



# **The Role of Social Capital Among Civil Society Organisations For Realising The Right To Health And Social Justice**

Wendy Nefdt  
Christopher Colvin  
Maria Stuttaford  
Leslie London

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**THE ROLE OF SOCIAL CAPITAL AMONG CIVIL SOCIETY ORGANISATIONS FOR REALISING THE RIGHT TO HEALTH AND SOCIAL JUSTICE.**

Wendy Nefdt<sup>1</sup>, Christopher Colvin<sup>2</sup>, Maria Stuttaford<sup>3</sup>, Leslie London<sup>4</sup>

**Introduction**

Within the South African context, social protection is couched in terminology such as “social security” and “social safety net”. The term “social security” refers to an income transfer in the form of grants or financial award provided by government. A social grant refers to grants for older persons, disability grants, care dependency grants, foster child grants, child support and social relief distress: As from 01 April 2006, the responsibility for the management, administration and payment of social assistance grants was transferred to the South African Social Security Agency (SASSA). On the other hand, the term “social safety net” refers to a range of services that the Department of Social Development and the Non- Profit Sector renders to the poor and vulnerable including the promotion of human rights.

In line with South Africa’s (SA) commitment to human rights, post apartheid South Africa signed the International Covenant on Social, Economic and Cultural Rights (ICESCR) in 1994 but has, as yet, not yet ratified it. Prior to the commitment, the previous President of SA, Nelson Mandela, pledged that “human rights will be the light that guides our foreign affairs”. (ICESCR Comparison Document)<sup>5</sup>.

The right to human dignity; self determination, equality, social security, adequate standard of living and the highest attainable standard of physical and mental health have been incorporated in various legislative documents in South Africa The right to health care is enshrined in the SA Constitution (1996) and Chapter 2 of the Bill of Rights

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<sup>1</sup> Wendy Nefdt: PhD student at the University of Cape Town – Faculty of Public Health - Health and Human Rights programme

<sup>2</sup> Dr Christopher Colvin: Senior Research Officer. School of Public Health and Family Medicine  
University of Cape Town

<sup>3</sup> Dr Maria Stuttaford: Honorary Senior Lecturer, University of Cape Town, SA

<sup>4</sup> Professor Leslie London: Director School of Public Health and Family Medicine and Head: Health and Human Rights programme.

<sup>5</sup> ICESCR Comparison Document Report: Comparing the International Covenant on economic, social and cultural rights to South Africa’s Constitutional and International Obligations [http://us-cdn.creamermedia.co.za/assets/articles/attachments/22640\\_icescr\\_comparison.pdf](http://us-cdn.creamermedia.co.za/assets/articles/attachments/22640_icescr_comparison.pdf)

which speaks not only of governmental obligations to respect, protect and fulfill rights, but also to promote rights., Universal access is provided for in section 27(1) (a) which State that “Everyone has the right to have access to health care services...” Section 27(1) (b) provides for the State to “take reasonable legislative and other measures, within its available resources to achieve the progressive realization of the right”.

This paper is located within this broader concept of Social Protection in that it refers to public actions taken in response to levels of vulnerability which are unacceptable within a given society. (Norton et al, 2001). The authors emphasise the link between social protection and the human rights framework in that the right to social protection should not only guarantee a minimum livelihood but provide additional services which promotes an improved quality of life. Rights to elements of social protection are further contained in the Universal Declaration of Human Rights. Article 25(1) emphasise that everyone has the right to a standard of living adequate for the health and well-being of its citizens including food, clothing, housing and medical care, social services and the right to security in the event of unemployment or illness and disability.

The research study aims to explore the role that social capital plays in the development of agency within CSO’s for the promotion of health and human rights programmes. It is located within a project called “Learning by doing and doing by learning: A civil society network to realise the right to health”, which has established a Learning Network to share experiences and information in an attempt to build best practice for the right to health. The question I examine in this paper is how the development of social capital through networks can help to promote health and human rights programmes. Preliminary findings suggest that all the participants involved in the Learning Network for the realisation of Health and Human Rights<sup>6</sup> have developed agency through knowledge and skills sharing, the development of bonding relationships and though bridging relationships formed with external resources.

## **Problem Statement**

Research done in the field of Health and Human Rights has shown that despite the adoption of a range of international and national legislative instruments over the past 5 decades, health status and access to health care has declined in many developing countries, particularly in South Africa (SA). Not only do people have to struggle to access services, but struggle to access information about the services.

In a collaborative submission to the South African Human Rights Commission<sup>7</sup>, a range of CSOs<sup>8</sup> highlighted the fact that the progress in implementing the social and economic

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<sup>6</sup> Learning Network -Learning by doing and doing by learning: A civil society network to realise the right to health.

<sup>7</sup> Submission to the South African Human Rights Commission- Economic and Social Rights in South Africa 2006 to 2009- review on progress on the Right to Health

rights as being disappointing but that the lack of structural arrangements for the promotion of health care and health rights is sorely lacking. According to the report “promoting and building human rights understandings particularly strong in State provisions and human rights information reaches the fortunate few who know such information exists”.

It has been argued that despite the availability of enabling legislative instruments<sup>9</sup> for the promotion of health and human rights in SA, people are not only uninformed of their rights but also struggle to access information about health services in their communities. As such, a need clearly exists for CSOs who interface directly with communities to integrate health and human rights principles into their programmes for the attainment of these rights.

London (2007) draws on case studies from Southern Africa which show that health and human rights alone are not enough as they need to be coupled with community engagement. The notion of promoting community engagement for the attainment of health and human rights was highlighted by the Secretary General of the UN (Foster: 2003). In the report, the author states that the Secretary General and others concerned with the mobilisation of the Millennium Development Goals noted the importance for engaging partners in the campaign for the eradication of extreme poverty and hunger and the role of civil society organisations (CSOs) among them.

Research done by Equitas<sup>10</sup>, supports the notion of building agency through knowledge, skills, values, attitudes and behaviours thus enabling people to assert and defend their human rights as well as to respect the rights of others. Ultimately human rights education inspires people to take control of their own lives and the decisions that affect their lives. The development of social capital for the realisation of right to health programmes amongst CSOs therefore aims to create agency amongst the vulnerable that would enable them to take action and achieve socially equitable outcomes. Lieber and Ferri (2004) confer that the purpose of building agency is to enable organisation to make a difference in the lives of people, communities and countries.

More recently, researchers have emphasised the role that the networks play in developing agency through social capital. According to d’Hombres, et al (2007), a variety of mechanisms has been proposed to explain the observed relationship between social capital and health. They include formal networks in which membership is a means to access social and health care, as well as informal networks, in which an individual can draw upon a collective body of knowledge that will facilitate access to

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<sup>8</sup> SANGOCO Western Cape, COSATU, The People’s Health Movement in South Africa, The Learning Network, Treatment Action Campaign, Metro Community Health Forum, Western Cape Network on Disability, Environmental Monitoring Group, Zanempilo Trust

<sup>9</sup> SA Constitution (1996); SA Bill of Rights; SA National Health Act (2003); Patients Charter (2007)

<sup>10</sup> Our Vision of Human Rights Education: <http://www.equitas.org/english/ed-manuals/vision.php>

scarce resources including information that will enhance the ability to make health choices.

## **Theoretical Framework**

The research draws on literature on Health and Human Rights and on two theoretical frameworks related to Social Capital and Network theories.

### **Health and Human Rights**

Human rights refer to those rights that are inherent to the person and belong equally to all human beings regardless of their race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or status. Haig (2002) concur that the three key features of human rights are they are universal and apply to everyone regardless of who they are and where they live, that the concepts of equality, freedom and solidarity form the basis of human rights and that human rights are just that- rights not privileges or favours. Human rights focus on the relationship between the individual and the state which implies that every person has a claim upon his or her government with regard to human rights.

Adopting a human rights approach to health carries many benefits because it emphasises equality and social justice. (Haig:2002). It also argues that promotion and protection of health are fundamentally are important social goals as it, focuses particularly on the needs of the most disadvantaged and vulnerable communities. Because all human rights are considered to be interdependent and indivisible, governments are accountable for the progressive realisation of the right to health (Braveman and Gruskin: 2003).

### **Social Capital and Networks**

Social capital is defined by Grootaert and van Bastelaer (2001) as the “institutions, relationships, attitudes and values that govern interactions among people and contribute to economic and social development” and assert that the development of social capital is having a positive impact on individual health. Putnam (2000) views social capital as an additional resource to that of physical and human capital. It refers to trust, social ties, shared norms and relationships among people and communities. Some descriptions refer to its role as a type of social glue or lubricating agent in association with other resources (Putnam 2000).

Woolcock (1998) focuses on the relations and connections between individuals and defines two concepts in his definition of social capital. The first being the external relations between people is referred to as “bridging” and secondly, the internal relations

as “bonding” or “linking”. Bonding occurs in “alike” groups and arises in connections and ties among families of specific ethnic or kinship-based groups. It might also arise within a particular social group bound together by shared identities and interests.

According to the author, bonding social capital complimented by strong ties can provide emotional, personal and health related benefits to its members through close support for “getting by in life”. Bridging social capital connects different types of people and groups and can be effective for people seeking social and economic gain beyond their immediate society for “getting by in life”. Bridging social capital connects groups and individuals to others in a different social position e.g. more powerful and socially advantaged.

James Coleman (1990), Francis Fukuyama (1995) Woolcock (1998) and Robert Putnam (2000) emphasise the role of networks in the development of social capital. Over the past two decades, civil society has been encouraged to work in partnership and build interdisciplinary teams. More recently, the notion of networks has entered this discourse. Scott and Hoffmeyer (2007) elaborate on a network approach and assert that is based on an understanding of social structure as patterns of relations between social units or actors (individuals or organisations). The focus of network analysis is on describing social relations and interpreting behaviour based on the relational ties that exist between individuals or organisations. An underlying assumption is that social structures influence the actions of individuals and organisations just as the actions can influence social structures.

Skye Bender-de Moll (2008) state that a network usually refers to groups of individuals or organisations having some form of common interest and relationship to each other. In his report, networks refer to relationships such as linkages, associations, contracts between entities such as organisations and people. The use of network has the sense of not only naming a set of entities with a common vision but also enumerating the relationship between them so that patterns and structures can be revealed or utilized.

The key feature that distinguishes network theories is its focus on relationships (Skye Bender-de Moll, 2008). Network data describe ties between entities such as people and organisations and it allows for the representation of one-to-many and many-to-many relationships between entities.

## **Research Aim**

This study aims to explore whether CSOs who have been involved in a Learning Network have developed agency through social capital in order for them to take public actions in response to levels of vulnerability regarding health and human rights practices and the promotion of social justice.

## Research Question

Has the Learning Network for Health and Human Rights contributed towards the development of social capital and the integration and implementation of Health and Human Rights programmes amongst Civil Society Organisations in Cape Town?

## Objectives

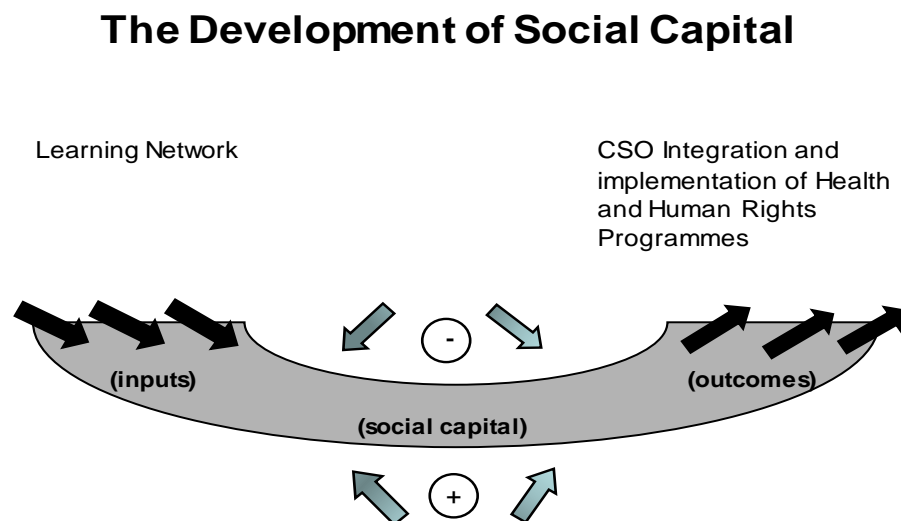
The objectives for this paper are as follows:

1. To explore the level of CSO participation in the Learning Network activities
2. To explore whether and how the Learning Networks interventions acted to develop social capital within member organisations and if so, to describe whether and how social capital contributed towards the integration and implementation of Health and Human Rights programmes. The following elements of social capital will be explored:
  - Trust and value
  - Ownership
  - Bridging and Bonding relationships

## Conceptual Framework

The following diagram represents pathways for the development of Social Capital and the realisation of Health and Human Rights. The pathways include the Learning Network activities, the facilitating factors that promote the development of social capital and the barriers that could impact on the development of social capital.

Diagram 1



## **Research context:**

The research is located within an existing participatory action research project at the University of Cape Town titled “Learning Network - Learning by doing and doing by learning: A civil society network to realise the right to health. The project was initiated in 2007 through funding received from South African Netherlands Partnership for Alternative Development (SANPAD). The project is a collaboration between the Universities of Cape Town, Western Cape and Maastricht. During 2006 the academic partners embarked on a pilot study to explore how CSOs in the Western Cape use human rights approaches in their work. The following CSOs were initially involved in the study:

- Women on Farms – Rural
- Epilepsy South Africa WC – Disability
- Ikamva Labantu – Community based

At the end of 2006, a workshop was hosted with members of these organisations and other stakeholders to share the findings of the pilot study. The following key findings were recommended:

- To develop a learning network around the right to health
- To build the capacity of CSOs around health and human rights
- To develop user friendly information

Subsequent to the workshop, additional CSOs were approached to participate in the formation of the Learning Network; Ikaya Labantu, an organisation working with refugees, The Women’s Circle (TWC), a grassroots organisation of women’s groups in the community and the Cape Metro Health Forum (CMHF), an umbrella structure for health committees set up to enable community participation in health structures.

The project has three general objectives:<sup>11</sup>

1. Exploring the understanding and practice of human rights by civil society groups
2. Exploring the understanding and practice of human rights by health care providers
3. Exploring how bringing members of civil society groups and health care providers together in a learning network generates opportunities for overcoming adversarial approaches to rights claims in the health sector and building trust between providers and community members, and within the health services.

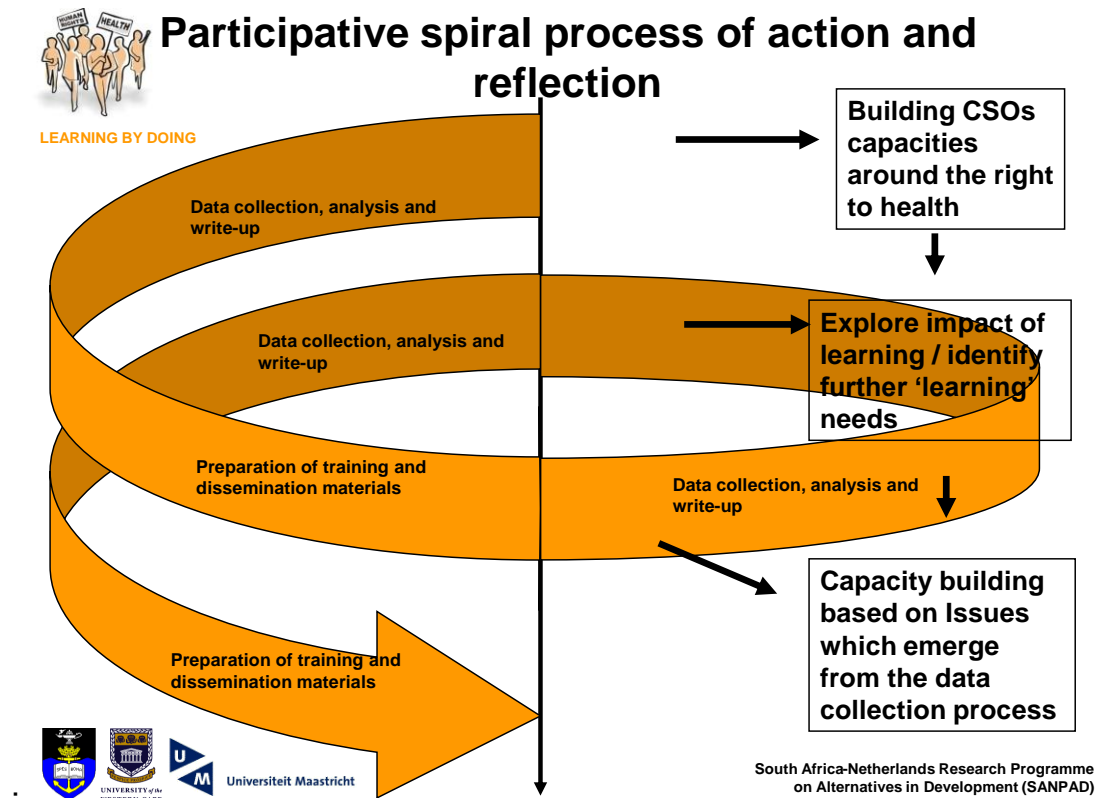
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<sup>11</sup> The Learning Network for Health and Human Rights: Research Project Proposal 2007.



The project has completed its first three year cycle and some of the key activities evolved as a result of active member participation,

- Research
- Training on health and human rights
- Seminars, workshops and presentations
- Development of materials such as pamphlets and toolkits
- Meetings including executive meetings which consist of representative of each member organisation and academic institutions, review and reflect meetings which enables all members an opportunity for reflection on current activities and needs. Annual outcomes mapping is done to revisit the objectives and to enable forward planning. The spiral of activities could be represented as follows



## **Research Methodology**

The focus of this paper within the project is on the learning process and the development of social capital through the interventions of the Learning Network and to explore whether the social capital has resulted in the integration and implementation of Health and Human Rights programmes. The paper presented here is part of a PhD thesis of one of the authors (WN) and comprises a component of the overall research programme of the Learning Network for Health and Human Rights.

### **Research design and data collection:**

A qualitative research paradigm is being used in the study. The participants in the research study were purposively selected as members of a pre-existing group. Data collection includes:

- 9 In-depth interviews with participants from the CSO and academic partners in the Learning Network
- 6 Focus groups with representatives of the member organisations
- All interviews to date were conducted in English although provision has been made for translations in future.
- All data was captured digitally using voice recorders and notes taken during interviews.
- A research diary was kept to capture the researcher's experience.
- The in depth interviews were recorded and transcribed

Thus far, interviews have been conducted with 5 member organisations and 3 academic partners. Further interviews will be conducted to explore themes emerging from the initial interviews until saturation is reached. It is also planned to hold 6 focus groups with approximately 8 participants each from member organisations, totalling about 48 participants involved in the focus groups.

The procedures for interview include the following: Participants are given a synopsis of the research proposal and the Learning Network Objectives prior to the interview. At the start of the interview, the study is fully explained to them so that they are in a position to give informed consent prior to the interviews. The interviews were approximately an hour in duration and were recorded digitally. Ethics approval for the study was obtained from the Faculty of Health Sciences Research Ethics Committee, University of Cape Town.

A further component of the data collection will be archival review of Learning Network documentation which includes minutes of meetings, training programmes, evaluation reports, Review and Reflection meeting notes and other research outputs such as base line questionnaires, interview transcriptions and analyses held by the LN.

**Data analysis:**

Qualitative data analysis was undertaken to explore the data. Content analysis was used by allocating codes, identifying different themes and drawing out the important findings. NVIVO data analysis software was used to manage the data.

**Results**

The results presented in this paper are based on the preliminary findings of the in-depth interviews held with the 5 CSOs and reflect on themes emerging during the interviews that refer to public actions taken in response to levels of vulnerability regarding health and human rights practices and the promotion of social justice.

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| <p><b>Theme 1</b><br/> <b>Participation in the activities of the LN : Benefits for CSOs</b></p> <p>The participatory action research methodology used in study facilitated a process of inclusion and engagement of the CSO members. All of the respondents reported a commitment to the participation in the various LN activities as it was based on consultation and it increased their knowledge base of health and human rights. It further served to enhance individual and organisational capacity.</p> <p>Further, the collective engagement of members in the development of a toolkit has enabled a respondent to think more creatively regarding their awareness programmes and how they could further engage the community members in order to</p> | <p><i>“Our involvement in the LN (through participation in meetings, discussions, access to info) has enhanced individual and organisational capacity and knowledge on health rights”.</i></p> <p><i>“I think the workshops that the (academic partner) done with the committees was around the pamphlets; so the six pamphlets was work shopped, the understanding of human rights was work shopped...”</i></p> <p><i>“...community members were consulted and involved in the development of these pamphlets; as a result all the circles are knowledgeable on such rights...”</i></p> <p><i>“Research around toolkit development has been participatory.”</i></p> <p><i>“...and then came the tool kit and the workshops around that. And that then started getting you thinking of the different things that could be done to make people more aware, but then also to have them participate and understand. And from there</i></p> |
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increase their awareness of health and human rights and to reflect on their own practice.

Respondents further reflected on the flexibility in the research methodology. The method of collecting data through interviews was not appropriate for some of the members. Through consultation, the use of auto-photography (photo voice) was found to be more acceptable as the members were given an opportunity to express themselves in a manner that they were comfortable with. Members stated that they not only acquired additional skills through the utilization of an alternative methodology but felt that their contribution was valued by the LN.

The Review and Reflect meetings were viewed by the respondents as being a further platform for engagement. It provided the members with a deeper understanding of the objectives of the LN and of how the members could further engage in other activities and also benefit from participation.

The executive committee meetings aim to serve as a mechanism for decision making and accountability within the LN. Participation in the Exco gave the members an opportunity to give feedback and to assess whether members are sharing information among themselves. It further created a forum of mutual respect and as it provided a space for freedom of expression.

***on with the research with the photos and that – when community members actually start capturing and seeing and looking at their practices.”***

***“...for instance the manner of research through auto-photography... a different way of generating information. For me that was quite pertinent because not everyone can articulate how they see things; they might do better through visuals. We’ve got people that are illiterate, they can’t write down what they’re thinking but would be better to show it through visual. So just learning these different skills and also engaging in our research activities. And when we started the research we were given a questionnaire that was devised to be used in the Learning Network and it didn’t work for us, but it wasn’t a case of, oh well, if it can’t work for you then you can’t do it – it was, okay, how can we make it work?... how can we sit together and figure out a way that this can be utilised within your organisation? And for us that’s definitely been good.”***

***“And then also the Review and Reflect I attend; I think it’s very informative... and I think the outcome of that report that was given to all the committees has given them a better understanding of what the Learning Network really is, how do we get involved, the benefits that there are for us to get involved... I do think the opportunity to build capacity is there.”***

***“I always try and go to the Exco’s. And then some other times we have (representatives) that we send to all the other meetings... and for us it’s worked well because it builds their capacity and not only my capacity...”***

***“With the Exco, we give feedback... And also it will be looking at how I’m sharing information amongst ourselves as NGOs and I would give feedback as to what I’ve just said...and people are free to say what they are not happy with, and there’s always an explanation given...”***

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| <p><b>Theme 2:<br/>Impact of participation in the Learning network :<br/>Integration and implementation of health and human rights programmes amongst CSOs</b></p> <p>All the CSOs interviewed integrated or implemented health and human rights programmes as a direct result of participation in the LN.</p> <p>The majority of the respondents reported that not only did they acquire knowledge but their involvement in a range of activities such as research, pamphlet development, toolkit design and development, enabled the process of implementation of programmes in communities. The materials developed further provided the respondents with tools which built their confidence and courage to implement the programmes independently in the communities. It was also reported that the pamphlets were easily accessible and available for community use.</p> <p>A respondent further reported that the knowledge that their group acquired was used to launch their programmes in keeping with the national calendar of events such as Women’s Day. These events aim to not only impart knowledge across communities but to enable the communities to take ownership of their rights and to lobby for the realisation thereof.</p> <p>Another respondent reported that the knowledge shared impacted on the respondent’s broader constituency. A shift in thinking and actioning was reported. Further the leadership skills within the broader constituency was enhanced as a result of joint partnerships</p> | <p><b><i>“I think we’ve integrated a bit more. Like we used to talk about health as a human rights, but now we’re using the tools, because we used to just speak it but now we have the pamphlets, the series of pamphlets that makes it possible for us to say, here’s your take-away health as a human rights tool...I have the pamphlets, I can facilitate my own workshop.” So for me it is there’s also now an independence – and I think that is as a direct result of the Learning Network and the materials – those materials are great and it’s easily accessible...”</i></b></p> <p><b><i>“...And then I thought it would be good for me to use the pamphlet as a tool to increase people’s knowledge...”</i></b></p> <p><b><i>“we always had human rights as part of our programme...but now with Learning Network we realised we actually need a centralised programme that deals with disability and human rights...”</i></b></p> <p><b><i>“...use Women’s Day as a platform to kick-start things around health and socio-economic rights and that, and to raise awareness. So our theme for the day was Reclaiming the Right to Health... And all of that comes from our learning’s with the Learning Network.”</i></b></p> <p><b><i>” I think it has because you can see in the (places) where the workshops have taken place, you can see the shift in thinking, in doing, And you can also see the growth in the leadership for the people that have attended the workshops and the seminars... And I think that is just how value can be added if there’s a joint partnership.</i></b></p> |
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| <p>As an outcome of participation, one respondent engaged in research into the rights of people with disabilities. The findings of the research study enabled the respondent and the organisation to utilise the knowledge and adapt the existing programmes accordingly.</p>  | <p><b><i>“in terms of the research that we’ve conducted, the skills of doing the research..., drawing up the poster presentation, but mainly of learning and understanding what are health rights and those skills and knowledge are being build up in order to incorporate them into our existing programmes ...”</i></b></p>  |
| <p><b>Theme 3:<br/>Development of Social Capital within a Learning Network</b></p> <p>As defined by various authors, social capital has many dimensions but most include the development of trust, social ties, shared norms and relationships among people and communities with the view to facilitating collective action. The development of social capital further facilitates the development of bonding and bridging relationships which acts to strengthen the members’ capacity and to build agency for collective engagement. This is supported by network theories as it also focuses on relationships. Network data describe ties between entities and it allows for the representation of bonding and bridging relationships</p> <p>Most of the respondents agreed that the LN through its activities enabled the development of trust and value amongst the members. Some respondents reported that trust is built over a period of time as members started sharing experiences and knowledge through the participatory action research process.</p> <p>Other attributes such as openness, respect, a sense of comfort and the ability to verbalise yourself within a respectful environment were found to be key to the development of trust.</p> <p>Additional factors such as open channels of communication, level of</p> | <p><b>TRUST, VALUE AND RESPECT</b></p> <p><b><i>“...trust is built over time...You have this knowledge... and they’re willing to share shows that there’s an interest in building relationships, in trust and shared power aspects...”</i></b></p> <p><b><i>“I would find strong bonds have been formed; obviously always need to be maintained and trust needs to be built over time”.</i></b></p> <p><b><i>“I do think so... I do because I also think that openness plays a very important role. ...Because they feel that they own the space, because they’re comfortable in that space, because they are given a voice in there, their voices are heard”.</i></b></p> <p><b><i>“...there is respect for each other’s organisations and for the work that we do and also to provide that space for people to actually share what they do and the challenges that they face without feeling that what they bring is but a little, is not enough... everybody is included within the Network. There’s nowhere where you can see that you are feeling belittled because you’re but a CBO and you have all these very important... ja. Communication, great, I have to say. I think communication really keeps a network together...the communication has been great in terms of this network. ”</i></b></p> <p><b><i>and the way I do things, and there is also respect for the respect for the work of the organisation and it is respect I think based on that level of equality, the level of participatory engagement...So for me that is a proudness of what I do, and let’s find ways that we can share in our pride, ...And then the quiet voices are heard differently. I’m a quiet voice but I’m always here – so that is, for me is part of the bridging of things.”</i></b></p> |

equality and the level of participatory engagement created a sense of pride amongst individual members for what they are involved in and the openness to find ways of creating and developing pride in other members.

As a result of the development of trust and value, relationships were formed which enabled the respondents to share knowledge and learn from each other's best practices.

Ownership and the development of a shared identity was found to be a key factor for the sustainability of the Learning Network. Respondents reported that member organisations have incorporated their identity as a member of the LN into the identity of their organisations. As such both the individual participant and their organisations take pride in the shared identity and are committed to take ownership of the process.

Participation in decision making structures and open channels of communications, further contributed towards the creation of a shared identity and ultimate ownership.

The bonding as reported by a respondent was stated to be as a result of the shared identity. It created an atmosphere of belonging and acceptance. Respondents reported that the LN processes and projects have taken on a collective identity of "ours" and not "mine". This is viewed to be one of the ultimate outcome of the development of social capital amongst a group of people who share a common identity as it provides the basis for collective action.

### **OWNERSHIP AND IDENTITY**

***"I think there's definite ownership that's been taken – to a degree. ...although there's that open communication and shared learning...But I think a couple of organisations have taken ownership of the Learning Network I think as an organisation...we have definitely done that and incorporated that into our identity as an organisation and taken ownership of our process"***

***"there's a value in the benefits of the shared identity for your organisation"***

***"So definitely I think that there has been more of an identity created....the fact that there's line of communication that's constantly open and that there are meetings where people can have their say and can be share decision making".***

***"I think the group has bonded, really bonded to a point where people are quite comfortable in that space, which is good... one could actually see the ownership around the table – and there is ownership now...I'm always welcome, I have a voice..."***

***"...the level of ownership..., and that is what not only I but also the organisation promotes strongly, because only through that can we really start bridging gaps – it is not my process, it's our process; it is not my project, it is our project; it's not my decision, we must decide."***

Bonding social capital networks are inward looking and tend to reinforce exclusive identities and homogenous groups. The development of relationships amongst a group of people who have similar values or interests is important for building agency

Respondents reported that the relationships built between the academic partners and the CSOs within the LN enabled them to collaborate with each other on joint projects. It further gave them the opportunity to access the skills of the various members for the benefit of their programmes. It further created a network of information sharing and confidence to know that if you require assistance that a member of the LN would be able to share and assist.

Bridging social capital connects different types of people and groups and can be effective for people seeking social and economic gain beyond their immediate society.

Bridging relationships were formed through participation in the LN. Respondents cited various examples of individual and organisational benefits accrued to them through opportunities created within the LN. Collaboration with resources outside of the LN was established and it was acknowledged by the respondents that those linkages enabled them to further achieve their goals in implementing their health and human rights and other programmes. It further built individual agency through the opportunities created for training and development.

## **BONDING RELATIONSHIPS**

***“Our engagement in terms of academic institutions has just been fabulous ... In terms of collaboration with other member CBOs ...definitely we saw relationships developing with various organisations”... shared learning, shared seminars.”***

***“..., I’m involving (her) because ... The (group) ... who are looking after orphans... there she speaks to them ... because they have children and they have lots of questions as well from her...”***

***“Yes, with the (CSO) I did two workshops with them. I was also a speaker at one of their Women’s Day events.”***

***“it’s also a space where you know that if I need something ...the members of the Network share ...”***

***“...so if something is happening with an organisation will circulate it to the whole Network, So that means that there is a relationship. And it’s also a relationship of sharing...”***

## **BRIDGING RELATIONSHIPS**

***“...partnering with the Knowledge and Partnership Department [at the University]... they’re offering possible skills sharing... support or something that will benefit the organisation... Without being part of the Learning Network and being open to this kind of collaboration we would not have had that opportunity”.***

***“The Learning Network will provide opportunities for engagement with outside stakeholders and then we run with it. Obviously in terms of linkages we are in our infancy in terms of the one I’ve been talking about, with the particular external resource of the partnership knowledge at UCT”.***

***“...even today, going to the train the trainer workshop [run at the university], important linkages were made. Once I presented the poster presentation [at a conference] ...people are asking millions of questions and wanting to know how***



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|  | <p><i>they can get involved and would we be interested working in a shared partnership with the clinical skills unit”.</i></p> <p><i>“Ja, I think with the university I initiated that relationship ... from there. I said I would ask Prof for me to use her students for doing situation analysis ...the students with practicals”.</i></p> <p><i>“Yes, they opened the door... and it’s not only myself, there’s another two members of the Network who are doing a diploma in adult education...So in terms of that there is added value. “.</i></p> <p><i>“The University of York asked whether we could host some students around human rights. And what happened was I think they brought about 20 students and these students were then split into groups and allocated into the different communities”.</i></p> |
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**Conclusion:**

Social protection aims to meet the essential need of human survival by ensuring that communities have basic social and economic security, however, it can play a more far reaching role in enhancing the quality of lives for individuals and societies. The development of social capital amongst CSOs within the Learning Network has not only built agency within the CSOs but has contributed to public actions taken in response to levels of vulnerability. The literature confirms that there is evidence that the development of informal social protection can have powerful benefits in terms of strengthening social capital and social cohesion.

The preliminary findings of the study show that the development of social capital within a learning network has contributed towards the realisation of health and human rights programmes within communities. Organisational networking that allows the space for reflection, and which is built on mutual trust has the potential to increase social capital amongst Civil Society Organisations (CSOs) and contribute to a more nuanced (informal) conception of social protection when it comes to health and human rights.

CSOs, however, traditionally work in silos and often do not often have the opportunity to share best practice models. The formation of a Learning Network (LN) consisting of a range of CSOs has facilitated the process of knowledge and skills sharing. The LN further provided a platform for collective engagement and the participative development of materials such as pamphlets and a toolkit on the right to health. The materials provided the organisations with resources that were used in the implementation of their health and human rights programmes. Involvement in a range of activities further built

agency amongst the CSOs. These activities ranged from research into their current programmes, attendance of workshops and seminars to collaboration with members in joint initiatives.

The development of a shared identity based on trust and value has contributed towards the members taking pride and ownership of the project. The concept of ownership has the sense of not only naming a set of organisations with a common vision but also their commitment to collective action.

The bonding relationships formed within the LN has facilitated the improvement of the members' knowledge base on health and human rights. Not only were best practice models shared within the LN, but the members further shared learning opportunities outside of the LN with each other. External linkages were also formed with resources and skills outside of the LN. These linkages provided the members with individual and collective agency to advance their programmes.

### **Recommendations:**

The following recommendations are based on the preliminary findings of the study:

- The Learning Network model has the potential of being a best practice model for CSOs more broadly and the methodology used and activities implemented could be replicated within other networks who aim to build agency amongst its members. For example, it has been suggested that the Metro Health Care Forum to set up a Learning Network for Health Committees!]
- Participatory action research methodology should be utilised in the formation and structuring of networks as it provides members with opportunities for reflection and engagement in its activities. Members take ownership when they are valued and respected in the process. Ownership further contributes towards the sustainability of the project
- Networks should provide opportunities for building and strengthening of relationships amongst its members and organisations who have a common objective.
- Networks should further facilitate the development of appropriate linkages outside of the networks as it enables members to further expand their knowledge base.
- Research done by members of the network could inform, improve or change government policies to be more focused to the needs of the people they serve.
- Governments particularly in South Africa are legislatively obliged to implement a programme of social protection in response to the social and economic needs of people. Interventions provided by CSOs are not often acknowledged and the State should be made accountable for the provision of appropriate funding of the CSO programmes.

## REFERENCES

- Bender- de Moll, S. 2008. Potential Human Rights Uses of Network Analysis and Mapping. A report to the Science and Human Rights programme of the American Association for the Advancement of Science.
- Braveman, P. Gruskin. 2003. Poverty, equity, human rights and health. *Bulletin of the World Health Organisation*, 81(7).
- Coleman, J. *Foundations of Social Theory*. Cambridge: Harvard University Press, 1990.
- d' Hombres, B., Rocco, I., Suhrcke, M., Mckee, M. 2007. *Does social capital determine health? Evidence from eight transition countries*. Institute for the Protection and Security of the Citizen.
- Foster, J. W. The Millennium Declaration: Mobilising Civil Society Organisations. *UNDP Policy Journal*, Volume 3, April 2003.
- Fukuyama, F. Social Capital, Civil Society and Development. *Third World Quarterly* 22 – 200: 7-20.
- Grootaert, C., van Bastelaer, T. 2001. Understanding and Measuring Social Capital: A synthesis of findings and recommendations from the Social Capital Initiative. *Social Capital Working Paper No 24*. Washington DC, World Bank.
- London, L. “Issues of equality are also issues of rights”: Lessons from experiences in Southern Africa. *BMC Public Health* January 2007,7:14
- Liebler, C., Ferri, M. NGO Networks. 2004. *Building Capacity in a Changing World*. A study supported by Bureau for Democracy, Conflict and Humanitarian Assistance Office of Private and Voluntary Cooperation.

Norton, A., Conway, T., Foster, M. Social Protection Concepts and Approaches: Implications for Policy and Practice in International Development. Centre for Aid and Public Expenditure. February 2001

Putnam, R. 2000. *Bowling Alone: the Collapse and Revival of American Communities*. New York.

Scott, C., Hoffmeyer, A. Networks and Social Capital: A relational approach to primary health care. *Health Research Policy and Systems*. 2007; 5: 9.

Woolcock, M. 1998. "Social capital and economic development: towards a theoretical synthesis and policy frameworks". *Theory and Society*. 151-208.

## **ANNEXURE 1**

### **INTERVIEW GUIDE: Civil Society Organisations**

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#### **1. Motivation for membership in the Learning Network for Health and Human Rights (LN)**

Discuss your motivation for your participation in the LN.

##### **Probe:**

- Discuss any personal and or organisational involvement in networks.
- Describe the networks and benefits of engagement
- What encouraged you to participate in the activities of the LN.
- Did you understand the aims and objectives of the LN prior to your participation and how the activities of the LN could assist your organisation in the integration and implementation of Health and Human Rights programmes (HHRP's)
- Has the LN objectives changed during the course of time and does it currently meet your expectations

#### **2. Pre- existing relationships and activities**

Describe whether you had prior relationships and joint activities with the LN member organisations and academic partners.

##### **Probe:**

If relationships and joint initiatives were present, how did your engagement with these organisations and academic institutions contribute towards the integration and implementation of your organisation's HHR programmes.

### **3. Current relations**

Describe whether your participation in the LN has enabled you to form relationships with member organisations and academic partners.

#### **Probe:**

- Explain whether and how the relationships with member organisations and academic partners has enabled the implementation of HHR programmes in your organisation and whether joint initiatives were entered into.
- What type of joint initiatives were entered into and whether these initiatives improved the organisation's capacity to implement HHR programmes.

### **4. Learning Network interventions and activities**

Describe the interventions and activities you were involved in and your degree of participation.

#### **Probe:**

- Awareness of types of activities and interventions that the LN is involved in. Participation in activities such as meetings, seminars, training, research meetings, review and reflection meetings and feedback reports and or any other research activities.
- Whether the interventions and activities enabled you to integrate and implement HHRP's in your organisation.
- Describe the programmes implemented

### **5. Development of social capital**

Does participation in a LN provide you with an opportunity for developing what is called "bridging and bonding" relationships (social capital).

#### **Explanation:**

Social capital is defined as the sum of resources, norms, values and social trust that accrue to the individual or group by virtue of belonging to a network of more or less

institutionalised relationships of mutual acquaintance and recognition (Bourdieu and Wacquant 1992; Fukuyama 1997).

Bridging capital refers to external relationships with actors outside of the network and is defined as the process which by social actors (network members) create and mobilize their network connections within and between organisations to gain access to other social actors (Knoke 1999) and as the ability of actors (network members) to secure benefits by virtue of membership in social networks or other structures (Portes 1998)

Bonding capital refers to internal relationships within the network and is defined as the existence of a set of informal values and norms shared among members of a group that facilitate coordination and cooperation for mutual benefit (Fukuyama 1997; Putnam 1995)

**Probe:**

- Do you feel that the LN has promoted and developed a shared identity based on common interests, trust and values (bonding relationships) between yourself, the member organisations and academics.
- Describe which common interests, values and benefits contributed to the development of a shared identity (member organisations and academics).
- Explain the value and benefits of the shared identity for your organisation
- What effect do you think that a separate researcher's meeting have on the development of a shared identity for the LN.
- Has the LN enabled you to connect with resources / organisations / networks / forums outside of its activities (bridging relationships)
- Discuss the process of engagement with external resources/ organisations / networks / forums and provide examples of how you benefitted from the external linkage

**6. Alternative pathways of knowledge and skills acquisition**

What knowledge and skills did you have about health and human rights prior to your participation in the LN and knowledge and skills acquired through participation in the LN

**Probe:**

- Knowledge of HHR prior to participation in the LN

- Knowledge and skills acquired through your participation in the LN
- Additional knowledge received through the LN partners
- How was the knowledge and skills acquired and has it assisted with the development and implementation of your HHRP's

**7. Discuss the impact of your involvement in the LN and describe any facilitation factors or barriers that either enabled the implementation or prevented the implementation of HHRP's.**

**Probe:**

- What was your management and colleagues' attitude towards your involvement in the LN.
  - Did you receive support from your management and colleagues for the implementation of HHR programmes.
  - Were there adequate resources (physical and human) for the integration and implementation of HHR programmes.
  - Describe any resistance or barriers in your organisation that prevented you from implementing HHR programmes.
  - Discuss any external resistance or barriers that prevented you from implementing HHR programmes
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