INTERDEPARTMENTAL COLLABORATION IN IMPLEMENTING THE BANA PELE PROGRAMME IN EKURHULENI

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A RESEARCH REPORT SUBMITTED TO THE FACULTY OF MANAGEMENT, UNIVERSITY OF THE WITWATERSRAND, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS IN MANAGEMENT (IN THE FIELD OF PUBLIC AND DEVELOPMENT MANAGEMENT)

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ABSTRACT

The Bana Pele Programme was initiated by the Gauteng Provincial Government and implemented through the Department of Social Development, Department of Health and Department of Education. The aim of the integrated programme was to improve coordination between the departments and hence make it easier for orphaned and vulnerable children to access the necessary services. This study was conducted to establish if there is collaboration between the three departments, Social Development, Health and Education, in the implementation of the Bana Pele Programme. A qualitative approach was used and officials at management and field level from the three departments were interviewed. It was concluded that there is very little collaboration between the three departments resulting in the programme not achieving the intended objective of assisting orphaned and vulnerable children to easily access holistic services. Recommendations made include the need for role clarification, capacity building, more effective communication, an implementation strategy, community involvement as well as monitoring and evaluation.

DECLARATION

I, Grace Moloi, declare that this report is my own unaided work. It is submitted to the Faculty of Management, University of the Witwatersrand, in partial fulfilment of the requirements for the Degree of Masters in Management (in the field of Public and Development Management).

Grace Moloi

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DEDICATION

This study is dedicated to all the orphaned and vulnerable children in South Africa. They have not given up on life although they face multiple problems brought about by the loss of parents or due to other circumstances beyond their control.

To all the stakeholders participating in tirelessly providing services to orphaned and vulnerable children in South Africa despite all the challenges.

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ABBREVIATIONS AND ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
BBP	Bana Pele Programme
CBO	Community Based Organization
CINDI	Children in Distress
CRC	Convention on the Rights of the Child
FBO	Faith Based Organization
GPAC	Gauteng Plan of Action for Children
IMCI	Integrated Management of Childhood Illnesses
NGO	Non- Governmental Organization
OVC	Orphaned and Vulnerable Children
SASSA	South African Social Security Agency

CHAPTER ONE: INTRODUCTION

1.1 INTRODUCTION

The issue of orphaned and vulnerable children (OVC) in South Africa has persistently remained a challenge to government. Salaam (2005) argues that, without adequate collective action, the burden of orphaned and vulnerable children (OVC) in South Africa may diminish development prospects, reduce school enrolment and increase instability and social inequality. Further, it will result in more children on the streets or institutions such as places of safety and child and youth care centres. It is therefore imperative that the South African government develops and implements effective and sustainable programmes to address the needs of orphaned and vulnerable children. The Gauteng Provincial Government launched the Bana Pele Programme (BPP) in an effort to address coordination between the different departments dealing with these children.

This study sought to establish the level of collaboration between the three departments of Social Development, Health and Education through which the programme is implemented.

1.2 BACKGROUND

The Bana Pele Programme (BPP) is an initiative of Gauteng Provincial Government. The programme's theme is "Putting Children First". BPP aims at implementing an integrated programme through the Department of Social Development, Department of Health and Department of Education to make it easier for orphaned children to access services (Bana Pele, 2005). The BPP is influenced by the Gauteng Program of Action for Children (GPAC) which is concerned with upholding the rights of the child (GPAC, 1998).

The GPAC was launched in 1996 by the Department of Social Development which was at the time referred to as the Department of Social Services and Population Development (GPAC, 1998). The slogan "Children First" was adopted as the Gauteng Government and its partners committed to give priority to services for children up to the age of 18. The GPAC document highlighted a number of policy areas relevant to Gauteng Province which include: Child Health and Nutrition, Basic Education, Family Environment Alternative Care, Leisure and Cultural Activities and Special Protection Measures. It concentrates on groups of children that suffer as a consequence of their families' breakdown. Different stakeholders, including the departments of Social Development, Health and Education formed a forum based on the GPAC for the implementation of the policy. The BPP was initiated based on the principles of the GPAC which include: building partnerships between government departments, non-governmental organizations and communities; avoiding duplication of effort and competition among participating organizations and thereby maximising the available resources for children (Children's directory, 2010). The BPP was launched in 2005.

The Premier of Gauteng Province then, Mr Mbhazima Shilowa, indicated that all orphaned and vulnerable children eligible to receive the Child Support Grant (CSG) would be entitled to free health care at clinics and hospitals, free screening for early detection of disabilities and special needs and free psycho-social support from social workers (Bana Pele, 2005). Children at school in the poorest communities would be exempted from paying school fees and would receive free meals. Those going to Grade 1 would also receive free school uniform and those living over 5 kilometres from the school would be provided with transport.

According to the Premier, the aim of the programme was to lay a foundation for the future of these children and to provide them with an opportunity to break out of the poverty trap (Bana Pele, 2005). The programme's medium and long term goals are:

- to overcome the silos in which government departments are working
- to provide a safety net to the most vulnerable
- to improve Early Childhood Development services
- to alleviate poverty
- to create jobs and
- to respond to the impact of HIV/AIDS on children.

(Bana Pele, 2005)

The expected outcome of the programme was to improve integrated access to Gauteng Provincial Government services for children and stakeholders using a holistic approach to service delivery. The referral and tracking system was

introduced as part of the programme to monitor the services that each child receives.

The Participating Departments and Partners

The main aim of the programme was to identify, refer and track the beneficiaries between the different departments. In the implementation of the programme, frontline staff was to be trained to capture and forward data to an integrated databank. The participating departments were to integrate their services by making sure that children who enter the system get access to all available services. If a child is processed by one department for a particular service, he or she automatically qualifies for a particular package of services from across all the relevant departments (Lekgoro, 2006). If the point of entry is the Department of Social Development, the official responsible should ensure that the child is assisted to get all other services. If the point of entry is a school, then the official responsible should ensure that the child gets all the services provided by the school and is referred to the nearest Department of Social Development service point for further assistance. If the point of entry is a clinic, the child should be referred to the Department of Social Development to access all other services (Lekgoro, 2006**).**

The services supposed to be provided by the three Departments are stated in Bana Pele (2005) as follows: -

- The Department of Social Development should provide services with regard to the CSG which is regulated by the Social Assistance Act; school uniform to children in quintile 1 schools in poor areas and the psychosocial services component of the BPP.

- The Department of Health should provide children under the age of six with free medical care as part of the country's Free Health Care Policy of 1994. Children, who are on state grant, such as the CSG, are to be exempted from paying hospital and primary health fees.

- The Department of Education should have school feeding schemes and exempt children receiving state grants from paying school fees. The Department also has to provide children who have to travel more than 5 kilometres away from school with free transport.

The three departments mandated to implement the BPP are part of the Social Cluster which also includes the Departments of Home Affairs, Agriculture, Housing, Public Works and Water Affairs. Apart from the three, the other departments in the cluster are also critical in delivering effective services for the children but have been excluded from the programme.

1.3 PROBLEM STATEMENT

The BPP is a fairly new programme aimed at rendering integrated services between the departments of Social Development, Education and Health to OVC recipients of the CSG. The programme has been running for about four years but it seems that there are problems in terms of interdepartmental collaboration among the three departments involved in terms of communication, identifying, referring and tracking the beneficiaries and these may lead to beneficiaries not accessing the services as planned.

From the researcher's own observation and from anecdotal evidence, it seems that there is lack of communication between the three departments, lack of knowledge about the services rendered by counterparts, failure to recognize and forge linkages with each other in terms of service delivery, lack of interest in the other departments, which may result in failing the children that these departments are responsible for and are supposed to assist.

Furthermore, with the BPP, and the experience gained within the short space of time in which it was launched and supposed to be in its implementation stage, it appears as though the three departments are working individually rather than collectively to reach the goals of the program. It seems that the three departments did not get together to plan the roll-out of the programme. For example, some schools ask officials from the Department of Social Development how they can access food for their learners and some parents complain that they are required to pay school fees even though they are receiving the CSG. Some parents come to social workers with forms given to them by the South African Social Security Agency (SASSA) when they apply for the CSG and told to give to social workers without a clear explanation of the purpose of the identification forms. Some of the social workers are themselves not informed of what to do with the forms and have to enquire before they assist their clients.

When the MEC for the Gauteng Department of Social Development visits schools that receive school uniform, he is always alone and never with the MEC for Education or Health. There are children who are ill with HIV/AIDS in schools who could be benefiting by getting free health care from the local health centre and receive proper nutrition from school and free school uniform plus a CSG from the

Department of Social Development if proper integration was in place in terms of, identification, referral and tracking of the child.

There has been no research done on Bana Pele except an attempt by the Provincial Department of Social Development in April 2008 to establish if officials in the different departments were aware of the BPP. Questionnaires were distributed by the Monitoring and Evaluation Unit but the findings thereof have not yet been publicised. Research is therefore needed to confirm these casual observations and indicate the nature or absence of collaboration.

1.4 PURPOSE STATEMENT

The initial objective of Bana Pele was to come up with a system through which orphaned and vulnerable children would be identified, referred and tracked across the three departments for the services stipulated. This research set out to measure the nature and quality of collaboration in terms of the initial objective.

The purpose of the research study was to ask questions which would help the researcher understand where collaboration does or does not take place. It would also clarify the nature of collaboration, where it does take place, and identify some of the barriers to collaboration as well as factors which make collaboration easier between the three departments in the implementation of the BPP.

1.5 RESEARCH QUESTIONS

The research seeks to establish the nature and quality of interdepartmental collaboration between the three departments, Social Development, Health and Education in implementing Bana Pele under the guide of the following questions: -

- What are the areas of collaboration between the three Departments of Social Development, Health and Education in implementing the BPP

- What is needed to enhance the level of collaboration between the three departments of Social Development, Health and Education.

1.6 RESEARCH METHODOLOGY

1.6.1. Introduction

A qualitative method of enquiry was used in this study. According to Neuman (2003), qualitative research provides a means through which a researcher can judge the effectiveness of particular policies, practices or innovation. This study examines the level of collaboration between the Departments of Social Development, Health and Education in implementing the BPP so that improvements can be made where necessary to meet the needs of orphaned and vulnerable children.

1.6.2. Research Approach

The researcher looked at how the social institutions of the departments of Social Development, Health and Education work with each other. Officials from the three departments responsible for the programme at management and implementation level were interviewed, to establish the level of collaboration between the three departments in implementing the BPP. The work of the Department of Health was observed by the researcher during a visit to a health care centre in Thokoza.

1.6.3. Data Collection

The researcher used interviews as the primary instrument of data collection. The researcher prepared the questions for the interviews and conducted face-to-face interviews with 6 respondents. Interviews assisted the researcher to clarify questions if the respondents did not understand. It also gave the researcher an opportunity to ask respondents to elaborate on their answers, give examples and illustrate what they mean when giving a particular answer (Kalof, Dan & Dietz, 2008).

The BPP is led by the provincial office of the Department of Social Development. Interviews were conducted at regional level due to the assumption that, the regional offices are more involved in the implementation of the program than the provincial offices. Two officials were interviewed from each department, one being the regional manager of the BPP and the other one an official working directly with the beneficiaries.

Purposive sampling method was used. According to Bailey (1982), purposive sampling is a type of sampling where the researcher chooses the respondents who meet the purpose of the study. Their selection was based on their involvement in the BPP in terms of their job description. Semi-structured interviews were conducted whereby a mix of more structured and less-structured questions were asked (Merriam, 2002). Choosing the particular officials assisted in identifying how the planning is done at management level and how it impacts on implementation. Challenges, if any, may be or seem to be different at management level compared to those of the person working directly with beneficiaries.

The respondents were interviewed in their respective departments[1]. All respondents kept their appointments although it was difficult at first to secure appointments with the managers for Social Development and Education. The managers were interviewed first and asked to identify an official working directly with beneficiaries on the ground. The identified official was then interviewed. The interviews were done in English but respondents were given an opportunity to respond in whatever language they were comfortable with. The researcher and respondents agreed that the researcher would take notes as they responded. Four of the respondents responded in Sesotho and the other two in English. The researcher took notes in English during the interviews. The findings from the interviews were analysed manually.

The researcher also made use of non-participant observation to collect data. This method of data collection is used when an outsider records events through

[1] The departments of Health and Education use the term 'district offices'. The Department of Social Development refers to 'regional offices'. Although they have different names, these offices serve the same purpose

observation (Bless, Higson-Smith and Kagee, 2006). This was done at the health care centre when the researcher went for an interview. The official interviewed the respondent while doing the day-to-day activities taking note of the children that the respondent was attending to.

1.7 SIGNIFICANCE OF THE STUDY

The research was conducted to assist in identifying the challenges of the Gauteng government departments responsible for the implementation of the programme and to improve service delivery where necessary or find alternative ways of addressing issues of OVC. It was furthermore meant to address issues of collaboration among the different departments toward the implementation of the BPP.

1.8 LIMITATIONS OF THE STUDY

Information on the BPP is limited as it is a fairly new program. The BPP has never been implemented anywhere else in South Africa and therefore it is difficult to measure the level of collaboration because it cannot be benchmarked against any other programme in South Africa. Some interviewees would have been reluctant to give all the information especially if it is negative information about their department. The researcher is an employee of the Department of Social Development and therefore bias even if not deliberate is an important factor to consider. The Department of Social Development managers may have been reluctant and may not have been completely cooperative to the researcher as a member of their staff especially if they know there are gaps in the

programme which may have been created by them. The study concentrated on Ekurhuleni region which has unique characteristics which it does not necessarily share with the rest of Gauteng.

1.9 CONTENTS OF CHAPTERS

Chapter One

This chapter presents an introduction to the study. The background to the study, research problem, purpose of the research, research questions, the research methodology, significance of the study, limitations and an outline of the report contents are presented.

Chapter Two

In this chapter key concepts are defined and legislative background in terms of services for orphaned and vulnerable children is discussed.

Chapter Three

This chapter will present a review of literature relevant to this study. The review focuses on programmes for the orphaned and vulnerable children with an emphasis on how different countries work towards service delivery goals in respect to OVC. Intergovernmental relations will be explored with more emphasis being on the regional relations as the research concentrates on the Ekurhuleni region of the Gauteng province.

Chapter Four

This chapter will present the research methodology used in this study. The Research Methodology will include the research approach, data collection, sampling and data analysis.

Chapter Five

This chapter presents the data collected in this research. The data is presented in the form of tables.

Chapter Six

Chapter six presents an analysis of the data collected through the interviews, observation and document review. The data is analysed to establish the answers of questions asked in chapter one.

Chapter Seven

This chapter presents the study conclusion and recommendations.

CHAPTER TWO: DEFINITIONS AND LEGISLATIVE BACKGROUND

2.1 DEFINITIONS

A child, according to the South African Children's Act No. 28944 of 2005 is a person under the age of 18. In respect of the BPP a child who qualifies is one who benefits from the Child Support Grant paid to the child's caregiver by the SASSA (Bana Pele, 2005). The CSG is for children from 0 to 16 years.

According to the South African Children's Act No. 28944 of 2005, an orphaned child is one who has no surviving parent caring for him or her. Mishra and Bignami-Van Assche (2008) define an orphaned child in terms of the surviving parent by indicating that a child can be a maternal orphan or paternal orphan depending on whether the mother or father has died. According to Tsheko (2007), an orphaned child is one who is below 18 years and has lost both of the adoptive or biological parents or single parent if not married.

According to Smart (2003), a vulnerable child could be orphaned, neglected, destitute and/or abandoned, has a terminally ill parent/guardian, born of a teenage mother or born of a parent with no income generating opportunities. The child may also be ill-treated or abused (Smart, 2003). According to Beasley *et al*. (2006), vulnerable children also include those with disabilities, are members of child-headed households, HIV infected and/or affected and those living and working on the streets. Tsheko (2007), defines a vulnerable child as one who has no or very restricted access to resources for meeting basic needs.

Although the government has policies for addressing OVC, the concept is not clearly defined. It is not clear which of the above criteria from the literature are included and excluded from the government policy. In the case of the BPP, children included are OVC who are recipients of the CSG. The Bana Pele Programme does not explain which type of vulnerable children should benefit. Even if beneficiaries included all categories covered in the literature, children who are orphaned and/or vulnerable but above the age of 16 and children living and working in the streets may not benefit.

Intergovernmental relations are according to the Intergovernmental Relations Framework Act (2005, p8), "relationships that arise between different governments or between organs of state from different governments in the conduct of their affairs". Organs of state are according to the same Act as referred to in section 239 of the Constitution of the Republic of South Africa (1996, p 132), "any department of state or administration in the national, provincial or local sphere of government or any other institution exercising a power or performing a function in terms of the constitution or exercising a public power of performing a public function in terms of any legislation, but does not include court or judicial office"

In this research, the organs of state refer to the government departments of Social Development, Health and Education. According to the Constitution of the Republic of South Africa (1996), organs of the state are supposed to cooperate with one another in mutual trust and in good faith by fostering friendly relationships, assisting and supporting one another, informing and consulting one another in matters of common interest, coordinating their actions and legislation with one another and adhering to agreed procedures. The Children's Act (2005, p30) also

states that “all organs of the state in the national, provincial and where applicable, local spheres of government involved in the care, protection and well-being of children must cooperate in the development of a uniform approach aimed at coordinating and integrating the services delivered to children”.

The Intergovernmental Relations Framework Act defines provincial government as the provincial executive established by Chapter 6 of the Constitution for each province, and includes all provincial organs of state. Chapter 6 provides an explanation on the provincial legislatures, provincial constitutions and conflicting laws between the provincial and national government. The BPP is the responsibility of the Gauteng Provincial Government. This research is confined to Ekurhuleni Region in Gauteng Province.

Collaboration is defined by Crow (2002), as the basis for bringing knowledge, experience and skills of multiple team members to contribute to the development of a new product which will be more effective than when individual team players perform their narrow tasks in support of product development. Collaboration brings multiple stakeholders together to innovatively address complex problems. According to Crow (2002), for collaboration to work, all team members should be involved from the beginning and the necessary resources should also be available. Information should be disseminated to all members and all team members should cooperate in terms of responsibilities and tasks allocated.

Orphaned and Vulnerable Children Leadership and Innovation Network (2007), indicates that collaboration is something that comes naturally and should not be forced upon an individual or a group. In collaboration it is essential to clarify roles so that everyone is clear about their mandate. To be able to collaborate with others,

one needs to be committed, to share information, to listen to others and understand different personalities and group dynamics (OVC Leadership and Innovation Network, 2007). Collaboration in this research is based on the interdepartmental relationships of the departments of Social Development, Health and Education.

2.2 POLICY AND LEGISLATIVE FRAMEWORK

The BPP, initiated by the GPAC, is based on the Convention of the Rights of the Child (CRC) and the goals of the World Summit for Children (United Nations, 2002). The Convention on the Rights of the Child (1989) guides all actions in support of OVC. According to the Convention, children have the right to survival, to develop to the fullest and participate fully in family, cultural and social life. Both the Convention and the Constitution of the Republic of South Africa (1996), cover the same areas of children's rights namely: the right to basic nutrition, shelter, basic health care services and social services. These rights must be protected by setting standards in health care, education, legal, civil and social services (UNICEF, 2010). National governments, including South Africa, have committed themselves to protect and ensure children's rights and have agreed to hold themselves accountable to the international community (UNICEF, 2010).

The Convention affirms that the family has the primary responsibility to protect and care for the child, and that governments have the responsibility to protect, preserve and support the child-family relationship. Furthermore, governments have the responsibility to provide special protection for a child who is deprived of a family environment (Salaam, 2005). According to Streak and Poggenpoel (2005), the White Paper for Social Welfare commits government to give priority to

promoting family life and survival, protection and development of all South African children, especially those in difficult circumstances.

The World Summit for Children held a year after the Convention, which South Africa was part of, adopted a set of specific time-bound goals to ensure the survival, protection and development of children (United Nations, 2002). In 2000, world leaders met and signed a Millennium Declaration where they pledged to eradicate poverty. The Millennium Development Goals which includes the rights of world's children were set (United Nations General Assembly, 2000). Some of the goals set were for example, the goal of eradicating extreme poverty and hunger which stipulates that the proportion of people who suffer from hunger should be reduced by half by 2015. The goal for achieving universal primary education states that all boys and girls should complete a full course of primary school and that efforts should be made to ensure that children remain in school and receive high-quality education. There is also the goal to reduce the mortality rate of children under five by two thirds (United Nations General Assembly, 2000). Countries are expected to report periodically to the United Nations on progress made with regard to reaching the goals and reports are to be availed to the general public, media, experts and policy-makers with the assumption that this would drive governments to work on goals set as required (United Nations, 2002).

The delegates promised to protect children and diminish their suffering, develop their human potential to the fullest and make them aware of their rights and opportunities. The countries involved were asked to submit National Action Plans to this effect (United Nations, 2002). The White Paper for Social Welfare also stresses the need to have child-specific policies and programmes to guide service delivery to children and specifically calls for a National Programme of Action

(NPA) for South African families, children and youth (Streak and Poggenpoel, 2005).

The South Africa government developed its NPA and the provinces, including Gauteng were then mandated to develop provincial plans as arms of the national plan. It is through this process that the GPAC was established. The BPP was introduced as a strategic programme of the GPAC.

According to the Gauteng Social Development Strategy (2006 – 2014), in the past, each department regarded the challenge of services delivery only in terms of their own activities and not in a broader sense in which they can work collaboratively with each other to fulfil the same need. Therefore, they rendered stand-alone sector specific responses to social issues. One of the aims of the Gauteng Social Development Strategy (GSDS) is to ensure that relevant departments and local government work collaboratively to enable households to access a comprehensive set of services including shelter, nutrition, education and health (GSDS, 2006-2014).

Intergovernmental relations as indicated in the definitions include organs of the state which in this case are the three departments involved and the officials of each department with their continuous day-to-day patterns of contact and exchange of information and their generation of policy views. The success of intergovernmental relations depends on the level and extent of participation by the key role-players in the system whether co-operative or competitive. Every department and every unit within the department has to develop implementation and action plans based on the government's strategic plan. The departments of Social Development, Health and Education all have Strategic Plans guiding them on services for each year. Their

plans include the services stipulated by the BPP. The implementation therefore depends on the level and extent of relations of the three departments.

CHAPTER THREE: LITERATURE REVIEW

3.1 INTRODUCTION

The plight of OVC becomes more and more apparent everyday as rates of HIV/AIDS infections and deaths increase (Subbarao, Mattimore and Plangemann, 2001). It further puts demands on the need for appropriate services for these children. The BPP has been conceptualised to meet the needs of OVC. It is however important to establish if the implementation, is appropriately done so as to meet the needs of the children. This chapter looks at literature regarding services to children and intervention strategies utilised worldwide to address the needs of orphaned and vulnerable children. This includes South Africa and its Gauteng Province.

3.2 PROBLEMS FACED BY ORPHANED AND VULNERABLE CHILDREN

HIV/AIDS seems to be the main contributing factor to increasing numbers of OVC. It however appears as if this problem is not as huge in developed countries as in the developing countries, with the Sub-Saharan countries being the hardest hit (Beasley, Cooper, Drake, Bundy, Nur, Connolly, 2006). From literature reviewed, it is evident that developed countries such as Canada, seem to be concentrating on other children's issues such as substance abuse, aboriginal children and environmental health in terms of plans of action and implementation (A Dialogue of Canada's National Plan of Action for Children, 2008). From the literature reviewed, it is evident that most of the developing countries prioritise on services for AIDS orphans.

OVC face multiple problems. According to Mukoyogo and Williams (2000), some of the children become parents at an early age, sometimes having to look after more than one of their siblings. They often leave school to care for the younger siblings and to find employment so that they can support them. These children have the potential and the right not only to survive to adulthood but to develop their abilities and play a useful and fulfilling role in society. Instead, they face the possibility of a continuous struggle for physical survival, basic education, love and affection and for protection against exploitation, abuse and discrimination (Mukoyogo and Williams, 2000).

Accordingly the problem of meeting the needs of these children presents a major new challenge to governments, international agencies, non-governmental organizations and communities. Some vulnerable children either have dying parents or parents who are unable to care for them. Their health development and emotional wellbeing are at risk (Mukoyogo and Williams, 2000). In some cases they drop out of school as parents cannot afford to pay fees and other expenses. In cases of HIV/AIDS, a mother becomes too ill to prepare proper food for children, because she is ill or has to take care of an ill husband. She may also be unable to take children to the clinic for immunization or growth monitoring, to treat ailments or to the hospital for serious illnesses (Mukoyogo and Williams, 2000). These children further suffer from lack of parental guidance and affection which are very important factors for social and emotional development. They also suffer emotionally when they have to see their parents die in their presence or worse still in their hands. In addition to all these problems they experience, some have to deal with relatives who would claim the property or belongings which the children are legally entitled to inherit from their parents as what is written on paper is not

always easy to resolve in reality (Mukoyogo and Williams, 2000). This is also the view of Beasley, et al., (2006) who indicate that like other orphaned children, they may face problems of access to basic needs such as love, affection and care, education, healthcare, welfare and shelter but due to the stigma attached to AIDS, affected children may also face discrimination and abuse by other people.

3.3 ORPHANED AND VULNERABLE CHILDREN IN SA AND THE ROLE OF THE STATE

According to the Centre for Policy Studies (2000), it was projected that there would be two million orphans in the country by 2010. These OVC would need to have good health, nutrition, mental and cognitive development in childhood like any other child. As such, government and relevant institutions would have to meet these needs by providing good quality services to them (Centre for Policy Studies, 2000).

According to Streak and Poggenpoel (2005), the rights of children as set out in the Constitution, as well as the CRC and African Convention on the Rights and Welfare of Children (ACRWC), aim at ensuring that children are not deprived of resources that are essential for their development. Government has an obligation to develop laws, policies, programmes and budgets for children to enjoy their rights (Streak and Poggenpoel, 2005). According to Sewpaul (2001), governments propose policy and programmes but fail to put adequate delivery mechanisms in place. If the implementation of services for children is to be improved, there has to be adequate human and financial resources, coordination and adequate infrastructural development (Sewpaul, 2001).

Children in Distress (CINDI), a South African organization that is a network of concerned organizations including NGOs and government departments based in Pietermaritzburg, Kwa-Zulu Natal, which aims at responding to increasing numbers of children infected/affected by HIV/AIDS, indicates that government is faced with two challenges with regard to services for orphaned children. These are, to alleviate poverty and to support auxiliaries and volunteers who are helping impoverished communities to come up with strategies for coping with such children. This includes effective and broader payment of social welfare grants, review of the legal framework for child protection and a developmental–oriented model of social welfare (Children in Distress, 2004).

3.4 GOALS AND INTERVENTION STRATEGIES OF INTER-DEPARTMENTAL COLLABORATION

Collaboration should be about improved and well-coordinated service delivery among the departments concerned, together as a collective. It should include sharing of information, effective use of government and community resources, experience and knowledge of all partners. South Africa has a good constitution, policies and legislation suitable for the needs of South African children. These would not be effective if different departments work in silos.

In Brazil, school attendance increased when a programme called Bolsa Escola was introduced (Beasley *et al*., 2006). The programme concentrated on reducing child labour and encouraged families to send children to school by providing cash grants to families with children aged 7 to 14 years. This would reflect inter-departmental collaboration between the departments of Social Development, Labour and Education. It resulted in a higher rate of children being enrolled and passing to the

next grade (Beasley *et al*., 2006). Mexico was reported to have a similar programme called Progresa, with grants allocation based on school grade (those at a higher grade getting more) and gender of the child, with girls getting more grants (Beasley *et al*., 2006).

Botswana has a national orphan care programme led by the Department of Social Welfare in the Ministry of Local Government. All the districts have undertaken to assess, register and support orphans (Tsheko, 2007). Their objectives include material and emotional support to children and protection of the children's rights; identification, assessment and registration of all orphans; identification of role players and defining their roles and responsibilities in response to the orphan crisis; identifying ways of supporting community based responses to orphan problem and developing a framework for long-term development programmes for children (Tsheko, 2007).

In implementing the national plans, the Botswana Government started with the basic needs of orphaned children (Tsheko, 2007). The Ministry of Local Government provided orphans with food baskets on a monthly basis in collaboration with the Ministry of Health. To help orphaned children remain in school, they were provided with school uniform, shoes and other school costs. Security was provided through the country's Children's Act for abused and neglected children and alternative care where necessary. Psychosocial support was also provided by government and non-governmental organizations (Tsheko, 2007). Non –governmental organizations also work with government as partners by providing various childcare and protection services to these children. The Botswana orphan care program is limited to children who are registered with Social Welfare, which excludes unregistered children who therefore do not benefit

(Tsheko, 2007). The current implementation plan is biased to providing material assistance such as clothing and food baskets compared to psychosocial support which should form part of child development and protection.

Subbarao, Mattimore and Plangemann (2001), show the importance of collaboration, not only by government departments but also with other stakeholders by listing efforts by different African countries such as Zambia, Malawi and Botswana to assist OVC through community based care programmes involving government, the private sector and civil society. The Tanzanian government worked very closely with community structures especially where children had no extended family support. They involved local leaders and their communities to monitor vulnerable children and households, to organize family support activities such as day care centres, youth clubs, food assistance and psychosocial support and to create community care options for children without families (Beasley *et al*., 2006).

The 1994 genocide in Rwanda and the impact of HIV/AIDS resulted in almost 3 million OVC in a country of 9 million people (Binagwaho, Noguchi, Senyana-Mottier and Fwazi, 2008). Hence the need for a very intensive and effective programme to deal with issues of OVC. A joint strategic policy was developed by government departments and civil society organizations towards services for such children. The intervention areas identified were basic healthcare, nutrition, formal and non-formal education and training, child protection, psychosocial and social-economic services. Government and stakeholders believed that access to these services would assist OVC to be on the same level as other children in their ability to grow up in a safe environment and be free from stigmatization and discrimination. It would further contribute to their well-being and survival

(Binagwaho *et al*., 2008). In implementation the participatory approach would be utilised where local authorities, CBOs, NGOs, FBOs, volunteers, funders and beneficiaries themselves are involved. This provides for multiple stakeholders deciding how the children are identified, services needed and how to coordinate them (Binagwaho *et al*., 2008).

The examples presented demonstrate that collaboration should not only include government structures but also other stakeholders concerned with services for children within communities. This could be done formally instead of making assumptions that these structures will obviously assist when approached by government departments as it sometimes seems to be the case. It is essential that government departments engage local structures, such as councillors, NGOs and FBOs when deciding on programmes for buy-in and cooperation purposes.

CINDI, the organization indicated above as a network of organizations caring for orphaned children includes collaborative initiatives, which are, Children's Participatory Project, AIDS 2000 working group, The Intervention Panel, Research and Reference Group, Home-Based Care Consortium, Education Working Group, One-Stop Centre Working Group and Rural Orphans Working Group. The network identified four social safety nets as the main strategies for caring for orphaned and vulnerable children, whom they referred to as children in distress. They regarded the extended family as the first choice to provide care to such children by empowering them to accept and raise them effectively. The second best strategy was to identify neighbours or community-based structures to enable children to be raised in familiar surroundings. The next level was economic empowerment of caregivers and lastly resorting to residential care which also included foster parenting and cluster foster care (Children in distress, 2004). The network has

three focus groups. They are the prevention group focusing on empowering families and communities to care for their own OVC; the early intervention group aims at diverting children to community rather than residential care and lastly is the Children-in-Care group which ensures that children in care get optimum interventions (Children in Distress, 2004).

It is evident from the literature above that government departments cannot work separately to meet children's needs but collaboratively to give integrated services to the children. They also have to involve other community structures such as NGOs and the business sector for effective service delivery.

CHAPTER FOUR: RESEARCH METHODOLOGY

4.1 INTRODUCTION

A qualitative method of enquiry was used. According to Neuman (2003), qualitative research provides a means through which a researcher can judge the effectiveness of particular policies, practices or innovation. This study examined the level of collaboration between the departments of Social Development, Education and Health in implementing the BPP so that improvements could be made where necessary to meet the needs of orphaned and vulnerable children.

4.2 RESEARCH DESIGN

The researcher used the critical qualitative approach, which concentrates on how the social and political aspects of a situation shape reality (Merriam, 2002). The researcher sought to establish how the social institutions of the departments of Social Development, Health and Education work with each other and to establish whether their working relationship is benefiting the targeted children or not and how this impacts on the lives of these orphaned and vulnerable children.

Officials from the three departments responsible for the programme at management and implementation level were approached, to establish the level of collaboration between the three departments in implementing the Bana Pele Programme.

4.3 DATA COLLECTION METHOD

Data was collected by means of interviews. The researcher prepared the questions for the interviews and conducted the interviews at the same time directly observing the officials. Interviews were conducted at regional level due to the assumption that the regional offices are more involved in terms of the implementation of the programme than the provincial offices.

4.4 SAMPLING

Purposive sampling was used. It is explained by Bailey (1982) as a type of sampling where the researcher chooses the respondents who meet the purpose of the study. Six officials within the departments of Social Development, Health and Education responsible for the BPP were interviewed. The selected officials, who are 1 regional manager and 1 official working with beneficiaries on the ground from each department were selected based on their involvement in the BPP in terms of their job description. Semi-structured interviews were conducted whereby a mix of more structured and less-structured questions were asked (Merriam, 2002). Choosing the officials stated was to assist in identifying how the planning is done at management level and how it impacts on implementation. Managers and people working on the ground may experience different challenges.

4.5 DATA ANALYSIS

Birley and Moreland (1998), state that when dealing with data, the researcher has to code the data, present it and analyse it. The data should be collated and

presented in such a manner that it would be understood by the researcher as well as other readers. The respondents should also be coded to be easily identifiable in referencing and still maintain anonymity (Birley and Moreland, 1998). According to Birley and Moreland (1998), data should also be sorted into broader themes and outcomes and related to the research questions and literature outcomes.

Coding was used for identifying the position and department of the respondent. Confidentiality in terms of quoting of respondents names when giving information was discussed with the respondents to ensure full participation. However, none of the respondents wanted to remain anonymous. They indicated that their names could be quoted in the research report.

Appendix A shows which interview questions relate to analytical questions and through the analytical questions back to the research questions.

According to Neuman, many researchers complain that they spend too much time waiting for other people or events to happen. Neuman(2006, p397), indicates that "wait time is a necessary part of fieldwork, and it can be valuable." During the visit to the health care centre to interview the coordinator, the researcher had to wait for her to finish attending to patients. The researcher observed the respondent as she was performing her daily activities in the IMCI unit and saw the register of the patients she attended to on that day. She took notes of her observations including the number of patients attended to according to the register.

CHAPTER FIVE: DATA PRESENTATION

5.1 INTRODUCTION

This chapter will focus on presenting data obtained from the respondents. The researcher analysed the data manually categorizing it based on the research questions. Themes were given to each category for effective data presentation.
Interviews were held with two officials from each department responsible for the BPP, as previously indicated, based on their involvement in the programme within Ekurhuleni Region.

5.2 RESPONDENTS

Department	**Position**	**Responsibility**
Social Development	Assistant Director – Sustainable Livelihoods	Management of the Bana Pele Programme in Ekurhuleni
Social Development	Community Development Practitioner	Implementation of the Bana Pele Programme in Ekurhuleni
Education	Assistant Director –Policy Planning	Management of the Bana Pele Programme in Ekurhuleni South
Education	Coordinator	Coordination of the programme in primary schools in the region
Health	Assistant Director – Bana Pele	Coordination of all health sites (clinics)
Health	Coordinator – Bana Pele Programme	Coordination of Bana Pele program at a health site

5.3 ISSUES DISCUSSED

5.3.1. Table Representation of Issues Discussed: Based on questions asked.

Role of Department	How well is the programme working in your region	Contact between the three Departments	Communication	Collaboration
The role of each department Theme 1	Impact of the programme in the region Theme 2	Level of contact between the three departments Theme 3	Method of communication Theme 4	Level of collaboration Theme 5

Theme 1: Role of Department

1. Department of Social Development

The role of this department was deduced to be programme coordination, facilitating implementation by all stakeholders, monitoring and evaluation. The department distributes books that contain Bana Pele forms in triplicate to the Department of Health and Education as well as schools and primary health centres. These forms are supposed to be used for referrals to different departments. The Department provides school uniform and psychosocial support to OVC receiving the CSG as required by the BPP.

2. Department of Education

The Department of Education official indicated that they have their own programme that provides school based support referred to as School Based Support Teams. She explained: “The coordinator is based at the regional (district) office and works with a team from schools consisting of the deputy principal, head of each department and remedial educators. The team identifies OVC and arrange the services they qualify for, such as feeding scheme, exemption from paying school fees and transport. We do receive referrals from the Department of Social Development and Department of Health but deal with them through the support teams system”.

3. Department of Health

The coordinator is based at the regional office and works directly with the local primary health care centres. The coordinator in the primary health care centre who is also responsible for the Integrated Management of Childhood Illnesses programme (IMCI), indicated that “I attend to all referrals from other departments and self- referred patients that need health care services”. The coordinator also fills in information on the forms in the Bana Pele identification book for patients who qualify for services of the BPP and sends the information to the coordinator at the regional office of the Department of Health. These are further referred to Social Development, Education or other services based on the needs.

Theme 2: Impact of the programme in the region

The respondents had different views on the impact of the programme based on their background. The Department of Social Development officials view was "It is yielding positive results as children are benefiting through the school uniform programme as per defined norms/regional targets". There is not much benefit in terms of the psychosocial programme, according to the official working on the ground, "no proper referrals are made". They also indicated that the BPP seems to be a matter of the Department of Social Development as other departments seem to have not been properly engaged from the initial phase: "They were roped in only during implementation hence the poor response".

The Department of Education indicated that they receive the Bana Pele books with forms from the Department of Social Development but these are used only to identify children who need free school uniform. Some of these forms are brought to the school by parents who had been to SASSA to apply for social grants. SASSA has an agreement with the Department of Social Development to refer them. The Department of Social Development further refers them to the child's school to be filled in for free school uniform. As explained by the education coordinator: "Some schools have no prior information on Bana Pele and would be seeing the forms for the first time when brought in by the parents, and therefore would not know what to do with them. This leads the programme to have little impact at schools where most beneficiaries would be found". According to the coordinator, the Department of Education renders services such as, exemption from paying school fees and provision of transport based on the Schools Act and not necessarily on the BPP.

The Department of Health viewed the programme as having very little impact. The coordinator pointed out: "A few coordinators from health care centres were involved at the initial phase and underwent two days in-service training in one of the hospitals together with colleagues from the other two departments. Computers were given to selected primary health care centres to capture information on children who will benefit from the programme. However, only one person in the centre has been trained and is the only person who knows what to do". She said that it is therefore difficult to reach all children who can benefit. "The programme was also not properly introduced to community members hence it is hardly known".

Theme 3: Level of contact between the three departments

Contact is through meetings, telephonic conversations and emails. Meetings are however held very rarely. There are no regular stakeholders' meetings. The official working on the ground in the Department of Social Development mentioned, for example, that "the one meeting held with the Department of Education was a briefing session on the categories of children that qualify for the programme, Bana Pele books and criteria for selection. The coordinator of the Department of Social Development communicates with the coordinator of the Department of Education through the Department's stakeholder relations officer, who visits the district office to hand out the Bana Pele books". The coordinator from the Department of Education pointed out that "We communicate with the Department of Health through Community/Home Based Care Sites (community based organizations rendering services to orphaned and vulnerable children), as they are easier to reach".

According to the Department of Education, the Department of Health communicates with them only as a reactive measure, for example, for the immunization programme, when there is an outbreak of an illness**.** According to the Department of Health, "there are no meetings held and that contact is only through referrals received". They said that they only have telephone contact with colleagues known to them or with whom they have a good working relationship in the other departments. They specified that "the Department of Education does not use the Bana Pele forms to refer, hence it is difficult make further referrals and sometimes beneficiaries are referred to services already received".

Theme 4: Communication

Communication is very limited. The departments meet when there are joint programmes, such as the MEC's launches. Managers do communicate although very rarely but do not cascade the information down to the officials on the ground. This was noticed during the interviews as managers indicated that there are meetings held, although very seldom. The other officials, on the other hand indicated that there are no meetings held.

Theme 5: Collaboration

There is not much collaboration between these three departments. Every department seems to be working alone with their own understanding of how Bana Pele should work. Some of the persons who are expected to implement the

programme, were not involved from the initial stages and therefore do not know what they should be doing. The fact that only a few officials were trained and did not go back and train others within their departments adds to lack of collaboration. Some are implementing parts of the programme, but do not refer to it as Bana Pele as it was not introduced to them as such by their departments. The referral and tracking system is not effective due to lack of knowledge, training and resources.

Theme 6: Successes of Collaboration

For the Department of Social Development, there is some collaboration as potential beneficiaries are referred to them for free school uniform. The Department of Education receives forms to be signed by the school, through parents receiving the CSG referred by the Department of Social Development in collaboration with SASSA.

The Department of Health invites officials from the other two departments to inform community members about services of the BPP during health talks. Some beneficiaries come back to report to the Department of Health on services received after being referred to other departments.

Theme 7: Problems in Collaboration

According to the Department of Social Development, at the inception of the programme not all stakeholders were engaged. This caused the main problem with regard to collaboration as implementers were not sure of their role. The manager in

Social Development indicated that “there is minimal impact in terms of beneficiaries’ referrals, for example, in some instances the Department of Education referred the beneficiaries later than requested and in some instances in the middle of production of uniforms resulting in those children not benefiting. Duplication of services by other departments like Local Government has also been experienced”.

The Department of Health indicated that lack of collaboration also leads to individuals who don’t qualify receiving services. Some individuals benefit more than once due to the non-functional referral and tracking system. The Departments of Health and Education indicated that sometimes they refer children with psychosocial problems to the Department of Social Development but do not receive proper feedback on the assistance that the children received and any further assistance needed. As the coordinator at Education pointed out: “A a teacher would refer a child to a social worker, who would come see the child at school, but no feedback is given back to the school on any further developments regarding the child”.

All three departments raised a concern that there are no regular stakeholder forum meetings to strengthen collaboration or discuss experiences on the programme. Meetings are only held if the provincial office of the Department of Social Development and the MEC want to launch a school uniform programme in a particular area. Lack of staff was also observed to be one of the main problems leading to lack of collaboration as no staff was specifically employed to implement the programme. Existing staff who already had other functions within the departments had to implement the programme over and above the work they were already doing.

Theme 8: Improvement of Collaboration

The involvement of all stakeholders at the planning phase is very essential and resistance will be less. NGO involvement is also a key factor as most of them work at community level and may make collaboration stronger in terms of following up clients if the departments are unable to do so. Officials from the Department of Education stated that they work with local community/home based care HIV/AIDS sites as a link with the Department of Education. The Department of Health indicated that they work closely with volunteers, referred to as care-workers, who help them identify children who can benefit from their services. The coordinator stated that: "Getting volunteers to work as community health workers to identify beneficiaries through home visits may assist and more children would benefit".

Ongoing stakeholder forum meetings will make collaboration efforts to be stronger as roles will be clarified and more effective services rendered to the children. A suggestion was made by one of the officials to "have services such as adopt a social worker or nurse to also assist, especially at schools and health care centres". Staff should also be trained on how to work on the referral and tracking system as only a few were trained and found it difficult to share the information with other colleagues.

All departments feel that other key departments that have been left out such as Home Affairs, Transport and Agriculture should be roped in. An example given was the Department of Home Affairs, which provides documents such as the identity document and birth certificates. The coordinator at the health care centre

stressed that “there are birth certificates challenges – for children to qualify for the BPP they need an identity number”.

The fact that there was no proper introduction of the programme via media and existing community structures adds to lack of knowledge within the community.

CHAPTER SIX: DATA ANALYSIS

6.1 INTRODUCTION

In this chapter data presented in chapter five is analysed based on responses from persons interviewed and literature reviewed using the themes given above.

6.2 ROLE OF DEPARTMENT

Gannon-Leary, Barnes and Wilson (2006), state the importance of knowing agency roles in matters of collaboration. Lack of knowledge or misunderstanding of agency roles can cause role boundary conflicts and tensions among stakeholders (Gannon-Leary, Barnes and Wilson, 2006).

The three departments know and practice some of their own roles, however they are working separately and therefore defeating the purpose of the programme. The children are in some instances identified and referred to relevant departments but are not tracked, resulting in duplicated services or no services rendered to deserving beneficiaries. Knowing each department's role is also essential for the counterparts as it makes it easier to refer. The referring department can screen the client and refer appropriately.

The Department of Social Development, as the lead department, has a very crucial role in terms of coordinating and facilitating, providing training and books for identification, referral and tracking of the beneficiaries as well as monitoring and evaluation. It has the duty to follow up on the progress of the programme. Instead

this department concentrates more on handing out school uniform and the Bana Pele books and forms. This means that the department deals only with tangible parts of Bana Pele in that it only hands out things. The intangible areas, which are, rendering psychosocial support services and developing and sustaining collaboration, are not well dealt with.

Most OVC go through a lot of emotional distress, probably because of loss of a loved one, lack of love and care, no space to grieve and for containment of emotions, poverty and/or other factors indicated that affect such children (Tsheko, 2007). The lack of intervention in terms of psychosocial support impacts negatively on the success of the programme because providing material assistance is not sufficient.

The role of the Department of Education is carried out as indicated in Bana Pele but is not referred to as Bana Pele. It is called School Based Support and the coordinators that belong to the School Based Support Teams identify orphaned and vulnerable children. These children are provided with services that are indicated in Bana Pele to be the function of the Department of Education. There was a concern raised by the Department of Health official during the interviews that the Department of Education does not use the Bana Pele books for referral, but write their own referral letter, which was also shown to the researcher. The children referred by and to this department are therefore either lost in the system or receive less or duplicated services.

The Department of Health is mandated to provide free health care to children under the age of six and exempt children receiving state grants from paying for services.

It could be deduced from the interview held at the health care centre, that these services are provided. However from the researcher's observation, it was clear from the high number of patients seen, that the quality of service rendered is poor. On the day the researcher visited, the nursing sister responsible for IMCI had already attended to 106 patients by noon. This department receives referrals from other departments and also refers beneficiaries using the books provided by the Department of Social Development. It is unclear whether or not their beneficiaries are further assisted when referred. The coordinator in the local health care centre submits information on the beneficiaries to the regional office and assumes that further referrals are made to the departments of Social Development and Education.

6.3 IMPACT OF THE PROGRAMME IN THE REGION

The programme is not having maximum impact in the region. OVC seem to be benefiting in some and not all the services which makes the services not holistic as outlined in the aims of the programme. Referral is not followed by tracking, resulting in children getting lost in the system and missing out on other services. Staff members who were supposed to implement the programme are mostly not trained and just work as they best know how. This results in duplication, loss of beneficiaries within the system and inability to reach all intended beneficiaries. This further results in children not enjoying their rights as stipulated in the Constitution and according to the CRC. Therefore some of the children may continue to suffer the effects of orphan-hood and vulnerability such as lack of

attention and affection, psychological distress, increased abuse, malnutrition and illness as well as withdrawal from school (Beasley *et al*., 2006).

The fact that most community members do not know about the programme also makes the impact very low. Lack of knowledge or involvement of the community in any programme aimed at assisting its own members may result in it failing. The Departments of Education and Health seem to be having some links with the community as they work with community based organizations providing community/home-based care and volunteers who assist in identifying OVC who would benefit from their services.

According to Schenk (2008) a review of community interventions for OVC revealed that community participation is of great value. It is important for targeting resources and creates a sense of ownership and sustainability of interventions. Nyangara, Thurman, Hutchinson and Obiero (2009, p42), outline that, "collaboration must also include the wider community in which these children grow and develop. Continuing engagement of community members and sensitizing them to the needs of OVC and in decision-making concerning support, will help deter negative community reactions concerning services provided".

Information giving during health talks is a positive measure to educate the community about the programme but not sufficient. If the programme was properly introduced and stakeholders within the community involved from the planning phase, the community would assist in identifying beneficiaries for the different departments and community based organizations could collaborate with the departments in further referrals, tracking, monitoring and providing other services at local level which the departments have no capacity to provide at their level.

6.4 LEVEL OF CONTACT AND COMMUNICATION

The Children's Act (2005, p30) states that "all organs of the state in the national, provincial and where applicable, local spheres of government involved in the care, protection and well-being of children must cooperate in the development of a uniform approach aimed at coordinating and integrating the services delivered to children". Conceptualising the BPP was a good initiative by government to be able to meet the needs of OVC. However, the lack of communication, which this study found, makes it difficult for implementation to be successful. Sharing, listening and understanding, listed by Crow (2002) as important factors of collaboration, do not take place.

The level of contact and communication between the three departments is very minimal hence each department is not sure of what the others are doing and also unable to follow up. There are issues that need to be regularly discussed for the programme to succeed but there is no stakeholders' forum or meetings held. The only meeting held was a briefing session and thereafter training of staff. There is no follow up on how the different departments are performing and if the intended goals are reached. There is no platform for officials on the ground to meet with managers of the different departments to discuss challenges experienced.

The officials who manage to get information about clients assisted are those whose clients come back to report or those who have friends in the other departments, who are not necessarily the relevant persons to contact. The absence of a stakeholders' forum where successes, challenges and ways of improvement can be discussed, makes implementation difficult. The participating departments therefore

do not know exactly whether their clients are getting all the assistance necessary or not.

According to Gannon-Leary (2006, p670) “if there are increased opportunities to meet other practitioners, good working relationships are likely to be fostered and the prospects of cross-boundary collaboration enhanced”. While noting that officials may be overburdened with their own schedules and deadlines , especially as no dedicated staff was employed solely for this programme and workers had to stretch themselves to accommodate this programme over and above their existing workloads, they should also recognize the impact that lack of contact has on the success of the programme.

6.5 COLLABORATION

The success of intergovernmental relations depends on the level and extent of participation by the key role-players in the system whether co-operative or competitive. According to Beasley *et al*. (2006, p6) “without adequate collective action, the burden of OVC is likely to diminish development prospects, reduce school enrolment and increase social inequity and instability. It will also push rising numbers of children onto the streets or into institutions”.

According to Novello, Degraw and Kleinman (1992, p3), “Activities directed toward National Education Goals and related National Health Promotion and Disease Prevention Objectives can advance progress toward school readiness, focus attention and available resources on needed programs and services, and thus help the nation in achieving its goal of having all children arriving at school each day, healthy, well-nourished and ready to learn. To realise these goals and

objectives the two critical systems of great importance to children, those providing health services and education, need to collaborate, not only among themselves but also with social services". The above two international views indicate that collaboration is a very essential and unavoidable aspect of service delivery to children.

There is not much collaboration between these three departments. Every department seems to be implementing the programme with their own understanding of how Bana Pele should work. The different departments also work according to their own legislation, which sometimes contributes to them continuing to work separately. According to Daka-Mulwanda, Thornburg, Filbert and Klein (1995), it is essential for all parties to be represented from the start and to bring out all the necessary information, needs and thoughts at the beginning of collaboration. Some of the persons who are expected to implement the BPP, were not involved from the initial stages and therefore do not know what they should be doing. The fact that only a few officials were trained and did not go back and train others within their departments adds to lack of collaboration. Some are implementing parts of the programme, but do not refer to it as Bana Pele as it was not introduced to them as such by their departments. The referral and tracking system is not effective due to lack of knowledge, training and resources.

According to Dolinsky, Kapoor and Blankenship (2003), collaboration and coordination of efforts among organizations at local and regional level, working directly with OVC, would help in increasing limited resources and strengthen advocacy efforts at grassroots level. Hence, NGO involvement is also a key factor as most of them work at community level and may make collaboration stronger in terms of following up clients if the departments are unable to do so.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATIONS

7.1 INTRODUCTION

The purpose of the study was to ask questions which would help the researcher understand where collaboration does and does not take place. It was also to clarify the nature of the collaboration where it does take place and identify some of the barriers to collaboration as well as factors which make collaboration easier between the three departments in the implementation of the BPP.

The initial objective of Bana Pele was to come up with a system where OVC would be identified, referred and tracked across the three departments of Social Development, Education and Health in terms of services stipulated. The research problem was that Bana Pele seemed to be a very appropriate programme to assist OVC but whether the goal of departments working collaboratively and holistically to fulfil the needs of the children was being met needed to be investigated.

7.2 CONCLUSION

The study revealed that there is collaboration between the three departments however at a minimal scale. The goal of Bana Pele of exposing orphaned and vulnerable children to holistic services is not being achieved. According to Dawes (2003, p34) "identification is unhelpful if not linked to some form of support or referral. For this reason, networking and collaboration between role players are critically important". Nyangara et al. (2009) also indicate that lack of tracking makes the value of the programme questionable. Some children who may have

been enrolled but not tracked may at this stage be more vulnerable and in need of assistance.

These three departments are still separately concentrating on their roles and what their own departmental policies require in terms of service delivery without paying full attention to the main goal that the BPP was set to achieve, that is, to identify, refer and track the targeted children. The Department of Social Development does provide school uniform as required by Bana Pele. The Department of Education provides transport and exempts eligible children from paying school fees as part of the BPP and as required by the Schools Act of 1996. The Department of Health provides free health care also as part of the BPP and as required by the National Health Act of 2004. However, identified children are not always appropriately referred and tracked.

The Department of Social Development concentrates on the role of handing out school uniform and overlooks the other crucial role of providing psychosocial support to beneficiaries. Providing material support is essential but not sufficient. It is easier to hand out things that are visible and measurable but failing to address emotional distress is more detrimental to the future of the child concerned. Failure to effectively perform the functions of coordinating and facilitating implementation of the programme, contributes to the fragmentation and lack of commitment by stakeholders.

The Department of Education renders BPP services but refers to it as School Based Support. Using different terms contributes to the fact that the department works differently from the other two in terms of referral and this impacts on consistency

in the system. It is crucial that all departments refer and track beneficiaries consistently for the programme to achieve the purpose.
The official working at the health care centre has a workload that is evidently not manageable. Hence it is difficult to track the beneficiaries after attending to them.

The challenges identified reveal that BPP is making very minimum impact in the region. Children are either lost in the system or receive fragmented services, if at all. Some receive duplicated services. Children therefore still become exposed to problems of dropping out of school, ill-health, emotional and psychological issues as well as other problems indicated. It is therefore imperative to review the implementation strategy, legislation and policies of different departments to identify gaps and areas of inconsistency and also find common working ground.

The lack of training of officials to run with the programme, lack of dedicated staff and physical resources to carry out the functions further compounds the problem. Few officials, who already carried their own workload, were trained on BPP referring and tracking system and expected to train others as well as to implement the programme. These staff members were furthermore not all equipped with computers or a system to refer and track the children. They were therefore unable to roll out the training in their respective departments. This led to further implementation problems also for those never exposed to training. They see BPP as an additional burden over and above their high workloads.

Community involvement is very essential in any effort to render effective services within communities. This is especially due to the fact that the targeted group is from the community. The structures within communities such as NGOs, CBOs, FBOs and political structures are key role players. Excluding these important role

players affects the impact as they may not accept it as they were not consulted. If involved from the initial stages, there would be a better chance that the community would embrace it and even assist in identifying children, influence and support families to utilize the programme. Involving the community could also alleviate the burden of high workloads. The departments, who evidently have a shortage of human and physical resources, could get assistance from NGOs, CBOs, FBOs and community at large in tracking the children within the communities. Nyangara, et al (2009), suggests that community organizations and members may be included to assist relocate those who are lost in the system.

Lack of communication and the absence of a stakeholders' forum, creates problems in implementation. A forum could be utilised as a platform to find areas of strength and challenges of the programme. There are no intra and inter departmental meetings regarding the BPP resulting in lack of knowledge about what counterparts are doing. There is also no binding measure, such as a policy, supporting the National Legislation that compels the different departments to work collaboratively.

Those involved know that they are not managing and implementing the programme as they should but no changes are made to improve the implementation strategy. It seems that although everyone is aware of the challenges, none of those involved wants to take the responsibility of initiating a forum that would be a platform to attack challenges within the programme.

The high workloads that officials carry could also be a contributing factor to the lack of meetings as they may take it as a time wasting exercise without

consideration that this lack of meetings impact negatively on the main objective of the programme.

The underlying factor seems to be lack of proper planning. If the policy developers had involved all stakeholders, that is, different departments, community organizations and community at large at the initial phase they would have made a positive impact in terms of integration. The community would have been informed and probably involved in identifying beneficiaries and volunteered other services. The problem of staffing could have probably been lessened. The involvement of organizations within the community, instead of relying on government officials only would also lessen the workload and assist in the identification of deserving beneficiaries, referral and tracking.

OVC could be benefiting by getting free health care from the local health centre and receive proper nutrition from school and free school uniform plus a CSG from the Department of Social Development if proper integration was in place in terms of, identification, referral and tracking of the child. They are instead further disadvantaged while they were supposed to be benefiting from this well conceptualised programme.

Dawes (2003) highlights collaboration between role players to be a critical factor in identifying and referring OVC citing the importance of a good network system in delivering services to these children. The literature reviewed revealed that internationally, proper collaboration is a key factor if effective services are to be rendered to OVC. Examples were given of some African countries where collaboration has worked.

There is a great need for the three departments participating in the BPP to review it in terms of roles, capacity building, legislation, communication, resources and most importantly the impact and effects with regard to the target group.

7.3. Recommendations

It is apparent that each department prefers to concentrate on its core function and tend to ignore those that are secondary to their objectives. This leads to issues that affect everyone not being attended to by anyone and they remain problems. An example would be when an orphaned child has to attend school and at the end of the year pass to the next level. If this child has no guardian or caregiver, is sick and has no uniform or food, it cannot be expected that he will function normally. It is the role of government to provide services to children who don't have any support system. Hence the different departments have to work in collaboration to make sure that the child has a caregiver, eats, has school uniform and is healthy enough to go to school without having to duplicate services. Based on the findings, the following are the study's recommendations: -

7.3.1. Role clarification

It is important that each department should have clear knowledge of what their roles are and at the same time know what those of their counterparts are, to avoid duplication of services and wastage of time and resources and also so that they can refer appropriately. It could be deduced from the research that some officials were unsure of what was expected of them as training was not properly rolled out.

Those involved should have a sense of ownership and not feel that they are just co-opted because they need to render some services. All stakeholders should be involved from the planning phase to implementation as well as monitoring and evaluation so that they can input on the strategy for implementation and know exactly what is expected of them. Goals will also be clearly defined, mutually valued and shared and a sense of ownership will be fostered.

7.3.2. Capacity building

Training on the identification, referral and tracking system should be given to all partners. This should be coupled with relevant resources such as dedicated staff and physical resources such as computers. A worker who is given added responsibility of handling a programme such as Bana Pele while they already have a high workload are is likely to underperform. When a new programme as massive as Bana Pele is introduced, there should be dedicated staff. The BPP's identification, referral and tracking was supposed to be done electronically but some implementers do not have computers. Provision of relevant equipment after training is essential to be able to carry out the function.

7.3.3. Communication

It is very difficult to work collaboratively if there is no communication. Partners will never understand what their counterparts are doing and little progress will be made. It is apparent that the different departments have their own targets based on their job requirements and tend to concentrate on them, finding it difficult to do extra work such as planning meetings and actions with other departments.

However communication is essential in collaboration. The level of communication needs to be improved to be able to get new opportunities of improving service delivery, form stronger partnerships and reach the goals of rendering efficient and effective services to the children. Communication must also be streamlined so that participants do not associate Bana Pele with time-wasting meetings.

7.3.4. Implementation Strategy

The three departments are guided by their pieces of legislation in terms of delivering services to orphans and vulnerable children. There is however no binding policy in terms of the roll-out of this programme specifically regarding collaboration. When such programmes are initiated there is a need for government to consider how best to commit all stakeholders to implement it. Government needs to work on an implementation strategy in consultation with all stakeholders.

7.3.5. Community mobilization

There was concern raised on lack of community mobilization with this programme. The community was not properly informed and their involvement not sought. If members of the community know about a good programme introduced to them, such as the Bana Pele, especially community-based organizations and political structures within the community, they might take ownership and try to make it work for the benefit of their own community. It would be through these structures that the families could be encouraged to utilise resources and the structures would identify beneficiaries and refer them to relevant departments. Besides reaching the

targeted children, the departments would even feel less burdened as the NGOs would be assisting.

The involvement of other departments that belong in the social cluster is also imperative for the success of the programme. An example is the Department of Home Affairs with its function of providing birth certificates and identity documents. It can contribute extensively in providing these documents so that children can qualify for services. Those caregivers who do not have identity documents cannot apply for the CSG and children without birth certificates will not be considered as beneficiaries.

7.3.6. Monitoring and Evaluation

Lack of monitoring and evaluation of policies, plans and budgets may hamper collaboration efforts. Policies of departments may clash with that of counterparts, leading to poor service delivery. It is important that the three departments relook at their policies and find common ground of how they can integrate to improve their collaboration. Plans must also be guided by relevant legislation and availability of physical and human resources. The departments have to budget realistically for the programme to succeed. If there are limited or no resources, goals cannot be reached.

Evaluation of the impact of the programme can assist to improve collaboration efforts, service delivery and the status of the beneficiaries. It is therefore very essential that these departments form a stakeholders' forum, hold meetings and communicate more to be able to see the impact of the programme, fill in gaps that

exist, work on challenges and improve on the strengths. The Department of Social Development, as the lead department should coordinate this and involve the other departments.

Each department should also have its own monitoring and evaluation team which is not directly involved with the programme, to also come up with a report that will help in policy-making, future planning and budgeting.

7.4. CONCLUSION

The research set out to establish the nature and quality of interdepartmental collaboration between the three departments of Social Development, Health and Education in implementing the BPP. The research was done through interviews of officials at management level and on the ground within the three departments and observation specifically at a health care centre with the aim of identifying the areas of collaboration and to find possible solutions to enhance the level of collaboration.

In analysis it was established that there is very little collaboration. OVC are identified, in some instances referred but not properly tracked. The three departments have clear roles in terms of the BPP and play these roles to an extent. They are however not using an integrated approach which is required by the BPP. They also do not use the same terms and systems therefore in some instances fail to reach the target group. Lack of internal and external communication was also found to be a major contributing factor to lack of collaboration. The need for a stakeholders' forum was identified as well as community participation to enhance collaboration efforts.

The research showed that it is essential that each department should be clear about their own roles and that of their counterparts, so that they can render effective services and refer appropriately. Capacity building in terms of human, physical and financial resources is integral to the implementation of the programme. A uniform policy is also necessary for all three departments to be committed to the programme. Other departments in the social cluster should also be roped in. Regular monitoring and evaluation would assist government to measure the impact of the programme, level of collaboration and integration as well as for future planning.

Government should consider the recommendations made. Failure to do so might lead to perpetual problems where OVC continue to be trapped in poverty with basic needs not met. Their holistic development would therefore be adversely affected meaning that efforts of introducing the BBP would have been a futile exercise.

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APPENDIX A

INTERVIEW QUESTIONS	ANALYTICAL QUESTIONS	RESEARCH QUESTIONS
• **Managers** What is the role of your Department in the Bana Pele Programme? How well is Bana Pele working in your region? Please give examples? What contact do you have as the three Departments responsible for its implementation? Is it through meetings, telephone calls or written communication? Which one works best and why? Is there much communication among the managers in the three Departments? Is the communication mostly by meetings, telephone calls or written communication? Would you say there is collaboration among the regional managers? Please give examples.	Which department collaborates more or the most in terms of implementing the Bana Pele Programme? What is the nature of collaboration? How does collaboration or lack thereof impact on the beneficiaries?	Are there areas of collaboration between the three Departments of Social Development, Education and Health in implementing the Bana Pele Programme?

Whom do you suggest to be interviewed among the officials working on the ground in your department? • **Officials on the ground** What is the role of your Department in the Bana Pele Programme? Who do you communicate with within your department and in the other two departments? Is the communication mostly through meetings, telephone calls or written communication? What do you communicate about?	Which department collaborates more or the most in terms of implementing the Bana Pele Programme? What is the nature of collaboration? How does collaboration or lack thereof impact on the beneficiaries?	Are there areas of collaboration between the three Departments of Social Development, Education and Health in implementing the Bana Pele Programme?

• **Managers** Are there specific cases where Bana Pele has worked well because of collaboration between the Departments? Please give examples. Are there any problematic areas in terms of collaboration? Please give examples. How can collaboration between the Departments responsible for Bana Pele be improved? • **Officials on the ground** What is working well within the program? Please give examples. Are there any problems with regard to collaboration? Please give examples. How do you think collaboration can be improved between the three Departments?		What can be done to improve the level of collaboration between the three Departments? What can be done to improve the level of collaboration between the three Departments?

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