The Health Systems Trust and the Integrated Nutrition Programme: A Case Study of Policy Implementation

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DECLARATION:

This dissertation, submitted for the degree in MSocSci (Policy and Development Studies), is work undertaken at the University of KwaZulu-Natal (Pietermaritzburg campus) with the supervision of Anne Stanton.

I declare that this work is the result of my own research, unless specifically indicated to the contrary in the text. This dissertation has not been submitted in any form for any degree to any other university.

Signed: _____

Hlengiwe Gumede Date: 30 November 2007

I hereby certify that this statement is correct.

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ACRONYMS

CASE – Community Agency for Social Enquiry

CBO – Community Based Organization

DBSA – Development Bank of Southern Africa

DOH – Department of Health

DOTS – Directly Observed Treatment Short-course

HST – Health Systems Trust

IMCI – Integrated Management of Childhood Illnesses

INP – Integrated Nutrition Program

MRC – Medical Research Council

NDA – National Development Agency

NGO – Non-Governmental Organization

NPO – Non-Profit Organization

PACSA – Pietermaritzburg Agency for Christian Social Awareness

RIA – Rapid Institution Assessment

SADHS - South African Demographic and Health Survey

SAVACG – South African Vitamin A Consultative Group

TNDT – Transitional National Development Trust

TOT – Trainers of Trainers

UNICEF – United Nations Children's Fund

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ABSTRACT

The South African government has a constitutional obligation to provide health care services to all South Africans. The Department of Health (DOH) has been tasked with delivering health care services to a country which is still recovering from the inequities of the past where unemployment, lack of education, and poverty rates are high. Poverty contributes to food insecurity in many households. Household food insecurity contributes to malnutrition, morbidity, and mortality, particularly in children.

Policies are made to tackle a particular identified social problem. In 1995, the DOH introduced the Integrated Nutrition Program (INP) to deal with malnutrition in this country. The Health Systems Trust (HST) is an independent NGO which was established in 1992 to support the transformation of the South African healthcare system. The HST implements the community component of the INP with the aim to contribute to household food security and health status of children under the age of 5 years (INP Progress Report 2002/3: 3).

The purpose of the study is to identify policy implementation issues as identified by the literature, particularly the literature on policy networks, while analyzing the implementation of the INP. The key focus of this study is policy implementation. It particularly looks at policy networks as forums for policy making and implementation. It looks at interactions between government and non-governmental organisations, more particularly the DOH and HST and their networking with other organisations.

A qualitative methodology was used because, as Marlow (1993:67) argues, a qualitative approach may be more effective because the answers can provide a detailed description of the program. Primary and secondary data was collected from the DOH as well as the HST. Purposive sampling was applied where participants were selected on the basis of their relevance to the study. Interviews were held with key informants. A structured questionnaire was designed for the key participants at the HST as well as the key participants of the DOH.

The implementation of the INP by the DOH and HST is an illustration of a policy network in action. The study on the HST's implementation of the INP emphasizes that government cannot afford to ignore the contribution NGOs have made and continue to make in service delivery 'because of their cost effectiveness and ability to engage people at the grassroots level, especially in remote areas' (Taylor, cited in Camay and Gordon, 2002:37).

Factors which contribute to network failure, according to Kickert *et al* (1997:9) include: a lack of incentives to cooperate and the existence of blockades to collective action; proposed goals may be vague; important actors may be absent, while the presence of other actors may discourage the participation of necessary actors; crucial information about goals, means and actors may be lacking; discretionary power may be absent; and the absence of commitment of actors to the common purpose. All the above were evident in the implementation of the INP.

The implementation of the INP is for the most part successful. The issue is about whether it is a relationship which will be able to endure and overcome its existing weaknesses thereby sustaining the delivery of an integrated nutrition program.

CHAPTER 1: INTRODUCTION

The South African government has a constitutional obligation to provide health care services to all South Africans. The poor, in particular, depend on the Department of Health's (DOH) services and are the first to suffer when the DOH fails to deliver. Unfortunately, the DOH continues to be constrained by a lack of resources such as adequate infrastructure, systems and skilled human resources. These constraints limit the DOH's capacity to implement health care policies. The DOH has been tasked with delivering health care services to a country which is still recovering from the inequities of the past where unemployment, lack of education, and poverty rates are high. Since 1994, government has developed new health care policies which address the inequities of the past, and which aim at equitable health care.

This study recognizes that the DOH has serious limitations in their ability to implement national health care policies. Policy literature describes how government policy can be implemented in partnerships and networks with the private or civil sector. To date, the DOH has been criticized for marginalizing civil society organisations thereby neglecting the contribution that civil society organisations can and are willing to make in the implementation and provision of national health services (Harbeson, Rothchild, and Chazan, 1994: 71). There is a growing recognition that NGOs are a resource themselves. Their strength lies in their expertise in community outreach programs and in their close relationships with the communities they work in.

In 1995, the DOH introduced its Integrated Nutrition Program (INP). The focus of this program is to establish sustainable food security for the needy. The program was set up to try to reduce the high rate of malnutrition and thereby improve the health status of all citizens, particularly pregnant women, lactating mothers, children under 5 years of age, and the poor (Department of Health, 1997).

The Health Systems Trust (HST) is an independent NGO which was established in 1992 to support the transformation of the South African healthcare system. The HST has done

extensive work contributing to the development of rural communities and the delivery of services. The HST has skills, expertise, commitment and extensive experience in the field. National health policies do not pay enough attention to their potential contribution. An NGO such as the HST, could prove beneficial to the DOH, in terms of increasing their capacity thereby enabling service delivery.

Objectives of the study:

The key focus of this study is policy implementation. It particularly looks at policy networks as forums for policy making and implementation. It looks at interactions between government and non-governmental organisations, more particularly the DOH and HST and their networking with other organisations.

The research objective is not to describe the *relationship* between the DOH and the HST. It is about identifying *policy implementation issues* as identified by the literature, particularly the literature on policy networks, while analyzing the implementation of the INP.

In this respect, the key research objectives were:

- To explore and discuss the theory on policy implementation and networks.
- To explore the value of civil society organisations, and their relevance to policy implementation and service delivery.
- To describe and analyze the content of the Integrated Nutrition Program policy.
- To describe and analyse the role of the Health Systems Trust in the implementation of the INP policy, and identify issues or problems which emerged in their collaboration with the Department of Health.
- To extrapolate implications for future networking arrangements between the Health Systems Trust and the Department of Health.

Research Methodology

This study is predominantly an empirical qualitative study, and it included collecting primary data as well as analyzing secondary data. A qualitative methodology was used because, as Marlow (1993:67) argues, a qualitative approach may be more effective because the answers can provide a detailed description of the program. The study commenced with a literature review of secondary data by looking at the literature on policy implementation, policy networks, and civil society organisations. A policy analysis was undertaken of national nutrition policy, with specific attention to the DOH's Integrated Nutrition Program.

Primary and secondary data was collected from the DOH as well as the HST. Both partners have numerous Annual Reports and policy documents which detail the INP. In addition interviews were held with key informants. Purposive sampling was applied where participants were selected on the basis of their relevance to the study. A structured interview guide was designed for the key participants at the HST as well as the key participants of the DOH (See Appendix A and B). The interview guide included open-ended and closed-ended questions. Open-ended questions help to get respondents' views, their interpretations, and their experiences in the way they understand them (Babbie and Mouton, 2001: 233).

Six participants were interviewed for the study, they include: the INP Deputy Director and two INP facilitators from the Health Systems Trust, 2 INP managers from the Department of Health, and a clinic supervisor from the Department of Health who is involved in the implementation of the INP.

The theory on policy implementation and policy networks were used as a benchmark for data analysis.

Limitations of the study

The study was limited to the availability of staff at the HST and DOH. Some of the HST staff who were involved in the setting up of HST's INP no longer work for HST and were therefore not available for comment. The INP manager at the HST was too busy and unable to participate. Some of the DOH staff also declined to participate. More could have been drawn out of this study if all the invited staff members were available for comments.

Structure of the dissertation

Chapter Two provides a theoretical discussion on the literature on policy implementation and policy networks. It establishes a theoretical framework for analysis of the implementation of the INP. Chapter Three explores the value and role of civil society organisations, and their contribution to service delivery. Chapter Four provides a policy analysis of the INP and examines the Health Systems Trust and their implementation of the community based component of the INP. Chapter Five presents the findings of the interviews with the key informants at both the HST and the DOH. Chapter Six concludes the study.

Chapter 2: Literature Review on Policy Implementation Theory

Introduction

Public policy making can be seen as a problem solving effort through decision-making by government and ordered into programs for implementation (Kickert, Klijn and Koppenjan, 1997:138). Theoretically, policies are made to solve identified social problems, and are implemented as programs. These policies should be closely monitored and evaluated during the planning stage, the implementation stage and after implementation. If necessary, decisions to amend or terminate the policy or to improve implementation are made based on the findings of the evaluation. Since South Africa is a relatively new democratic state, governance strategies are more or less trial and error.

This chapter will examine the theory on policy implementation. It will explore the literature on policy making, policy implementation, the obstacles and shortcomings of policy implementation, and strategies for policy implementation. This chapter will also look at the concept of networks. It will consider the rationale for networks, some of the main issues and barriers in networks, as well as the role of networks in policy implementation. These theoretical discussions will inform the conceptual analysis of the study's examination of the implementation if the Integrated Nutrition Program by the Health Systems Trust and the Department of Health.

2.1 Policy Implementation

Kuye, Thornhill and Fourie (2002:73) define public policy as "a proposed course of action or guideline to follow in order to achieve social goals and objectives which are continuously subjected to effects of environmental change and influences". Colebatch (2002:99) defines public policy as "a structured commitment of important resources and looking for ways to restructure the commitment that maximise greater change or impact

of resources available". Both Kuye *et al* and Colebatch, highlight the fact that public policy is about a proposed course of action. Its successful implementation depends on the context and the environment under which the policy is being implemented.

Public policies are decisions that are made to tackle social issues or problems that have been identified by government. Policies normally contain both goals and the means for achieving them, however most policies are criticised for not providing the means to implement them (Colebatch, 2002:99).

Pressman and Wildavsky (cited in Hogwood and Gunn, 1997:219) argue that policy is often regarded as a 'hypothesis containing initial conditions and predicted consequences'. The typical reasoning of a policy maker, they say, is along the lines of 'if X is done at time T, then Y will result at time T'. Thus policy incorporates a theory of cause and effect. However, if policy fails, it may be the underlying theory that is at fault rather than the execution of the policy. Similarly, Bardarch (1977:251) argues that '[I]f this theory is fundamentally incorrect, the policy will fail no matter how well it is implemented'. Therefore, when analysing policies, the focus should not strictly be on how the policy is implemented, but should also focus on the policy itself.

Policy analysts identify that the policy making process tends to go through a series of stages (Hill and Hupe, 2002:46). In this respect, policy is seen as the process of identifying the policy concern, choosing goals, choosing the means of implementing those goals and the actual implementation of the policy goals (Colebatch, 2002:52). Though it might seem like the policy process is a smooth stepwise process of making public policies to provide for the social good, it is not always so. What happens at one stage will affect what happens at the next stage. Meaning that the goals of the policy will determine how the policy is implemented as well as the outcome of the policy. Similarly, the political context in which policy making takes place will also influence how policy decisions are reached and how it is implemented (Colebatch, 2002:52).

Policy implementation is "a process which involves interaction between the setting of goals and actions geared to achieving them" (Pressman and Wildavsky, 1973:5). Minogue (cited in Hill, 1997:17) defines implementation as 'getting things done'. It relates to 'specific objectives and the translation into practice of the policies that emerge from the complex process of decision making'. The policy implementation process is complex, both politically and technically, while at the same time, highly interactive (Brinkerhoff and Crosby, 2002:6). Power is central to the dynamics of policy implementation. The entire process is heavily influenced by politics and power relations. Public policy is the product of the exercise of political influence, determining what government does and the limits it sets to what it does (Hill, 1997:41). The manner in which power is acquired and used, impacts and determines policy outcomes (Cloete and Wissink, 2000: 173). The outcome, argues Minogue (cited in Hill, 1997:17), is the result of decision-plus-implementation or what actually happens.

The policy implementation process usually crosses agency lines and reaches beyond the boundaries of the public sector to involve business and civil society, that is when partnerships and networks form (Brinkerhoff and Crosby, 2002:48). It is unlikely that a single public institution can possess all the necessary resources to single-handedly implement its policies. The nature of the policy and its content determines who gets to or should be involved in the implementation process (Brinkerhoff and Crosby, 2002:6). Policy implementation affects multiple organisations and groups that are intended to work in concert to achieve a set of objectives. Policy implementation across different organisations and groups requires 'concerted efforts of these multiple actors each possessing some capabilities for action and each dependent on the participation of the others to solidify policy intention and seek its translation into action' (Brinkerhoff and Crosby, 2002:117).

Implementation processes involve many important actors that may hold diffuse and competing goals (Ripley and Franklin, 1984:9). This is because these processes take place within a context of an increasingly large and complex mix of government programs that require participation from numerous stakeholders and units of government (Hill and

Hupe, 2002:61). Conflicting goals means conflicting priorities, thereby possibly hampering implementation.

Bardach (cited in Hill and Hupe, 2002:48) suggests that implementation processes resemble elements of 'games being played'. Each player makes a strategic move, taking into consideration the potential move of the opponent, and considering the strengths and weakness of team mates, thus ensuring a 'win'. He argues that there is a need for great care in the 'scenario writing' process. Scenario writing means outlining potential situations that could occur if particular steps are taken and hence avoiding unwanted consequences or outcomes. This enables those in charge to structure the games in such a way that desired outcomes can be achieved. Bardach (cited in Hill and Hupe, 2002:48) further argues that attention needs to be given to 'fixing the game', which means doing whatever it takes to ensure a win. In games, the smartest and strongest player wins. Ensuring a win, however, requires a lot of strategic thinking, which government officials often have little time for. They are often pressured to get things done quickly. (Bardach, cited in Hill and Hupe, 2002:48).

Even though the policy process might seem like a simple stepwise process that requires chronological and strategic moves to ensure successful policy implementation, there are a number of other possible reasons why policies fail. When trying to find out why policies fail, Parsons (1995: 484) recommends analysing policy implementation in the context of institutional structures, often composed of clusters of actors and organisations. Parsons (1995: 484) further argues that a useful approach could be to focus on the relationship between the type of policy and factors that impact on its implementation process.

Policy implementation calls for consensus building, participation of key stakeholders, conflict resolution, compromise, contingency planning, and adaptation, for it to be successful (Brinkerhoff and Crosby, 2002:6). These are the factors that, if not considered and prioritised, will cause policies to fail, whether due to poor designs or poor implementation. Lane (cited in Hill, 1997: 299) similarly argues that "if implementation is impossible or difficult, it is not because we lack an adequate concept of

implementation but because the relationship between policy and action is such that processes of implementation have a number of properties that are not conducive to the occurrence of successful implementation".

There are three other factors which also affect the success and failure of policy implementation. These factors include the logic of the policy; the nature of the cooperation it requires; and the availability of skilful and committed people to manage its implementation (Weimer and Vining, 2005:275). This would mean that one has to make sure that the policy is suitable to the identified problem, and cooperation which is required from the different stakeholders and potential partners is feasible, and that there are well trained and committed people employed to ensure successful implementation.

Policies are sometimes ineffective not because they are badly implemented, but because they are bad policies (Hogwood and Gunn, cited in Hill, 1997:219). The policy design might be inappropriate. This means that policy may be based upon an inadequate understanding of the problem to be solved, its causes and cure, its nature, and what is needed to address it. Favourable outcomes are more likely if thorough thought is given about the appropriateness of the policy. For example, is it valid? Can it really solve the specified policy problem?

Similarly, policies which depend on a long sequence of cause-and-effect relationships have a particular tendency to break down, since 'the longer the chain of causality, the more numerous the reciprocal relationships among the links and the more complex implementation becomes' (Pressman and Wildavsky, cited in Hill, 1997:220). Basically, the more links in the chain, the greater the risk that some of them will prove to be poorly conceived or badly executed.

According to Wolman (cited in Exworthy and Powell, 2004:266) policies that are explicitly structured so that they must be carried out through the joint action of two or more agencies are particularly prone to problems in the implementation stage. Van Meter and Van Horn (cited in Hill and Hupe, 2002:46) also argue that implementation will be

most successful if only marginal change is required and goal consensus is high. Implementation requires not only a complex series of events and linkages, but also agreements at each event among a large number of participants. Thus, the greater the number of agreements or clearances required of the actors involved in implementation, the more difficult it is to successfully implement policy (Hogwood and Gunn, cited in Hill, 1997:221).

Policy implementation problems often arise due to inadequate resources such as funds, capacity, and power or authority to implement decisions. For example, public administrators are often not allowed to exercise their discretion during their implementation of policy, but first need to gain approval from their superiors (Colebatch, 2002:52). Some obstacles to implementation are outside the control of administrators because they are external to the policy and implementing agencies. Such obstacles may be physical, as when an agricultural program is set back by drought or disease, or they may be political in that either the policy or the measures needed to achieve it are unacceptable to the interests of those who have the power to veto them (Hogwood and Gunn, cited in Hill, 1997:217).

Policies that are technically or politically feasible may still fail to achieve their stated objectives because too much may be expected too soon, especially when policies demand that attitudes or the behaviour of citizens need to be changed (Hogwood and Gunn, cited in Hill, 1997:218). A successful policy is likely to have clear objectives, accompanied with mechanisms to achieve these objectives, and resources to fund them (Exworthy and Powell, 2004:266). In reality, however, politicians sometimes 'will the policy end' but do not provide the 'means'. Politicians often expect policies to produce ideal and expected outcomes without providing or ensuring the availability of the necessary resources, be it human resources or the structures and systems, or adequate financial resources to ensure successful policy implementation. For example, expenditure restrictions may starve a statutory program of adequate resources. Being tasked to implement each and every stipulation of the policy can make it difficult to implement (Hill and Hupe, 2002:164). This is a dilemma that government officials are often faced with.

Another problem arises if special funds are made available but have to be spent within an unrealistically short period of time, faster than the program can effectively absorb them (Hogwood and Gunn, cited in Hill, 1997:218). The fear of having to return the 'unspent portion' of funding at the end of the financial year often leads to a flurry of expenditure, sometimes on relatively trivial items. Therefore, the total use of funds is not a true reflection of adequate or optimal use of funding, or successful implementation.

Recognising that there are factors which are obstacles to successful policy implementation, Brinkerhoff and Crosby (2002:86) argue that a number of requirements must be met to ensure successful implementation. According to them there are certain factors which need to be considered and addressed in order to contribute effectively to policy implementation. These include:

(1) Specification of objectives and the degree of convergence;
(2) Mechanisms for combining effort and managing cooperation;
(3) Determination of appropriate roles and responsibilities; and
(4) Capacity to fulfil these roles and responsibilities.

Hill and Hupe (2002:174) argue that for successful implementation, it is important to design effective policies along with effective implementation systems. For successful implementation, the implementation structures or agencies also need to be designed appropriately for the specific tasks they have to fulfil. Thought also has to be given to the existing systems in place. For example, does the organisation or government have the appropriate systems to implement the policy or do new systems have to be in place to accommodate the new policy? The structures also need to be flexible enough to accommodate change of strategies in the implementation process. The implementation strategies should be explicitly conceptualised, planned and explained in such a way that they are compatible with the context in which implementation takes place (Cloete and Wissink, 2000:254).

Policy implementation is affected by various internal and external circumstances, such as change in leadership. To manage this issue, Dorner and El-Shafie (1980:483) argue that it

is very important that a policy implementation strategy is flexible enough to adapt to the changing political context and circumstances. Rothstein (cited in Hill and Hupe, 2002:81) argues that successful policy implementation is often a question of organising the implementation process so as to accommodate the need for flexibility and the uncertainty in the policy theory.

The probability of a successful outcome will be increased if at the stage of policy design, thought is given to potential problems of implementation (Hill and Hupe, 2002:169). Anticipating implementation problems, according to Weimer and Vining (2005:280) involves what they refer to as forward mapping (or scenario writing) and backward mapping (or bottom-up policy design). Forward mapping is the specification of the chain of behaviours that link a policy to desired outcomes. Backward mapping means starting to think about policies by looking at the behaviour that one wishes to change (Weimer and Vining, 2005:281).

Participation is key in policy making and policy implementation (Brinkerhoff and Crosby, 2002:51). Local input is critical to designing and carrying out policies. Without citizen's trust in the institutions responsible for making and implementing public policies, implementation is likely to fail (Hill and Hupe, 2002:81). Communication and transparency between the agencies of government is thus very important for successful implementation (Hill and Hupe, 2002:68).

According to Pressman and Wildavsky (1973:44), successful policy implementation also depends upon linkages between different organisations and different government institutions or departments. Therefore the degree of cooperation between organisations and departments, they argue, has to be near perfect. It is also important that officials concerned with the making and implementation of policy are always on the lookout for new techniques which may be used to improve implementation (Cloete and Wissink, 2000:31).

Recognizing the fact the many role-players are involved or affected by policy implementation, Brinkerhoff and Crosby (2002:22) argue that effective policy implementation depends on synergy among stakeholders. Bardach (cited in Parsons, 1995:470) argues that 'implementation involves a lot of negotiation and bargaining under conditions of uncertainty around issues of resources and capacity to do the job'. Furthermore, each stage of the implementation process depends on the availability of an appropriate combination of resources (Hogwood and Gunn cited in Hill, 1997:218).

According to Bardach (1998:29) there is constantly a need for administrators that possess tangible and intangible resources and capabilities to implement policies. In addition, a capacity to command by those in authority contributes to successful implementation (Hill and Hupe, 2002:46). Those in authority and power must be able to secure total and immediate compliance from others (both internal and external to the agency) whose consent and cooperation is required for the success of the program (Hogwood and Gunn, cited in Hill, 1997:223).

Hogwood and Gunn (cited in Hill, 1997:221) argue that 'where there is a complete understanding of, and agreement on the objectives to be achieved, and where the tasks that should be performed by each participant are specified in complete detail throughout the policy process, then policy implementation will succeed and achieve its intended objectives'.

Another important factor for successful implementation is monitoring and evaluation. Successful policy implementation depends on continuous policy monitoring and evaluation. The policy implementation process is assisted by constant progress assessment and evaluation. It allows changing policy during its implementation if circumstances demand it. Policy evaluation is essential for ascertaining whether a policy is effective or not. If we are to determine what works and what does not, the policy must include evaluation mechanisms (Rosenau, 2000: 55). Evaluation tends to compare 'what is' with 'what should be'. The focus is on how well the policy or program is functioning and whether it is achieving its intended purposes.

The primary purpose of policy evaluation is to assess the value, merit, and worth of a particular policy or program so that decisions can be made on:

- How to improve the policy;
- Whether to continue or terminate the policy; or
- Whether to contract or expand the program to other areas.

Weiss (1998:4) defines evaluation as 'the systematic assessment of the operation and/or the outcomes of a program or policy, compared to a set of explicit or implicit standards, as a means of contributing to the improvement of the program or policy'. Systematic assessment means that the evaluation research is conducted with formality and rigor, according to accepted social science research norms. The operations and outcomes of the program refer to the way the program is implemented and the end product and impacts of the program. The implicit and explicit standards refer to the standards for comparison, for example, comparing evidence to set or predetermined expectations.

According to Weiss (1998:8) there are four types of evaluation which, although serve different purposes, also complement each other. These include process evaluation, outcome evaluation, formative evaluation, and summative evaluation. According to Weiss (1998:8) process evaluations assess what the program actually does. They also help understand the outcome of the program. Most evaluations tend to be outcome evaluations, which assess the end result of a policy. Outcome evaluations look at the consequences of the program. Outcomes include expected and unexpected outcomes and their consequences. It also assesses the impact of the program. For example, an impact study looks at what happens to participants as a result of a program. Outcome evaluations are used to analyse whether initially assumed benefits and results have been achieved. It also recommends measures for improvement and identifies recommendations for future policies or programs (Weiss, 1998:8).

Formative evaluation produces information during the development stage of a program to help improve it (Weiss, 1998:31). It is designed to help program managers, practitioners, and planners improve the design of the program during its developmental phase. The

emphasis is on feedback to developers with an eye on improving the final product. It is used for learning purposes and focuses on improving policies and programs.

Summative evaluation is done after the program has been implemented. Summative evaluation is designed to provide information at the end of the program about whether it should be continued, terminated or revised (Weiss, 1998:31). Summative evaluations generally serve the 'third party', such as the policy makers or the funders' interests and are conducted after the program or policy has been implemented. They render judgement about the effectiveness, merit or worth of the program. The key rationale for summative evaluation is for accountability. It makes managers and administrators accountable for the successes and failures of the policy or program (Weiss, 1998:32).

In principle, evaluation comprises elements of cost-benefit analysis. Policy evaluation can be about identifying and assessing the costs and benefits of policies. The continuation or the termination of a program often depends on whether its benefits outweigh its costs. The better the balance between social benefits and social costs, the more desirable the program is. According to Worthan, Sanders and Fitzpatrick (1997:15) both formative and summative evaluations are essential because decisions are needed during the developmental stages of a program to improve and strengthen it, as well as once the program is in full force in order to judge its final worth or determine its future prospects.

The shortfall of the stagest interpretation of policy assumes that every stage is mutually exclusive, which means that when a problem is identified, decisions are made to formulate a policy that will address the problem, thereafter, the policy is implemented and evaluations take place after the policy has been implemented. However, successful policy implementation depends on continuous evaluation during the planning stage, during implementation stage and after implementation (Hill and Hupe, 2002: 169).

Hill and Hupe (2002: 169) argue that what happens at the implementation stage will influence the actual policy outcome. Successful policy implementation is not merely about good administration, it is also about 'good management' which also means good

planning (Minogue, cited in Hill, 1997:17). Managing policy implementation, according to Brinkerhoff and Crosby (2002:118) is about developing a shared vision; influencing and persuading supporters and opponents; negotiating agreements; reducing conflicts; cooperating with a wide array of stakeholders; and devising work programs in participatory and collaborative ways. Managing policy implementation also involves the sharing and coordination of 'management' between multiple parties, often located at different levels of government or even outside of government institutions (Kickert, Klijn and Koppenjan, 1997:25).

2.2 Policy Networks

Governments are looking for new ways of structuring policy implementation, due to the pressures on governments for better service delivery and more responsiveness to citizen demands, while facing limited resources, (Brinkerhoff and Crosby, 2002:85). These ways include collaborative and cross-sectoral structures and processes, commonly referred to as policy networks.

Over the last two decades government's public management style has changed shifting from 'rowing' which is the direct provision of services, towards 'steering' which combines policy guidance, regulation and contracting for services (Osborne and Gaebler, cited in Mandell, 2001: 167). As the size and scope of government shrunk, the role of non-governmental organisations and the private sector increased (Salamon, cited in Mandell, 2001: 167).

One of the key features of policy implementation is that it is multi-organisational and rarely does a single agency carry out all the tasks associated with implementation (Brinkerhoff and Crosby, 2002:85). Public problem solving requires the cooperative efforts of a variety of individuals and organisations. In most cases, no institution of government possesses sufficient authority, resources and knowledge to enact, let alone achieve policy intentions. Instead, policies require the 'concerted efforts of multiple actors all possessing some capabilities for action but each dependent on others to solidify policy intention and to seek its conversion into action' (O'Toole Jr., Hanf and Hupe,

1997:137). In such cases, policy networks form the context in which policy processes take place.

Benson (cited in Kickert, Klijn and Koppenjan, 1997:6) define policy networks as "stable patterns of social relations between interdependent actors, which take shape around policy problems and/or policy programs". Policy networks develop around policy problems and resources which are needed or are generated to deal with policy problems. Policy networks form the context in which policy processes take place (Kickert *et al,* 1997:14). Brinkerhoff and Brinkerhoff (cited in Mandell, 2001: 168) define government-civil society networks as 'cross-sectoral collaborations whose purpose is to achieve convergent objectives through the combined efforts of both sets of actors, but where respective roles and responsibilities of the actors involved remain distinct'.

O'Toole (cited in Agranoff and McGuire 1999:20) also defines networks as "structures of interdependence involving multiple organisations or parts thereof, where one unit is not merely the formal subordinate of the others in some larger hierarchical arrangement". Networks include mutual interdependence and negotiated joint action rather than top-down management and supervision. Hierarchical control is then replaced by continuous bargaining among interested parties (O'Toole, cited in Mandell 2001: 168). Networks require interdependence but do not rely on authority. Because no real authority is granted to a particular individual across the network of organisations, its operation depends a lot on voluntary facilitation and coordination. Each organisation's representative keeps his/her authority during the operation of the network. Each organisation's representative 'brings and keeps his/her authority from his/her organisation and all actors manage together'. None of the actors has enough steering capacity to control other actors (Kickert *et al,* 1997:11).

Based on the above definitions one can conclude that networks are structures which enable the joint action of multiple interdependent actors that exchange resources to ensure the achievement of goals which they would otherwise not be able to achieve independently.

In policy networks, actors are relatively autonomous and they have their own objectives and are not bound by a formal agreement to remain in the network (Hill and Hupe, 2002:78). With each agency pursuing its own interests, implementation does not progress from a single declaration of intent to a result, but is instead characterized by 'constant conflict over purposes and results and by the pursuit of relative advantage through the use of bargaining' (Elmore, cited in Hill, 1997:261). This diversity of purpose leads some participants to characterize programs as 'failures' and some as 'successes', based solely on their position in the bargaining process. (Elmore, cited in Hill, 1997:261).

In networks, actors need each other because of their interdependencies but they also try to steer things towards their own preferences. This results in complex interactions and bargaining. Cooperation is a necessary condition if networks are to achieve satisfying outcomes (Kickert *et al*, 1997:77). Multi-actor interdependencies create requirements for coordinated action in order to achieve policy objectives (Brinkerhoff and Crosby, 2002:118).

Organisational representatives differ with regards to the resource dependencies they bring into the network, thus leading to power differences (Agranoff and McGuire, 1999:32). Power differences arise due to the differences in resource levels, operational capacity, and political clout (Brinkerhoff and Brinkerhoff, 2002: 170). This is evident in networks with representatives of government and NGOs. Although the relationship between government and other organisations is one of interdependency, Smith (1997:79) argues that government tends to remain dominant. It is ultimately government who 'calls the shots'. It is government who creates the network, controls access to the network and determines the rules of the game (Rhodes, 1988:82).

Kickert *et al,* (1997:141) argue that commitment is required for networks to succeed in implementation. The kind of commitment that one can enter into or deliver on will depend on the hierarchical position one occupy in one's organisation. In essence, network participants are valuable initially not as 'free-floating' individuals but as

'representatives' of an organisation that controls part of the programmatic action or relevant resources (Kickert *et al*, 1997:141).

Policy implementation is a long process and interests and purposes of actors involved can change, thus leading to a shift in the partner's objectives. Changes of government and staff turnover in government and donor organisations worsen the challenges that arise in networks (Brinkerhoff and Brinkerhoff, cited in Mandell, 2001: 170). Harmonizing and integrating the actions of the network partners in order to achieve the network's shared objectives is a challenge often experienced in networks (Brinkerhoff and Brinkerhoff, cited in Mandell, 2001: 169).

According to Hudson and Hardy (cited in Kickert *et al*, 1997: 72), members of a network should recognize their interdependence. They should be committed to the network at senior level across the organisations; and should share an equal status (Exworthy and Powell, 2004:268). Brinkerhoff and Crosby (2002:114) argue that when appropriately structured and managed, they can produce improved technical policy solutions and outcomes for government. The synergies produced by the network can help both government and non-government actors to achieve objectives beyond what each can accomplish by acting on its own. These synergies, they argue, lead to higher levels of policy impacts and improvements in people's lives (Brinkerhoff and Crosby, 2002:114).

Networks can also potentially fulfil a broader function of promoting a more responsive, transparent, and accountable government (Brinkerhoff and Crosby, 2002:114). Furthermore, they can facilitate increased citizen participation in public affairs, empowerment of local groups to take charge of their livelihoods, and capacity to advocate for policy reforms with public officials and political figures (Brinkerhoff and Crosby, 2002:114).

However, networks are limited by the same issues which face or complicate policy implementation, for example, differing goals and objectives of the different organisations in the network can cause a clash in priorities, thereby hampering implementation. It is

often difficult to pursue compatible and convergent goals because different organisations have different agendas (Brinkerhoff and Crosby, 2002:86).

For networks to be effective, a common purpose has to be achieved. However, as O'Toole, Hanf, and Hupe (1997:146) argue, sometimes a common purpose cannot be achieved because "where you stand depends on where you sit". Although there are often conflicts within networks, one can induce cooperative action not only by encouraging exchange towards compromise or by inducing changes in the perspective of the network actors, but also by encouraging cooperation without resolving conflicts (Kickert *et al*, 1997:148).

To ensure effective networks, it is important not only to create consensus between the representatives of organisations regarding a joint course of action, but also to establish support for these ideas within those organisations (Kickert *et al*, 1997:58).

Collaboration grows when senior leaders or managers give their program staff strong messages that the joint activities with the networks are as important to them as their own individual organisational activities (Ashman, 2004:9). It is easy for program staff to feel torn between loyalty to the joint project and loyalty to the organisation, therefore, managers need to communicate the joint activities clearly (Ashman, 2004:9).

In order to achieve joint action on problems in networks, barriers need to be removed. Actors must be prepared to exchange their 'go alone strategies' for contingent or cooperative strategies. To do this, they must recognise that cooperation is to their advantage (Kickert *et al*, 1997:41).

There are bound to be conflicts within networks due to the multiple actors involved, each with their own interests and priorities. Conflicts of interests are a key source of problems for policy networks. Rosenau (2000: 234) says that as long as the different stakeholders have different interests, they will prioritize different things. This means that their

investment will be equivalent to their level of interest or priority on that particular goal or issue, thus affecting performance. This is where the issue of power comes into play.

Government tends to create the parameters within which a particular policy network operates, shaping the scope and nature of the interactions between government and non-government actors and shaping the power relations between itself and its partners (Brinkerhoff and Crosby, 2002:89). However, policy networks limit the role of government by creating space for other actors to participate on an equal footing and not be dominated by government (Brinkerhoff and Crosby, 2002:90).

In reality, however, control is normally concentrated in government. However, Rosenau (2000:31) argues that networks include elements of power-sharing. Power-sharing can alter relations between government and other partners in fundamental ways. Firstly, an ethos of cooperation and trust replaces the conventional command-and-control by government. Secondly, the relationship between partners will involve some mutually beneficial sharing of responsibility, knowledge, or risk (Rosenau, 2000:31).

Successful policy networks depend on a continuous interplay between the participants who share common values and common goals (Anderson, 1997: 140). Networks work best when there are common shared objectives, but they may still be effective even when interests are different. Rosenau (2000: 42). argues that when partners have separate interests, it takes more effort to nurture trust and to keep the network going. In such cases, more attention needs to be placed on the incentive-accountability structure. This means that incentives must be available to promote collaboration among partners towards common shared objectives, along with systems of accountability to ensure that this happens. Government must not only have incentives to fulfil its commitments and responsibilities, but as Rosenau (2000: 42) argues, the public policy must be politically sustainable, meaning, it must receive the necessary electoral support or legitimacy.

The success of networks depends upon the coordination of effort and effective linkages among the partners involved. If there is no coordination and the linkages are weak, it will most likely fail and prove to be ineffective (Brinkerhoff and Crosby, 2002:108).

Brinkerhoff and Crosby (2002:85) argue that there are two issues that sustain networks: sufficient capacity and the balance of power. For networks to function effectively, government needs both the willingness and the capacity to respond effectively and appropriately to input from civil society (Brinkerhoff and Crosby, 2002:91). It requires a minimum set of facilitative conditions and government actions (Brinkerhoff and Crosby, 2002:114).

According to Exworthy and Powell (2004:266), all stakeholders must believe that it is 'their' problem and that they have a role to play in the network, with solutions within their control. Full participation and commitment is crucial. Participation is important for government-civil society partnerships because it leads to better policy targeting. Civil society organisations are advocates for community development and are representatives for the communities as they are based at the grass-roots, thus making them valuable contributors to policy making and successful implementation. This means a 'closer fit between the needs and demands of beneficiaries and the design of policy objectives and modalities' (Brinkerhoff and Crosby, 2002:87). Participation, can also build ownership for policy solutions among beneficiaries and implementers. Ownership in turn leads to higher use rates of policy goods and services; reduced maintenance and operating costs; and better conformity between policy intent and outcomes. This over time facilitates greater sustainability of policies and programs (Brinkerhoff and Crosby, 2002:87).

Networks are valuable because their interactions produce better outcomes jointly than if the network partners acted independently (Evan, Lowndes and Skeltcher, cited in Mandell, 2001: 168). Networks are recommended for multi-sectoral implementation because they offer the potential for rapid adaptation to changing conditions, the flexibility of adjustment, and the capacity for innovation. 'When relationships among members are established, goals are agreed upon, and operations are fruitful for all concerned, the wide

spectrum of expertise that comprise a network offer great potential for flexibility and adaptation' (Agranoff and McGuire, 1999:25).

Networks can be formal or informal, and are typically intersectoral, intergovernmental, and based functionally in a specific policy or a policy area (Agranoff and McGuire, 1999:20). Policy networks can develop at different levels of government and can involve vertical integration. It is also possible for networks to exist with little or no key government actors (Smith, 1997:85). The impact of the network on policy depends on the relative power potential of interacting organisations, such as the resources they have and the way they are exchanged (Smith, 1997:79). Networks themselves can be influenced by politics. The policy process is likely to be highly political because each participant has his/her own perception of the policy issues and solutions within a policy domain. This often leads to conflict. It can also lead to uncertainty over who is responsible for a policy or issue (Smith, 1997:82).

Smith (1997:76) argues that policy networks occur when there is an exchange of information between groups and government. This exchange of information leads to the recognition that a group has an interest in a certain policy arena. According to Smith, (1997:83), if groups have resources to exchange, the interaction is likely to involve bargaining and negotiation over the direction of policy. Actors in networks are interdependent because they cannot attain their goals by themselves, but need the resources of other actors to do so. Dealing with public problems involves interactions between government agencies, non-governmental organisations and private organisations. Information, goals and resources are exchanged in interactions. Because interactions are frequently repeated, shared perceptions, participation patterns and interactions develop and are formalised (Kickert *et al,* 1997:6).

Networks often form around a particular policy issue, which Smith (1997:81) refers to as issue networks. An issue network contains a large number of actors with relatively limited resources. Most interest groups are likely to have little information or resources to exchange and little control over the implementation of policy (Smith, 1997:83). Issue

networks form due to the limited resources that each organisation has, which is then shared to achieve common goals and objectives. Issue networks are issue bound. Once the issue disappears, the network may dissolve (Smith, 1997:83).

The success of a network also depends on the linkages in the network and people that should or should not be involved. 'The inclusion and exclusion of some people/ organisations depends, among other things, on the willingness of those who are invited to participate and invest their time and resources, and the willingness of those that are not invited to stand on the sidelines' (Kickert *et al*, 1997:47).

Factors which contribute to network failure, according to Kickert *et al* (1997:9) include: a lack of incentives to cooperate and the existence of blockades to collective action; vague goals; the absence of important actor and/or the presence of particular actors may discourage the participation of necessary actors; the lack of discretionary power of the actors; and the absence of commitment of actors to the common purpose.

Brinkerhoff and Brinkerhoff (cited in Mandell, 2001: 176) argue that there are situational variables which influence government-civil society networks. These include: the regime type; the level of trust; the legal framework and regulation; and the nature of the policy to be implemented.

2.2.1 Regime Type

The ability of civil society to play a role in service provision or mobilisation and expression of demand depends on the larger political bureaucratic setting. Democratic political systems offer a more supportive and enabling environment for government-civil society networks than a non-democratic government (Brinkerhoff and Brinkerhoff cited in Mandell, 2001: 177). For example, a democratic political system which is open to public participation, offers a more enabling environment for government-civil society partnerships as opposed to an authoritarian government (Diamond, 1994:55).

2.2.2 Level of Trust

The level of trust among network partners influences their willingness to initiate and enter into a network (Brinkerhoff and Crosby, 2002:102). In some cases, governments are sensitive to the presence of NGOs in service delivery and technical assistance roles as implicit criticism of their lack of their capacity to fulfil those roles (Brinkerhoff and Brinkerhoff in Mandell, 2001: 178). NGOs are often upset by government's attempt to monitor and control their activities, often perceiving such efforts as unwarranted interference or attempts at controlling their behaviour. NGOs are also concerned that over time, partnering with government will jeopardise their autonomy, discretion, integrity, and ability to pursue their own mission (Fowler, Hulme and Edwards, cited in Brinkerhoff and Crosby, 2002:102).

Trust means that partners must have confidence that each of the other actors will carry out agreements and joint activities with quality (Ashman, 2004:3). Trust may not necessarily require a harmony of beliefs, but rather mutual obligations and expectations (Sabel, cited in Agranoff and McGuire, 1999:29).

2.2.3 Legal Framework and Regulation

Non-democratic regimes tend to have restrictive regulations applying to NGOs and local associations (Brinkerhoff and Brinkerhoff, in Mandell, 2001: 179). Conversely, democratic regimes offer more political space for NGOs to participate (Diamond, 1994:55).

2.2.4 The nature of the Policy to be implemented

Policies vary in terms of the degree of technical expertise required, the timeframe within which results and impacts occur, the array of interests affected, and their distributive consequences (Brinkerhoff and Brinkerhoff in Mandell, 2001: 179). These features shape the determination of appropriate roles and responsibilities of the network members as well as the capacity and incentives required.

As beneficial as networks might be in implementation, there are some shortfalls. A criticism of networks is that there is no real accountability. Agranoff and McGuire (1999:33) argue that 'in networks, everyone is somewhat in charge and therefore, everyone is somewhat responsible. As a result, all network participants appear to be accountable, but none appear to be absolutely accountable'.

CONCLUSION

Policies are made to tackle a particular identified social problem. Policy implementation is a process which involves setting the goals and actions to achieve these goals. Implementation, however, is not a simple stepwise process. There are factors which hamper successful implementation, and these need to be considered during policy planning and design.

There are two main reasons why policies fail. It is either due to poor or inappropriate policy design, or poor implementation. To ensure successful policy implementation, thought has to be given to potential problems during the planning stage through forward- and backward mapping. Appropriate systems and resources should also be in place. The implementation has to be closely monitored and regularly evaluated.

Acknowledging the fact that no single organisation can single-handedly implement public policy, multi-sectoral collaboration in the form of networks become increasingly significant. Much still needs to be done to move government to the point where networks become more widely used for policy implementation and development (Coston, Synergos Institute, and Osaghae, cited in Mandell, 2001: 182).

The success of government-civil society networks depends on coordination of effort and effective linkages among the actors involved (Brinkerhoff & Brinkerhoff, cited in Mandell, 2001: 182). Even though there are a lot of challenges in networks, particularly the determination of roles and responsibilities of network actors, all networks proceed

incrementally, starting from small-scale informal efforts to formalised, sometimes highly technical collaborative bodies (Brinkerhoff & Brinkerhoff, cited in Mandell, 2001: 183). Government-civil society networks can promote a more responsive, transparent, and accountable government. They can facilitate increased citizen participation in public affairs, and empower local groups to take charge of their livelihoods, and it can provide the capacity to advocate for policy reforms with public officials and political figures (Brinkerhoff & Brinkerhoff, cited in Mandell, 2001: 183). However, the ability to do this is different from issue to issue, and network to network.

Chapter 3: Literature Review on Civil Society Organizations

Introduction

It is internationally recognized that the demand for services is continuously on the increase, while the capacity to finance, provide and manage services by the public sector is on the decline, or at least not increasing at the same rate as the demand, Klynveld Peat Marwick Goerdeler (KPMG, 1999:3). Governments have an obligation to deliver services to all its citizens, especially those services relating to basic human rights, such as health, education, shelter and food. Governments have to earn the trust of their citizens by successfully implementing policies perceived to be in the 'national interest'. However, governments in developing countries often lack capacity and the necessary resources required to independently implement policies.

According to the DBSA (2001:3) a lack of resources, especially skilled human resources, weakens the state. Weak states often perform poorly economically. Their poor performance in turn undermines the capacity of the state, which then means poor performance, and so the vicious cycle continues. Governments may be committed to development, but lack the experience and institutional capacity to be effective at grassroots level (DBSA, 2001:6). This is where civil society organisations come in, balancing out and complementing the state, hence assisting in service delivery.

Despite the lack of human resources and institutional capacity, government still has to perform its duties, and deliver on its responsibilities by making sure its citizens are appropriately governed and services are delivered. Sometimes this means government working with the private sector and/or with civil society. In this process of engagement, government remains the dominant player and the ultimate authority. The state is deemed to be the dominant agent of social transformation, but who controls state power?

According to KPMG (1999:1) there has been a world-wide shift in approaches to service delivery over the last two to three decades. To effectively deliver services, national,

provincial and local governments have increasingly employed new ways of delivering services, frequently using the resources of the private and non-governmental sectors (KPMG, 1999:3). Non-Governmental Organisations (NGOs) are acknowledged worldwide as key role players in poverty alleviation and development.

This chapter will discuss the significance of civil society, as well as the role civil society organisations can play in policy implementation and service delivery. This chapter will also explore the relationship between civil society organisations and government, and the factors that affect the relationship between the two parties.

3.1 Defining Civil Society

Different theorists define civil society differently, however, there are common aspects in their definitions. Hegel (cited in Bratton, 1989: 416) defines civil society as 'an intermediate stage of social organisation between the family and the state that enables the expression and protection of private interests'. However, the purpose of civil society is not just to protect private interests, but public interests as well. In fact, most cases civil society organisations form to protect the public interest, especially where government or the state is seen to be lacking.

Van Rooy (cited in Lewis, 2001:1) defines civil society as 'the population of groups formed for collective purposes primarily outside of the state and marketplace'. Similarly, Harbeson, Rothchild, and Chazan (1994:75) define civil society as 'a public sphere of collective action between the family and the state that coexists in a complex relationship of creative tension with the state'. Fatton (1995: 67) also defines civil society as 'the private sphere of material, cultural and political activities resisting the incursion of the state'. This resistance would then cause tension between the state and civil society. It is true that civil society is mainly about collective action, however, collective action is not always against the state which implies tension, but is sometimes on behalf of the state, thereby assisting the state and filling the gaps.

Community Based Organisations (CBOs), Non-Profit Organisations (NPOs), and Non-Governmental Organisations (NGOs) are some of the civil society organisations which make up civil society. CBOs are organisations formed through members of the same community coming together to advocate and represent the interests of their communities, and working together towards the development of their community (Helmich, German and Randel, 1999:278).

The World Bank defines Non Governmental Organisations (NGOs) as a wide variety of groups and institutions that are entirely or largely independent of government and characterized primarily by humanitarian or cooperative, rather than commercial, objectives (Helmich *et al,* 1999:279). These organisations engage in diverse activities such as relieving suffering; promoting the interests of the poor; protecting the environment; providing basic social services; or undertake community development. While most NGOs are implementation organisations, some NGOs focus primarily on the advocacy of specific changes in policies or approaches to development (Helmich *et al*, 1999:279).

Based on the above mentioned definitions, one can safely describe civil society as the organisations between the family and the state, which serves, understands and speaks the language of both the family and the state. Civil society plays the role of protecting the poor and advocating for the poor, while also supporting government in good governance, which means equity and delivery of all basic services to all citizens.

As ideal and promising as civil society might be, it has its flaws, and is hence criticized. Lewis (2001:12) argues that the concept of civil society contains within it the seeds of contradiction in being both unitary and divisive, prescriptive and inspirational. Fatton (1995:71) also argues that civil society is not always civil, in fact, civil society can be uncivil. The boycotts and marches that civil society organisations do are sometimes violent and destructive. Fatton (1995:71) further argues that civil society should not be confused with a 'civic community'. Citizens in a civic community, are not selfless saints,

but may regard the public domain as a battle field for pursuing personal interest. In this respect, public domain is used like a battlefield to fight for one's beliefs.

Civil society is also complex, being neither homogenous nor unitary, but is fragmented by the contradictory alternatives of competing social actors, institutions and beliefs. Fatton (1995:77) further argues that "instead of embodying a coherent social project, civil society can be a disorganized plurality of mutually exclusive projects that are not necessarily democratic".

Fatton (1995:75) also argues that civil society's pluralism is not always emancipatory, it can be "a reservoir of outdated norms and practices". People tend to cling on to the power of traditions to cope with the many problems of historical change and the material deprivation of daily existence. Blair (cited in Lewis, 2001:6) also criticized civil society, arguing that in civil society, many different interests are active, and these can paralyze social and political life through the many claims made on services and resources. This is likely to happen when the state is weak, because additional claims from within civil society on the state may weaken it further.

While civil society has contributed to the processes of democratization that have marked recent African politics, Fatton (1995:93) argues that civil society has also produced opposite trends. Civil society is not always homogenous and can in fact be contradictory, showing both democratic and non-democratic tendencies (Fatton, 1995:93). This is evident in how the organisations' leaders are selected, which is not always democratic, and a board of trustees often governs them.

Civil society is not all 'enlightenment' working for the good of all. When some groups are prioritized and benefit, others are neglected and suffer. Fatton (1995:77) similarly argues that it is also the domain of profoundly inegalitarian behaviour or tendencies, meaning that civil society is not based on the belief that everyone is equal and should have the same rights and opportunities.

3.2 The roles civil society organisations play

Swilling and Russell (2001:11) argue that different groups of civil society organisations play particular roles, which are categorized as developmental, oppositional, and survivalist. Developmental civil society organisations are engaged directly in improving the social, cultural and economic well-being of certain sectors of society, often supported by resources from government or private donors. Survivalist civil society organisations are created to share and maximize the little resources of its members, or to act as a coordinator for community or cultural services not provided by the state or the private sector. Civil society organisations are good at awareness building and are often linked to religious institutions, for example, the Pietermaritzburg Agency for Christian Social Awareness (PACSA). Oppositional civil society organisations are mainly involved in organizing and mobilizing people for various purposes, but usually to pressurize government bodies and private companies, or even major institutions to make specified changes. However, the roles are not mutually exclusive. A given civil society organisation can play one or more of these roles, and this could change over time (Swilling and Russell, 2001:12).

Civil society organisations operate between the society and state. They are distinct, yet engaged with both (Harbeson *et al*, 1994:287). According to Camay and Gordon (2002:23), the relationship between civil society and government is never static but dynamic and complex. The relationships vary from sector to sector, from issue to issue, from one level of government to another, from civil society organisation to civil society organisation, as well as over time.

NGOs often see themselves as promoters of self-reliant development. The emphasis on development is on the development of local institutions with the capacity to stimulate development in the area. NGOs are effective with this because they are close to the people, enthusiastic and often have highly qualified professional staff committed to development (DBSA, 2001:5).

The role of civil society, which sometimes reinforces and sometimes opposes a current regime, becomes clear during political transition (Harbeson, Rothchild, and Chazan, 1994:60). Prior to 1994, NGO in South Africa advocated for changing government from an apartheid government to a democratic government. Most see the importance of civil society in the area of service provision, as political watchdogs, as advocates of policy change, and as alternate sources of policy formulation (Ashizawa and Tadashi, 2001:27). However, government appears to have no consistent policy on the role of NGOs in development. This is evident in the transition from the apartheid regime in South Africa to a democratic South Africa. A study done by the Community Agency for Social Enquiry (CASE) found that attitudes and practices towards NGOs vary between government ministries, within the same ministries and between national and provincial departments (Gulati, Everatt and Kushlick, 1996: *xii).*

NGOs play an important role as advocates for policy change and institutional reform (Helmich *et al,* 1999:283). NGOs can be very active in fighting for social justice, for improvements in living conditions for the rural poor, and for environmental preservation and other issues in the public interest (Ashizawa and Tadashi, 2001:289).

Advocating for themselves, NGOs argue that government's poor delivery of service is often because of government's ignorance of the potential contribution that NGOs can make to service delivery (Gulati *et al,* 1996:102). Taylor (cited in Camay and Gordon, 2002:37) argues that governments cannot afford to ignore the contribution NGOs have made and continue to make in service delivery 'because of their cost effectiveness and ability to engage people at the grassroots level, especially in remote areas'.

Ashizawa and Tadashi (2001:88) argue that civil society organisations play a significant role in balancing the power of capitalists and politicians in the interests of the poor. Despite the role of civil society organisations as a countervailing force against the government, or as a check on abuses by the state or the corporate sector, civil society organisations tend to be dependent on the state, to varying degrees, for an enabling environment and for resources (Ashizawa and Tadashi, 2001:26). Those civil society

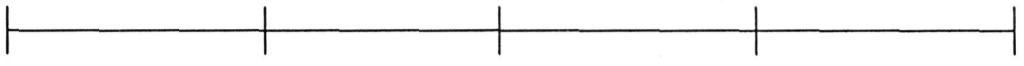
organisations that depend on government for funding and resources find it difficult to be truly autonomous, which may make them more complacent of whatever government is doing or not doing.

3.3 The relationship between the state and civil society organisations

State-society relations depend on the fit between the strategies of political organisation adopted by the leaders of the state and civil society respectively. To fully comprehend state-society relations, Bratton (1989:429) argues that one must not only ask whether the state is authoritarian or permissive but how civil organisations assemble. This means that the relationship between the state and civil society is not just due to whether government is authoritarian or not, but also how civil societies form and the goals and purposes they serve. These shape and determine the relationship between the state and civil society.

Fatton (1995:67) describes the relationship between the state and civil society as 'a dialectical interaction'. Government is not the only one affected by the interaction between itself and civil society, civil society is also affected by the process. The state is transformed by a changing civil society, and civil society is transformed by a changing state. Thus the state and civil society, as Fatton (1995:67) states, "form a fabric of tightly interwoven threads, even if they have their own independent patterns".

Camay and Gordon (2002:23) depict the relationship between government and civil society in a continuum.



Control, Cooptation & partnership | Funding | Dialogue | Competition | Outright Opposition

They argue that the continuum of the relationship between government and civil society organisations may range from control and co-optation of civil society by government to partnership; to simple funding relationships; to dialogue on policy and implementation

issues; to competition for public or donor resources; and to outright opposition. According to Bratton (1989:430) "state-society relations can run a gamut from mutual disengagement on the one hand to direct confrontation (conflictual engagement) or close collaboration (congruent engagement) on the other".

According to Azarya (cited in Harbeson, Rothchild and Chazan, 1994:95) civil society organisations do not want to take over the state. It recognizes the state's existence; it wants to be in contact with government, and tries to restrain government's power. Gellner (cited in Lewis, 2001:9) argues that civil society should not only be seen in terms of balancing the state, but also as a counter-balance to what he terms the 'tyranny of cousins'. By this he means a counter-balance to unfair use of power and authority by the state. Civil society organisations, Fatton (1995:67) says, are "a constant thorn in the monopolizing political claim of the state". Since civil society represents a counterweight to state power, it thus serves as a critical agent of democratization by acting as the guardian and watchdog for human rights.

The relationship between civil society and government is not necessarily one of antagonism. For example, as Harbeson *et al,* (1994:97) argue, a strong civil society may enhance the legitimacy of the state, yet at the same time limit the scope of its power and activities. The state, in turn, then teaches and helps civil society to remember the values of public responsibility necessary to sustain it.

In most cases, the relationship between the state and civil society is often that of interdependence, and in such engagements, civil society remains independent. However, Harbeson *et al,* (1994:97) argue that even though civil society may be autonomous, the state may have a role to play in the construction of civil society and the state, in turn, is strengthened by input from civil society.

Bratton (1989:418) argues that state and civil society relations may be congruent as well as conflictual. Bratton further argues that in state-society relations, the interactions does not always need to be confrontational, but at times, can/may be complementary. Often

civil society in Africa is seen as a 'good thing' because civil society fills a gap in economic and social development on the ground in Africa, where both donors and African governments have largely failed so far to develop sound policies (Lewis, 2001:5).

As mentioned earlier, government action alone is not sufficient. According to Helmich *et al,* (1999:3), if government's objective of 50% absolute poverty reduction is to be achieved by the year 2015, the capacity, the diverse experience and the public awareness-building activities of thousands of NGOs are important, if not essential, to the successful implementation of the World Bank's Millennium Development Goals. NGOs often succeed in reaching the poor and they do so at relatively low cost (DBSA, 2001:1).

Helmich *et al,* (1999:152) identify four main reasons why governments should support NGOs:

(1) NGOs have the capacity to work at the grass-root level and to respond directly to local communities, particularly in the area of basic human needs.

(2) NGOs are regarded as flexible and they use a participatory approach to development.

(3) NGOs give aid a human face, in that aid is not just concerned about economics and infrastructure.

(4) NGO involvement is seen as being important to an increase in public appreciation of aid programs.

According to Gulati *et al* (1996: *xiii),* INTERFUND (an international development agency which funds NGOs involved in development) has consistently argued for continued government support to NGOs by donors and government for the following reasons:

- The limited capacity and resources of government to meet the social needs of its citizen.
- The closeness of NGOs to the communities they represent. NGOs are ideally placed to act as interlocutors between government and other development agents in implementing development.

- NGO programs are often experimental and innovative and can serve as models or pilots for wider government service delivery.

The strengths of civil society organisations emphasizes the value of developing more collaborative and collegial relationships between government and civil society organisations. It makes it possible to steer away from typical bureaucratic behaviour in service and infrastructure delivery while risk is brought into the quest for service and infrastructure delivery (KPMG, 1999:7). According to KPMG, collaborating with civil society organisations can provide mechanisms for effective delivery within the parameters of existing budgetary and other constraints. It makes it possible for the public sector to concentrate on service needs and requirements, rather than the physical delivery of services (KPMG, 1999:7).

Decades of NGO experience is now increasingly being tapped by governments seeking to extend the scope of their programs in areas that are new or inaccessible to them (Helmich *et al,* 1999:4). Sometimes government recognizes the contributions that NGOs make and could make, but sometimes government treats NGOs as little more than cheap contractors (Helmich *et al,* 1999:8).

Helmich *et al* (1999:3) identified three policy implementation issues complicating collaborative efforts between government and the NGOs:

(1) Government tends to put a lot of emphasis on evaluations when providing funding for a particular project. Over-emphasis on evaluation may lead NGOs to evaluate their work by simply measuring output.

(2) The evolution in the funding relationship between government and NGOs – from matching grants to contracts – has had important and unexpected impacts. Current government grant-making practices mean that NGOs must increasingly compete for contracts. This trend could transform NGOs from representatives of civil society, which made them attractive partners in the first place, into service providers and inexpensive government policies executing agencies.

(3) Government and NGOs need to collaborate on building public knowledge of development issues through better education.

3.4 Civil Society Organisations in South Africa:

The characteristic tendencies of a particular state and that of civil society are determined by the historical experience and cultural endowments of the society in which it is found (Bratton, 1989:408). The historical relationship between government and civil society organisations in South Africa has been marked by mistrust and suspicion from both sides (DBSA, 2001:6).

For most civil society organisations, the role they play in contemporary South Africa has changed from the role they played during apartheid. During the anti-apartheid struggle in South Africa, civil society organisations were divided primarily between those organisations which supported the apartheid regime and those which opposed it. Others focused more on basic aspects of community, family or individual survival in the face of discrimination and poverty.

During apartheid, those civil society organisations which opposed the apartheid system, regarded the state as illegitimate. Thus, their advocacy involved direct challenges to the legitimacy and power of the state, and their ultimate goal was to topple it (Camay and Gordon, 2002:13). Prior to 1994, many civil society organisations rallied around actions to address the negative effects of apartheid on social and economic circumstances. Prior to 1994 civil society organisations were often sponsored by international donors in their struggle against human rights abuses under apartheid (DBSA, 2001:2).

In 1994, all civil society organisations, both those allied to the democratic forces and those supportive of apartheid, faced a dramatically changed operating environment, because of the different socio-economic and political priorities of the democratically elected government. Gulati, Everatt and Kushlick, (1996:129) argue that NGOs had to

redefine their roles, no longer seeing themselves as adversaries to government, but as partners in service delivery.

Harbeson *et al* (1994:64) rightly point out that civil society gives way to a political society and is itself transformed during the process of political transition. Due to the change from the apartheid regime to a democratic South Africa, civil society organisations have had to revisit their roles, their goals and objectives, because of the reprioritization of social issues. Most of the social issues and problems are the same as 1994, however, these issues have become those of government too. Issues such as unemployment, poverty, HIV/AIDS take precedence over issues such as racism, discrimination, and political violence.

Initially, most civil society organisations permitted the new democratic government to take the lead on key issues related to national development, with the assumption that they shared the same goals and objectives (Camay and Gordon, 2002:14). However, it soon became apparent to some civil society organisations that it was essential to continue monitoring and challenging the state to ensure new policies were adhered to and the promised services were delivered and reached those most in need.

It is known that civil society organisations often experience a shortage of funds which limits their work. This makes most civil society organisations dependent on foreign donors and government for funding, especially since most of them are non-profit organisations and have difficulty raising money on their own. When they do manage to raise funds, the money that is available often tends to cover their running costs only, leaving little money for service delivery.

Government funding in South Africa for NGOs is channelled via the Transitional National Development Trust (TNDT). Aside from the TNDT, NGOs can access government funding indirectly via government line-departments which deliver services to communities (Gulati *et al*, 1996:2). This normally takes the form of procurement, where an NGO must tender for funds, just as a private organisation must. In seeking funds

directly from government, NGOs have confronted tough obstacles. A study done by CASE in 1996 showed that only a very small number of NGOs are directly involved in government development projects or have been the beneficiaries of government funds (Gulati *et al*, 1996: *xi)*. It is even more difficult for smaller NGOs to access financial support, as they have to compete with private sector organisations for those funds.

For civil society organisations to effectively play their roles and contribute to good governance, they have to remain independent and autonomous. How to maintain their autonomy is the challenge. When independent funding sources or individual contributions for NGOs are weak, there is an inherent danger of relying too much on government, thus creating a culture of dependency which hampers true autonomy (Ashizawa and Tadashi, 2001:27).

Camay and Gordon (2002:15) similarly argue that a dependency on government funding carries the risk that civil society organisations may be hesitant to criticize government policy or practice. They will not 'bite the hand that feeds them', therefore civil society organisations' role as a public watchdog and holding government accountable may be diminished. Another concern is the possible bureaucratization of civil society organisations that rely on government funding. The protocol and red tape that will govern NGOs since they would be receiving funding from government will change the way they do their work. NGOs will no longer be flexible as they would be bound by procedure and protocol.

Civil society organisations have to compete with the private sector. Work and money is awarded through competitive and restrictive tendering processes (Gulati *et al*, 1996:15). Camay and Gordon argue that the tendering for government service contracts may also lead civil society organisations to shift away from their organisational objectives towards those of government in order to access needed funding.

At this point in time, the pressure is on civil society organisations to take the initiative. They must be able to sell themselves as efficient and accountable service providers if

they wish to access government funds, be it at national, provincial, or local level. To play the game successfully, civil society organisations must learn the rules, acquire the required skills, and must be able to persuade government that their expertise will ultimately promote good governance (Gulati *et al*, 1996:51).

According to Gulati *et al,* (1996: *x)*, civil society organisations in South Africa face a number of problems, which are also factors weakening civil society organisations in their attempt to fulfil their roles and functions. For example:

1. NGO capacity has been seriously diminished by the loss of key, skilled staff to government, and to the private sector.
2. In some sectors, the duplication of activities and competition for a dwindling pool of qualified staff and resources continues to be a problem.
3. The voluntary sector still operates in a hostile legal and tax environment which limits its ability to raise funds from the public.
4. The critical problem facing NGOs has been the reduction of funding. Traditional sources of support for NGOs are drying up. While the total amount of development aid from foreign governments and donors to South Africa has not been reduced, many donors are now committing support to government and realigning their priorities. Foreign donors have assumed that government will become the natural channel of funding to NGOs as it selects and make contracts with partners to assist it to implement development programs.

Camay and Gordon (2002:6) argue that civil society organisations have been most effective when they work together in network coalitions with other civil society organisations, pooling their resources and coordinating their lobbying efforts, making them less dependent on government. For effective networks and successful implementation of policies, Srinivas (2006:2) also recommends that a mutually productive dialogue should be established at national level, and between all government levels and with all non-government organisations.

To ensure that the full potential contribution of civil society organisations is realized, Srinivas (2006:1) recommends that the fullest possible communication and cooperation between international organisations, national and local governments and civil society organisations should be promoted in institutions mandated to implement policies. Helmich *et al,* (1999:3) recommend promoting open dialogue between civil society and government. Civil society organisations will need to foster cooperation and communication among themselves to reinforce their effectiveness as actors in the implementation of sustainable development (Srinivas, 2006:1).

To enhance state-civil society relationship, Brinkerhoff and Crosby, (2002:111) recommend the following for government;

- Government must create administrative structures, procedures and mechanisms that will facilitate the establishment and operation of partnership arrangements.
- Government must build the institutional capacity of public sector agencies and staff to work effectively with civil society. Such capacity building includes providing agencies with the resources and incentives to interact with NGOs.
- Government must also develop monitoring programs to assure adequate oversight of partnerships and to reduce the potential for clientelism at all levels. This can include ministry reporting systems or support to legislatures to undertake reviews and hold hearings on non-profit and private sector involvement in policy and program implementation.
- Government must also provide training to public agency staff, in areas of strategic management, policy implementation, community outreach, accountability, and service monitoring.

Recommendations for NGOs include; forming networks with potential partners and promoting capacity building, particularly in policy advocacy, constituency building and implementation capacity (Brinkerhoff and Crosby, 2002:113).

Conclusion

Civil society organisations have played a crucial role in the struggle against apartheid in South Africa. However, it should not be forgotten that civil society organisations cannot and should not take the place of government. Civil society can fill certain gaps in service provision, but the ultimate responsibility and accountability for governing lies with government.

Civil society organisations can play a crucial role in contributing to good governance, however, their potential is hampered by issues such as funding and resources, which limit their work and their autonomy. As the above illustrated, the relationship between the state and civil society can be complementary, can be conflictual and can also be mutually beneficial.

Civil society organisations play a vital role in the shaping and implementation of participatory democracy because of the way they implement policies, their approach to development and their expertise. Srinivas (2006:1) argues that civil society organisations should be recognized as partners in the implementation of public policies because they possess well established and diverse experience, expertise and capacity in fields which will be of particular importance to the provision of basic services.

The question is, does the political environment enable civil society organisations to participate in development? If so, why are many civil society organisations not in the forefront of development?

Chapter 4: The Integrated Nutrition Program and the Health Systems Trust

Introduction

The South African government has a constitutional obligation to provide health care services to all South Africans. The Department of Health has been tasked with delivering health care services to a country which is still recovering from the inequities of the past where unemployment, lack of education, and poverty rates are high. According to the *White Paper for the Transformation of the Health System in South Africa* (1997:1), South Africa has a population of over 40 million people. Of these, 73% are women and children, and 53% live in rural areas, which are predominantly poor and underdeveloped. In addition, the high prevalence of unemployment (figures range from 29.9% to 41%) contributes to poverty. Poverty is more than just income insufficiency. It is "the inability of individuals, households or communities to command sufficient resources to satisfy a socially acceptable minimum standard of living" (Southern African Regional Poverty Network, 2003:3).

Poverty contributes to food insecurity in many households A lack of household food security means that there is no or very little food available in the household for consumption, which directly affects the nutritional or health status of individuals (Department of Health, 1997:4). According to Coutsoudis, Maunder, Ross, Ntuli, Taylor, Marcus, Dladla & Coovadia (2000:1) "food security exists in a household when all people, at all times, have physical, social, and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life".

The seriousness of household food insecurity in South Africa has been reported in studies conducted by the Department of Health (DOH) and United Nations Children's Fund (UNICEF) post 1994. These studies found a high prevalence of malnutrition, especially in rural areas. The South African Vitamin A Consultative Group (SAVACG) conducted

a survey in 1994 and found that 1 in 3 children (who are less than 6 years of age) in South Africa had marginal Vitamin A deficiency status; 1 in 5 had iron-deficiency anaemia; 1 in 4 were stunted (indicating chronic under-nutrition) and 1 in 10 were underweight for their age (Steyn & Labadarios, 2002:327). All of these are caused by poor nutritional intake due to a lack of food or eating food with a poor nutritional content. Malnutrition also affects people in the long term by causing under-development of brain cells, growth retardation and susceptibility to infectious diseases (South African Human Rights Council, 2002:1).

Malnutrition is manifested in both under-nutrition and over-nutrition. Although the focus is on under-nutrition, over-nutrition is also prevalent in South Africa. The National Food Consumption Survey conducted in 2002 showed that 6% of the sample at national level is overweight bordering on obesity, and the prevalence increased to 12% in children of well educated mothers living in urban areas (Steyn & Labadarios, 2002:336). A study done by the South African Demographic and Health Survey (SADHS) in 1998 also reported that 26.1% of adult women and 19.8% of men were overweight, and 9.3% of men and 30.1% of women were obese (Steyn & Labadarios, 2002:342). This was seen as a problem since obesity is a major risk factor for cardiovascular diseases, hypertension, Type 2 diabetes and strokes. The above mentioned issues are the main reasons why the DOH came to regard nutrition as a serious policy issue.

Food is a basic human right. The South African Constitution in section 27(1) (b) states that everyone has a right to have access to sufficient food. The ultimate purpose of the right of access to food is to secure nutritional well-being for a life to be lived in dignity. To assure a household's food security, food needs to be locally available, accessible or affordable (Coutsoudis *et al,* 2000:1). According to Coutsoudis *et al*, studies done by the Health Systems Trust on nutrition and later by the World Bank on poverty estimated that between 30% - 40% of South African households do not have assured access to an adequate diet. This lack of household food security has been related to a lack of physical availability of food in rural areas. The accessibility (which encompasses economic and physical accessibility) of food should be in ways that are sustainable. However, the DOH

estimated that 14 million South Africans (approximately 37% of the population) experience food insecurity (Brand, 2004:1). Nutrition is a prerequisite for the attainment of a person's physical and intellectual potential. In addition, nutrition interventions are social and economic investments, which are also vital for economic growth (Department of Health, 1997:25).

The DOH has the responsibility to determine the country's health service priorities and policies, and to see that policies are implemented. Since 1994, government has developed new health care policies and legislation which address the inequities of the past, moving towards providing equitable health care. One of the challenges that the DOH has been faced with, is to create a single, unified national health system and strengthening institutional capacity at national, provincial and district levels (Department of Health, 2003:3).

The INP, to some extent, can be implemented by the DOH in collaboration with other organisations such as NGOs and Community Based Organisations (CBOs), particularly the community-based component of the INP. One such NGO is the Health Systems Trust (HST). The purpose of this study is to consider whether civil society organisations, such as the HST, can assist the DOH in their provision of basic health services. This chapter will establish the policy framework of the current health care systems in South Africa and will focus on the DOH's INP as an example of policy implementation.

This chapter will look at the national INP, mainly looking at its goals and implementation strategy, its implementation structure, including the roles and functions of the different levels of the DOH in the implementation of the program. The study will then look at the Health Systems Trust and their contribution in the implementation of the Integrated Nutrition Program.

4.1 The Integrated Nutrition Program (INP)

In 1995, the DOH introduced the INP to deal with malnutrition in this country. The INP forms an integral part of primary health care in South Africa. The INP was drafted in

accordance with the recommendations made by the Nutrition Committee which was appointed in 1994 by the then Minister of Health to develop a nutrition strategy for South Africa. Considering the complex causes of malnutrition, the Nutrition Committee recommended an integrated strategy. The INP entails the setting up of structures, systems, and strategies which must contribute to the improvement of health and nutritional status of children under the age of 5 years, pregnant and lactating mothers, the elderly, and the sick (*White Paper for the Transformation of the Health System in South Africa,* 1997:26). The INP aims to facilitate a coordinated inter-sectoral approach to solving nutrition problems in South Africa.

The INP focuses especially on sustainable food security for the vulnerable/needy because a chronic lack of adequate food intake is the primary contributing factor to malnutrition, morbidity and mortality particularly in children. The primary objective of this program is to establish sustainable food security for the needy. The emphasis of the INP is on building long-term capacity of communities to be self-sufficient in terms of their food and nutritional needs, while at the same time protecting and improving the health of the most vulnerable groups, such as women and children (*White Paper for the Transformation of the Health System in South Africa,* 1997:26).

According to the INP Strategic Plan 2002/3 - 2006/7 (hereafter referred to as the INP Strategic Plan), the goals and objectives of the INP are to:

- Prevent an increase in mortality due to diseases of lifestyle,
- Promote the health of women, and in particular, pregnant and lactating women,
- Reduce the prevalence of malnutrition in children,
- Ensure optimal growth of infants and young children,
- Improve capacity at all levels in order to solve the problems of malnutrition and hunger, and
- Improve intersectoral collaboration and community ownership of the program and resources.

The above-mentioned goals and objectives are based on a number of premises (The Integrated Nutrition Program Report, 2003: 3). These are as follows:

- The active participation of households, community leaders and structures, NGOs, CBOs, and other community role players. All these participants should be mobilized at project level to ensure that projects are people driven and community driven.
- Communities should be empowered with the necessary skills and knowledge to become self-reliant with regard to their food and nutrition needs and should be in control of factors affecting their nutritional well-being.
- The use of existing structures and programs to address malnutrition should be encouraged.
- Intersectoral collaboration of relevant structures such as line departments should be mobilized at all levels to ensure joint action to address nutritional problems.

The above premises are all-encompassing and extensive. The *White Paper for the Transformation of the Health Systems in South Africa* (1997:24) identifies an implementation strategy that should entail three components:

i. Health facility-based component
ii. Community-based component
iii. Nutrition information systems

i. Health Facility-Based Component

According to Steyn and Labadarios (2002:328) this component of the INP focuses on seven areas namely:

- **Contribution to household food security,** which encompasses conducting nutrition-related activities to contribute to adequate access by households to amounts of foods of the right quality to satisfy the dietary needs and to ensure a healthy active life of all household members at all times throughout the year.
- **Disease-specific nutrition support, treatment and counselling,** which encompasses the nutrition and dietetic practices for the prevention and

rehabilitation of nutrition related diseases, debilitating conditions and illnesses through counselling, support and treatment.

- **Growth monitoring and promotion**, which is encompasses the regular measurement, recording, and interpretation of a child's growth over time in order to counsel, act follow-up results with the purpose of promoting child health, human development and quality of life.
- **Nutrition promotion, education, and advocacy,** which encompasses communication activities to improve the nutritional status of the population, to prevent nutrition-related diseases and to improve the quality of life of people.
- **Promotion, protection and support of breastfeeding,** which includes doing activities to ensure that practices and behaviours in health care settings are always protecting, promoting, and support breastfeeding, as well as building on good practices and removing constraints and discouraging practices that are detrimental to establishing, maintaining or sustaining breastfeeding.
- **Micronutrient malnutrition control.** This includes doing activities to prevent, reduce or control dietary deficiencies of vitamins and minerals through direct supplementation of the vulnerable groups with micronutrient supplements, dietary diversification and fortification of commonly used with micronutrients focusing on Vitamin A deficiency, iron deficiency anaemia and iodine deficiency disorder.
- **Food service management.** This includes planning, developing, controlling, implementing and evaluating and guiding suitable food service systems for the provision of balanced nutrition to groups in the community and in public institutions for healthy or sick people.

The health facility-based component entails establishing Primary Health Care (PHC) facilities and implementing the above mentioned seven priority areas. These facilities must provide nutrition education, encourage breastfeeding, growth monitoring, manage and refer children who are seen to be faltering in terms of growth, Protein-Energy Malnutrition (PEM) Scheme, micronutrient supplementation, and parasite control. It also includes promoting the Baby Friendly Hospital Initiative (Immelman and Bamford, 2000:33).

Contribution to household food security is one of the areas that the health facilities need to cover to ensure the improvement of nutritional and health status of children in South Africa. However, there is no strategy on how health facilities would contribute to household food security other than the PEM scheme which only supplies food enough for the child and does not cater for the entire household. When a child is malnourished, in most cases, it is a reflection of the situation in the home, particularly in poor households. Therefore, supplying food enough for one child and not intervening in any other way is inadequate, as the household will also eat the food that is meant for the child, which then means that the child will not recover or will soon become malnourished again because there is no longer food in the home (Immelman and Bamford, 2000:34).

ii. Community- Based Component

This component focuses on enabling communities to solve their own problems. The main thrust of the community-based component is aimed at ensuring the active participation of individuals, families and communities in assuming responsibility for the improvement of their nutritional status. However, community participation should be complemented by awareness, commitment and the support of the leaders in the higher levels of government, NGOs, and external support organisations (*White Paper for the Transformation of the Health System in South Africa*, 1997:28). It is this component of the INP where the HST is regarded as a key service provider. The case study of this dissertation focuses on the implementation of this component of the INP by the HST. This component depends on the participation and contribution of community based organisations and non-governmental organisations to assist them in implementing the INP.

iii. Nutrition Information System

This component includes the national nutrition surveillance system, and a nutrition promotion program, comprising communication, advocacy and legislation. According to the INP Strategic Plan, this system aims to collect baseline data. It enables assessing the overall nutritional status of the population, identifying vulnerable or at-risk groups, formulating the extent of the problem, allocating resources to areas of need and

formulating policies. The nutrition information system consists of nutrition surveys, nutrition surveillance, and the management of information. Nutrition surveillance is the system for monitoring the nutritional status of the population over time and geographic location to develop appropriate interventions (INP Strategic Plan). According to Immelman and Bamford (2000:41), the nutrition information system should form part of the District Health Information System. A district health information system is developed to ensure that information is collected and managed for planning and decision-making within that particular district. The nutrition surveys assess the nutritional status of the population through regular cross-sectional sample surveys. The management information system has a routine set of activities to manage information for program development, implementation, monitoring, and evaluation (INP Strategic Plan).

The intervention packages can include any combination of interventions depending on the need. According to *The Synopsis of Health Policies & Legislation* (2000:26), points of service delivery for the nutrition program include health facilities, nutrition rehabilitation centres, care institutions, schools, and the community.

Although the INP is a good intervention strategy, for it to be effective, there has to be political commitment. According to the *White Paper for the Transformation of the Health Systems in South Africa* (1997:26), for the INP to be effective, it depends on:

- issues of intersectoral linkages and collaboration,
- community mobilization and participation,
- targeting of the most vulnerable groups,
- effective response to specific problems,
- monitoring, evaluation and management information systems,
- development of human resources and institutional capacities, and
- sustainability in terms of processes, resources and impact.

In order to put the INP into effect, the DOH established different management structures across different government levels. These are summarized in Table 4.1 below.

Table 4.1: The National Implementation Structures of the INP

STRUCTURE OF INTEGRATED NUTRITION PROGRAM			
LEVEL	**Management Structure**	**Supporting structure**	**Coordinating Structure**
National	Directorate Nutrition	Advisory groups Technical Task Teams	Intersectorial committees
Provincial	Sub-directorates Nutrition	Advisory groups Technical Task Teams	Intersectorial committees
Regional	Nutrition Unit Staff	Advisory groups Technical Task Teams	Intersectorial committees
District	Nutrition Unit Staff	Advisory groups Technical Task Teams	Intersectorial committees
Community	Nutrition Unit Staff	Management committees of implementing agencies/ community/ health workers/ volunteers	Community Forum
	Implementing Agency	Nutrition Unit Staff agencies/ community/ health workers/ volunteers	

Source: Nutrition Strategic Plan 2002/3 – 2006/7

The INP is managed and implemented by a district nutritionist, whose job it is to co-ordinate all nutrition services in the district; implement all provincial nutrition policies; monitor and evaluate all nutrition programs in the district; and monitor the nutrition budget (Immelman and Bamford, 2000:21).

If the above structures set up would be accompanied with staff and resources then the INP would most likely be successfully implemented. However, there is a problem of a lack of human resources, as the case study will reveal.

Table 4.2 identifies the respective roles and functions of DOH staff at provincial and district level for the implementation of the INP.

Table 4.2: The Roles and Functions of the Department of Health Structure

Provincial Functions	District Functions
Determine policy; standards, norms and identify indicators	- Implement policies according to the needs of the district. - Develop operational objectives and plans to achieve set indicators
Monitor, evaluate and manage information on programs (e.g. PEM, CBNP) to make decisions regarding the budget, staff allocation, etc.	- Process and summarize data to make an input to provincial office regarding nutrition surveillance PEM scheme Monitor and evaluate CBNP according to the suggested work program. - Submit quarterly progress reports on CBNP to provincial office.
Conduct research and development	- Monitor and improve reliability of nutritional data collected. - Initiate surveys by indicating which areas need to be investigated - Participate in surveys.
Initiate, develop and coordinate training programs according to needs of personnel	- Identify training needs of personnel and PHC workers in the district - Train personnel and PHC workers; gather information and monitor programs and do nutrition education.
Provide a comprehensive advisory service, e.g. budgets.	- Plan district budget according to planned activities. - Countercheck monthly expenditure of programs. - Manage decentralized budgets of Nutrition Programs.
Develop criteria for performance audit, e.g. job descriptions	- Write monthly/quarterly reports to district manager and Provincial office - Set up opportunities for staff capacity building.
Liase with associated Professional Boards and National office	- Liase with local NGOs and other Departments to co-ordinate and disseminate nutrition information - Comment on draft policies.
Co-ordinate and handle tender contracts > R25 000.	- Manage and approve tender contracts less than R25 000. - Prepare proposals and business plans of CBNPs for funding.
Develop and maintain intersectoral links	- Represent nutritional component at management and intersectoral meetings
Develop Nutrition Education Promotion Strategy; - Nutrition packages for nutrition and breastfeeding week; - Key messages; - School Nutrition Education Programs	- Organize and conduct nutrition promotion activities and campaigns. - Incorporate and strengthen nutrition education at clinics, schools, and community groups.

Source: The Nutrition Strategic Plan 2002/3 – 2006/7

Following the implementation of the District Health System, the management of the INP has been decentralized to the districts. Looking at Table 4.2 above, it is evident that the provincial government sets the broad implementation policies, strategies and boundaries, while the districts are responsible for implementing these and reporting back on progress to provincial government.

There are problems with the implementation of the various roles and functions. In a study done in 2000 by Immelman and Bamford on the implementation of the INP in the Lower Orange Region of the Northern Cape, one of the problems which limited implementation at provincial level was a lack of human resources. For example, one community development officer is responsible for the entire district (Immelman and Bamford, 2000:36). The limited resources at district level make it difficult for nutritionists and nutrition advisors to cover the large areas. Besides human resources, there are serious limitations such as limited financial resources, with the budget decreasing at district level. The poorly developed systems for monitoring the quality of service provided is another confounding factor to INP implementation. Immelman and Bamford (2000:37) argue that another limit to successful implementation at facility level is that health staff, such as nurses in particular, do not regard nutrition as a priority. At community level, nutrition workers do not always have the time and skills necessary to initiate and sustain community-based projects (Immelman and Bamford, 2000:40).

The DOH is responsible for the delivery of health services to all citizens. The poor in particular depend on the DOH's services and are the first to suffer when the DOH fails to deliver. Unfortunately, the DOH continues to be constrained by a lack of the necessary resources such as adequate infrastructure, systems and skilled human resources. These constraints limit the DOH's capacity to implement health care services. However, the task of improving the health of South Africans is not one that has to be borne by the DOH alone.

4.2 The Health Systems Trust and the INP

The Health Systems Trust (HST) is an independent Non-Governmental Organisation which was established in 1992 to support and assist in the transformation of the South African health system. The HST has been contributing to the development of a comprehensive, equitable and effective national health system in South Africa. According to its mission statement, its vision is to create and support health systems which support health for all in Southern Africa. The four main goals of the HST include:

1. Facilitating and supporting the development of the district health systems,
2. Supporting and commissioning research to foster health systems development and equity,
3. Building South African capacity for health systems and policy research, and
4. Actively disseminating and sharing information about health systems development, health care delivery and equity (INP Progress Report 2003/4:2).

Due to the high malnutrition status, poverty (particularly in rural areas), and the shortage of human resources in the country, evident in the studies mentioned earlier, the HST developed a community-wide nutrition program which entailed promoting household food security, nutrition education and health promotion, focusing on deep rural communities. Their focus mirrors that of the DOH. At this point in time, the HST complements government by implementing the community-component of the INP in some areas. The agreement was that HST would pilot its program in selected areas and this would be rolled out by the DOH to other areas using local NGOs and CBOs, and ideally, the rest of the country (INP Progress Report 2003/4:2).

In 2002 the HST started implementing the community component of the INP in selected districts of the Eastern Cape and KwaZulu-Natal. It implemented the community component of the INP based on a people-centred approach. It aimed to tackle the underlying causes of illnesses and malnutrition through enhanced community participation. The approach is based on the notion that poverty and ill-health are interlinked and some of the diseases and conditions witnessed by the health workers at the health care facilities are attributed to household poverty. The HST argues that

countering poverty and related diseases requires action that enhances people's potential to live healthy lives by giving them skills and knowledge to promote their health and well-being (INP Progress Report 2003/4:1).

The HST's strategy of implementation aims at promoting behavioural change within communities using a grassroots developmental approach. This entails the use of Community Based Organisations (CBOs) as implementing agents of the INP. The community-based developmental approach aims to facilitate a coordinated intersectoral approach to address malnutrition, hunger and poverty within the communities. The emphasis of the program is on building long-term capacity in communities in order to render them self-reliant in terms of food, nutritional needs, and community based child survival strategies (INP Progress Report 2004/5:6).

The primary goal of the program is to promote household food security thereby lowering infant morbidity and mortality. The assumption is that this will be lowered by empowering communities with knowledge and skills such as doing growth monitoring in children, nutrition and health, income generating activities, crop production, writing funding proposals, thus making them self-reliant and self-sufficient in terms of food, health and nutritional needs (INP Progress Report 2004/5:6). Their program is targeting nutritionally at risk children, pregnant and lactating mothers, families of the nutritionally at risk, and those infected with TB and/or HIV/AIDS.

The HST has identified six objectives of the program (INP Progress Report 2002/3:1):

- To promote linkages between health facilities and other social institutions in order to improve the health and nutritional well being of communities,
- To improve clinic based management of childhood conditions and infections,
- To promote effective and appropriate growth monitoring and promotion practices using community bases,
- To identify and train CBOs that will work in partnership with clinic staff to improve health facility and community based nutrition programs,

- To work with CBOs in setting up follow-up and referral network systems for malnourished children as well as TB, and HIV/AIDS patients,
- To build the capacity of nurses in community participatory strategies.

The program targets rural areas that have been identified as poverty-stricken. These areas are also in the presidential Integrated Sustainable Rural Development Strategy (ISRDS) nodes, which were selected for accelerated development (INP Progress report 2003/4:5).

The HST has a relatively flat implementation structure in comparison to the national INP management structure (INP Progress report 2002/3:3):

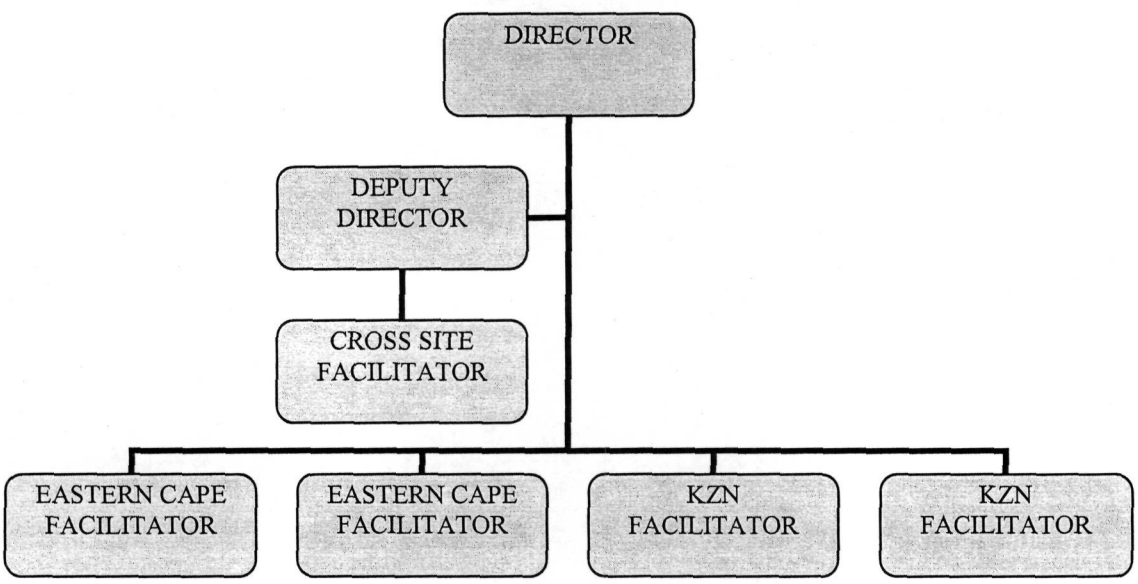


Figure 1: Health Systems Trust's INP management and implementation structure

The INP has been and is currently being implemented by the HST in both the Eastern Cape and KwaZulu-Natal. In the Eastern Cape, the program has been implemented in the Alfred Nzo District and the O.R.Tambo District. In KwaZulu-Natal, the program has been implemented in the Zululand District and Umkhanyakude District (INP Progress Report 2004/5:6). Each district is allocated a Nutrition Facilitator, hired by the HST, who then facilitates the implementation of the program. The facilitator is responsible for providing technical support, facilitating and coordinating activities at all the sites in the district.

The HST initiated and piloted a model of community involvement in key areas of nutrition and household food security in 40 clinic catchment areas in the rural areas of KwaZulu-Natal and the Eastern Cape which was funded by W.K. Kellogg Foundation from 2002 to 2004. Subsequently, the National Development Agency (NDA) provided funding for the roll-out of the program to 12 other clinic catchment areas in the Eastern Cape. In 2005, the Eastern Cape Department of Health provided funding for the roll out of the program in 30 more clinics (INP Progress Report 2004/5:4). In 2006, the HST again received funding from W.K. Kellogg Foundation to strengthen and consolidate the program in the old clinic catchment areas and roll out to new clinic catchment areas.

The HST received funding from different funders over the years. From 2002, the HST received funding for 40 clinics from W.K. Kellogg Foundation for a 3 year period. The HST extended the program to 12 more clinics with funding from the National Development Agency (NDA). From 2005 to 2006, the HST received funding from the provincial DOH of the Eastern Cape to implement the program in O.R.Tambo District. In 2006, HST again received funding to strengthen its intervention in KwaZulu-Natal and the Eastern Cape until 2008 from the Kellogg Foundation. Tables 3, 4, and 5 identify the different sources of funding which has enabled the establishment of clinics for the implementation of the INP.

Table 4.3: Kellogg funded Sites

Province	District	Kellogg Sites	
		No. of clinics	No. of volunteers
Eastern Cape	O.R.Tambo	10	20
	Alfred Nzo	10	20
KwaZulu-Natal	Umkhanyakude	10	20
	Zululand	10	20
TOTAL	4	40	80

Source: INP Progress Report 2003/4

Table 4.4: NDA funded Sites

Province	District	NDA Sites	
		No. of Clinics	No. of volunteers
Eastern Cape	O.R.Tambo	4	20
	Alfred Nzo	6	30
	Okhahlamba	2	10
Total	3	12	60

Source: INP Progress Report 2003/4

Table 4.5: Provincial DOH of the Eastern Cape funded Sites

Province	District	Sub-District	No. of clinics	No. of volunteers
Eastern Cape	O.R.Tambo	KSD	7	54
		Mhlontlo	9	42
		Qaukeni	7	43
		Nyandeni	4	26
Total	1	4	27	165

Source: INP Progress Report 2004/5

4.3 The HST's Implementation Strategy

When implementing the INP, the HST starts by holding consultative meetings with the different stakeholders and local communities to achieve support and buy-in for the INP. Consultative meetings were held at provincial, district and local level to establish collaborations and working relations.

After the approval and acceptance of the HST's program, the HST contracted the Medical Research Council (MRC) to do a baseline survey in 2002 to determine the current status. The study was conducted in the O.R.Tambo District and Alfred Nzo District of the Eastern Cape and the Umkhanyakude District and the Zululand District of KwaZulu-Natal. The study focused on the nutritional status of children and their caregivers. The baseline study in the Eastern Cape and KwaZulu-Natal showed that more than a third of households do not have access to toilet facilities and the main drinking water source is rain and river water. The study also showed that more than 70% of the households do not

have electricity, and they use wood as an energy source for cooking. The unemployment rate of fathers in households was found to be 53% in the Eastern Cape and 23% in KwaZulu-Natal. The unemployment of caregivers, who were also single parents, was found to be 96% in the Eastern Cape and 86% in KwaZulu-Natal. The study also found that most of the cash income was from child support grants, pension or disability grants. 36% of the households in the Eastern Cape and 29% in KwaZulu-Natal indicated that they did not have enough food available for consumption (MRC, 2004:27).

Rapid Institutional Assessments (RIA) were also conducted in the districts of both provinces to assess the state of the infrastructure at the sites that the HST will be working with. Specifically, the RIAs were done to assess clinic gardens, water sources, the state or condition of fencing material; to assess primary school gardens, state/condition of fencing materials; to assess existing community infrastructure, community structure and water sources; and to locate existing CBOs and volunteers (INP Progress Report 2002/2003:6).

The baseline and RIA findings and recommendations were used to inform and refine interventions in all sites. The findings were also presented to all stakeholders (the local communities, the volunteers, the CBOs, and the different departments involved).

The HST facilitators thereafter set up structures at district level and at clinic and community level. The different stakeholders include: the Department of Health, Department of Agriculture, Department of Social Development and Welfare, Department of Water Affairs and Forestry, Department of Education, and local NGOs. All these stakeholders were recruited to get involved at district level, thus forming the multi-sectoral task team in that particular district. The community structure that was set up included nutrition volunteers, a clinic catchment area task team, and District or Local Service Area multi-sectoral task teams, which was set up to ensure community ownership and sustainability of the program (INP Progress Report 2004/2005:4).

To achieve greater community participation, the HST thought that local Community Based Organisations (CBOs) should also be involved. However, there were none present

in the area, thereafter, the HST initiated and facilitated the setting up of INP structures, including CBOs themselves, meant to support and ensure the smooth running of the program. The role of CBOs includes; managing and coordinating community based interventions within sites; managing monthly grants; selecting volunteers; collaborating with health workers and supervising the implementation of the INP by the volunteers; and assisting those who qualify, in accessing social grants (INP Progress Report 2002/2003:5).

When implementing the program, the HST initially supplies garden inputs such as fencing material, seeds and seedlings, pesticides and fertilizer, and garden tools such as spades, folk spades, hosepipes, hoes, watering cans to start the garden (INP Progress Report 2002/2003:6).

The entry point of intervention is the clinic to reach a larger number of people because most community members go to the clinic at some time or another, and because people respect and trust an intervention that is rooted from the clinic. Therefore, demonstration gardens are established at the clinics. The secondary point of intervention is the communal gardens linked with community bases where children are weighed and mothers or caregivers are educated about nutrition and health related issues. The rationale there is that most people in rural areas enjoy planting vegetable gardens and have been planting for years, but have not been able to plant at large scale due to a lack of resources such as fencing material, garden tools and garden inputs. The third entry point of intervention is the establishment of homestead gardens for families that can and are willing to start their own backyard gardens (INP Progress Report 2002/2003:7).

4.3.1 Clinic Based Interventions

The clinic is the entry point of the program, primarily because most members of the community goes to the clinic at some time or another, thus enabling access to a larger number of the target population. At the clinics, HST facilitated the establishment of demonstration gardens which illustrate the planting of the different nutrient rich vegetables. Some of the vegetables planted include spinach, cabbage, onion, beetroot, string beans, Irish potatoes, yellow sweet potato, pumpkin, and carrots (INP Progress Report 2004/5:7). The purpose of these demonstration gardens is to encourage people to grow their own vegetables instead of buying from the market with the little money that they have, which they can then use for other things such as paying for school fees.

The nutrition volunteers work on the garden and conduct health talks at the clinic while patients are waiting to see the health care worker. They also establish rehabilitation units for families of undernourished children under 5 years of age, TB patients on the Directly Observed Treatment Short-course (D.O.T.S) Program, and HIV patients who are initially given vegetable rations and are later allocated plots in the garden. The families are later assisted in setting up their own homestead gardens. The setting up of these homestead gardens is done with the support of the Department of Agriculture which provides seeds (INP Progress Report 2004/5:7).

Nutrition education and counselling is done at the clinic by the nutrition volunteers to demonstrate that one's nutritional and health status can improve through consuming nutritious food. Cooking demonstrations are also done by the volunteers, which demonstrates and teach people on how to prepare and preserve food so that the nutrient content does not go down (INP Progress Report 2004/5:8).

4.3.2 Community Based Interventions

The community based implementation strategy comprises of four interventions:

i. Community Bases

Meetings are held with the chief, the elders of the community and the community at large for the purposes of introducing the program, to get their buy-in and support. The volunteers set up community bases within communities that are very far from the clinic. A community base is often an extra separate room/rondavel that a family offers to be used for the purposes of growth monitoring and nutrition education and counselling (INP Progress Report 2004/5:9).

ii. Community-Based Growth Monitoring and Promotion

Growth monitoring is done by the trained volunteers once every month for each community base for children under the age of 5 years. Children are weighed every month to monitor their growth. The weights of the adults on chronic medication are also taken. The weight of the children are recorded on a register at each community base and later transferred to the clinic register (INP Progress Report 2004/5:9). Mothers are involved in the weighing process, so they take part in monitoring their own child's growth. Those that are not gaining or are losing weight, are referred to the clinic for treatment and the volunteers thereafter do follow-up visits in the homes (INP Progress Report 2004/5:9).

When all the mothers have gathered together, they are also taught about the 16 key family practices of the Integrated Management of Childhood Illnesses (IMCI) which empower mothers on how to treat a child for any infections before taking a child to a clinic which is often very far. It also helps them to identify danger signs which indicate an immediate need to take the child to the clinic for treatment (INP Progress Report 2004/5:10).

iii. Communal Gardens

The HST has also facilitated the setting up communal gardens with the support of the agricultural extension officers. The communal gardens have been established for the purposes of linking up with activities taking place at the clinic demonstration garden. The intention is to mobilize communities to be involved in food security programs through crop production (INP Progress Report 2004/5:10).

iv. Referral System

A two-way referral system has been established between the CBO/volunteers and the clinic. The malnourished children and TB and HIV/AIDS patients are referred both ways when the need arises (INP Progress Report 2004/5:12). The malnourished or severely underweight children are referred to the clinic for treatment, and the clinic nurses refer identified underweight children and TB and HIV/AIDS patients to the community bases where they receive nutrition education, vegetable rations, and are allocated a plot in the communal gardens.

4.3.3 Training and Capacity Building

The community-based implementation strategy depends on training and capacity building of volunteers, CBOs and professional staff. The HST organizes trainings and runs workshops for the volunteers and CBOs. The volunteers and CBOs were trained on crop production and food security at the Owen Sithole College in KwaZulu-Natal and at the Tsolo College of Agriculture in the Eastern Cape. They were also trained on the Community and Household Component of the IMCI which covers aspects of growth promotion and development, disease prevention, home management and care seeking, and compliance to treatment and advice. The volunteers and CBOs are used as 'Trainers of Trainers' (TOTs) within their catchment areas. Due to a large number of volunteers, one person per clinic is trained on a particular task such as crop production, then that trained volunteer goes back to their clinic, reports back to the clinic sister in-charge and trains other volunteers that did not attend the training. For

each training course, a different volunteer is sent to attend (INP Progress Report 2004/5:14).

The CBOs and volunteers have also been trained by a representative from the Department of Social Development on the guidelines for accessing social grants. This enables them to assist community members to understand the requirements for applying for social grants. They also have been trained on basic project management. This empowers them with the knowledge on how to write funding proposals, implementing and monitoring the project, report writing, and overall management of the project (INP Progress Report 2004/5:15). The HST also sent professionals from the Department of Health and the Department of Agriculture to the University of Western Cape for training on micronutrient malnutrition (INP Progress Report 2004/5:15). The project is monitored throughout. The project is assessed quarterly to measure performance and quarterly reports are submitted.

Conclusion

This chapter has highlighted and summarised the various aspects and strategies of the INP. It is a health policy program which, by its very nature, includes a multitude of participants. Its implementation demands collaboration with not only the local communities but also with different government departments at different levels of government. But perhaps the most influential role player is the Department of Health. The next chapter will take a closer look at the relationship between the Department of Health and the Health Systems Trust in their implementation of the INP.

CHAPTER 5: FINDINGS and ANALYSIS

Introduction

This chapter presents the findings of the interviews conducted and the close observation of participants over a period of six months, commencing in February 2007. Two interviews were conducted in Umtata (Eastern Cape): one with the Eastern Cape DOH and one with a HST nutrition facilitator. Two other interviews were conducted in Durban and Pietermaritzburg respectively: One DOH staff member and one HST nutrition facilitator. A questionnaire was sent to the HST's INP Deputy Director via e-mail as well as to the KwaZulu-Natal DOH Nutrition Manager. The questionnaires were completed and returned. Follow-up telephonic interviews were then done with these two respondents. The key themes of the questions focused on: the content and implementation of the INP; the relationship between the HST and the DOH; the issues and problems experienced; and lastly their recommendations on what can be done to improve the partnership and network. These themes will help identify some of the challenges experienced in partnerships and networks and what can be done to enhance the network and hence implementation. Challenges such as power struggles due to resources, unclear roles and responsibilities, clash in internal organizational priorities versus network priorities, which all hamper implementation. These are the findings:

5.1 The Integrated Nutrition Program:

The INP was initiated for several reasons. The main reasons, according to both the DOH staff and the HST staff, for initiating the INP was firstly, to improve the nutritional status of children under the age of 5 years by introducing vitamin A rich foods, as well as by community-based growth monitoring for early detection of growth faltering, and promoting household food security through clinic gardens, community gardens and backyard gardens. The second reason was to promote household food security and the implementation of the household and community component of the Integrated Management of Childhood Illnesses (IMCI) by empowering communities to become self-reliant and self-sufficient in terms of their food and nutritional status.

The nutrition conceptual framework identifies poverty as one of the primary causes of malnutrition and child morbidity, hence household food security, growth monitoring and community development are prioritized in the program. This is also evident in the statement made by a DOH Nutrition Manager saying that:

"The INP was initiated as a strategy to help alleviate poverty and, improve malnutrition rates and also contribute to the reduction of infant morbidity and mortality".
20 February 2007

5.2 The relationship between the DOH and the HST:

The DOH and the HST initiated a voluntary collaborative effort to implement the INP in 2002. The DOH and the HST started working together because of their shared goals and objectives. They both acknowledge the need to collaborate and join forces. The DOH acknowledge that they sought out the involvement of the HST in the implementation of the INP since the HST was already providing nutrition programs, thereby initiating a closer working relationship. It was largely and informal agreement whereby the DOH agreed to provide the HST with the necessary funding to enable them to continue their nutrition program. In return, the DOH wanted to be kept informed about the progress made, which the HST would do through submitting regular reports.

"In short, the DOH will provide the money and HST will implement the processes in consultation with the DOH and active participation of the communities, with the goal to empower them to deal with issues that affect them within their communities, such as poverty. And at agreed upon times, reports will be submitted to the DOH".
- HST INP Deputy Director -
23 February 2007

The HST sees their program not as a separate program, but fitting into the INP of the DOH, as the service that they provide would fulfil the community component of the INP. In other words, the HST's program feeds into the DOH's INP.

In the light of the HST being a suitable implementing agent of the community component of the INP, the Deputy Director of the program at HST said that:

"HST is a suitable implementing agent because the staff that has been recruited to work for HST came into the organisation with knowledge and skills to deal with the diverse components of the INP initiative. These components include; community based organisations, community development, nutrition, household food security, active participation, monitoring and evaluation".
(23 February 2007)

In addition, the HST's vision and its skilled and dedicated professional staff make the HST a suitable agent for implementing the INP.

"Other key qualities that were demonstrated by the HST INP staff was dedication, driving long distances on rugged rural areas in order to work closely together with the communities to empower them".
- HST INP Management-
23 February 2007

5.3 Respective roles and responsibilities:

According to both the DOH and the HST, there was initial consultation between them on what the INP entailed. According to both the DOH and HST staff, both parties identified their roles and responsibilities based on what each organisation can do.

The HST would provide progress reports and information to the DOH on a regular basis detailing how they spent their funds. Both agreed that the entry point for the implementation of the community-based component of the INP would be at clinics. This was confirmed by the statements made by HST staff and DOH staff as outlined below.

'The agreement we had with the DOH was that HST has to inform and report to the DOH on the program progress frequently".

- HST Nutrition Facilitator -

20 February 2007

And

"The agreement that we had with HST was that the clinics would be the entry point of intervention and the DOH would be involved all the way and would be informed of all processes".

- DOH staff -

27 February 2007

The HST reports to the DOH at least twice a year, if not quarterly. In this regard, the DOH sets the parameters under which the HST operates. However, the HST should remain relatively autonomous in how they choose to implement the community-based component.

5.4 Problems/Challenges:

There are often factors which limit or hamper the successful implementation of programs. The implementation of the INP brought to the fore the following factors which complicate or limit the implementation of the program.

5.4.1. General implementation problems

Both the DOH and the HST have systems in place aimed to implement the INP. However, they both agree that new systems have to be put in place to ensure better and more sustainable implementation. The INP Deputy Director of the program at the HST argued that:

> *"HST has developed systems, however, there is a dire need to record systems which need to be evaluated and corrected. Systems that have been drafted and tested are always shelved, if not chucked out".*
>
> *23 February 2007*

Both the DOH and the HST staff agree that the strategies proposed for implementing the INP fit the context. These include the recruitment, training and the use of local people to implement the program, for the sustainability of interventions achieved through a sense of ownership of services by communities. The strategies also include the involvement of local leaders at community level such as chiefs and local ward councillors, and the different sectors of government for the purposes of resource sharing and commitment.

According to the HST staff, the strategies are good except that they lack staff to implement these strategies. According to the DOH, they also have insufficiently skilled staff for them to independently implement the INP. The DOH's biggest problem is a lack of skilled human resources. The HST, on the other hand argues that their staff is skilled and have the necessary experience to implement the INP. However, they complain that their geographical sites or districts that they have to work in are too wide and remote, thus straining the facilitator that is responsible for the whole area. They argue that more personnel is required. They also argue that the strategies need more time to be implemented for them to be effective. Though the strategies are theoretically suitable for the context, they need to be assessed and revisited to see if they are appropriate and able to fulfil the objectives of the INP.

An HST staff member similarly argues that:

"Some of the strategies have to be re-evaluated as they hamper the sustainability of the program as a whole, for example, the giving of stipend to volunteers that work in program with HST"
20 February 2007

A critique of the strategies is that they are not given enough time or momentum to be tested. HST INP management said that:

"The strategies for implementing the INP fit the context perfectly but they are not given enough time and momentum to be tested. If process evaluation is not done on regular intervals, major problems are encountered."
23 February 2007

and

"The DOH does not have enough staff to ensure adequate delivery of health care services in the districts and clinics, which makes it even harder for the clinic sisters to monitor the program which is outside of diagnosing illnesses and disease and giving treatment".
20 February 2007

The DOH disagrees and says that the program is evaluated on a regular basis, but that the DOH and the HST evaluate separately using different evaluating tools. The reason for this, they claim, is because the HST is only a small implementation agent of the national INP. There are other aspects of the INP, such as food service management which is part of the health facility based component of the INP that is monitored and evaluated by the DOH, which the HST does not offer. According to the DOH Nutrition Manager, the National and Provincial DOH conduct assessments of the INP every four years. The records at clinics are reviewed quarterly to compare with the previous statistics in order

to determine whether there has been any improvement in weighing coverage, and to determine how many are malnourished and how many are gaining weight.

The HST has not had a chance to evaluate their different programs, however, they monitor the progress of the programs. According to HST management, an evaluation has been budgeted for, however, doing the evaluations has been a challenge. An impact assessment is planned for later in 2007.

According to DOH staff, the HST is provided with adequate support and supervision. However, according to HST management, the DOH is not providing enough support and supervision. The interviews highlighted a multitude problems experienced in the implementation of the INP. Most were identified as being managerial and logistical which they felt had a huge impact on the program. These are detailed in Table 5.1.

Table 5.1: Implementation problems as identified by the DOH and the HST

Name of organisation	List of responses
Department of Health	- There was a lack of professional staff to supervise and monitor the implementation. - Low sustainability of the intervention in the absence of HST. Some of the volunteers stopped working on the gardens and going to the community bases in the absence of the stipend. - There was often a lack of water to water the crops, especially in winter when there is no rainfall. - There was also a problem of program managers, such managers for tuberculosis and managers for HIV/AIDS at district level, wanted to own the volunteers at the clinics.
Health Systems Trust	- The program managers of the DOH refused to let their volunteers to work in the garden. Their argument was that their volunteers are very busy and if they got involved in the garden, it would take away their time to do their work. They did not see how important nutrition is in health and how it fits into their program. - Some of the nurses did not understand what the program was about and were not very cooperative nor were they

	supportive. - The strategies and systems used to implement the program were not given enough time to build a good solid foundation to ensure a sustainable program in the absence of HST. - The criterion for selecting volunteers was based on their commitment and hard work at the clinics. In most cases, the volunteers that were chosen were old and could barely read and write. Though they worked very hard in the gardens and community bases, it was very difficult for them to do growth monitoring and write reports adequately. - HST's dependency on external funding has led to a lack of continuity and limited time to run the program. - The period for funding, particularly for the remuneration of the community health workers was too short. - They did not have real autonomy to implement the community-based component of INP as the HST sees fit. - Some of the volunteers, including nurses, were demanding money, arguing that the stipend they received is too small and that volunteers cannot be expected to work for so little money. They seem to have forgotten the meaning of 'volunteering'. Their focus seems to about individual gain, and not the growth and development of their communities. - There was a lot of communication breakdown from management to the volunteers at the clinics. - Community interest in some areas was minimal. Some communities saw the program as a clinic program and did not see it as theirs and for their development. - There are infrastructural problems in rural areas, such as water, roads, sanitation. - There is a lack of water to support communal and household food security projects. Due to water shortages, these projects are rainwater fed and cannot be successfully implemented throughout the year as should be. - Due to the large sizes of clinic catchment areas, as compared to the number of volunteers working in these areas, there is generally poor accessibility to some of the areas due to poor terrain which results in poor coverage of some of the needy

	areas. - The rand-dollar exchange rates affected the implementation of certain activities, as the amount received, when converted to Rands, becomes far less than what was budgeted for.

Policy networks experience a number of problems. In policy networks, actors are relatively autonomous with their own objectives and are often not bound by a formal agreement. As Hill and Hupe (2002:78) argue, when each agency pursues its own interest, implementation is characterized by constant conflict over purposes and results. Some of the key issues and problems identified by the DOH and the HST in their interaction with each other, as well as other government departments or agencies, are summarised in Table 5.2.

Table 5.2: Problems of working in a network

Name of organisation	List of responses
Department of Health	- Other government departments were often very busy with their work to attend collaboration meetings. For example, the Department of Water Affairs and Forestry tended to be always absent in meetings which they were invited to. - There was a lack of participation by other relevant stakeholders, such as Department of Water Affairs and Forestry, the local government. - The interactions were only through meetings and some of the departments, such as the Department of Social Welfare and Development, did not provide any report-backs or do follow-ups. - Different officials from the same departments attended meetings. There was therefore a lack of continuity of issues discussed.
Health Systems Trust	- Although HST has facilitated the setting up of District Task Teams to ensure participation and the use of locally available resources through the integration of all programs and all stakeholders, some sectors have not fully participated, which resulted in limited unlocking of locally available resources. - Some of the departments were not on board with the

	implementation, therefore making it difficult to sustain the project. - Some DOH staff have not fully grasped the INP concept. They focus on the vegetable gardens, and don't pay much attention to nutrition education. - DOH management was not fully up to date with the program which led to a lot of confusion and conflict. - HST staff received many confusing messages from the district office and provincial office which clashed with the activities set by HST for the program. - Everybody seemed to have their own idea on how the program should work, especially concerning the duties of the volunteers. - Some of the people, for example staff from DOH and Department of Agriculture, viewed this program as extra work in addition to the high workload they already have. They therefore were not very helpful nor cooperative. - There were clashing and conflicting messages from HST management and DOH management to HST implementing staff. - Team work approach was talked about but not practiced. - The different government departments made promises, but nothing materialized. - Local NGOs only attended meetings to try to access funding from the DOH or the HST.

5.4.2. Funding problems

A manager at the HST said:

"The one who holds a purse with the money, calls the shots"

(23 February 2007)

According to the HST staff, the DOH is not aware of the problems that HST staff experience when implementing the INP, because the DOH format for reporting is strictly confined to set objectives and goals (and whether they have they been met or not).

"Implementation challenges form the most important part of the report to be given to the funders. However, other facilitators of development believe that funders want to hear only the good stories.... Funders want to hear the good, the bad, the ugly and the solutions to deal with the challenges".

– HST INP Management – 23 February 2007

The HST has received funding from different funders over the years. When the DOH (Eastern Cape Province) was the funder, the DOH dictated how the HST should operate when implementing the INP. This caused a lot of confusion for the HST fieldworkers since they had clashing instructions from both the DOH and the HST management. This was evident in the issue of the sizes of the clinic demonstration gardens, where the HST management felt that since the clinic gardens are meant for demonstration purposes, they should be relatively small (50m x 50m). However, the DOH felt that the gardens should be much bigger (100m x 100m) to accommodate a large number of people to plant in the clinic garden. Another problem was the prioritizing of vegetable gardens above nutrition education and growth monitoring. The HST regards the latter as a critical aspect of any nutrition program. An HST staff similarly said that:

"Working with the DOH is extremely difficult in that the officials are not up to speed in terms of the whole INP concept. They seem to concentrate on food gardens and less on nutrition education. DOH still wants to dictate how HST should operate when implementing the INP, and there is a lot of confusion as we find ourselves having to do what they want and also ensure achieving set objectives of the program at the same time".

20 February 2007

According to the HST staff, when the DOH provides the funds the DOH "calls the shots". In this sense, the HST and the DOH are not really equal partners. The HST acknowledges that funds are prescriptive, however, the funds they receive from other organisations are not as prescriptive as those received from the DOH. With other funders, (such as the

Kellogg Foundation) the HST is able to remain autonomous, and they have the power to make decisions on how to implement the programs. However, with funding from the DOH, the DOH is more demanding and more controlling over how the program is to be implemented. Thus the HST feels that their activities are governed by the DOH. They felt that they are being co-opted into the DOH.

According to the HST staff, the availability (or lack of) funding does limit the implementation of the INP. As an NGO, the HST often finds itself having to compete with other organisations for funding.

"This competition for tenders affects the sustainability of the program and also puts the field workers under a lot of stress, in that, should funding not be available, they have to explain to the communities who were highly dependant on the funding why the program is not continued".

– HST staff -

20 February 2007

The HST's dependency on external funding threatens the sustainability of the INP. This is evident in the statement made by an HST staff member saying that:

"For the volunteers that got involved in the program for money, they stopped working once there was no stipend. The output is not as effective as it would have been, had the program been given more time to run".

20 February 2007

The HST often finds itself having to shape their goals and objectives to suit the requirements of the tender so as to access the funding. HST hires on a contract basis as the running of programs depends on the availability of funding. This has affected staff retention.

"A lot of staff members have left the program due to the ending of contracts

and others looking for security. Due to staff loss, there has been a lot of discontinuity in terms of implementing programs and this may lead to total mistrust by communities".

– HST staff –

20 February 2007

5.5 Recommendations by staff of the DOH and the HST

The DOH staff and HST made a number of recommendations for improving the interaction between all the stakeholders. These are summarised in Table 5.3.

Table 5.3: Recommendations for future networking

Name of organisation	List of responses
Department of Health	- There should be transparency in all processes, including the budget to implement the program - Work plans of all parties involved should be combined. - Roles and responsibilities of each party to be involved should be clarified in more depth and detail. - All parties involved need to plan together and regularly feedback to each other.
Health Systems Trust	- Communities that would benefit from the program need to be educated in detail about the program to get their buy-in and hence have a common vision. - All stakeholders need to maintain the good working relations, thus building trust. - Other members of the network (such as the Department of Water Affairs and Forestry, and the local government) must be more active participants. - Mutual respect and mutual understanding is required. - The partnership would not be effective between the departments if the integration is failing at provincial level, therefore if departments, at provincial level could lead the way, then NGOs can form good partnerships at district and local level.

Table 5.4 summarises the DOH's and the HST's recommendation with regards to improving the implementation of the INP.

Table 5.4: Recommendations to ensure successful implementation

Name of organisation	List of responses
Department of Health	- People starting off the program should be paid more money as an incentive to work harder. - Communities need to be educated about the aims of the program. - The stipends for the volunteers must be done away with and ensure that people that are recruited to be part of the program are doing it solely to help their communities and not in it just for financial gain. - Community members are to be recognized as key in the process, as they are the ones who are being assisted. - Staff members have to be valued, which would encourage them to keep working hard, and may work even harder.
Health Systems Trust	- Employment of permanent nutrition staff by the DOH would ensure sustainable implementation of the INP. - A provision of skilled staff and resources within the DOH will help sustain the program in the absence of HST. - There should more collaboration with other stakeholders to ensure integration of services. - Regular monitoring and evaluation of the program should also be done. - The program should run for longer than two years. Anything less is too short to make an effective intervention.

The DOH staff and the HST staff all agree that the DOH would not be able to implement the INP on their own, without the involvement or support of other departments or organisations.

"The INP is a huge intervention with all kinds of facets that demand the involvement of a variety of experts from different fields such as department of agriculture, social workers, and educators".

– HST INP Management -

23 February 2007

and

"T he INP could not be implemented without real active involvement or active participation of other departments and organisations. The Department of Agriculture, the Department of Social Welfare and Development, an NGO called Sibambisene, and HIV/AIDS support groups also contribute to the community component of the INP".

– DOH Nutrition Manager –

20 February 2007

The common conclusion to address the existing problems was better multi-sectoral collaboration and community mobilization to promote ownership and joint action through the sharing of resources. Increasing participation is seen as the solution, and all should persist with inviting others to attend meetings.

5.6 Discussion and Analysis:

Hogwood and Gunn (cited in Hill, 1997:219) argue that policies sometimes fail, not because they are badly implemented, but because the policy design is bad. This means that the policy itself is inappropriate. Maybe it is based upon an inadequate understanding of the problem to be solved, its causes and cure, its nature, and whatever is needed to explore. The questions to ask are: Is it valid? Will it really solve the problem it is trying to solve? The case study, based on the interviews, showed that this was not the issue here. The Integrated Nutrition Program is suitable for addressing the policy issue of the high prevalence of malnutrition which leads to infant and child morbidity and mortality due to poverty and household food insecurity. The target group, infants and children under the age of five years, pregnant and lactating women, and the sick, is regarded as appropriate.

The strategies of the different components of the INP are suitable. For example, the participatory approach in development and capacity building of volunteers used and community based organisations established by the HST, all help in promoting a sense of ownership, especially since local people are used to implement the program. This approach helps communities and professional staff that are trained on nutrition to become self-reliant and self-sufficient. The capacity building initiatives through training provided by the HST and the involvement of the community in the entire process, as well as the recognition that multi-sectoral collaboration is crucial, ensures the sustainability of the program in the absence of the HST.

The aim of NGOs and other civil society organisations is to avoid a relationship of dependency by the communities on the services and resources they provide. It is about developing communities and other local organisations so that they can take charge in their own development and growth.

Hill and Hupe (2002:174) argue that to ensure successful implementation, it is important to design effective policies along with effective implementation systems. Cloete and Wissink (2000:254) similarly argue that in order to ensure successful implementation,

thought has to be given to the systems that are required. In other words, do the organisations responsible have the systems in place to ensure successful implementation or do new systems have to be put in place? They further argue that these systems have to suit the context in which implementation will take place. Based on the findings, both the DOH and the HST feel that there are adequate and appropriate systems and strategies in place to ensure successful implementation. They are particularly supportive of the community participatory approach which is used.

Parsons (1995: 464) argues that the system must be able to communicate effectively and control those organisations or individuals involved in the performance of tasks. There should also be good communication in and between units of organisations. People should know exactly what is expected of them and they should understand what is it that they are supposed to achieve, and this is only possible if there is effective communication. However, the study found that implementing staff were often confused on what to do and how to do it due to conflicting or clashing instructions. This is one of the key factors which complicate the implementation of the INP.

Brinkerhoff and Crosby (2002:85) argue that policy implementation is multi-organisational and that rarely does a single agency carry out all the tasks associated with implementation. Partnerships and networks are then formed. Rosenau (200:6) argues that in such settings, partners individually often lack resources or capacity to act alone, thus each partner brings something valuable to the partnership, either in the form of resources, capacity or expertise.

Hill and Hupe (2002:169) argue that the probability of a successful outcome will be increased if at the stage of policy design, thought is given to potential problems of implementation. When the DOH and the HST initially met to discuss the INP, thought was given to potential problems that might be encountered during implementation. This helped both the DOH and the HST to plan ahead. They recognised that the implementation of the INP would depend on multi-sectoral collaboration. However, they were unable to enforce this. The responses of both the DOH and the HST seemed to

indicate a gap in the ability to ensure multi-sectoral collaboration. One of the problems with multi-sectoral collaboration is that, for it to be effective, time is required to build a solid relationship where all stakeholders trust one another and are committed to the issue at hand. All the stakeholders must see the problem as theirs, and must be willing to commit themselves to the objectives of the network.

For networks to deliver, according to Brinkerhoff and Crosby (2002:87), full participation and commitment is crucial. Participation can also build ownership for policy solutions among beneficiaries and implementers. Brinkerhoff and Crosby (2002:117) also stated that 'policy implementation requires concerted efforts of multiple actors all possessing some capabilities for action, but each dependent on others to solidify policy intention'. They further argue that successful implementation calls for consensus building and participation of key stakeholders. In the case of the implementation of the INP by the DOH and the HST their attempt of joint problem solving through multi-sectoral collaboration remains flawed due to the poor participation of the stakeholders from the different government departments. For example, issues which were discussed by the stakeholders in one meeting were not followed up upon in the next meeting. This, argued the HST, was because there was nothing binding the other departments such as Department of Water Affairs and Forestry and the Department of Social Welfare to the program. They had nothing to lose by not participating or cooperating with the HST. They were there on a voluntary basis, and offered assistance when they deemed if fit. The HST felt that this merely resulted in an acknowledgement of a problem, such as that there is a lack of water in clinics and communities, but involved no real commitment by the department to assist them to alleviate this problem. This illustrates that, as long as different stakeholders have different interests, they will prioritize different things, meaning that "their investment will be equivalent to their level of interest or priority on that particular goal or issue", thus affecting performance (Rosenau, 2000:234).

Brinkerhoff and Crosby (2002:86) argue that factors such as: the specification of objectives and the degree of convergence; mechanisms for combining effort and managing cooperation; determination of appropriate roles and responsibilities; and the

capacity to fulfil these roles and responsibilities need to be considered to ensure successful implementation of policies. In this case, this was for the most part evident. The aims and goals of both the DOH and the HST are in line with each other and they complement each other. The roles and responsibilities of each player were adequate. However, it is negated by the lack of human resources. For example, in the O.R.Tambo District in the Eastern Cape, there is one Nutrition Manager without any assistant. This means that the Nutrition Manager has to do everything herself. The geographical area that is under her jurisdiction is very large and she cannot be in all the places at once, this means that some areas suffer.

According to the DBSA (2001:1), NGOs often succeed in reaching the poor, at low cost, wherever they are active. This is because they focus their energy and resources to reaching the poor. They are effective because they have highly qualified staff which are committed to development. This is very evident in the staff the HST employs. The HST has been very effective because of their focus on community development and because it employs committed and qualified staff. The HST is a suitable implementing agent for the community component of the INP.

NGOs play different roles. Bratton (1989:418) argues that 'state-society relations although often congruent as well as conflictual, do not always need to be confrontational, but at times may be complementary, to national prerogatives'. In this case, the findings show that the HST plays a complementary role, as they implement the community component of the INP which the national DOH has not been able to implement due to their lack of capacity and know-how.

Sometimes government recognizes the contributions that NGOs make, but sometimes government treats NGOs as little more than inexpensive contractors (Helmich *et al,* 1998:8). This is to some extent evident in the HST interview responses which indicated that they felt that the MEC of the DOH Eastern Cape Province co-opted the HST to do what the DOH is legally required to do.

Policy implementation problems arise due to inadequate resources such as funds, capacity, and the power or authority to make decisions. For example, administrators are often not allowed to exercise their discretion during their implementation of policy, but first need to gain approval from their superiors. This is one of the issues that the HST staff raised which slowed down service delivery.

NGOs often see themselves as promoters of self-reliant development and use a participatory approach to development. The emphasis is on development of local institutions with the capacity to stimulate development in their area (DBSA, 2001:5). This is also evident in the strategy that the HST uses in implementing the INP. The HST uses local people, such as the volunteers and Community Based Organisations (CBOs) from the area. The volunteers and the CBOs are trained on topics such as crop production; food preparation; integrated management of childhood illnesses; growth monitoring and promotion; access social grants; project management; and how to write a business proposal. These skills and knowledge enable them to continue with the program in the absence of the HST, and may enable them to start other projects independent of the HST.

Brinkerhoff and Crosby (2002:85) argue that for networks between government and NGOs to work, there needs to be sufficient capacity within both parties and a balance of power. This means that government would have to be willing to respond effectively and appropriately to input from NGOs.

Although networks increase the probability of successful implementation, there are issues such as power-relations and conflict of interests that hamper successful implementation. Brinkerhoff and Crosby (2002:89) argue that in networks, government tends to create the parameters within which the different stakeholders act - shaping the nature of the interactions between government and non-government actors, thereby shaping power relations between itself and its partner(s). They further argue that when government partners with a non-governmental organisation, they are normally in a more powerful

position. In such situations, the interests of the stronger partner tend to prevail. This is evident in the relationship between the HST and the DOH.

Networks are characterized by their mutual interdependence. For NGOs to effectively play their roles, they have to remain independent and autonomous. The culture of dependency on government hampers true autonomy (Ashizawa and Tadashi, 2001:27). This means that NGOs cannot easily criticize government policy or practice since 'one cannot bite the hand that feeds them'. According to Rhodes (1988:82), government ultimately 'calls the shots'. In this case, government determined the parameters of the network. In funder-recipient relationships, the funder has an enormous amount of power. They shape the lives of the organisation they support (Helmich *et al*, 1999:29). The HST has very little say because they rely and depend on this funding for their very existence.

Funding also determines the sustainability of a program. Due to their dependency on external funding, the HST employs staff on a contract basis. This lack of job security has meant that the HST has lost valuable staff over the years, leading to a high staff turn-over. This lowers effective implementation, due to the need to train and orientate every new staff member on the INP. New employees also means having to introduce new people to the community – who then have to work at gaining the communities' trust. When working at community level, one builds relations with the communities. These relations are destroyed when a new person comes in. When the HST brings in a new person each time they return to the site, the issue of trust becomes significant. Communities think that this person will not be there for long, and will be soon replaced by another. Promises may be broken, and the community may lose faith in the program.

Given that the HST cannot offer more secure jobs and that the DOH lacks adequately skilled and professional staff to implement the INP, maybe it would be ideal to form a more structured partnership between the DOH and the HST. The DOH could enter into a formal agreement with the HST and other able NGOs to implement the community component of the INP. That way, the HST would be able to keep its valuable staff, and

the problem of staff shortage for the DOH would be lessened – this would also ensure a more sustainable program, thus ensuring continued implementation.

There are other obstacles to successful implementation, obstacles outside of the control of administrators (Hogwood and Gunn cited in Hill, 1997:217). The biggest obstacle in implementing the INP is the lack of access to basic services at the clinics and in communities, such as that of water. Not only is there no water for individual households, but there is also no water to grow vegetables. If crops cannot be grown, then food security cannot be achieved. The program will fail to alleviate malnutrition, or improve the nutritional status of those suffering from tuberculosis or for HIV/AIDS patients.

Hogwood and Gunn (cited in Hill, 1997:218) argue that policies which are physically or politically feasible may still fail to achieve stated intentions because too much is expected too soon, especially when policies demand that attitudes or behaviour of citizens need to be changed. Hood (cited in Parsons 1995:465) also argues that there should always be adequate time available to do what is to be done. So far, the implementation of the INP by the HST has been a success. However, the issue, according to both the HST and the DOH, is one of sustainability. The HST staff argue that the program should be given more time (longer than 2 years) to run because it takes time to gain trust and build relations with communities.

With all the aspects of the policy, program, partnership and networks being considered, the program is likely to be a successful and sustainable one. Although some problems have been experienced along the way, the program is likely to be a success.

The implementation of the INP has highlighted Wolman's argument that policies that "are structured so that they must be carried out through the joint action of two or more agencies, are prone to problems in the implementation stage". Although multi-sectoral collaboration is regarded by the DOH and the HST as ideal to avoid the duplication of services while promoting resource sharing and joint problem solving, collaboration in itself can complicate implementation. If implementation depends on collaboration then a

lack of consistent participation (such as their absence in meetings; or organisations being represented by different individuals at each meeting) means that no binding decisions can be taken. This also reiterates Agranoff and McGuire's (1999:33) point that "in networks, everyone is somewhat in charge and therefore, everyone is somewhat responsible".

CHAPTER 6: CONCLUSION

Policy implementation is "a process which involves interaction between the setting of goals and actions geared to achieving them" (Pressman and Wildavsky, 1973:5). Successful policy implementation depends on the context and the environment under which the policy is being implemented. Power is central to the dynamics of policy implementation. The entire process is heavily influenced by politics and power relations. The manner in which power is acquired and used, impacts and determines policy outcomes (Cloete and Wissink, 2000: 173).

The implementation of the INP by the DOH and HST is an illustration of a policy network in action. A policy network develops when two or more partners collaborate to achieve particular goals and objectives which they otherwise could not achieve independently.

The study on the HST's implementation of the INP emphasizes that government cannot afford to ignore the contribution that NGOs have made and continue to make in service delivery 'because of their cost effectiveness and ability to engage people at the grassroots level, especially in remote areas' (Taylor, cited in Camay and Gordon, 2002:37).

NGOs play a vital role in the shaping and implementation of participatory democracy because of the way they implement policies, their approach to development and their expertise. Srinivas (2006:1) argues that NGOs should be recognized as partners in the implementation of public policies because they possess well established and diverse experience, expertise and capacity in fields which will be of particular importance to the provision of basic services.

Lane (cited in Hill, 1997: 299) similarly argues that "if implementation is impossible or difficult, it is not because we lack an adequate concept of implementation but because the relationship between policy and action is such that processes of implementation have a number of properties that are not conducive to the occurrence of successful implementation". Policy implementation problems often arise due to inadequate

resources such as funds, capacity, and power or authority to implement decisions. The dominance of one specific partner in a network can have a negative effect on the network in the way that it can undermine the contributions of the other members.

Participation is key in policymaking and policy implementation (Brinkerhoff and Crosby, 2002:51). According to Exworthy and Powell (2004:266), all stakeholders must believe that it is 'their' problem and that they have a role to play in the partnership, with solutions within their control. Effective policy implementation depends on synergy among stakeholders. This means that, combined, more and better outcomes are attained than if the partners acted independently.

Despite their weaknesses, networks remain valuable because they offer the potential for rapid adaptation to changing conditions, the flexibility of adjustment, and the capacity for innovation. "When relationships among members are established, goals are agreed upon, and operations are fruitful for all concerned, the wide spectrum of expertise that comprise a network offer great potential for flexibility and adaptation." (Agranoff and McGuire, 1999:25)

Factors which contribute to network failure, according to Kickert *et al* (1997:9) include: a lack of incentives to cooperate and the existence of blockades to collective action; proposed goals may be vague; important actors may be absent, while the presence of other actors may discourage the participation of necessary actors; crucial information about goals, means and actors may be lacking; discretionary power may be absent; and the absence of commitment of actors to the common purpose. All the above were evident in the implementation of the INP.

According to Brinkerhoff and Brinkerhoff (cited in Mandell, 2001:169), there are factors that networks need to address in order to function effectively and contribute to policy implementation. These include specification of objectives and degree of convergence, mechanisms for combining effort and managing cooperation, determination of

appropriate roles and responsibilities, and capacity to fulfil those roles and responsibilities.

Another important factor which affects successful implementation is monitoring and evaluation. Successful policy implementation depends on continuous policy monitoring and evaluation. The primary purpose of evaluation is to assess the value, merit, and worth of a particular policy or program so that decisions can be made on: how to improve the policy; whether to continue or terminate the policy; and whether to contract or expand the program to other areas. Monitoring and evaluation was difficult to do due to a lack of professional staff. This means that more professional staff should be recruited by the DOH, and staff that is currently available should be trained on monitoring and evaluation.

Recommendations for NGOs include; forming networks with potential partners and promoting capacity building, particularly in policy advocacy, constituency building and implementation capacity (Brinkerhoff and Crosby, 2002:113). Governments must understand how networks operate, what constraints they face and what constitutes best practice. It also includes providing direct capacity building support to potential partner organisations, both funding and technical assistance, without being domineering over how those funds are spent (Brinkerhoff and Crosby, 2002:114).

Managing policy implementation also involves the sharing and coordination of 'management' between multiple parties, often located at different levels of government or even outside of government institutions (Kickert *et al*, 1997:25). Successful policy implementation is not merely about good administration, it is also about 'good management' which also means good planning (Minogue, cited in Hill, 1997:17). Managing policy implementation is about developing a shared vision; influencing and persuading supporters and opponents; negotiating agreements; reducing conflicts; cooperating with a wide range of stakeholders; and devising work programs in participatory and collaborative ways (Brinkerhoff and Crosby, 2002:118).

There are bound to be conflicts and weaknesses in policy networks due to the multiple actors involved, each with their own interests and priorities. It is often difficult to pursue compatible and convergent goals because different organisations have different agendas (Brinkerhoff and Crosby, 2002:86). Hogwood and Gunn (cited in Hill,1997:221) argue that 'where there is a complete understanding of, and agreement on the objectives to be achieved, and where the tasks that should be performed by each participant are specified in complete detail throughout the policy process, then policy implementation will succeed and achieve its intended objectives'.

This is easier said than done. The implementation of the INP is for the most part successful due to the use of a network. The issue is about whether it is a relationship which will be able to endure and overcome its existing weaknesses thereby sustaining the delivery of an integrated nutrition program.

Civil society organisations, such as NGOs, add value to service delivery due to their vision, commitment to community development and equity in service delivery, and the highly skilled and passionate staff that they hire. This makes civil society a valuable resource for government in ensuring good governance and service delivery to all in South Africa, particularly due to the lack of human resources with skills and expertise to serve a population which is largely deprived of access to basic health care. The ratio of professional with the necessary skills required to ensure health care delivery to the needs of the population of this country to the population of this country is extremely obscured and out of balance.

Identifying and acknowledging the problems and weaknesses of the existing network enable them to revisit existing practices, while also anticipating future problems of joint ventures. This would ensure better working relations, thus getting the most out of the collaboration which then increases the likelihood of efficiency and effectiveness in the sustainable implementation of the INP.

After all, policy networks can contribute to improved policy implementation because of the collaborative nature of the relationship between the network members. However, its strength, being loose arrangements and fairly autonomous actions of its members, can be its weakness, where there is no clear autonomy and no clear accountability because, as Agranoff and McGuire (2001:33) say: "everyone is somewhat responsible".

APPENDIX A

HST Questionnaire

Respondent no. ___

The purpose of this study is to determine and explore the nature of the partnership between the Department of Health and Health Systems Trust In the implementation of the Integrated Nutrition Program.

This study is purely for academic purposes.
Your participation is highly appreciated.

Please fill in and tick where appropriate.

1. What were the reasons for initiating the INP?

   _____

   _____

2. Was there initial consultation between HST and the DOH about the INP?
   Yes ☐ No ☐

3. What makes you the suitable implementing agent for the INP?

   _____

   _____

4. In your opinion, do you have adequate skilled staff to implement the INP?
   Yes ☐ No ☐

5. Does HST have systems in place to ensure the successful implementation of the INP? Yes ☐ No ☐

6. In your opinion, do new systems have to be put in place to accommodate and ensure the successful implementation of the INP?
   Yes ☐ No ☐

7. In your opinion, do the strategies for implementing the INP fit the context?
   Yes ☐ No ☐

8. If not, what would you suggest? _____

   _____

9. During the planning stage of the INP, did you give thought to potential problems that you might face? Yes ☐ No ☐

10. How do you feel about those strategies that you use to implement the INP?

    _____

    _____

11. Do you see your program/project as a program/project feeding into the bigger INP of the DOH, or is your program a separate program? Yes ☐ No ☐

12. Two years ago you implemented the INP with funding from DOH, how was that like in comparison to working on the INP with funding from another source/funder? _____

13. At the time that you received funding from the DOH to implement the INP in the Eastern Cape, were you able to remain autonomous with the power to make decisions or were you governed by the DOH? Yes ☐ No ☐

14. What are the main problems that you experienced in the implementation of the INP? _____

15. Does the availability of funding limit INP implementation? Yes ☐ No ☐

16. As an NGO you find yourself having to compete for funding, for example in a tender process. How does that affect your ability to work? _____

17. As an NGO, you hire on a contract basis and the running of the programs such as INP depends on the availability of funds. How has this affected your staff retention? _____

18. How has that affected HST's ability to effectively implement the INP?

19. Though HST has received funding from different funders over the years, your partner (DOH) has remained the same over the years. Has the relationship been affected or has it been different in any way, particularly when HST worked with

funding from DOH versus when HST worked with funding from other funders such as KELLOGG & NDA? If so, how? Yes ☐ No ☐

_____

_____

_____

_____

20. Due to your dependency on external funding, how has this affected the implementation of the INP? _____

_____

_____

21. Does the power to make decisions (for example, needing approval from their superiors) limit your ability to implement the INP? Yes ☐ No ☐

22. Would you agree that you would not be able to implement the INP without the involvement/participation of other departments and other organisations?
Yes ☐ No ☐

23. In your view, can the implementation of the INP be done by the DOH alone, should the necessary skilled staff and resources be provided? Yes ☐ No ☐

24. Do you evaluate the program? Yes ☐ No ☐

25. If not, why not? _____

_____

_____

26. If so, when and how? _____

_____

_____

_____

27. Do you evaluate together or separately from DOH?

_____

28. Do you use the same evaluating tool? Yes ☐ No ☐

29. In your partnership, who determines the roles and responsibilities?

_____

30. How do you determine these roles and responsibilities?

_____

_____

_____

31. What are your terms and conditions (agreement) with DOH when entering into partnership with one another? _____

_____

_____

_____

32. Does DOH determine the parameters within which you can operate?
Yes ☐ No ☐

33. Does the HST have to report back to the DOH? Yes ☐ No ☐

34. Is DOH aware of the implementation problems experienced by the HST?
Yes ☐ No ☐

35. How would you describe your relationship with DOH? _____
_____
_____
_____
_____

36. Do you think that DOH treats HST as an equal partner? Why?
Yes ☐ No ☐
_____
_____
_____

37. Would you rather work on your own or in a partnership?
Yes ☐ No ☐

38. Working in partnership involves sharing of knowledge, risk and responsibility, would you say there is sharing of responsibility in this program?
Yes ☐ No ☐

39. What are the key issues or problems that you experienced in your interaction with DOH? _____
_____
_____
_____
_____
_____

40. In your opinion, is the DOH providing enough support and supervision during the implementation of INP? Yes ☐ No ☐

41. One of your strategies for a sustainable intervention includes multi-sectoral collaboration of the different departments such as Department of Agriculture, Department of Water Affairs, Department of Social Development and Welfare, local NGOs, etc. What are some of the problems you experience to get their full participation? _____
_____
_____
_____
_____

42. What are some of the problems that you experience due to the many other stakeholders being involved? _____
_____

43. In your opinion, what can be done to enhance the partnership between DOH and HST and other NGOs? _____

44. In your opinion, what can be done to enhance the successful implementation of a sustainable INP? _____

DOH Questionnaire

Respondent no. ___

The purpose of this study is to determine and explore the nature of the partnership between the Department of Health and Health Systems Trust In the implementation of the Integrated Nutrition Program.

This study is purely for academic purposes.
Your participation is highly appreciated.

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45. What were the reasons for initiating the INP?

_____
_____
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_____
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46. Was there initial consultation between DOH and HST about the INP?
Yes ☐ No ☐

47. Do you have sufficient skilled staff to implement the INP?
Yes ☐ No ☐

48. HST contributes to the community component of the INP, are there any other organisations/departments/programs/projects which contribute to the community component of the INP? Yes ☐ No ☐

49. If so, which ones?

_____
_____

50. Does DOH have systems in place to ensure the successful implementation of the INP? Yes ☐ No ☐

51. In your opinion, do new systems have to be put in place to accommodate and ensure the successful implementation of the INP?
Yes ☐ No ☐

52. In your opinion, do the strategies for implementing the INP fit the context?
Yes ☐ No ☐

53. If not, what would you suggest?

_____
_____
_____

64. If so, when and how?

_____
_____
_____
_____

65. Do you evaluate together or separately?

_____

66. Do you use the same evaluating tool?

Yes ☐ No ☐

67. In your partnership, who determines the roles and responsibilities?

_____
_____

68. How do you determine these roles and responsibilities?

_____
_____
_____
_____
_____

69. What are your terms and conditions (agreement) with HST when entering into partnership with one another?

_____
_____
_____
_____

70. Does HST determine the parameters within which you can operate?

Yes ☐ No ☐

71. Does the HST have to report back to the DOH?

Yes ☐ No ☐

72. How would you describe your relationship with HST?

_____
_____
_____
_____

73. How do you feel about working in a partnership?

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_____
_____
_____

74. Would you rather work on your own or in a partnership?

_____

75. Working in partnership involves sharing of knowledge, risk and responsibility, would you say there is sharing of responsibility in this program?

Yes ☐ No ☐

76. What are the key issues or problems that you experienced in your interaction with HST?

_____
_____
_____
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_____
_____

77. In your opinion, is the HST providing enough support and supervision during the implementation of INP? Yes ☐ No ☐

78. If no, what would you suggest?

_____
_____
_____
_____

79. One of your strategies for a sustainable intervention includes multi-sectoral collaboration of the different departments such as Department of Agriculture, Department of Water Affairs, Department of Social Development and Welfare, local NGOs, etc. What are some of the problems you experience to get their full participation?

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_____

80. In your opinion, what can be done to enhance the partnership between DOH and HST and other NGOs?

_____
_____

81. In your opinion, what can be done to enhance the successful implementation of a sustainable INP?

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