questions of HIV/AIDS prevalence and more specifically prevention to the complexity of the interface between South Africa's political economy, past and present, and the socio-political realm of the past and present.

Returning HIV/AIDS to the 'politics' of the past and present requires the analytical construction of a conceptual bridge between the "storied selves" (Andrews 2007) of participants and the much broader political-economic contexts in which their lives unfolded. An immediate critique may be that building such bridges requires an extensive theoretical stretch in the absence of data that directly connects the everyday lives of men and women to political economy. To this, my answer is that all contextual readings are underpinned by 'politics'; politics being the sub-textual value systems that shape not only the analysis but what should be included in the analysis and how. As a researcher I bring my own 'politics' to this reading and subsequent framing. This is a response to purportedly neutral renderings of HIV/AIDS that rinse from the conversation the sorts of political and economic drives and characterizations that cultivate the contexts for HIV transmission. I see the absence of broader political economy considerations in AIDS prevention work and literature to be not simply a result of data deficit but in part a reflection of another sort of 'politic'. There is no neutral. I have chosen to foreground my politic to demonstrate how important it is to consider where and how we start the "story of HIV/AIDS". As author Chimamanda Ngozi Adichie says:

"Power is the ability not just to tell the story of another person, but to make it the definitive story of that person. … The simplest way to do it is to tell their story and to start with, "secondly." Start the story with the arrows of the Native Americans, and not with the arrival of the British, and you have an entirely different story. Start the story with the failure of the African state, and not with the colonial creation of the African state, and you have an entirely different story." (TED Talk 2009)

This chapter aims to restart the story of HIV/AIDS in Eastern Cape Province in a somewhat alternative way. By standing as an unconventional context chapter what follows does not bear the weight of an empirical necessity to draw causal sinews between the 'everyday narratives' of the research participants and the complex and intricate machinery of structural dispossession and

disenfranchisement that existed in one form and continues to exist in another. This chapter situates the exploration of participants' narrated subjectivities within a reading of South Africa's past and present in ways that admittedly reflect my own 'politic' as researcher, writer, and person. A politic I reflexively detailed in *Chapter 3* of this dissertation and choose to foreground in this chapter through a very intentional characterization of structural violence (Galtung 1969) turned embodied history (Fassin 2002) in the form of HIV/AIDS and ill health.

There are a number of scholars that theoretically and/or empirically embed the AIDS pandemic in complex readings of South Africa's colonial and apartheid history (Timberg & Halperin 2012; Fassin 2007; Hunter 2010; Marks 2002). Each offers their own unique politic to the political, economic, and social framing of history's contribution to the AIDS epidemic in South Africa. The way I embed this contextual chapter and dissertation more broadly in a *structural violence* (Galtung 1980; Farmer 2004) framework is a reflection of my own politic and by extension, reading of South African history. This politic, my politic, is undoubtedly influenced by Fanon's (1963) work to construct decolonizing psycho-political understandings of the conflict and complexity that arose out of colonial powers' attempts to enrol the subjectivity of the colonized into the colonial project (Ibid 1963; Mbembe 2001). Central to this process was Fanon's effort to more clearly frame the underlying intentions and motivations that drove the colonial project in Algeria in the first place. Fanon's work was founded on a desire to take that which was historically medicalized and individualized, the mental health of the colonized, and place it within a much broader reading of the "sub-structure and superstructure" of race and economy under colonialism (Hudis 2015; Fanon 1961). Fanon's work ultimately arrived at conceptualizing the means through which the colonial state was embodied by the formerly colonized resulting in forms of colonial psychosis (Fanon 1952). In essence, Fanon was one of the first psychologists to forward a detailed and humanizing racially conscious account of the way that histories of colonial-induced structural violence came to be embodied in the post-colonial citizen.

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Annex 7: Research Policy Implications

The findings in this dissertation offer some important points of direction for future practice and policy. I have attempted break these proposals into three areas of focus. While these could not be included in disseratios body I offer them here. The three areas of focus are as follows: **a) Civil Society Organizations and b) Activists and Organizers c) Municipal Governance Systems**. The proposals are but aim to offer substantive guidance to various levels of actors.

Civil Society Organizations:

By bringing into this analysis the NMF, GIZ, and DELTA there was an opportunity to partly inquire into the ways that various stakeholders influenced and shaped communities encounters with the CCE-CC process. An emphasis on translation centralized the important role that civil society actors and in particular NGO's and CBOs play in shaping and influencing the animus of interventions. The findings in this dissertation suggest a number of things. Firstly NGO and CBOs need to begin to move towards a conceptualization of HIV/AIDS and health that is far broader and more diffuse then the epidemiological focus. This also means rethinking and reimagining programs and interventions as not just time and scope limited endeavours but as interwoven parts of broader citizen led struggles for recognition and health equity. Approaching communities in this way and in particular around dialogical methods like CCE-CC require Funders, NGO's, and CBO's to move beyond the development partner model to embrace more allied forms of engagement and relationships. By doing so they would be committing themselves to longer term more intensive work with communities. By proposing this I am implicitly suggesting that the current public health and development aid model is not suited for the sorts of reframing and shifts I have proposed in this thesis. By reshaping the CCE-CC process from the political animus out the broader architecture of support offered to citizens living in the margins mobilizing for health justice needs to fundamentally change. As I Freire suggested: "The revolutionary project is distinguished from the rightist project not only by its objectives, but by its total reality" (Freire 1972)

Activists and Organizers:

Whole Citizen Organizing, Solidarity, Horizontalism, and *Group Leadership* are in many ways my offerings to activists and organizers engaged in community mobilizations utilizing the CCE-CC process. While the CCE-CC presented with particular limitations I also demonstrated the ways in

which it could be reimagined. As a social technology turned socio-political it arguably does have the potentials to more effectively and increasingly disrupt and challenge local democratic arrangements and dynamics in strategic ways. By revisiting and reimaging CCE-CC as citizen led civic space with tools and methodologies that focus on the intentional and careful cultivation of dialogue, reflection, mediation, and *concientization* activists and organizers can potentially employ the CCE-CC process as one potentially transgressive technology amongst many. Progressive movements have often struggled to maintain shared visions and construct durable forms of solidarity that survive long term encounters with structural violence and resistant establishments. In **Chapter 8** I propose the need to focus on process and the prefiguring of citizens spaces as equally important point of effort and focus. Intentional forms of deliberative process can be worked with overtime to construct civic spaces that *concientize* and catalyze while simultaneously working on the complexities, tensions, and contradictions that complicate collective action.

Municipal Governance Structures:

During my time in *Inguqza* there were moments where local stakeholders referred to the progressiveness of the South African constitution and that ways in which this had filtered down through to creation of municipal governance systems. The Integrated Development Plans (IDP) process surfaced as form of municipal practice and policy that embodied and reflected both this progressiveness and some of the early redistributive thinking that marked the ANC very early post-apartheid years. IDP's are 5-year plans that municipalities are supposed to develop in consultation with citizens. They identify the development needs of communities and allocate corresponding budgets and people power. The participatory dimension of the IDP was intended as means to overcome the legacies of apartheid. It was municipal space for citizens to collectively assert their demands and needs and have them met through municipal responsiveness. The CCE-CC process reimagined provides an opportunity for municipal representatives, open to preserving legacies left by early ANC post-apartheid thinking, to create influential relationships between the civic spaces that CCE-CC creates and decision making spaces like the IDP. In a progressive context autonomous civic dialogue around prominent concerns, through partnership not dictate, could be organized by citizens to coincide with the 5 year planning process. This approach recognizes that there are ways, policies, and inbuilt procedures that municipalities can employ to increase accountability and enhance collective democratic praxis.

Annex 8: Photographs of Interview Sites

Potential Clinic and Interview sites:

CCE-CC participants repeatedly referred to the need for a local health clinic. This image is of the building they hoped to revive and convert into a local clinic with the support of the municipality. I conducted a number of my interviews here in the later states of the field research.

Community Meeting Space:

Interview location and space.

Community Meeting spaces for dialogues and co-operative development initiatives. (1/2)

Community Meeting spaces for dialogues and co-operative development initiatives. (1/2)

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