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## An assessment of service users' participation in community-based food and nutrition centres in the Northern Cape Province of South Africa

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### ABSTRACT

A people-centred approach (PCA) advocates for community participation. Placing people at the centre of service delivery, this study evaluates community participation in the Northern Cape, focusing on individuals accessing services at community-based food and nutrition centres (CBFNCs). Adopting a quantitative research methodology, 14 CBFNCs were selected from a population of 143 centres. Of the approximately 33,000 beneficiaries from the 14 centres, 357 respondents were included. Data were collected through self-administered questionnaires and analysed by means of descriptive statistical analysis using the Statistical Package for the Social Sciences (SPSS). The study found that these centres are notably characterised by a lack of understanding of what a PCA entails and by low levels of participation as a result of centre-related and personal inhibiting factors that undermine participatory strategies. Recommendations include creating participation opportunities by involving beneficiaries in decision-making and inviting their input into policy-making, planning, implementation, budgeting, evaluation and analysis. Secondly, empowerment opportunities should be established to improve the knowledge of community members, improve their self-esteem, and enhance confidence and assertiveness as vital features of workable community programmes.

**Keywords:** community; community-based food and nutrition centres; participation; people-centredness; people-centred approach (PCA)

## INTRODUCTION

People lie at the heart of community service and therefore, according to the World Health Organization (WHO) (2020) as well as André et al. (2006), a people-centred approach (PCA) is called for in rendering services, such as those involving food security, to the resource-deprived sectors of our society. The community members who access these services should, amongst other things, be involved in making decisions to solve the nutrition needs and challenges of their community, implying people's collective activity to accomplish a jointly determined goal (Nabatchi, 2017; Nel et al., 2021; Schenck et al., 2010). This collective activity could include collective reflection, analysis, planning, budgetary inputs, policy-making inputs, decision-making, implementation and evaluation to achieve the determined goal of addressing the issue of food security (Nel et al., 2021; Schenck et al., 2010).

When community members are granted access to vital information, this creates a deep-rooted awareness within the community of the need to jointly analyse the problems in deciding what needs to be changed and what needs to be maintained, as this contributes toward a feeling of responsibility and involvement in a community service centre's management (Jung, 2019). Adopting and honouring a PCA protects people's dignity in the process of solving, for instance, their nutrition challenges (Department of Agriculture, Forestry and Fisheries [DAFF], 2014; Department of Social Development [DSD], 2014; Goel, 2014; WHO, 2020).

However, the literature refers to certain inhibiting factors that may come into play when attempting to adopt a PCA, which may result in communities not being actively involved in achieving a mutually determined goal (Nguyen et al., 2017). These inhibiting factors could take the form of community members being regarded as target beneficiaries rather than active partners and key players in the decision-making processes (Madzivhandila & Asha, 2012), and this lack of community engagement in decision-making can then significantly impact on participation (Chambers, 2020; Williams, 2006). Levine (2021) and Chambers (2020) have pointed out the presence of a power imbalance in community engagement, which means that certain participants, such as ordinary community members, are excluded from decision-making, whereas the perspectives of academics, elites and formal agencies are afforded greater attention and respect. This skewed power structure can ultimately result in a top-down decision-making approach and undermine genuine participation. In this scenario, participation becomes superficial and is merely symbolic rather than being a mechanism for empowering communities and addressing systemic power inequalities (Chambers, 2020; Cook, 2015). A further inhibiting factor is a lack of interest in or knowledge of the PCA paradigm, which is often a significant barrier to the success of community participation (Nolte & Anell, 2020; Williams, 2006). Given (2008) and Sandel (2020) assert that having insight into factors that could challenge community participation could guide the creation of a participatory environment. Banks et al. (2018) and Cook (2015) suggest that a PCA introduces a change in thinking about power relations so that the community service intervention is centred on shared power. This means that service providers need to operate from a position where they share power with the community members who access the services rather than wielding power over them. Hence, Banks et al. (2018) and Cook (2015) conclude that when external stakeholders share power with community members, they consciously commit to making those who access

the services aware of how to effect profound change within their communities. For such a change-inducing development to occur, people-centred planning begins when external stakeholders resolve to listen to the voices of silenced community members (Turnhout et al., 2020).

A quantitative study was conducted to assess the community's understanding of a PCA, the level of their participation, and the challenges that might limit the participation among community members who access the services of community-based food and nutrition centres (CBFNCs) in the Northern Cape province of South Africa. Insight into these aspects ultimately led to the proposal of recommendations for how a change process could be facilitated to create a participatory environment for the management of such centres. The findings of this study were submitted to fulfil the requirements for a Master's degree in Social Work at the University of the Free State's Faculty of the Humanities (Department of Social Work). Approval to conduct the study was granted by the University of the Free State's Ethics Committee for the Humanities. The ethics clearance number for this study is UFS-HSD2022/0144/22. Ethical concerns related to avoidance of harm, voluntary participation, privacy, debriefing of respondents, as well as details on the publication of the research findings were observed.

### **CONCEPTUALISATION OF THE PEOPLE-CENTRED APPROACH**

Davids and Theron (2014) and Nolte and Anell (2020) advocate for people-centred development, maintaining that development should be for the people, providing them with opportunities and encouraging them to participate in all the development phases of community interventions and projects. When seen in this light, all community development practitioners and external stakeholders should bear in mind that development is set to be *for* as well as *by* the community, and that community members must be welcomed in guiding those involved when it comes to addressing their needs and social issues (e.g. food security) (Eade, 2005; Kelly, 2020).

The PCA was deemed relevant to this study as it is a theoretical framework that can be used to explore the level of community participation among community members accessing the services of CBFNCs in the Northern Cape. As the PCA posits that people are the experts of their own lives and therefore best understand the needs and social issues of their respective communities (Rogers, 1957, as cited by Haugh & Merry, 2001; Newman-Williams & Sabatini, 2000; Rogers, 2023), it must be understood that community members cannot be expected simply to adjust to new circumstances imposed on them or merely to be placed passively into pre-existing services. Instead, the services should accommodate their needs, beliefs, identity, heritage, age, life experience, language, gender and culture (André et al., 2006; Nabatchi, 2017). Hence, the active participation and engagement of the community members, deemed experts in addressing their own challenges, are crucial throughout the entire process of meeting their nutrition needs.

The main elements of the PCA favour a situation where people take control of decisions about their own lives and overcome their own challenges (Hart et al., 2003; WHO, 2020). Robert and Feijoo (2022) as well as Chambers (2021) affirm that a PCA plays a role in helping community members who access services to move from being paralysed by their circumstances to

becoming active agents in the solving of their problems, where power is deliberately shifted towards community members so that they operate from a position of shared power with the external stakeholders. Power sharing, however, requires a change in power relations, where the power held by community members is enhanced and respected. When people within the community reclaim and demand their power to achieve specific tangible goals, participation has a meaningful impact (Jung, 2019; Nabatchi, 2017; Saleebey, 2013). When communities reclaim and demand their power, this benefits individuals, families, communities, and ultimately the nation substantially as they take the lead and ownership in overcoming social issues themselves (Nel et al., 2021; WHO, 2023). These qualities are vital features that result in interventions being more community-inclusive, community-tailored and community-empowered.

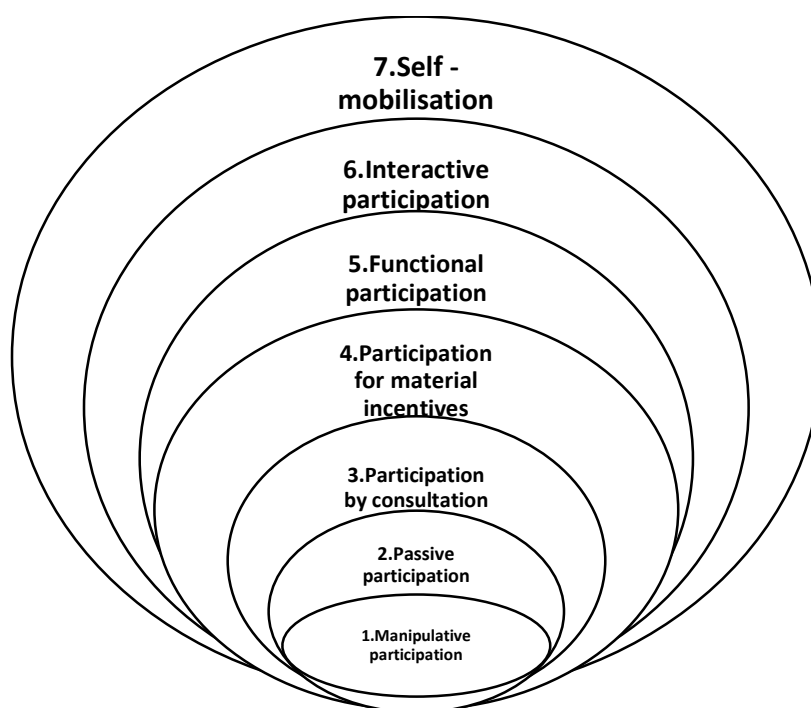
The establishment of a robust network of CBFNCs has formed part of a national initiative to combat food insecurity, set to reach both urban and rural areas. This initiative is driven by the government's 2018-2023 National Food and Nutrition Security Plan (Department of Planning, Monitoring and Evaluation [DPME], 2017), which strives to improve the nutrition status and food security of all South Africans in need. Furthermore, it aims to improve shortcomings in addressing food insecurity through the establishment of a national community-based food and nutrition programme (DAFF, 2014).

The community-based food and nutrition programme ensures sustainable access to nutritious food and derives its modus operandi from various legislative and government documents, including the 2018-2023 National Food and Nutrition Security Plan (DPME, 2017), the Constitution of South Africa (RSA, 1996), Vision 2030 of the National Development Plan (RSA, 2011), and the Integrated Food Security Strategy (Department of Agriculture, Land Reform and Rural Development, 2002). Within the legislative responsibilities stipulated in the National Food and Nutrition Security Plan (DPME, 2017), the Department of Social Development (DSD) became the custodian in providing access to food. The DSD's funding was geared towards establishing community nutrition development centres to address the food insecurity and hunger of the vulnerable and poor by ensuring access to food (DSD, 2014).

To illustrate community participation in achieving sustainable development, Boonanan and Theron (2021) drew on case studies in Brazil and India that provide valuable insights into the practical application of participatory development principles and highlight the significant benefits of involving communities in sustainable development efforts. These authors indicated that in Brazil civil society has played a crucial role in deepening democracy through local government transformation and the mobilisation of social movements. This has led to more direct participation in decision-making processes, supporting the achievement of Sustainable Development Goal (SDG) 16, which aligns with peace, justice and strong institutions, promoting inclusive and participatory decision-making at all levels. In India, it was similarly found that community initiatives to improve food security and health outcomes through community participation contributed to the achievement of SDG 2 (Zero Hunger) and SDG 3 (Good Health and Wellbeing).

For effective participation to occur, it is vital to tie participation to participation levels, ranging from manipulation to self-mobilisation (Arnstein, 2021; Banks et al., 2018). Each level reveals

how much power is embodied in it, signifying the degree of power held by communities in affecting the design, implementation and evaluation of developmental community programmes (Arnstein, 1969; Boonanan, 2015; Cornwall, 1996; Pretty, 1994; Theron, 2005). Higher levels of community participation should be encouraged to foster community empowerment and self-reliance, as illustrated in Figure 1. These authors further indicate that participation at levels 6 and 7 is where communities have the power to determine and influence intervention outcomes. They further assert that a higher level of participation can be realised if the decision-making authorities (development implementers, professionals, experts, service providers, funders, academics, elites and formal agencies) move away from merely informing people about what is going to happen. The WHO (2023) as well as Mubangizi and Theron (2014) confirm that not all decision-making authorities realise the centrality of people's participation in the community.



*Figure 1:* Levels of participation (adapted and modified from Theron (2005), Boonanan (2015), Pretty (1994), Cornwall (1996) and Arnstein (1969))

Theron (2005), Boonanan (2015), Pretty (1994), Cornwall (1996) and Arnstein (1969) also assert that when communities function at lower levels of participation (i.e. manipulative participation, passive participation, participation by consultation, and participation for material incentives), participations could be regarded as having no power. According to these authors, communities are misled when, in reality, intervention outcomes are solely determined and influenced by the power holders. The authors mentioned further describe these lower levels of participation (1 to 5) as nothing but a make-believe formality in which there is in effect no participation by the community.

The lack of active participation can be attributed to the fact that a genuine PCA to active community participation is at risk of manipulation by officials who, instead of giving power to community members, use it to sideline and disempower them (Drimie, 2015; Flora & Arnold, 2012). Thomas (2013) and Chambers (2021) state that genuine community participation is often reduced to a mere symbolic implementation of participation. Consequently, on the lower levels of participation, what is claimed to be participation is actually non-participation, as local communities are manipulated and used for approval or to engineer their support (Arnstein, 1969; Boonanan, 2015; Cornwall, 1996; Pretty, 1994; Theron, 2005). This view is shared by Mchunu and Theron (2014), who believe that the lower participation levels are a recipe for failure, because the issues affecting the people are mostly centred on and attached to external intentions and wishes (Arnstein, 2021; O'Meara, 2009). Davids and Theron (2014) state that, in most instances, development is not for and by the people, because development practitioners, professionals other development facilitators as well as academics shut out the fact that the people are supposed to be key partners.

## RESEARCH METHODOLOGY

Aligned with the quantitative approach, a randomised cross-sectional survey design was used to conduct the study as a non-experimental quantitative research method using PCA as a theoretical framework. The inclusion criteria for this study were restricted to the +/-33,000 community members who access the services of 143 CBFNCs in the Northern Cape (in the towns of Kimberley, Springbok, Upington, Kathu and De Aar). The Northern Cape DSD gave written approval to conduct this study as part of adherence to ethics requirements.

To select the desired sample from the targeted population, a 10% sample size was considered to control for errors, calculated as  $143 \div 10\% = 14.3$ . Therefore, 14 CBFNCs were drawn using systematic sampling for the main study. The first author calculated the interval size (count distance) using  $143 \text{ (population size)} \div 14 \text{ (sample size)} = 10.2 \text{ (interval size)}$ . Thus, the sample size of the 14 centres was extracted from an alphabetically ordered list where the first author started the count at a random point and then selected every tenth centre up until the point that 14 centres had been selected. The management board and staff of the 14 centres were approached and they verbally consented to the researcher approaching the beneficiaries and distributing the consent forms and questionnaires to them.

A pilot study was conducted at one centre situated in Kimberley. This centre did not form part of the main research. To conduct the study, respondents were then recruited from 14 selected centres that serve approximately 33,000 beneficiaries. Using Taherdoost's (2016) formula, 380 community members were initially selected to participate, but only 357 respondents ultimately completed the survey. Participants were informed that their involvement was voluntary, that they could withdraw at any time, and that their identities would remain anonymous. They completed a consent form separately from the questionnaires to ensure confidentiality.

Hard-copy, self-administered questionnaires in English, Afrikaans and Setswana were distributed to the respondents, who completed them in pen. The pre-developed questions were related to the research objectives and SPSS software was used to analyse the data.

## RESULTS AND DISCUSSION

Author 1 collected the data in 2023, but many of the questionnaire items were incomplete because the respondents gave blank responses or provided more than one response even when not requested to do so. Hence, for all sections, n does not equal the number of completed questionnaires (n=357).

*Table 1: Respondent demographics*

<i>Category</i>	<i>Sub-category</i>	<i>n</i>	<i>%</i>
Age	19 – 30	103	40.55%
	31 – 40	81	31.89%
	41 – 50	42	16.5%
	51 – 60	28	11.02%
	> 60	0	0%
	Total (Age)	254	100%
Gender	Female	112	35.10%
	Male	207	64.89%
	Other	0	0%
	Total (Gender)	319	100%
Education	Tertiary education	24	7.01%
	Secondary/TVET (Grade 8 – Grade 12)	185	54.09%
	Basic education (Grade R – Grade 7)	111	32.45%
	No schooling	22	6.43%
	Total (Education)	342	100%
Income	No income	124	37.92%
	Permanent employment	17	5.19%
	Part-time employment (piece jobs)	67	20.48%
	SASSA grants	119	36.39%
	Total (Income)	327	100%
Marital Status	Married	55	35.03%
	Not married (single)	6	3.82%
	Not married (in a long- term relationship)	66	42.03%
	Widowed	21	13.37%
	Divorced	9	5.73%
	Total (Marital Status)	157	100%

Regarding the age distribution, the results indicate that almost 41% of community members between the ages of 19 and 40 access the services of a CBFNC in the Northern Cape, compared to other age categories, illustrating that the members of this age group are most in need of being provided with cooked food as they might be unemployed and lack food security. This interpretation is supported by the Quarterly Labour Force Survey for 2022 (Statistics South Africa, 2022). Furthermore, the unemployment rate was 63.9% for those aged 15 to 24 and 42.1% for those aged between 25 and 34 years.

The results of this study strongly indicate that participation in the age category of 41 to 60 years varies between as little as 11.02% to 16.5% within the Northern Cape context. It could be that the reason for the low percentage of this age category accessing services is because of their income status in terms of receiving a South African Social Security Agency (SASSA) grant or from part-time jobs, meaning that they might be more capable of meeting their own food needs. Another factor that might contribute to the low percentage of those in the age group 60 and older accessing the services could be that respondents experience health-related issues, limiting their mobility. The 2022 Quarterly Labour Force Survey confirms that the unemployment rate for the age bracket of 55 to 64 years is 13.2%, and for 45 to 54 years is 20.5%, which is lower than for the age category of 19 to 40 years old. People in the age category of 60 years and older are eligible for a SASSA grant, which was increased in 2023 to R2,080 per month. Thus, this age group possibly experiences less food insecurity as they have some sort of income.

Related to gender, the results could be linked to the female unemployment rate in the Northern Cape province, which declined from 32% in 2010 to 30.7% in 2019, while the male unemployment rate increased from 24.5% to 25.5% during the same period (Northern Cape Socio-Economic Review and Outlook, 2021). Thus, because more of the men are unemployed, they have a greater need for food as they do not have the means to provide for their own needs.

The analysed responses indicate that most of the people who access the services of a nutrition centre possess a secondary/TVET level education and/or basic education. This result can be interpreted as indicating that these are the most strongly food-insecure community members as they are not absorbed as easily into the employment market as those who possess a tertiary-level education. Thus, people without tertiary education are more prone to food insecurity.

The results also reveal that the recipients of an older person's grant are in a better position to sustain their nutrition than the 39% of respondents who have no income. The realities of these no-income households can be attributed to the unemployment rate, or they may be because the members of these households might not be eligible to be absorbed into the job market. The province's official unemployment rate stood at 28.7%, while the expanded rate, which includes those not actively looking for work, was 41.8% (Northern Cape Socio-Economic Review and Outlook, 2021). Another influencing factor that should be taken into account is that food inflation in South Africa increased to 11.8% in May 2023 (Statistics South Africa, 2023). The rise in food prices naturally lowers food purchasing power, thus giving rise to community members seeking food services from CBFNCs. This finding also suggests that, except for the old person's grant, other grants have become insufficient in addressing food insecurity.

From the responses given, it can be deduced that the majority of the community members accessing services are in a long-term relationship or are married, and most likely need food assistance because they are trying to survive off a SASSA grant, or because there is only one income or no income whatsoever. Thus, it can be deduced that married community members experience more food insecurity for multiple reasons, such as that their significant other cannot assist with providing food, that their household expenses exceed their income, or that the size of the family together with financial responsibilities causes them to seek the services of a nutrition centre.

Overall, it could thus be summarised that predominantly young, uneducated, low-income males in the Northern Cape are highly dependent on government grants or informal work. Hence, it could be deduced that systemic unemployment, low educational attainment and a lack of income are driving food insecurity. Therefore, CBFNCs serve as a crucial support mechanism, particularly for those who fall through the cracks of social and economic safety nets.

### **Section B: Duration and frequency of access**

*Table 2: Duration and frequency of access to CBFNC services*

<i>Category</i>	<i>Sub-category</i>	<i>n</i>	<i>%</i>
Duration of Access	0 – 12 months	63	18%
	2 – 5 years	143	40.85%
	6 – 9 years	144	41.14%
	Total (Duration)	350	100%
Frequency of Meals	1 day a week	8	2.35%
	2 – 3 days a week	38	11.17%
	4 – 5 days a week	253	74.41%
	Only when needed	41	12.05%
	Total (Frequency)	340	100%

It can be deduced that age, income, educational level as well as marital status influence how long service users remain dependent on CBFNCs. The results reveal that people access the services for extended periods, and there is little to no evidence of “beneficiary graduation”, meaning that these communities continue to be ravaged by food insecurity. It can also be further deduced that because of a lack of empowerment and employment opportunities, community members are unable to become independent and therefore remain reliant on the services of the nutrition centres. Beneficiary graduation is described as resulting from interventions that lead to economic and social opportunities that promote sustainable livelihoods, independence and self-reliance of members from communities that access CBFNC services (Arnstein, 1969; Boonanan, 2015; Cornwall, 1996; Pretty, 1994; Theron, 2005).

The fact that most people eat at the centre between four and five days per week could be attributed to the province’s unemployment rate of 70.5% (Northern Cape Socio-Economic Review and Outlook, 2021), their income status, and the fact that most respondents have a very low education level or none whatsoever.

### Section C: Community members' understanding of a PCA

The PCA emphasises the importance of community members being empowered with knowledge and information to achieve a state of informed community participation, effecting meaningful change.

*Table 3: Community members' understanding of the people-centred approach (PCA)*

In your opinion, does participation mean that YOU, concerning the services rendered by the CBFNC, participate in the following:	n	%
Decision-making – your opinion is asked, and it counts towards making a final decision	30	6.5%
Planning – you take part in deciding beforehand what is to be done, when it is to be done, and how it is to be done	29	6.26%
Evaluation – you are allowed to give feedback about how the service is rendered by the centre	35	7.5%
Analysis – you take part in looking at the service carefully to understand what it does and how it works	39	8.42%
Implementation – you are allowed to participate in making it happen	24	5.18%
Budget inputs – you take part in creating a plan concerning how to spend money	28	6.04%
Inputs in policymaking – you take part in creating guidelines or setting standards	34	7.34%
All of the above	84	18.14%
None of the above	84	18.14%
Unsure	76	16.41%
TOTAL (N)	463	100%

The above table reveals that most respondents generally needed help understanding or knowing what a PCA entails. Therefore, they could not claim to have participated in services provided by the CBFNCs as it would be impossible for them to effect meaningful change if they do not achieve a position of informed community participation (Jung, 2019). This result aligns with Mkatakona's (2014) view that communication is crucial, especially to service users, so that they can be sensitised and encouraged in the process. Furthermore, the results of this study align with those of Kumar (2011) as well as with information put out by the WHO (2023), namely that the PCA requires communication and information-sharing to be personalised to people's development level, needs and traits. Thus, it can be deduced that without improved communication and engagement strategies, CBFNCs risk being perceived as mere food distribution points rather than spaces for meaningful community participation and empowerment.

## Section D: Levels of community participation

Participation in management processes entails collective activity, including analysis, planning, budgetary inputs, policy-making inputs, decision-making, implementation and evaluation to achieve the predetermined goal of addressing the basic need for food security for the vulnerable and poor (Chambers, 2021; Nel et al., 2021; Schenck et al., 2010).

*Table 4: Level of community participation in terms of PLANNING*

Have you participated in the following CBFNC activities?	Statement n; (%)
Planning (You take part in deciding beforehand what is to be done, when it is to be done and how it is to be done)	Yes, I participated fully n = 47 (15.25%)
	Yes, I used to participate but dropped out n = 12 (3.9%)
	Yes, I was invited but chose not to participate in planning n = 42 (13.63%)
	I feel I don't have the knowledge to participate in planning n = 55 (17.85%)
	I was never invited to participate in planning n = 62 (20.12%)
	I did not know that I could participate in planning n = 64 (20.78%)
	Employed staff and management members do not want to share power with beneficiaries with regard to planning n = 26 (8.44%)
Total	N = 308 (100%)

In interpreting the results presented in Table 4, it can be seen that the majority of the beneficiaries have not participated in planning, either because they were not aware of it, or they were never invited to participate. This result raises concerns in terms of the type of service that is rendered, as the results show that less than a quarter of the community members indicated participation in planning. Thus, it can be assumed that the services rendered do not reflect the needs, opinions and nutrition challenges of the community. It can also be further concluded that the type of service that is being rendered does not include community insight and local knowledge about planning. Hence, the risk of people not wanting to participate in planning increases as they have no sense of ownership of the project. Suárez-Krabbe (2016) confirms this interpretation by emphasising that people should be the centre of any service planning.

Table 5: Level of community participation in terms of DECISION-MAKING

Have you participated in the following CBFNC activities?	Statement n; (%)
Decision-making (Your opinion is asked for, and it counts towards making a final decision)	Yes, I participated fully n = 46 (14.51%)
	Yes, I used to participate but dropped out n = 20 (6.30%)
	Yes, I was invited but chose not to participate in decision-making n = 39 (12.30%)
	I feel I don't have the knowledge to participate in decision-making n = 60 (18.9%)
	I was never invited to participate in decision-making n = 66 (20.82%)
	I did not know that I could participate in decision-making n = 53 (16.71%)
	Employed staff and management members do not want to share power with beneficiaries with regard to decision-making n = 33 (10.41%)
Total	N = 317 (100%)

Table 6: Level of community participation in terms of ANALYSIS

Have you participated in the following CBFNC activities?	Statement n; (%)
Analysis (You take part in evaluating the services carefully to understand what they do and how they work)	Yes, I participated fully n = 46 (14.46%)
	Yes, I used to participate but dropped out n = 15 (4.71%)
	Yes, I was invited but chose not to participate in analysis n = 43 (13.52%)
	I feel I don't have the knowledge to participate in the analysis n = 90 (28.30%)
	I was never invited to participate in analysis n = 29 (9.11%)
	I did not know that I could participate in the analysis n = 71 (22.32%)

	Employed staff and management members do not want to share power with beneficiaries with regard to analysis n = 24 (7.54%)
Total	N 318 (100%)

Based on the results presented in Tables 5 and 6, it can be concluded that the type of service rendered does not reflect the community's wishes, goals and concerns, as they have no influence or control over decisions, or participate in the analysis of actions that affect their nutrition needs. The importance of community members' participation in decision-making is crucial for them to embrace a PCA. This interpretation is emphasised as the approach of people-centredness consciously embraces the role of people in making intentional decisions that affect them, without being restricted by hierarchy, political position, educational background or position in society (Health Foundation, 2016; WHO, 2008).

*Table 7: Level of community participation in terms of IMPLEMENTATION*

Have you participated in the following CBFNC activities?	Statement n; (%)
Implementation (You form part of the process of making the service happen)	Yes, I participated fully n = 53 (15.40%)
	Yes, I used to participate but dropped out n = 21 (6.10%)
	Yes, I was invited but chose not to participate in implementation n = 36 (10.47%)
	I feel I don't have the knowledge to participate in implementation n = 98(28.48%)
	I was never invited to participate in the implementation n = 42 (12.20%)
	I did not know that I could participate in the implementation n = 65 (18.89%)
	Employed staff and management members do not want to share power with beneficiaries about the implementation n = 29 (8.43%)
Total	N = 344 (100%)

Based on Table 7, it can be concluded that community members are not active participants in their own centres; they remain passive community members who receive services. Aref (2010) and Richardson (2018) stress the importance of community members being involved in the implementation of service delivery and taking action to achieve change that transforms their communities.

*Table 8: Level of community participation in terms of EVALUATION*

<b>Have you participated in the following CBFNC activities?</b>	<b>Statement n; (%)</b>
Evaluation (You are allowed to give feedback about how the services are rendered by the CBFNC)	Yes, I participated fully n = 49 (14.62%)
	Yes, I used to participate but dropped out n = 17 (5.07%)
	Yes, I was invited but chose not to participate in evaluation n = 41 (12.23%)
	I feel I don't have the knowledge to participate in evaluation n = 89 (26.56%)
	I was never invited to participate in the evaluation n = 34 (10.15%)
	I did not know that I could participate in evaluation n = 78 (23.28%)
	Employed staff and management members do not want to share power with beneficiaries with regard to evaluation n = 27 (8.05%)
Total	N = 335 (100%)

Table 8 reveals that the community members accessing services do not have a say in the quality of service that they are receiving, and they are unable to rate the centres' success in terms of addressing their nutrition challenges and meeting other needs that they might have. Ledwith (2020) reminds us that the PCA is meant to create a context which enables communities to make evaluations in terms of what they do and to manage community projects (Makondo & Schenck, 2000).

*Table 9: Level of community participation in terms of BUDGET INPUTS*

Have you participated in the following CBFNC activities?	Statement n; (%)
Budget inputs (You take part in creating a plan for how to spend money)	Yes, I participated fully n = 36 (10.94%)
	Yes, I used to participate but dropped out n = 16 (4.86%)
	Yes, I was invited but chose not to participate in budget inputs n = 44 (13.37%)
	I feel I don't have the knowledge to participate in budget inputs n = 91 (27.65%)
	I was never invited to participate in budget inputs n = 44 (13.37%)
	I did not know that I could participate in budget inputs n = 66 (20.06%)
	Employed staff and management members do not want to share power with beneficiaries with regard to budget inputs n = 32 (9.72%)
Total	N = 329 (100%)

In interpreting the results presented in Table 9, it is worrying to see that only 36 community members participated in budget inputs. To some degree, an element of power held by the employed staff and the centre management influences the level of participation in budget inputs, confirming the top-down approach fostered at the centres. The community members generally have no say in how the money is spent and on what it is spent. Hence, the centres' staff members and management cannot be held accountable by the community in terms of finances, donations and funding received. Regrettably, this interpretation aligns with the account given by Graham et al. (2003), who describe a top-down approach where people are viewed as mere objects or as the recipients of services.

Table 10: Level of community participation in terms of inputs in POLICY MAKING

Have you participated in the following CBFNC activities?	Statement n; (%)
Policy making inputs (You take part in creating guidelines or setting standards)	Yes, I participated fully n = 38 (11.83%)
	Yes, I used to participate but dropped out n = 20 (6.23%)
	Yes, I was invited but chose not to participate in policy inputs n = 37 (11.52%)
	I feel I don't have the knowledge to participate in policy inputs n = 82 (25.54%)
	I was never invited to participate in policy inputs n = 44 (13.7%)
	I did not know that I could participate in policy inputs n = 72 (22.42%)
	Employed staff and management members do not want to share power with beneficiaries with regard to policy inputs n = 28 (8.72%)
Total	N = 321 (100%)

The findings in Table 10 indicate that most community members do not participate in policy processes at CBFNCs, because of a lack of awareness, not being invited, insufficient knowledge, or merely opting from participating (Platteau, 2008; Quadir, 2013). This lack of participation reflects a failure of the PCA, which should place people at the core of development. Most community members are excluded from decision-making, planning, evaluation and policy-making, largely because employed staff and management do not want to share power with the community (Melkote & Steeves, 2015).

The study also reveals that the CBFNCs focus primarily on the wishes of the staff and management rather than on the beneficiaries, who are the community members. This leads to community members feeling pressured to hide their true preferences. Moreover, the centres fail to share power with the community, reinforcing a power imbalance where staff and management hold authority over the community rather than working with them (Boonanan, 2015). This lack of empowerment leaves community members dependent on the services instead of promoting their independence through active participation in decision-making and problem-solving (Servaes, 2020).

The study further highlights that many community members, despite engaging in some activities, choose not to participate in others, either because of a lack of resources or desire. The lack of a genuine participatory environment in these centres is attributed to management's disregard for community participation. This misconception about participation, where

community involvement is often just a formality or is limited to the number of meals served, further undermines the true essence of community engagement (Duraiappah et al., 2005; Hoy & Johnson, 2013).

Ultimately, the study suggests that the failure of these centres to truly engage the community in meaningful participation leads to a lack of ownership over the process, leaving the community passive and dependent on the services provided. This kind of low-level participation, characterised by non-participation or passive involvement, is likely to lead to the failure of community-based projects (Mchunu & Theron, 2014).

*Table 11: Participation impact*

<b>When you do participate, do you think your participation impacts the work of the CBFNC?</b>	<b>n</b>	<b>%</b>
Yes	36	21.81%
No	13	7.87%
To some degree	34	20.60%
Not at all	82	49.69%
Total (N)	165	100%

The fact that most respondents believed that their participation makes no impact can be related to the fact that they do not participate in the specific processes of decision-making, planning, evaluation, analysis, implementation, budget inputs and policy-making inputs. Thus, communities function at lower levels of participation (manipulative participation, passive participation, participation by consultation and participation for material incentives), which is regarded as ‘fake’ participation as they hold no power in the process. These interpretations align with the views of Theron (2005), Boonanan (2015), Pretty (1994), Cornwall (1996) and Arnstein (1969), who state that with lower levels of participation, communities are misled, because, in a real sense, programme outcomes are determined and influenced by the power holders. Hence, this lower level of participation is nothing but a ‘make-believe’ formality.

A solid foundation for community participation is laid when a PCA places people at the centre of their own development. The study’s findings, as demonstrated in Tables 4 to 11, largely confirm that the majority of community members do not participate in key processes such as decision-making, planning, evaluation, analysis and implementation, nor in budget and policy-making inputs, because of a lack of knowledge, not being aware that they could participate, never being invited to participate, or because the employed staff and management members not wanting to share power with beneficiaries in the CBFNC’s management processes.

The results also reveal that the employees and members of management do not embrace a process of learning and cooperating as a collective, since the majority of the responses indicated that the respondents had never even been invited to participate in the centres’ management

processes. In this instance, the employees and the management of the centre might have fallen into the trap of forgetting that people are supposed to be central to the operations of a CBFNC.

The results further reveal that the CBFNCs do not foster the sharing of power between the centre staff and the community members who access their services. The centres' employees and management seemed to operate from a position of power over community members rather than working alongside community members. Thus, the assumption can be made that a power imbalance is at play.

The results further established that community members are labelled as incapable of participating in the centre's management, as they are perceived as lacking the necessary technical knowledge associated with centre management. This implies that the centres' staff and management could be led

to manipulate the process so that it will appear as if the community members are participating, which might not be the actual case.

#### **Section D: Challenges Limiting Participation**

*Table 12: Challenges limiting participation in CBFNCs*

<b>What challenges prevent you from participating in the CBFNC?</b>	<b>n</b>	<b>%</b>
Not enough time	114	27.66%
Personal priorities or obligations	10	2.42%
I believe that I have an insufficient influence on project activities	80	19.41%
Conflict with staff (e.g. cooks, project coordinators) and management	19	4.61%
Lack of knowledge	78	18.93%
I believe I cannot contribute to the accomplishments of the centre	30	7.28%
Low self-esteem	32	7.76%
Undervalued opinion	15	3.64%
Poor health	14	3.39%
Age – too young or too old	19	4.61%
Other	1	0.002%
Total (N)	412	100%

The results show that the major challenges identified as to why community members did not participate in the work of the CBFNCs involve personal factors such as time available, private priorities, poor health, inadequate age or centre-related factors such as beneficiaries feeling they did not have enough knowledge, their opinions were not valued, or conflicts with the staff. Hence, if community members were allowed to participate at higher levels of participation by promoting enabling factors such as whole-service changes, challenging unequal power dynamics, and focusing on communities' strengths, then only would true participation become a reality as a vital feature of the work of nutrition centres.

The challenges that might limit participation in CBFNCs could ultimately result in community members not taking ownership, raising the likelihood of centre failure, and the development and maintenance of a dependency mentality. Moyo (2021) states that a sizeable number of community interventions end prematurely because of their overreliance on external stakeholders and funders. Therefore, it is important to give communities the opportunities and experiences necessary to make informed choices that contribute to community empowerment (Arnstein, 2021).

Mubangizi and Theron (2014) emphasise the importance for people to be both the target of change and the tool for accomplishment, which seemed to be lacking in these centres, as displayed by the results. The centres seemed to follow a typical top-down approach that did not particularly value community participation. This was because the community members accessing the services might have been manipulated and used to ensure their support to keep the centres open. The results indicated that the staff and management maintain the power, while people from the community remain passive beneficiaries. Hence, they were participating at a lower level where they had no voice and participation was reduced to mere symbolic participation, which is in line with lower levels of participation (Arnstein, 1969; Boonanan, 2015; Cornwall, 1996; Gershman, 2013; Pretty, 1994; Theron, 2005). Kumar (2002) as well as Blair and Hammett (2024) believe that empowering people can result in people making better choices, developing the skills and opportunities for greater independence and inclusion, and having control over their lives.

### Section E: Recommendations for facilitating a participatory environment

Table 13: Participative opportunities

To enhance my involvement, an opportunity should be created for me to participate in the following:	n	%
Decision-making	47	11.92%
Planning	37	9.39%
Evaluation	19	4.82%
Analysis	13	3.34%
Implementation	23	5.83%
Budget inputs	23	5.83%
Policy making inputs	37	9.39%
All of the above	194	49.23%
Other	1	0.25%
Total (N)	394	100%

The results of Table 13 could be interpreted as indicating that even though the majority of community members do not currently participate in decision-making, planning, evaluation, analysis, implementation, budget inputs and providing policy-making inputs, they would still be willing to participate and contribute rather than merely receive a meal.

Table 14: Empowerment opportunities

To enable me to participate, opportunities should be created to improve my personal growth in the following:	n	%
Improvement of self-esteem	52	10,78%
Improvement of self-confidence	70	14.55
Improvement of my CBFNC knowledge	245	50,82%
Creating a platform for participation	57	11,82%
Assertiveness	58	12,033%
Total (N)	482	100%

To support the recommendations made by respondents on empowerment opportunities, reference is made to Kumar (2002), who believes that empowering people can result in people making better choices, developing the skills and opportunities for greater independence and inclusion, and having control over their lives (Chambers, 2021; Eade, 2005; Kumar, 2002; Theron, 2005). The results of Table 14 further show that people do not merely want to fetch food, but desire to participate in the process and be empowered, although it may seem that their nutrition needs take preference.

Judging from the responses in Tables 13 and 14, it can be deduced that the centres did not provide their service users with holistic empowerment and participation opportunities within the different projects they were involved in. Holman (2002) and Lansing et al. (2023) state that giving communities opportunities and experience is necessary to foster informed choices that contribute to community empowerment.

Based on the analysis, the assumption is that critical reflection is needed on service user participation and empowerment opportunities across the entire integrated process of decision-making, planning, evaluation, analysis, implementation, budget inputs and policy-making inputs. Thus, it can be concluded from the results that beneficiaries' independence did not grow since they were not empowered by the staff and management of the CBFNCs. These results reveal that the centres underestimated the power and benefits of empowering communities.

Despite people's need for food security, the study has shown that they believe that participation opportunities should be created for them by involving them in the decision-making process, requesting their inputs into policy making, and for them to be part of planning, implementation, budgeting, evaluation and analysis. This will ensure that the specific needs and preferences of people accessing the services of CBFNCs are addressed and that Sustainable Development Goal 16, which aims to build peace, justice and strong institutions, can be achieved.

Secondly, empowerment opportunities should be created to improve the knowledge of the CBFNC service users. Empowerment entails training service users to take ownership of initiatives that could foster a sense of responsibility and sustainability. Such empowerment opportunities could also uplift their self-esteem and create a platform for participation where people from the community are fully involved in addressing the nutrition needs of their community. Empowerment could also contribute to honouring the core meaning of community

participation within a PCA. Centre staff and management must, however, recognise that participation is rooted in legal frameworks, as public policies support people-centred sustainable development and consequently that they need training on participatory methodologies.

## CONCLUSION

A people-centred approach (PCA) emphasises the importance of actively engaging all stakeholders in community services, especially in sectors such as food security. PCA involves community members actively participating in decision-making, planning, implementation and evaluation processes related to the services that affect them as access to information fosters awareness, responsibility and dignity among community members. However, barriers such as viewing community members as passive beneficiaries, power imbalances favouring elites or officials, lack of awareness or knowledge of PCA, and limited genuine engagement hinder true participation. The literature highlights that effective PCA shifts power to communities, making them active agents capable of addressing their challenges, which enhances the relevance and sustainability of interventions.

This study was conducted in the Northern Cape, South Africa to investigate community understandings of PCAs, their level of participation and obstacles faced in engaging with community-based food and nutrition centres (CBFNCs). The findings revealed that most community members are young, uneducated, low-income males heavily reliant on government grants, with extended dependence on food aid as a result of systemic unemployment and low educational attainment. Many have been accessing services for several years with little evidence of community empowerment or movement toward independence.

The study showed that community members participate minimally in key processes such as decision-making, planning, evaluation and budget inputs. Many were unaware of opportunities to participate or were never invited, and they often felt that they lacked the knowledge or confidence to get involved. There was a widespread perception that their contributions had little impact, and that there was a significant power imbalance, with staff and management controlling decision-making. Challenges limiting participation included lack of time, health issues, feelings of insignificance and disempowerment.

Overall, current practices tend to reinforce top-down, tokenistic participation rather than genuine engagement, leading to community dependency and disempowerment. Recommendations include creating more participatory opportunities, empowering community members through education and platforms for involvement, and fostering shared power in all stages of service delivery. Such strategies would better align with PCA principles, promoting community ownership, sustainability, and the broader goals of inclusive development and social justice.

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