

**THE ALIGNMENT OF FAITH-BASED ORGANISATIONS' (FBOs) SERVICES WITH THE
HIV AND AIDS NATIONAL STRATEGIC PLAN (NSP) 2007-2011 IN EKURHULENI
METROPOLITAN MUNICIPALITY (EMM)**

BY

VELILE HENRIETTA DHLAMINI

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SUPERVISOR: PROFESSOR DR ANTOINETTE LOMBARD

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DECLARATION

I hereby declare that this dissertation “Alignment of HIV and Aids service delivery by Faith-Based Organizations (FBO) with the National Strategic Plan (NSP) 2007-2011 from a developmental approach” is the result of my independent investigation and that all the sources have been acknowledged by means of complete reference.

I hereby certify that this dissertation is not submitted for any other degree.

Velile Henrietta Dhlamini

Date: April 2014

Student number: 28347022

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ABSTRACT

The alignment of Faith-Based Organisations' (FBOs) services with the HIV and Aids National Strategic Plan (NSP) 2007-2011 in Ekurhuleni.

Student: Velile Henrietta Dhlamini

Supervisor: Professor Dr. Antoinette Lombard

Department: Social Work and Criminology

Institution: University of Pretoria

Degree: MSW (Social Development & Policy)

The HIV and Aids pandemic and its impact on socio-economic development in South Africa led to the development of the broad National Strategic Plan (NSP 2007-2011) with the aim to guide the country's response to the pandemic. This document was the second plan post 1994, to deal with the pandemic, the first one being the NSP 2000-2005. However, despite addressing the HIV and Aids pandemic since the 1990s, national statistics indicate that the country still grapples with curbing the spread of new HIV infections.

The goal of the study was to investigate the alignment of the FBOs HIV and Aids service delivery with the NSP 2007-2011 in Ekurhuleni Metropolitan Municipality (EMM). To achieve this goal, the study conceptualised and analysed the NSP 2007-2011 with regards to its implications for partnerships in addressing the HIV and Aids pandemic within the context of the social development approach. The study investigated the Faith-Based Organisations (FBOs) HIV and Aids service delivery, the main partners in the field and policy implementation, to establish the extent of their service alignment with the NSP 2007-2011 and to identify and describe elements required for service delivery necessary for alignment to the policy. A qualitative research approach, using a collective case study design was utilised for the study. Data was gathered by means of two focus group interviews with the HIV and Aids Projects' managers/coordinators in the employment of the Christian-based FBOs in Ekurhuleni.

Findings showed that most FBOs HIV and Aids service delivery focus on the management of the disease, and as a result neglect the grassroots and fundamental integrative prevention services. Some difficulties in the partnership between FBOs and government were found by the study, coupled with poor communication between government and FBOs leading to the isolation of FBOs in rendering HIV and Aids services. Research findings further revealed poor application of the NSP 2007-2011 elements of effective communications, partnerships, service coordination, monitoring and evaluation including provision of support through financial resources by government to enhance FBOs HIV and Aids service delivery.

The study concluded that the FBOs service delivery in the field of HIV and Aids in EMM is not in full alignment with the NSP 2007-2011. Furthermore, it was established that without an application of the developmental approach to facilitate the implementation of the NSP elements, FBOs HIV and Aids service delivery in alignment with the NSP 2007-2011, will be difficult to achieve.

The study recommended that the NSP implementation must be based on the social development model to facilitate HIV and Aids service delivery linkages amongst government departments on a broad range of the interrelated development issues caused by the pandemic. It was also recommended that future National Strategic Plans should include social developmental themes, to ensure improved alignment of FBOs HIV and Aids service delivery, namely, a rights-based approach; partnerships; economic and social development; participation and a macro and micro focus. In particular, it was noted that government needs to strengthen its partnership with the FBOs and to provide intensified funding towards HIV and Aids service delivery. Further research should be conducted to establish how the NSP 2012-2016 (RSA, 2012) has incorporated these recommendations in order to fill the gaps identified in this study.

KEYWORDS

HIV and Aids policy alignment

Ekurhuleni Metropolitan Municipality (EMM)

Faith-Based Organisations (FBOs)

HIV and Aids

HIV and Aids services

National Strategic Plan (NSP) 2007-2011

National Strategic Plans' elements

South African National Aids Council (SANAC)

Social development approach/developmental approach

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CHAPTER: 1 GENERAL INTRODUCTION AND ORIENTATION TO STUDY

1.1 INTRODUCTION

Globally, the Human Immunodeficiency Virus (HIV) infection and the Acquired Immune Deficiency Syndrome (Aids) epidemic are threatening human welfare and prosperity. Millions of people have become impoverished as the result of Aids (WHO, 2011). Children have lost their parents, families have lost their properties, communities have lost professionals who invested skills into the development of society, and societies have lost untold potential contributions to social, economic, cultural, political and spiritual life (UNAIDS, 2011:6).

Global estimates of HIV and Aids in 2010 revealed that more than 30 million people have died of Aids since 1981 whilst Africa alone has 17.9 million Aids orphans (UNAIDS, 2011). Young people (under 35 years) account for half of all new HIV infections worldwide (WHO, 2011:6). In developing and transitional countries, 13.8 million people are in immediate need of life-saving Aids treatment (UNAIDS, 2011:6). The socio-economic impact of these increasing statistics are unemployment, poverty, pressure on health and industry resources, which impact negatively on the growth and economic development of the country.

According to the report on Economic and Social Conditions of South Africa, the epidemic is having a severe impact on life expectancy, health as well as economic and social development (Department of Economic Development, 2005). The report contends that regionally, Southern African countries are comparatively the most affected by the HIV and Aids scourge. Member states in the region view HIV and Aids as a major developmental challenge of the 21st century, which presents serious constraints to economic, physical, social, cultural and political development of the sub-region (UNDP, 2010). South Africa and Botswana have around twenty five per cent higher HIV and Aids prevalence than the much poorer countries such as the Democratic Republic of Congo (DRC) and Madagascar (UNAIDS, 2011).

South Africa, with the population of more than 51 million is said to be the largest country in the world affected by the HIV and Aids epidemic (Statistics South Africa, 2012). The occurrence of HIV in South Africa is at 29,5%, with 1,9 million people on ARV treatment (Department of Health, 2012). According to the December 2011 Update Report from the World Health Organization, this prevalence is significantly higher than the rate in sub-Saharan Africa (5.9%) and globally (1.0%) (WHO, 2011). The provinces of KwaZulu-Natal, followed by Mpumalanga, are said to be having the highest prevalence rates of 15% when compared with other provinces, whilst Gauteng has a predominance of 10% (Department of Health, 2012).

International response to HIV and Aids has evolved considerably since the early cases were reported in the 1980s. In Africa, the World Health Organisation's Global Program for Aids had, by 1990, provided technical assistance to 123 countries to develop short-term plans and had mobilised funds for 65 countries, primarily for national public education campaigns and HIV surveillance, with the focus on blood screening, guidance care, counselling, and management strengthening (Slutkin, 2000:26-27). However, despite these efforts, there is a dramatic increase in the number of the people living with HIV and Aids in Africa, over the past decade (UNAIDS, 2011). This explosion pressured for re-thinking the fight of the epidemic using multi-sectorial approaches.

After the initial medical and public health responses through the mid-1990s, there was an enormous expansion in the scope of the strategic approaches and the level of political and financial commitment to fight the disease (UNAIDS, 2003). The South African response to the situation was the launch of a mandate by the National Aids Council of South Africa (NACOSA) to develop a national strategy on HIV and Aids, which was endorsed by the Cabinet in 1994. In 1999, a National Strategic Plan (NSP 2000-2005) was developed through a consultative process with stakeholders and has been the cornerstone of the country's response to the HIV and Aids pandemic (RSA, 2005).

In May 2006, the South African National Aids Council (SANAC), under the leadership of the then Deputy President Phumzile Mlambo-Ngcuka, evaluated

the implementation of the NSP 2000-2005 and, among others, found that all stakeholders (including the Faith-Based Organisations) embraced the NSP 2000-2005 as a guiding framework. However, although the plan was embraced at higher levels, there was lack of evidence supporting this notion at grassroots level. This necessitated the need to have the NSP extended for a further period.

Therefore, Cabinet mandated the Department of Health to lead a process of developing the NSP for an additional five years, namely, the NSP 2007-2011. The NSP 2007-2011, which is the focus of this study, continues from the previous NSP 2000-2005 (RSA, 2007). The document was developed through an intensive and inclusive process of policy communication involving a range of stakeholders from government, business and civil society. It was a broad national strategic plan designed to address the gaps of the previous policy, that is, the NSP 2000-2005, as well as to provide ongoing guidance to the country's response to the epidemic.

The NSP 2007-2011 was not a plan for the health sector only, but a statement of intent for the country as a whole, both within and outside of government. It was aimed at building on the work conducted in the past decade and was informed by the nature, dynamics and the extent of the epidemic and the developments in medical, social and scientific knowledge (RSA, 2007). It was envisaged that all government ministry departments, civil society organisations and relevant stakeholders would use this document as the basis to develop their own strategic and operational plans so that HIV and Aids initiatives could be harmonised to maximise efficiency and effectiveness in a holistic manner. It was a national multi-sectorial response to the epidemic to be managed by different structures at all levels (RSA, 2007). Practically, the NSP 2007-2011 purported to strengthen and improve the efficiency of the existing HIV and Aids service delivery and infrastructure, as well as introduce additional resources.

The achievement and realisation of the aims of the NSP 2007-2011 had to be viewed at community level as evidence of the effectiveness of local government, apart from provincial and national governments' responses. This effectiveness can be achieved through an integrated partnership of the relevant

stakeholders from both the private and public sectors. Successful implementation of the NSP 2007-2011 called for collective action by all partners, in order to overcome the HIV and Aids challenges faced by the country.

The social work profession at local government is ideally placed to be a partner and a significant role-player in the fight against the HIV and Aids pandemic, through the social development approach mandated by the South African government as outlined in the White Paper for Social Welfare (RSA,1997). However, it appears that the profession has challenges in making major social development strides in the lives of the HIV and Aids infected and affected households. It, therefore, becomes critical that government, civil society, including FBOs and communities, commit to the social development approach and be afforded the necessary resources, structures and systems to facilitate implementation of the NSP 2007-2011.

The level of support that FBOs receive from local government, particularly the EMM Multi-sectoral HIV and Aids Unit in the roll-out of the NSP 2007-2011, was relatively unknown. However, what was identified was that the Unit has a responsibility to lead the implementation of the NSP 2007-2011 through its multi sectoral approach, which is inclusive of FBOs. In the absence of a supportive and collaborative partnership, the NSP 2007-2011 roll-out effort by the relevant stakeholders was debatable. In turn, this questioned the alignment of the FBOs HIV and Aids services with the NSP 2007-2011 in EMM. This study was, therefore, conducted to investigate alignment of FBOs HIV and Aids services with the NSP 2007-2011. The researcher concentrated the study on government funded Christian FBOs as they are respectively obliged to align their services to the NSP and constitute the majority of FBOs that are affiliated to the Ekurhuleni Religious Forum (ERF). Whilst the study was in process, the NSP 2012-2016 was released (RSA, 2012). A follow-up study would, therefore, be fundamental to determine how the gaps identified in this study have been accommodated in the updated policy.

The key concepts relevant to the research study were as follows:

- Human Immunodeficiency Virus (HIV)

The Human Immunodeficiency Virus is a virus that causes Aids. It attacks and may destroy the body's natural immune system (Foundation for Professional Development, 2010). People who are HIV positive have a HIV infection which exposes them to serious health problems, which in turn, may result into Acquired immunodeficiency syndrome (Aids).

- Acquired immunodeficiency syndrome (Aids)

Aids are defined as a chronic disease that arises from HIV infection, although being infected with HIV is not the same as having Aids (Department of Local Government, 2010). It refers to a medical condition where the HIV virus enters the human body and breaks down the immune system thus leading to death if not managed.

- Ekurhuleni Metropolitan Municipality (EMM)

EMM refers to communities in the Ekurhuleni Metropolitan Municipality, a geographical area situated in the east of the Gauteng Province (EMM Health and Social Development, 2011). The Metropolitan is made up of the former municipal town councils of Alberton; Benoni; Boksburg; Brakpan; Edenvale; Germiston; Nigel; Springs and Kempton Park. Post 1994, these councils were clustered into three regions, namely south, north and east from which EMM operates.

- Faith-Based Organisations (FBOs)

Faith-Based Organisations are a broad range of organisations influenced by religion-based organisations and networks, communities belonging to places of religious worship (Department of Local Government, 2010). FBOs are non-government organisations, which may be funded by government to render HIV and Aids services, amongst other services. These FBOs are autonomous in their operations. However, when they are funded by government, they are obliged to align their services with the HIV

and Aids National Strategic Plan 2007-2011 (RSA, 2007).

- HIV and Aids Services

HIV and Aids services refer to supportive and caring actions shown by FBOs towards individuals, groups and communities affected by HIV and Aids in EMM. These services may include the provision of HIV and Aids information, therapeutic and/or spiritual counselling, care, and psycho-social support, food security, treatment and hospice service (EMM Health and Social Development, 2011).

- National Strategic Plan (NSP) for HIV and Aids and STI 2007-2011

The NSP 2007-2011 is an acronym for the National Strategic Plan, which is a national policy framework developed by the South African government and its partners to provide guidelines for strategies to combat HIV and Aids in South Africa (RSA, 2007).

- Social Development

Social development is considered to be a multidisciplinary approach, which cuts across sectors such as health, education, economic development, social security and welfare services (Patel, 2005:206). Midgley (1995:8) defines social development as “a process of promoting people’s welfare in conjunction with a dynamic process of economic development”. In the context of this study, social development is about maximising the capacity of HIV and Aids infected and affected households and the community to participate effectively in their socio-economic development.

- The developmental approach

The developmental approach to social welfare is referred to by Patel (2005), as the social developmental approach, whilst Lombard (2007) refers to social development within the broader context of the

developmental social welfare approach. The study adopted Lombard's opinion, which attaches a broader conceptual view, including social development as a strategy and an end goal for developmental social welfare (Lombard, 2007:299). The adoption is based on Lombard's clarification statement that "a developmental approach has a much wider implementation scope..." (Lombard, 2007:301). In the context of this study, FBOs HIV and Aids developmental service delivery incorporates capacity building and empowerment approaches in the implementation process of the NSP 2007-2011 to achieve social development and the Millennium Developmental Goals (MDGs), adopted by South Africa in 2000 (RSA, 2013).

- HIV and Aids policy alignment

In simple terms, alignment refers to "forming a synergy where a combined action brings a total effect that is greater than the sum of an individual action" (The World Dictionary, 2001:2129). In this study, HIV and Aids policy alignment therefore, implies partners' collaboration, coalition, alliance or/and arrangement. Furthermore, it refers to the FBOs HIV and Aids service delivery in accordance with the NSP 2007-2011, within an active partnership with government in EMM.

1.2 PROBLEM FORMULATION

The NSP 2007-2011 was a broad national strategic plan to provide continued guidance to the country's response to the HIV and Aids epidemic. FBOs have a long history of being at the forefront of care and support at grassroots level in the fight against HIV and Aids (RSA, 2007). In line with the NSP 2007-2011, the EMM approved a multi-sectoral HIV and Aids strategy and programme to provide strategic direction and facilitate the coordination of departments, civil society, business, and communities in addressing the HIV and Aids pandemic and its impact on social development goals and the MDGs (EMM Multi-sector HIV and Aids Unit, 2006).

FBOs are committed to address the HIV and Aids pandemic on various levels, including prevention, intervention, care and support as well as with food security. Although these FBOs make a contribution towards achieving these goals, they are challenged in their efforts due to the alarming rate of the HIV and Aids pandemic, the lack of financial and human resources, as well as poor communication and interaction with government structures such as the EMM Multi-sectoral AIDS Unit. One of the key elements of the NSP 2007-2011 is the partnership between government and relevant stakeholders, such as the FBOs.

Without these critical partnerships, government cannot succeed in fighting the HIV and Aids pandemic, nor can the NSP be effectively implemented. The informal conversations held with the Ekurhuleni Religious Forum (ERF) members, revealed that most of the FBOs in EMM were not aware of the NSP 2007-2011 and indicated that they did not have a policy specifically aimed at their HIV and Aids Programmes. This implies that service delivery by FBOs with regard to HIV and Aids may not specifically be aligned with the NSP 2007-2011 and that, in turn, the EMM Multi-sector HIV and Aids Unit could fail in fulfilling its obligations to establish the required partnership to facilitate HIV and Aids service' alignment with the NSP 2007-2011.

Partnership, however, is not the only element relevant for FBOs alignment to the NSP 2007-2011. Other elements refer to active collaboration and communication, coordination of services, monitoring and evaluation. This study was located in EMM to investigate the required elements for alignment of FBOs HIV and Aids services with the NSP 2007-2011 to promote improved and integrated service delivery by the FBO sector within a strengthened-active partnership with the local government in the fight against the HIV and Aids pandemic.

1.3 GOALS AND OBJECTIVES OF RESEARCH STUDY

The goal and objectives of the study were as follows:

1.3.1 Goal of study

To investigate the alignment of FBO services with the HIV and Aids NSP 2007-2011 in Ekurhuleni Metropolitan Municipality (EMM).

1.3.2 Objectives of study

- To conceptualise the NSP 2007-2011 within the context of the social development approach.
- To analyse the NSP 2007-2011 with regards to its implications for partnerships in addressing the HIV and Aids pandemic.
- To determine the extent to which current HIV and Aids services rendered by FBOs in EMM are aligned to the NSP 2007-2011.
- To identify and describe the required elements for alignment of FBO services with the NSP 2007-2011 in EMM.

1.4 RESEARCH QUESTIONS

In this study, the researcher opted for research questions because of the qualitative nature of the study. Mouton and Marais (1990:4) define research statements and questions as “sentences in which an identifiable epistemic (knowledge) claim is made”. The questions answered by the study were:

- What are the elements required for the FBOs’ HIV and Aids services to be in alignment with the NSP 2007-2011 in EMM?
- To what extent are the FBOs’ HIV and Aids services in alignment with the NSP 2007-2011 in EMM?

1.5 OVERVIEW OF THE RESEARCH METHODOLOGY

The study adopted a qualitative research approach as “it elicits participant accounts of meaning, experience or conceptions and produces descriptive data in the participant’s own written or spoken words and thus involves identifying

the participant's beliefs and values that underlie the phenomena" (Fouché & Delport, 2011:66). The researcher wanted to know and understand the study participants' views and perceptions of their FBOs' service delivery with regards to HIV and Aids service alignment to the NSP 2007-2011.

The study was applied research in that the recommendations from the study outcomes are expected to benefit both government (local, provincial and national) and non-government organisations such as FBOs, with regards to rendering integrated and aligned HIV and Aids services, in accordance with the NSP 2007-2011. This research study was expected to yield information required to solve social issues in health and social welfare practice (Neuman, 2006:42). The researcher used a collective case study design to plan and examine groups of FBOs in EMM. The researcher used this design to learn and understand how the FBOs align or do not align their HIV and Aids initiatives to the NSP 2007-2011.

The research population of this study constituted twenty three (23) government-funded Christian FBOs rendering HIV and Aids services, affiliated to the ERF. This target population included the entire subjects the researcher was interested in (Polit and Beck, 2008:337) and, therefore, formed the sampling frame of the study (McBurney, 2001:248). Government funded FBOs were selected as the population since they are obliged by the NSP 2007-2011 requirements to align their HIV and Aids services according to government priorities (RSA, 2007). Christian FBOs were targeted as they constitute large percentage of the religious groups in Ekurhuleni (Department of Local Government, 2010). Ekurhuleni operates from three (3) regions, namely: north, south and east. The number of FBOs in each region and the magnitude of these individual FBOs varied from region to region. However, the study sample was representative of all three (3) regions.

Purposive sampling, which is a non-probability sampling method (Strydom and Delport, 2011:391-392) was utilised to select twelve (12) HIV and Aids project coordinators or managers who were directly involved in the strategic planning and monitoring of FBOs' HIV and Aids service delivery. This sampling helped to

ensure that participants were representative in terms of inclusive biographical data. Data was gathered by means of two focus group interviews, with an arranged six participants per focus group (two participants from each of the three EMM regions). These focus groups were guided by a semi-structured interview schedule. Data analysis was guided by the analytic spiral data analysis steps of Creswell (2009:192). The ethical principles which guided the study are elaborated in Chapter 3.

1.6 LIMITATIONS OF STUDY

A limitation to the study was that the planned number of participants did not turn up for the focus group interviews as arranged. A number of 12 participants were scheduled for both focus group interviews but only 9 turned up in total (see Chapter 3 section 3.2.5). The two focus groups interviews resulted in similar themes, however, other themes may have emerged with additional participants. Therefore, it is also a limitation that the researcher did not over recruit to reduce the risk of absence. Furthermore, the FBOs who participated in the study were not equally familiar with the NSP 2007-2011, which may have influenced their understanding of the alignment of their HIV and Aids service delivery with the NSP 2007-2011.

1.7 CONTENTS OF THE RESEARCH REPORT

Chapter 1 provided an introduction and a broad orientation to the study. It outlined the problem statement; indicated the goal and objectives of the study; the research questions, which guided the study; and briefly indicated the research methodology; followed by the limitations experienced in the study.

Chapter 2 will present the social development approach as a theoretical framework of the study. It will provide a review of literature that expanded on the NSP 2007-2011 and the FBOs' initiatives in preventing and/or mitigating HIV and Aids and its impact, through the delivery of services to infected and affected households.

Chapter 3 outlines the research approach; type of research; the research

design; the population for the study; the data gathering method and analyses; the pilot study, and the ethical aspects that guided the study. Furthermore, it presents and discusses the empirical findings of the study.

Chapter 4 concludes the study by indicating how the goal and objectives of the study were achieved. Conclusions drawn from the research results are discussed and linked to the key findings of the study. Finally, recommendations are made based on the conclusions derived from the study.

CHAPTER 2: ALIGNMENT OF HIV AND AIDS SERVICE DELIVERY BY FAITH-BASED ORGANIZATIONS (FBO) WITH THE NATIONAL STRATEGIC PLAN (NSP) 2007-2011 FROM A DEVELOPMENTAL APPROACH

2.1 INTRODUCTION

This chapter elaborates on the NSP 2007-2011 and its alignment with FBO services in the field of HIV and Aids services from a social developmental approach. Firstly, it outlines components of the NSP 2007-2011 with reference to the performance of the previous NSP 2000-2005; then briefly highlights the model for social development by comparing its components with the NSP 2007-2011 elements to indicate whether the NSP 2007-2011 document is indeed developmental in its approach; thereafter the chapter draws attention to the FBOs in Ekurhuleni in relation to their HIV and Aids services and finally discusses the aspect of the alignment between the FBOs HIV and Aids service and the NSP 2007-2011.

2.2 THE NATIONAL STRATEGIC PLAN (NSP) 2007-2011 FOR HIV AND AIDS

HIV and Aids continues to be a major challenge to the socio-economic development of countries world-wide. In keeping with the global and national responses to the HIV and Aids pandemic, South Africa endorsed a national strategy on HIV and Aids developed by the National AIDS Council of South Africa (NACOSA) in 1994. The strategy was designed to address the challenges faced by both government and civil society organisations. The name NACOSA later changed to the South African Aids Council (SANAC) (RSA, 2007). The development of the first NSP 2000-2005 in 2000 spurred optimism that an epidemic on the scale experienced by other African countries would be avoided since the prevalence rate at that time was still relatively low in South Africa (Heywood and Cornel, 1998).

2.2.1 Development of the NSP 2007-2011

The NSP 2000-2005 was the first strategic document for HIV and Aids service delivery that gave rise to the NSP 2007-2011, which is the focus of this study.

Although the NSP 2000-2005 was embraced by all the stakeholders at higher levels, the implementation process at grassroots did not bring the expected results. Poor coordination, a lack of clear targets and a monitoring framework were the major shortfalls of the previous NSP 2000-2005 (RSA, 2007).

The evaluation report of the NSP 2000-2005 recommended that the identified gaps be addressed by the design and performance of the NSP 2007-2011 through its principles of human rights and the multi-sector approaches, together with the elements of effective communication between and among the stakeholders; collaborative-partnerships; coordination of services and programs; regular monitoring and evaluation; as well as effective governance (RSA, 2007).

During 2006 SANAC, under the leadership of the then Deputy President Phumzile Mlambo-Ngcuka, mandated the Department of Health to lead the development of the NSP 2007-2011. This policy evolved through a highly consultative, broad-based process launched in March 2007 (RSA, 2007). As argued by Anderson (1997:5) “policy is a relatively stable, purposive course of action followed by actors in dealing with a problem or matter of concern”. The political systems theory model was adopted by the actors of this policy (Anderson, 1997:5).

According to Dunn (1994:70) policy systems are “subjective human products created by the conscious choices of policy stakeholders as well as objective reality manifested in observable actions and their consequences”. The public demand for effective and efficient HIV and Aids services from the government, in particular the provision of the drug therapy treatment of the Anti-retroviral treatment (ART), was an environmental force for the development of this policy plan through the Treatment Action Campaign (TAC) groups. A stream approach towards the development of this policy was adopted (Booyesen and Erasmus, 1998:41-48). This approach entailed an intensive process of communication between government and a range of stakeholders, including the Faith-Based Organizations (FBOs), which are the focus of this study (Dunn, 1994:70).

The stream approach was interspersed with the clearing houses, such as community forums, private sector and government departments (Booyesen and Erasmus, 1998:41-48). The process entailed a number of activities by the policy actors, such as the documentary stages of drafting, collection and collation of inputs from a wide range of stakeholders through workshops and public participation meetings (Izimbizo). The outcome of this process resulted in the formulation of the NSP 2007-2011.

2.2.2 Purpose of the NSP 2007-2011

The NSP 2007-2011 provided an action framework within which all HIV and Aids interventions in South Africa are expected to take place. This framework was formulated to guide South Africa's response to the HIV and Aids pandemic for a further five year period. The NSP 2007-2011 seeks to 'strengthen and improve the efficiency of the existing services and infrastructure, as well as introduce additional resources', thus empowering civil society and private sector stakeholders to engage effectively in the national response to the HIV and Aids pandemic (RSA, 2007). It presents an action framework for HIV and Aids service delivery and describes the context that stakeholders should use in the development of their specific strategies, plans and budgets.

This means that the NSP 2007-2011 was not intended to replace or duplicate sectorial HIV and Aids strategies, but lay out a framework and the context within which such strategies should be formulated, implemented, monitored and coordinated. This further implies that stakeholders must have a full understanding of the contents of the document as well as the implications for implementation in order to fulfill its purpose. The NSP 2007-2011 is, therefore, a statement of intent to achieve HIV and Aids policy objectives for the country as a whole, both within government and in the non-governmental sectors, including FBOs. In summary, the NSP 2007-2011 was designed to ensure that all initiatives within the country are harmonised for maximum efficiency and effectiveness, through explicitly set goals and principles. The process initiated in 2000 to address the HIV and Aids pandemic in South Africa is continued with the current NSP 2012-2016 (RSA, 2012).

2.2.3 Goals of the NSP 2007-2011

The goals of the NSP 2007-2011, as stated in the document are:

- To reduce the number of new HIV infections by 50% in 2014
- To reduce the impact of HIV and Aids on individuals, families, communities and society by expanding access to treatment, care and support to 80% of all people diagnosed with HIV (RSA, 2007).

These goals were meant to be achieved by focusing on the priority areas of this policy, namely, prevention of new HIV infections, advocacy and improvement of the quality of life of people infected and affected by the HIV and Aids pandemic, treatment continuum of care and support, research, monitoring institutional arrangements, management and coordination, as well as mitigation of the socio-economic impact of the pandemic on individuals, groups and communities (RSA, 2007).

These pillars and the goals stated in the NSP 2007-2011 are in line with the Millennium Development Goals (MDGs), which governments of countries throughout the world, including South Africa, committed to in the promotion of a developmental agenda (UNDP, 2003). The NSP 2007-2011 is also aligned with international and regional obligations such as the requirements set out in the MDGs and are designed to reduce the HIV and Aids pandemic and its associated impacts through its objectives. The NSP 2007-2011 is guided by core principles, which are underpinned in the rights-based and the multi-sectorial approaches, elaborated by the social development approach.

2.2.4 NSP 2007- 2011 core principles

The underpinning principles of the rights-based and the multi-sectorial approaches respectively determine the priorities of the NSP 2007-2011, the design of its elements and the methods for policy implementation. It is stipulated in the NSP 2007-2011 “that the respect for human rights underpins all HIV and Aids initiatives in South Africa”. Furthermore, the NSP 2007-2011 states that

“the denial of human rights increases the risk of HIV infection”. This, in turn, amplifies the risk of human rights violation (RSA, 2007:33).

The NSP 2007-2011 is founded and located within the Constitution of the Republic of South Africa, 1996, which seeks to promote human dignity and social justice, particularly of vulnerable groups such as those infected and affected by HIV and Aids (RSA, 1996). Subsequently FBOs HIV and Aids service delivery are expected to be guided by this principle in order to align to the NSP 2007-2011 and have a positive impact on the socio-economic development of the HIV and Aids infected and affected households. Another important principle for the NSP 2007-2011 is the collaboration of the various sectors, which results in the implementation of a multi-sectorial approach, adopted by world countries, including South Africa, to promote integrative service delivery (UNAIDS, 2005).

In the absence of a cure, the response to HIV and Aids expanded far beyond the traditional confines of the health sector only. This paradigm shift resulted in a decentralised response to the pandemic called the multi-sectorial approach. The approach forms the foundation for the NSP 2007-2011 implementation. This approach aims at unifying all role players within one national coordinating authority (SANAC) with a broad-based multi-sectorial mandate (UNAIDS, 2004). The maxim of this approach is to address the HIV and Aids pandemic in an integrated and collaborative manner (RSA, 2007).

In South Africa, this principle entails broad-based efforts involving, in varying degrees, all levels of government departments, private and civil sectors in the fight against the HIV and Aids pandemic (RSA, 2007). The multi-sectorial approach further seeks to enhance advocacy, build partnerships and mainstream HIV and Aids services within sectors (Department of Health, 2009). The underlying principle implies a participatory and large-scale manner approach by all stakeholders (national and international) towards the country response to HIV and Aids (RSA, 2007). Attainment of the NSP 2007-2011 goals is fully dependent on this principle, and it, therefore, becomes critical that all role players of the NSP 2007-2011 adopt the multi-sectorial approach with full

understanding of its implications for application at grassroots level (RSA, 2007).

In summary, the multi-sectoral approach and the human rights approach are the foundation for a successful implementation of the NSP 2007-2011, through its effective strategies. As a national response to HIV and Aids, the NSP 2007-2011 required the involvement of a very broad and heterogeneous group of stakeholders who engaged in an extremely wide range of HIV and Aids initiatives, through a collaborative partnership, coordination, monitoring and evaluation, and effective communication (RSA, 2007).

2.2.5 NSP 2007-2011 strategic elements

The NSP 2007-2011 implementation is based on four pillars that guide the strategy to fight the HIV and Aids pandemic on all fronts namely: prevention; treatment; care and support; human and legal rights. The elements embedded in the above-mentioned pillars are collaborative partnerships of the NSP 2007-2011 stakeholders, HIV and Aids programmes and service co-ordination through effective communication, research monitoring involving government departments and other stakeholders in an integrative and collaborative manner (RSA, 2007).

Successful implementation of the NSP 2007-2011 depended on the associated stakeholders such as the corporate sector and the people living with HIV and Aids (TAC groups) who then became key role players in the implementation of the NSP 2007-2011 (Department of Health, 2009). However, this implied an understanding of the application of the said elements entrenched in the NSP 2007-2011 strategies. HIV and Aids challenges are too huge to be handled by government alone. Civil society sector organisations, particularly Faith-Based Organisations (FBOs), are significant strategic partners in the NSP policy implementation (Department of Health, 2009).

However, the roles and responsibilities of stakeholders differ. Although SANAC is mandated with the overall HIV and Aids service coordination role, corporate and civil sectors expect government to assume more managerial roles and take

the responsibility of accounting for the NSP 2007-2011 performance. This may be due to governments' governance positions, at national, provincial and local levels, towards promoting the principle of social cohesion for successful policy implementation (RSA, 2007). However, as development partners, the corporate and civil society sectors continued to play a tremendous role through their contributions of substantial amounts of resources towards the implementation of the NSP 2007-2011. A case in point is the FBO sector's role in the fight against HIV and Aids, which will be elaborated later in this chapter (see 2.4). The strategic elements of the NSP 2007-2011 are discussed below to give a broader understanding of the fundamentals contained in the document.

2.2.5.1 Collaborative partnership

Collaborative partnerships require the creation of structures for communication and linkages of HIV and Aids interventions and advocating for a supportive environment by the government. Within the context of the NSP 2007-2011, a collaborative partnership implied government playing a pivotal role of ensuring an enabling environment for FBOs HIV and Aids programmes and services based on agreed norms and standards for joint operations (RSA, 2007). As argued by Gray (2006:S54), "joint effort" is a key requirement by all involved in social service provision, including HIV and Aids services. This effort means that government must take the leading role in bringing together the different stakeholders and providing targeted capacity building support to partners such as the FBOs, where needed, to enable them to participate effectively in the NSP 2007-2011 roll-out.

However, it appears that HIV and Aids programmes do not automatically ensure successful NSP implementation processes. Successful implementation of the NSP 2007-2011 depends on strong, effective strategic partnerships developed within the context of a clear understanding of norms and standards between and among the associated stakeholders in the NSP 2007-2011 roll-out. Collaborative partnerships are believed to strengthen HIV and Aids services, programmes and resources, which may be achieved through the element of coordination and mainstreaming of HIV and Aids initiatives outlined in the NSP

2007-2011.

2.2.5.2 Co-ordination of HIV and Aids programmes

As already pointed out, no single stakeholder has overall implementation responsibility for HIV and Aids programmes and services (Department of Health, 2009). Hence, it is essential to have strong HIV and Aids coordination mechanisms in place to ensure that key stakeholders cooperate effectively to achieve the NSP 2007-2011 goals. This premise is in accordance with one of the recommendations drawn from the evaluation report findings of the initial NSP 2000-2005 that, "...the NSP 2007-2011 should strengthen its coordination mechanisms for HIV and Aids initiatives by the policy partners" (RSA, 2007).

As indicated earlier, the national coordination responsibility is a core function of SANAC. SANAC was formed to strengthen political leadership as well as to ensure inclusion of civil society in the overall response to the HIV and Aids pandemic (RSA, 2007). SANAC's coordination responsibility entails ensuring that effective coordination systems are in place at the three spheres of government as well as an engagement of all partners through efficient and open communication channels (Department of Health, 2009). This means that effective sub-structures of SANAC at provincial and local levels are established to carry out the national coordination mandate. It also entails accountability by the NSP 2007-2011 lead agencies, such as the Multi-Sectoral HIV and Aids Units, for successful policy implementation at provincial and local levels (Department of Health, 2009).

However, the NSP 2007-2011 Review Report, revealed that the coordination of HIV and Aids services and programmes is still a challenge in the NSP implementation processes (SANAC, 2011). This key function of coordination is expected to be implemented in conjunction with the monitoring and evaluation element of the NSP 2007-2011 elaborated below.

2.2.5.3 Monitoring and Evaluation

NSP 2007-2011 was developed and implemented, mainly to address the

shortcomings of the initial NSP 2000-2005 (RSA, 2007). Monitoring and evaluation became a key element to ascertain the progress of the NSP 2007-2011 in yielding the expected results towards the achievement of its goals. Rossi et al., (2004) as cited in Fouché (2011:458) argue that programme process evaluation or implementation evaluation entails “a systematic and continual documentation of key aspects of the programme performance that assesses whether it is operating as intended or according to appropriate standards...and that it yields the intended outcomes”.

SANAC was given the authority and a mandate to monitor, control and evaluate the practical operations of the NSP 2007-2011, through its principles and strategies (RSA, 2007). However, the NSP 2007-2011 does not contain guidelines to facilitate this function. This meant that stakeholders had to develop their own measurement tools for HIV and Aids monitoring and evaluation activities, which often resulted in differing standards of application. This shortfall may have impacted negatively on FBOs HIV and Aids service alignment to NSP 2007-2011 and to the entire implementation process of the NSP, by the stakeholders.

One of the questions to be answered in determining the effectiveness of evaluation in the NSP 2007-2011 is to establish whether service delivery and support functions are consistent with programme design specifications and/or other appropriate standards (De Vos, 2005:378; Fouché, 2011:459). The absence of a monitoring and evaluation system, resulted in the NSP 2007-2011 not achieving its goal to reduce HIV new infections by 50% in 2011 (RSA, 2011). In order for the NSP 2007-2011 to achieve its set objectives, the element of effective communications among the stakeholders for policy embracement then became a crucial component in the implementation process.

2.2.5.4 Effective communication

Effective communication is a critical factor for successful implementation of the NSP 2007-2011 (RSA, 2007). It entails established channels or systems through which HIV and Aids information is shared and exchanged on an on-

going basis between and among the NSP 2007-2011 stakeholders. This includes the three spheres of governments and the non-government sector (Department of Health, 2009) and indicates that deliberate efforts are required to promote openness of HIV and Aids communication channels for greater participation by all NSP 2007-2011 stakeholders. From a local government perspective, ward-based HIV and Aids Forums are the recognized communications structures for NSP 2007-2011 roll-out in grassroots communities (EMM Health and Social Development Department, 2011).

It was believed that the nature of the relationship and cooperation between the three spheres of government will promote successful NSP 2007-2011 implementation processes (RSA, 2007). However, good cooperation can only be facilitated through the application of the Intergovernmental Relations Framework (IRF) Act 13 (IRF, 2005), through effective communication systems created between and among the stakeholders. This calls for an increasing understanding and willingness of policy actors to communicate, coordinate and collaborate in service delivery and monitoring of services rendered by the NSP 2007-2011 stakeholders across government departments, civil society and the private sector.

Thus the NSP 2007-2011 stakeholders, led by the national government, needed to find ways for effective communication channels and collaborative working strategies to address the challenges presented by the HIV and Aids pandemic. Given the enormous backlogs in meeting the social and economic needs of the South African population affected by HIV and Aids, collaborative partnerships among the NSP stakeholders necessitated the engagement of HIV and Aids infected and affected households in sustainable development opportunities.

The NSP 2007-2011 implementation depended on the application of all the elements discussed above (see 2.2). However, the NSP 2007-2011 Review Report by SANAC, pointed out a recurring challenge of aligning stakeholders' HIV and Aids initiatives for integrated service delivery (SANAC, 2011). A paradigm shift towards the embracement of a developmental approach is, therefore, needed to facilitate alignment among the NSP 2007-2011

stakeholders in HIV and Aids service delivery, particularly by the FBOs, the stakeholder concerned in this study.

2.3 THE DEVELOPMENTAL APPROACH

The initial NSP 2000-2005 was in line with the developmental approach adopted by the post-apartheid South African government through the introduction of the White Paper for Social Welfare in 1997 (RSA, 1997). The developmental approach to social welfare in South Africa resulted from the Copenhagen Social Development Summit resolutions adopted by world countries in 1995, to help fight, amongst others, poverty and health issues, including the HIV and Aids pandemic (Patel, 2005:28-30). However, there was no evidence supporting the implementation of the developmental approach at grassroots level of both the NSP 2000-2005 and the NSP 2007-2011.

The vision of the White Paper for Social Welfare 1997 advocates facilitation of “the development of human capacity and self-reliance within a caring and enabling socio-economic environment” (RSA, 1997:2), whilst the mission highlights the integrative partnership with all stakeholders to capitalize on the “existing potential...which is equitable, sustainable, accessible, people-centered and developmental” (RSA, 1997:2).

Social development is defined by Midgley (1995:25), as “a process of a planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development”. Social development is, therefore, a theoretical approach that seeks to address both social and economic goals for socio-economic gains of the populace, including HIV and Aids infected and affected households (Patel, 2005). Lombard (2007:30-31) further views social development as an approach of “social welfare service delivery in promoting human development and social development...” and states that a developmental approach to social welfare “challenges social service professionals such as social workers to deliver social services from a developmental perspective...”.

HIV and Aids infected and affected households have rights to socio-economic development, which can be protected and promoted by developmental social welfare service delivery, including HIV and Aids services rendered by the FBOs. According to Patel (2005:283-284), the social developmental approach emphasises partnerships and hence provides a conceptual framework for a partnership between government and civil society such as FBOs, as one of the key NSP 2007-2011 stakeholders in HIV and Aids service delivery. The multi-disciplinary nature of social development “incorporates various sectors such as health, education, economic development, social security and welfare services” (Patel, 2005:206). Therefore, social development is not only a responsibility of just one department but it cuts across all government spheres and many departments (Department of Social Development, 2006a:15).

Patel (2005:29) further elaborates that the social development approach “is embedded in the human rights principle, which promotes social justice, [and it] is a vehicle to address contemporary development challenges caused by the HIV and Aids pandemic”. In the next section, the key themes for developmental social welfare service (Patel, 2005:205) will be analysed in relation to the strategic elements of the NSP 2007-2011. This will be to determine how the NSP 2007-2011 is aligned or could be aligned by the FBOs to render HIV and Aids services from a social developmental perspective.

2.3.1 Rights-based approach

The rights-based approach is founded in the Constitution of the Republic of South Africa 1996 (Patel, 2005:102). In practice, the rights-based approach seeks to ensure human dignity of service users, thus promoting their sense of worth, which is critical for human development. The NSP 2007-2011 is embedded in the human rights principle in that it advocates for the protection of the rights of HIV and Aids infected and affected households.

Lombard (2008:160) argues that the theme of ‘rights-based approach’ is underpinned by the principle of social justice and equity. Access to services such as integrated health care and drug therapy treatment by the HIV infected

individuals is critical for their livelihoods. The NSP 2007-2011 captures this theme as an underlying principle for HIV and Aids initiatives. FBOs' HIV and Aids service delivery from a rights-based approach should not just meet the needs of the vulnerable HIV and Aids infected and affected individuals, but also promote, protect and defend those rights, thus adding value to sustainable socio-economic development (Patel, 2005:156). Therefore, within the context of the key theme of human rights, the NSP 2007-2011 is aligned with a developmental approach.

2.3.2 Economic and social development

In her inauguration speech, Lombard (2006:17) argues that “if the government, in collaboration with its social partners [such as NGOs, including FBOs], wishes to grow a new generation of leaders in South Africa, children affected by HIV and Aids should not only be cared for by providing social grants, but also by granting opportunities to continue schooling and furthering their education to access economic activities that will ensure productive households”.

The interrelation between economic and social services is, therefore, crucial for developmental HIV and Aids service delivery by FBOs. According to Patel (2005:103), the theme affirms that the “welfare of the population will not automatically be enhanced by economic growth only, [but] development must be accompanied by redistribution through social investment in key social sectors that can make a significant contribution to human and social capital development...”.

Embedded in the rights-based approach, challenges of access to socio-economic activities could be effectively addressed for the development of HIV and Aids affected households, in line with the NSP 2007-2011 (RSA, 2007). A developmental approach to NSP 2007-2011 acknowledges the socio-economic context in which the epidemic occurs and the interrelatedness of HIV and Aids with other development concerns, such as poverty and unemployment through the element of coordination of HIV and Aids initiatives by stakeholders.

2.3.3 Democracy and participation

Patel (2005:105) points out that the theme of “democracy and participation in socio-economic development is a key premise of the developmental approach to social welfare”. Democracy and participation implies an engagement of service users in a manner that reflects “human agency and active citizenship, [at the same time] recognising their rights and responsibilities” (Patel, 2005:225). Furthermore, citizen participation in service development promotes accountability (De Vos, Schulze & Patel, 2005:20-21). The NSP 2007-2011 is founded in the principle of democratic participation of citizens of South Africa, in that it accepts that people living with HIV and Aids should be at the center of their development initiatives (RSA, 2007). This implies that people living with HIV and Aids and their families should play an active role in the programmes or services that will add benefit to their lives and their relationships. An example of this theme is the role of citizen participation through TAC groups’ involvement in policy development and other contributive roles they are playing as encouraged in the NSP 2007-2011.

2.3.4 Social development partnerships

According to Patel (2005:107) “meeting of human needs, through the developmental approach, is a national collective responsibility”. In particular, a partnership focus from Patel’s (2005:205) viewpoint is “between the state and the non-state policy actors, including the private sector, individuals, families and communities.” This implies sharing of risks, responsibilities, resources, competencies and benefits among partners (NSP 2007-2011 stakeholders) in a mutually dependent and trustworthy relationship (Patel, 2005:283). The extent of the HIV and Aids pandemic and its impact on development, command a strong stakeholders’ partnership, particularly at grassroots level, where HIV and Aids infected and affected households are located. The role of partnership is captured in the NSP 2007-2011 as the foundation for implementation, through the emphasis on the multi-sector approach to HIV and Aids (RSA, 2007).

2.3.5 Macro-micro divide

According to Patel (2005:206), integrated social development practice, requires bridging the gap between local and national (including global) levels of action. In the context of this study, macro refers to the NSP 2007-2011 established by the national government, whilst micro refers to local HIV and Aids service delivery by the NSP 2007-2011 stakeholders such as the FBOs.

The bridging of the micro-macro divide confirms the relevance of the developmental approach in assisting the NSP 2007-2011 to address the long standing alignment challenges indicated by the Deputy President Kgalema Motlanthe: “It is very evident that the country knows what to do and has the commitment of many stakeholders to do it, but it is the ability to align stakeholders through a cohesive multi sector framework that remains the challenge” (RSA, 2012). Clearly, this was an acknowledgement by the Deputy President that the NSP 2007-2011 has a shortfall of having a clear framework for implementation by the stakeholders.

The developmental approach provides a sound theoretical framework for the implementation of the strategic elements of the NSP 2007-2011 from a macro to a micro perspective. It may, therefore, be concluded that an alignment between the NSP 2007-2011 and the FBOs HIV and Aids service delivery will contribute positively in the fight against the pandemic if service delivery is approached from a developmental perspective.

However, in practice there is a concern that the NSP 2007-2011 stakeholders lack the ability to align their HIV and Aids initiatives (SANAC, 2011). Although FBOs are the frontiers in the fight against HIV and Aids pandemic, the extent to which their services are aligned to the NSP 2007-2011 is unknown. The following discussion will provide an overview of FBOs HIV and Aids services in Ekurhuleni which will include a broad exploration of the alignment with NSP 2007-2011 from a literature perspective. Chapter 3 will present the empirical study’s findings on the alignment. These findings will be compared with the current NSP 2012-2016 to establish whether indeed the current NSP document,

through a cohesive multi sector approach has closed the long standing gaps of alignment of HIV and Aids initiatives by the policy stakeholders.

2.4 OVERVIEW OF FBOs HIV AND AIDS SERVICES

Ekurhuleni Metropolitan Municipality (EMM) is reported to have the highest number of its community members registered to Christian religious churches who are affiliated to both the South African Council of Churches (SACC) and the Ekurhuleni Religious Forum (ERF) (EMM Health and Social Development, 2011). These FBOs include places of worship in various structural and non-structural forms such as formally built structures as well as the informal community halls and tents. All these places of worship have executive and non-executive management committees overseeing the day to day business of FBO functions. The FBOs are well placed to deal with many of the complexities presented by HIV and Aids in South African society. FBOs hold much credibility with communities because of presence at grassroots level; involvement with the people at every aspect of their lives and for the multitude of HIV and Aids services they render (SACC, 2010).

As argued by Patel and Wilson (2003) cited in Patel (2005) “the non-profit sector by civil society plays a pivotal role in providing welfare services and in delivering community-based development services and programmes.” The most significant aspect of the FBO sector is their potential for disease prevention through behavioral change. FBOs’ services are often prescribed by religious beliefs and Biblical and scriptural values that promote the building of individual church members’ character. Examples are the promotion of abstinence and delayed sexual activity until in marriage, and keeping stable relationships which are crucial in the prevention of HIV and Aids. Although this prevention strategy is practiced by FBOs across Christian churches, the level of NSP 2007-2011 influence for its application for HIV and Aids service alignment is unknown.

2.4.1 FBOs alignment with the NSP 2007-2011

In this study, alignment refers to an arrangement or joining of the FBOs HIV and

Aids programmes and services with the NSP 2007-2011 requirements in order to achieve the NSP 2007-2011 objectives. This also means that FBOs' HIV and Aids service delivery must shift towards an integrated and developmental approach to achieve the aim of the country to reduce the spread of new HIV infections as well as addressing the ripple effect of the HIV and Aids pandemic on socio-economic development of the infected and affected population (RSA, 2007).

In the earlier discussion on NSP 2007-2011 analysis (see 2.2), government spheres were identified as the NSP 2007-2011 lead agencies to facilitate implementation. This implies that, in Ekurhuleni, FBOs' HIV and Aids service alignment with the NSP 2007-2011, depends on the local and provincial governments' leadership and support for the necessary resources to implement the NSP 2007-2011 in an appropriate manner.

EMM government's response to the HIV and Aids pandemic is informed and guided by the Integrated Development Plan (IDP), a process through which EMM prepares a strategic development plan for a five year period (EMM Integrated Development Programme, 2007). This document is intended to be a planning instrument for integration and coordination of service delivery at the local level between the different spheres of governments in partnership with civil society sector, including FBOs HIV and Aids services (EMM Integrated Development Programme, 2007).

As pointed out by the White Paper on Local Government (RSA,1998), "Through the IDP instrument, service delivery by all spheres of government comes together in a focal point of coordination and alignment at local level". It is also at this level where the NSP 2007-2011 strategic partnerships for HIV and Aids service alignment, is significant. This means that budgetary operational plans for implementation of policies (through integrated HIV and Aids service delivery), such as the NSP 2007-2011, are discussed and agreed upon to ensure implementation. In turn, this implies ensuring availability of funding support by government departments for HIV and Aids service delivery by the NSP 2007-2011 stakeholders such as the FBOs. Development of policies,

strategic and operational plans, therefore, becomes critical for FBOs HIV and Aids service alignment to NSP 2007-2011.

2.4.1.1 FBOs HIV and Aids policies and operational strategies

Patel (2005:318) points out that “FBOs are a larger player than the public sector in service delivery because of their knowledge, infrastructure, skills and experience to partner with governments.” FBOs, as key NSP 2007-2011 stakeholder, are obliged by the requirements and obligations of the NSP 2007-2011 which, in the main, is to develop their own HIV and Aids specific service programs’ policies, strategic and operational plans, including monitoring and evaluation plans. However, it is revealed that most FBOs in EMM do not know about the NSP 2007-2011, neither do they have policies specific to their HIV and Aids projects/programs, despite the funding received from the provincial Health and Social Development Departments (ERF Annual Report, 2011a). Based on this finding, FBOs’ HIV and Aids service delivery may not be specifically guided by HIV and Aids policies and strategic plans, as per NSP 2007-2011 roll-out expectations, through its principle of the multi-sector approach (RSA, 2007). This implies social development partnership for effective communication between local government and the FBOs may not exist. In turn, this implies that the EMM Multi-sector HIV and Aids Unit may not be fulfilling its obligation to establish and maintain the required interaction and partnership to facilitate appropriate NSP 2007-2011 implementation.

On the other hand, a contradictory study finding by the South African Council of Churches on FBOs’ responses to HIV and Aids, is that “FBOs develop own policies for HIV and Aids services, although these policies and programmes may not be translated into plans of actions” (SACC, 2005:80). This implies that there are gaps between what should happen and what is actually happening in the area of HIV and Aids service delivery by the FBOs. Furthermore, it is debatable as whether FBOs HIV and Aids services are delivered from the developmental approach, which is associated with the elements of the NSP.

However, despite contradictions in the findings, both reports imply that FBOs

HIV and Aids policies may not be implemented as per HIV and Aids policy directives. Such discrepancies suggest that FBOs service delivery is questionable with regards to being aligned with the NSP 2007-2011. In keeping with the study's goal to investigate the FBOs HIV and Aids service alignment with the NSP 2007-2011, it is, therefore, crucial for this chapter to explore from a literature review perspective, how FBOs translate organisational policies and strategies into HIV and Aids services.

2.4.1.2 FBO services

In terms of HIV and Aids service delivery, FBOs in EMM cover a wide range of services targeted to all age groups across gender and race. These services include life skills, day care for the orphaned and vulnerable children (OVC); hospice service; palliative care; spiritual counseling and support; home-based care; Ante Retroviral Treatment (ARVs) therapy provision; provision of shelter for the frail and those without family support; peer counseling programmes; provision of burial service rituals as well as food security (SACC, 2010). In particular for the OVC, FBOs are at the coal-face of HIV and Aids impact and are the NSP 2007-2011 key drivers of the physical and mental health services such as primary health care, psychosocial support, and permanency plan through the funding subsidy support from government (Department of Social Development, 2010).

The FBO sector in Ekurhuleni pledged their commitment to save the lives of the HIV and Aids infected and to support the affected households (ERF Annual Report, 2011a). This means that they are making a concerted effort to strengthen government's hand in addressing the HIV and Aids pandemic. However, in some community areas, FBOs' responses have been muted and activities are limited to simple prevention messages on World AIDS Day whilst they are expected to have developed service programmes with systems and resources in place to deliver those programs in a developmental manner to meet the NSP 2007-2011 obligations.

According to the Department of Health (2009:15), FBOs embraced the NSP

2007-2011 at the highest level, and are mandated with its obligations for operations at grassroots, to deliver HIV and Aids services. However, evidence of such coalition is limited at grass root levels. This may be attributed to poor communication or/and lack of communication structures to allow mutual flow of information. FBOs in EMM are meant to be a critical partner adopted by the local government. In particular, the Multi-sector HIV and Aids strategy of the HIV and Aids Unit was approved by the EMM in 2004 to provide direction and to facilitate coordination of departments and the civil society sector to jointly respond to the HIV and Aids pandemic, in a collaborative and developmental manner (EMM Multi-sectoral HIV and Aids Unit, 2006).

However, there is limited evidence of this collaboration with the FBOs (ERF Executive Minutes, 2011b). Partnerships concern was captured by the Director of the Provincial Multi-Sector AIDS Unit (MSAU) Dr. Liz Floyd during the 2009 HIV and Aids Indaba held in Ekurhuleni, when she said "...my Department relies on Municipalities to coordinate the NSP programme" (EMM Indaba Report, 2009a:3). However, the lack of coordination of HIV and Aids services and programmes by the EMM Multi-sector HIV and Aids Unit and the NSP 2007-2011 stakeholders, including FBOs, implies an absence of collaborative partnerships. This in turn, suggests that FBOs HIV and Aids services may not be in alignment with the NSP 2007-2011.

For FBOs HIV and Aids service implementation plans to be effective they must be backed up by clear and compelling support from the State. In the context of this study, the EMM Multi-sectoral HIV and Aids Unit, as the lead agent for the NSP 2007-2011, is expected to be guided by the document in supporting its associated partners. This may entail a need for the development of a service level agreement, with clear operational norms and standards between EMM and the FBOs to ensure integrated HIV and Aids service delivery that is aligned with the NSP 2007-2011.

Although Lombard (2008:166) maintains that "significant progress has been made with the development of norms and standards for developmental social services and identifications of roles and responsibilities of all spheres of

government and civil society”, there is still a huge lack of certain requirements such as strategies of strengthening an effective communication and understanding to promote cohesive partnerships for alignment of FBOs HIV and Aids service delivery with the NSP 2007-2011.

As was pointed out by Barbara Hogan, in her ministerial speech in 2009 that, “South Africa has come a long way in responding to the HIV and Aids pandemic, but still falling short of what is possible and has lacked progress that has been made by its neighbors and other countries of a similar economic standing” (RSA Ministerial Speech, 2009). South Africa appears to have lapsed in the area of aligning the NSP 2007-2011 stakeholders’ initiatives in the fight against HIV and Aids pandemic. This has negatively affected the country’s development agenda to achieve both social development goals and the MDGs, despite the NSP 2007-2011 multi-sector approach discussed earlier (see 2.2.4). Many questions may be asked as to why the NSP 2007-2011 has been unable to close the long standing gaps in its implementation. The answer may lie in an interrogation of the alignment between the documents and the actual practice by the related stakeholders.

In conclusion, literature suggests that FBOs are experiencing challenges in fulfilling the mandate of the NSP 2007-2011 to develop their own specific HIV and Aids policies and operational strategies, aimed at achieving delivery of HIV and Aids services that are in alignment with the NSP 2007-2011. These obstacles appeared to be occurring at both conceptual and practical levels of the NSP 2007-2011 implementation processes. This detriment experienced by FBOs is mostly attributed to the lack of a unified and consistent multi-sectorial approach to HIV and Aids. Without local government’s commitment to an integrated partnership with the FBOs, it will be difficult for the NSP 2007-2011, and the subsequent NSP 2012-2016, to achieve the set objectives as well as the MDGs by 2015 (UNDP, 2004).

However, as indicated in section 2.3 specific organising themes may be required to foster alignment of FBOs HIV and Aids services with the NSP 2007-2011 within the developmental approach—thereby providing a framework for the

NSP 2007-2011 and subsequent NSP implementation by the FBOs.

2.5 CONCLUSION

This chapter presented an analysis of the NSP 2007-2011 to determine whether its elements are developmental in order to guide FBOs HIV and Aids service delivery alignment to the NSP 2007-2011 policy. The chapter further explored relevance of the developmental approach in bringing alignment between FBOs HIV and Aids services and the NSP 2007-2011. An examination of the organising themes for developmental social welfare (Patel, 2005) revealed that the application of the NSP 2007-2011 elements from a developmental approach can contribute towards the alignment of FBOs HIV and Aids services to the NSP 2007-2011. Furthermore, the chapter identified the benefits of these themes to the NSP 2007-2011 and future NSP implementation in order to curb the impact of HIV and Aids faced by the country.

The following Chapter 3 outlines research methodology and presents study findings.

CHAPTER 3: EMPIRICAL STUDY AND RESEARCH FINDINGS

3.1 INTRODUCTION

This chapter focuses on the research process and methodology, the ethical aspects pertaining to the study, empirical study and the research findings. The goal of the study was to investigate the alignment of Faith-Based Organisations (FBOs) HIV and Aids services with the National Strategic Plan (NSP) 2007-2011 in the Ekurhuleni Metropolitan Municipality (EMM). The study was guided by the following two research questions:

- What are the elements required for the FBOs HIV and Aids services to be in alignment with the NSP 2007-2011 in EMM?
- To what extent are the FBOs HIV and Aids services in alignment with the NSP 2007-2011 in EMM?

The chapter will first present the research methodology utilised during the study followed by a discussion of the relevant ethical aspects to the study. Next will be a presentation and discussion of the empirical findings.

3.2 RESEARCH METHODOLOGY

Babbie and Mouton (2001:75) contend that research methodology “focuses on the research process and the kind of tools and procedures that are to be used”.

3.2.1 Research approach

The researcher adopted a qualitative approach to the study “to develop better understanding of complex phenomena from different points of view and to use this material to throw light on interaction between people and systems” (Corby, 2006:151). According to Fouché and Delport (2011:65) this approach “elicits participant accounts of meaning, experience or conceptions and produces descriptive data in the participant’s own spoken words...”. The participants in the study under discussion were requested to discuss their perceptions, observations and experiences regarding their respective FBOs HIV and Aids

Projects' policies and implementation strategies. A qualitative method was chosen over the quantitative approach because it represents the meanings of the participants (Lincoln & Guba, 1999; Creswell & Miller, 2000; Johnson & Waterfield, 2004).

In particular, participants were asked to indicate their views regarding HIV and Aids service alignment with the NSP 2007-2011. Rubin & Babbie (2011:449-451) point out that the qualitative approach allows the researcher "to view and experience the situation from the perspective of the people [participants] themselves" (Monette, Sullivan & De Jong, 2010:225). Other strengths of the qualitative approach that relate to this study is the depth of understanding information generated from the results, the flexibility of allowing modification of the study design as well as the cost-effectiveness regarding issues of time and money spent (Greeff, 2011:374).

3.2.2 Type of research

The researcher utilised applied research for this study. As argued by Neuman (2000:24), the study yielded the "required information needed to solve practical social issues in health and social welfare developmental practice". The problem is of a practical nature since FBOs are challenged in practice, to align their HIV and Aids service delivery with the NSP 2007-2011. The research findings could therefore be utilised by governments (all spheres), the FBOs and other civil society organisations to facilitate an improved alignment of HIV and Aids service delivery with the NSP 2007-2011, which could benefit the infected and affected households.

3.2.3 Research design

Rugg and Petre (2007:62) define research design as "something you use to answer the research question, rather than something that exists in splendid isolation". In accordance with a qualitative approach, a case study design, specifically a collective case study, was used as a research strategy. A case study is defined by Creswell (2009:181) as "an exploration or in-depth analysis

of a bounded system, or a single or multiple cases over a period of time”. Fouché and Schurink (2011:321) indicate that “the case being studied may refer to a process, activity, event programme, individual or multiple individuals”. In this study, a case included the FBOs of Christian religion groups, whose views were sought regarding the nature of their HIV and Aids services as well as the extent to which those services are in alignment with the NSP 2007-2011.

3.2.4 Research population, sample and sampling method

3.2.4.1 Population

Ekurhuleni is a geographical area, located in the East of the Gauteng province. It comprises of three (3) regions, namely, north, south and east, which constituted the study population of FBOs. The number of FBOs in each region, and the individual sizes of these FBOs vary from region to region. According to Rubin and Babbie (2011:626) the research population is informally defined as “the group of collection that a researcher is interested in generalising about, and formally defined as the theoretically specified aggregation of study elements”. In this study, the population was twenty three (23) government-funded Christian based FBOs rendering HIV and Aids service and affiliated to the Ekurhuleni Religious Forum (ERF) as well as to the South African Council of Churches (SACC).

The selection of government funded FBOs was based on their obligations to align HIV and Aids service delivery with the NSP 2007-2011. Christian-based FBOs were targeted as they constitute a larger percentage of the religious groups in Ekurhuleni (Department of Local Government, 2010). This target population included the entire subjects the researcher was interested in (Polit and Beck, 2008:337) and, therefore, formed the sampling frame for the study sample (McBurney, 2001:248).

3.2.4.2 Sample and sampling method

The study sample comprised of twelve (12) HIV and Aids Project coordinators/managers who were directly involved in the strategic planning and monitoring of

FBOs' service delivery in Ekurhuleni. Brueggermann (2006:56) describes sampling as a method of "taking a small representative part of the population for the purpose of drawing inferences from the analysis of the sample characteristics to the population as the whole". The process of sampling leads to the sample, which is represented as "a small portion of the total set of objects, events or persons which together comprised the subjects of study" (Strydom, 2005:193-194; Strydom, 2011a:223).

The researcher used a non-probability sampling method (Strydom, 2011a:231) and purposively selected twelve (12) participants from the FBO population. Purposive sampling is defined by Burns and Grove (2005:352) as "a process whereby the researcher consciously selects specific and critical participants who have rich information about a phenomenon". As argued by Silverman (2005:129), "Purposive sampling allows us to choose a case because it illustrates some feature or process in which we are interested in". This type of sampling helped the researcher to ensure that participants were representative as indicated in the sampling selection criteria of the study, mentioned below.

Based on the judgment of the researcher, the following criteria, composed of elements that contained the most characteristics representative or typical attributes of the FBO population, were used by the study (Rubin and Babbie, 2010:247; Strydom and Delport, 2011:392), namely:

- FBOs with a minimum of three years of experience in the field of HIV and Aids and who employed HIV and Aids coordinators/managers.
- Four (4) coordinators/managers from each region in EMM (north, south and east).
- FBOs that employed coordinators/managers with a minimum of three years of experience as HIV and Aids coordinators/managers.
- Male and female coordinators/managers.

3.2.5 Data collection method

In accordance with a qualitative research approach, data was collected by engaging the participants in two separate focus group interviews. Barbour (2008:2) argues that “a focus group discussion is an approach that is relying on generating and analysing interaction between participants, rather than asking the same question to each group participant”. Greeff (2011:362) defines a focus group interview as “a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive non-threatening environment”.

The researcher made use of the EMM conference rooms in Germiston and Benoni respectively, to conduct the two focus groups interviews. Two participants from each of the three regions were selected for each of the two focus groups, totally six participants per group. However, in the first focus group only one participant from each region turned up for the interview, making a total of three. The researcher attempted to recruit an additional three participants in the second group to make up for the deficit in the first interview. But only two participants from each region came to the interviews. Hence the overall total of participants was nine instead of the arranged twelve. The reasons for non-attendance of the three participants were as follows:

- One participant reported that her house keeper did not turn up for work and she had to stay home, as there were builders renovating her house at the time.
- The other two participants reported that they were late for the transport arranged to bring them to the venue in Germiston.

A semi-structured interview schedule was used to facilitate the focus group discussions (see Addendum A attached). The interview schedule consisted of carefully formulated and sequenced questions based on the goal and objectives of the study in order to gain detailed responses on each question (Greeff, 2011:364-365). The researcher ensured that participants were at ease prior to the implementation of the study by explaining the process to be followed.

Participants were also given an explanation for the need to voice record the interviews and their written permission was obtained.

Although the participants were conversant with the English language as the medium of communication, it was agreed that African languages will be used interchangeably with English language to enhance data collection. The researcher was well versed in the culture of the participants and when in doubt, clarifications were sought to avoid misinterpretations and misunderstandings.

The co-facilitator, a social worker with extensive experience as a manager in both social work practice and research, was engaged and assisted with data capturing by taking additional field notes during the interviews. Field notes are described as “written account of the things the researcher hears, sees, experiences and thinks about in the course of interviewing” (Greeff, 2011:359). Thoughts on observations were discussed between the researcher and the co-facilitator following the interviews and were recorded manually to add value to the data collected.

3.2.6 Data analysis

Qualitative data analysis is defined by Rubin and Babbie (2011:627) as “the non-numerical examination and interpretation of observations, for the purpose of discovering underlying meanings and patterns of relationships”. In this study, focus group interviews formed the basis of the analysis process. The researcher was guided by the analytic spiral data analysis steps of Creswell (2009) and the process of Marshall and Rossman (1999) cited in Schurink, Fouché and De Vos (2011:403), namely: a planned recording of data; gathering of data; data arranging; reading and writing of memos; sorting of data in categories; identifying themes and patterns; data coding; analysing the thoughts that emerged; exploring alternative explanations and writing a report.

As stated by Grinnell, Williams and Unrau (2012:360) this type of “analysis is usually a back-and-forth sort of process”. In other words it is, as described by Creswell (2009:190-192), a type of “spiral pattern”. In the context of this study,

the researcher adopted the analytical spiral steps of Creswell as follows:

- Planning for the recording of data

The researcher ensured that planning in a systemic manner was conducted prior to the collection of data. Preparations included an anticipation of possible prohibiting factors in the research, developing a system to record and to retrieve data in an orderly manner.

- Data collection and preliminary analysis

This step consisted of two parts, namely, the analysis of data through the collection phase on site and off site. Data collection and analysis were conducted and examined separately in an interactive manner. The recorded interviews were transcribed by the researcher in order to capture every word said during the focus group discussions (Schurink et al., 2011:419). Notations were made for easy reference in the process, by both the researcher and the co-facilitator. The researcher and the co-facilitator compared field notes and clarified views immediately after the interviews.

- Management of data

Audio recordings, field notes, consent forms and registers were filed in dividers in an arch lever file at the end of each focus group interview (Schurink et al., 2011:419). All transcripts and notes were kept in a lockable filing cabinet as well as filed on the researcher's personal computer hard-drive and on a memory stick.

- Reading and writing memos

After all the interview responses were transcribed, the researcher read the data repetitively to familiarise with its contents. Ideas that emerged from data analysis were immediately recorded in a memo format alongside the transcript and notes (Schurink et al., 2011:409).

- Generating categories and coding the data

Themes emerged from the response statements and phrases as the researcher continually read data. Creswell (2009:192) maintains that “after themes have been identified, the pattern set between the themes should be interpreted or challenged in order to find an explanation for any linkages”. Meanings were attached to the data received. Selective coding was applied where naming of core categories and themes were described to which the data were linked. The researcher also added her understanding of the data collected.

- Testing the emergent understandings and searching for alternative explanations

The researcher examined the knowledge that arose from the data, in line with the research questions, goal, objectives and the trends arising from the study to establish value. The emergent understandings had to be critically challenged by the researcher through careful deep thought processes and discussions with the co-facilitator.

- Presenting the report

Data was made accessible in a report format for this dissertation. The addition of graphs and tables to illustrate study findings were developed to create a visual impact of the narrated report. Relations among the categories of information presented were reported as well. This step is rated as “the primary mode for reporting the results of the research” (Schurink et al., 2011:419).

3.2.7 Trustworthiness of data

Trustworthiness is defined by Rubin and Babbie (2011:451) as “the prime focus in evaluating the rigor of a qualitative study”. The study was assessed for trustworthiness by the application of four associated criteria, namely credibility, transferability, dependability and conformability, as articulated by Lincoln and

Guba (1985) and Guba and Lincoln (1994) (cited in Brymna et al., 2009:132-134). The researcher attended to these criteria as follows:

- Credibility

The researcher took time to become familiar with the FBOs by attending their ERF Executive Meetings in Germiston. These meetings afforded the researcher an opportunity to identify and interact with the gatekeepers of the targeted population sample. Credibility was achieved through the verification of the participants' responses to ensure that the interviewing notes were recorded accurately. Schurink et al., (2011:420) propose that "The researcher asks if there is a match between the research participants' views and the researcher's reconstruction and representation of them". However, as indicated in the limitations of the study (see 1.6) the richness of the data may have been compromised by the fact that three participants did not turn up for the focus group.

- Transferability

The experiences and views of the participants were reported as received, without making assumptions and generalisations (Lietz, Langer & Furman, 2006:441), emphasising that the participants' voices were heard by means of verbatim quotations. The strategic choice of observing more than one focus group strengthened the researcher's study's "usefulness for other settings" (Schurink et al., 2011:420).

- Dependability

The researcher ensured that detailed records were maintained at all phases of the study to enable the study to be replicated. In other words "an auditing approach" was adopted as proposed by Lincoln and Guba

(1985) (in Bryman, Teervan & Bell, 2009:133).

- Conformability

Conformability was established by the researcher by acting in “good faith” and in accordance with social research and the professional ethical values of social work (Bryman et al., 2009:133).

3.2.8 Pilot study

Strydom (2011b:237) defines the pilot study as “the dress rehearsal of the main investigation but on a small scale”. It thus contains all the elements of the main investigation but serves as a testing of the data collecting method. According to Strydom (2011c:331) the pilot study in qualitative research is usually informal and includes a few respondents, possessing the same characteristics as those of the main investigation.

The pilot study was conducted exactly as the planned main study. Three participants, one from each region in EMM, were interviewed in a focus group set-up in a similar venue. These participants were excluded from the main study and their inputs allowed the researcher to gain additional information in the testing phase of the study. The purpose of a pilot study was to investigate the feasibility of the main study as well as to test the strength of the interview schedule (Strydom, 2011b:247). The pilot study generated the following concerns, which were addressed in the final interview schedule for the main study:

- Some of the questions appeared to produce similar answers and had to be rephrased and re-arranged to give flow into the focus group discussions.
- There was an addition of question 10 in the final interview schedule, to gauge an idea of the FBOs’ resource capacity.
- The voice recorder was placed closer to the participants’ voices during the focus group interview to yield a clear quality sound.

In summary, the researcher learnt from the pilot study how to organise and capture the data in an efficient manner. The pilot study guided the researcher in determining the length of the interviews in the main study, and whether the criteria for the recruitment of the participants as well as the approach for the facilitation of the discussion phase were well defined. The implementation of the pilot study was valuable as it investigated the practicality of the main study and suggested relevant adjustments to the interview schedule guide, prior to the implementation with the study. Lessons learnt were adopted in the main study and addressed the challenges experienced during the pilot study.

3.2.9 Ethical aspects

The study was ethically cleared by the University of Pretoria (see Addendum B), as well as the Ekurhuleni Research Ethics Committee (see Addendum C) and the Ekurhuleni Religious Forum (see Addendum D). The study adhered to the ethical principles of the research, which are defined by Strydom (2011d:115) as “a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offer rules and behavioural expectations about the most correct conduct towards experimental subjects and participants, employees, sponsors, other researchers, assistants and students”. The following ethical aspects were applied in the study conducted:

- Informed consent

Informed consent is regarded as voluntary participation and all participants should consent to their participation in the research, without any coercion (Neuman, 2006:124). The emphasis is on the provision of accurate and complete information about the study (Strydom 2011d:117). The researcher conducted an individual participant briefing when recruiting the study’s participants. This process entailed the researcher explaining the consent form to the participants, thus preparing the participants and ensuring that these ethical issues are understood long before the study began.

The researcher obtained permission from the participants to utilise the voice recording device. The participants were requested to sign consent forms as confirmation that they were not forced and/or misled to participate in the researcher's study and that they did so voluntarily and knew that they had the right to withdraw their participation (see Addendum E).

- Deception of participants

Deception refers to the intention of misleading the participants by way of written or verbal instructions, the actions of other people, or certain aspects of the setting (Neuman, 2003:229). The researcher addressed this ethical consideration in the recruitment phase and ensured that the participants fully understood the dynamics of the research process. The researcher did not create any false impressions about the benefits of the research for the participants or their FBOs and she cleared any false expectations such as participants receiving incentives for participation in the study.

- Violation of privacy/confidentiality/anonymity

Strydom (2011d:119) views confidentiality as “an agreement between persons that limits others’ access to private information”, and privacy as “that which normally is not intended for others to observe or analyse”. The researcher secured private venues for the interviews by pre-booking the spacious conference rooms/boardrooms at EMM offices in Germiston and Benoni to address the aspect of privacy. In respect of confidentiality, the participants were informed at the recruitment phase that confidentiality was to be restricted to the researcher, co-facilitator and the university supervisor. Both researcher and the co-facilitator, who assisted with observations and other practical aspects during the focus groups, signed the informed consent letter, to ensure confidentiality (see Addendum E).

The researcher impressed upon the members of the focus group that

information shared must remain within the group. This, however, depended on the cooperation and integrity of the focus group members. The researcher treated the participants' information with sensitivity and respect and encouraged the members of the focus group(s) to do the same by reminding them of the importance of mutual respect. The personal identities of the participants are not disclosed in this research report.

- Action and competence of researcher

The researcher successfully completed the research module (MWT 864), prior to the implementation of the reported study, which prepared her adequately in the basic requirements of her study conduct. The researcher acted competently and adequately in undertaking the study as she was well prepared to handle all aspects related to the research in a sensitive manner (Strydom, 2011d:123). The researcher, was aware of every step and action of the research process in particular, she ensured that no value judgments or/and any biases were made under any circumstances whatsoever on the diverse cultural aspects of the FBOs' groupings investigated.

- Release or publications of the findings

Gravetter and Forzano (2003), as cited in Strydom, (2011d:126), state that ethical aspects "are crucial in any research as the researcher has a responsibility to both the participants and the science of a relevant discipline to be precise and truthful when writing the research report". This Research Report, submitted to the University of Pretoria, was compiled in an accurate and objective manner. The findings of the study will be presented to Ekurhuleni District Health Annual Research Conference, which is mainly attended by both EMM and Provincial governments' Departments, including the NGOs and the FBO sector in Ekurhuleni.

- Debriefing of participants

The researcher facilitated a debriefing session with the participants, regarding their feelings about the study. She did not identify any need for further referrals for professional consultation following the focus group interviews as proposed by (Strydom, 2011d:122).

3.3 RESEARCH FINDINGS

A total of nine study respondents participated in two focus group interviews. These participants were responsible for the rendering of HIV and Aids services in the previously disadvantaged communities of EMM, where the impact of the virus is huge. The biographical information of the focus groups' participants and their respective FBOs will be presented in tables, figures and narrative format. The findings from the focus group interviews will be discussed by means of identified themes and sub-themes.

3.3.1 Biographical data

In this section the research findings of the empirical study are presented. Table 3.1 presents a summary of the FBOs focus groups' participants, their gender, race, age, level of qualification, position in the FBO, years of experience in HIV and Aids services delivery and the EMM regional locations.

Table 3.1: Demographic information of the participants

Region	Number
North	3
East	3
South	3
Gender	
Male	2
Female	7
Age (years)	
20-30	2
31-40	4
41-50	2
>50	1
Level of education	
Primary	-
Secondary	6
Tertiary	3
Position in FBO	
Coordinator	5
Manager	4
Years of experience	
<5 years	2
5-10 years	6
>10 years	1

Table 3.1 indicates that in each region, three (3) participants were selected for the focus group discussions. Most (7) of the respondents were female and were older than 30 years. Five (5) of the participants were coordinators and six (6) of all the participants had 5-10 years working experience.

The findings indicate that there is no specific requirement amongst the participated FBOs on qualification levels for appointing HIV and Aids Projects'

coordinators or managers. There were six (6) participants with secondary education; one had grade eleven as the highest qualification, while five (5) had obtained grade twelve plus post-matric qualifications, that is, certificates in social auxiliary work, business management and project management. Three (3) participants had a tertiary qualification (computer and administration diploma, human resource management diploma and a degree in social work). The participant without any form of tertiary qualification was experienced in the field of HIV and Aids through years of working with people living with HIV and Aids.

3.3.1.1 Location and existence of participating FBOs

The nine HIV and Aids project managers/coordinators, who participated in the focus groups, represented nine FBOs. For confidentiality purposes, FBOs real names are replaced with pseudo names. The FBOs provided important resources in terms of infrastructure and the context from which HIV and Aids services are planned, implemented, monitored and evaluated, in order to meet the alignment requirements of the NSP 2007-2011. Table 3.2 below provides a summary of the regional location of the FBO projects within EMM and the number of years that the respective FBOs have existed.

Table 3.2: FBOs location of HIV/Aids projects and years in existence

NO	FBOs	REGIONAL LOCATION	YEARS IN EXISTENCE
1.	FBO-SM	East	10 years
2.	FBO-CM	East	12 years
3.	FBO-SF	South	12 years
4.	FBO-EM	North	4 years
5.	FBO-TH	North	15 years
6.	FBO-BM	East	12 years
7.	FBO-RM	South	15 years
8.	FBO-AH	North	10 years
9.	FBO-CG	South	8 years

Table 3.2 indicates that the participated FBOs have been working in the HIV and Aids field for a minimum of 4 years and a maximum of 15 years, with an average of 7 years. The participated FBOs clearly have vast experience in the fight against HIV and Aids. This finding is in line with the World Health Organisation's Report of 2010, which stated that FBOs play a significant role in HIV and Aids care and treatment in sub-Saharan Africa (WHO, 2010:6).

3.3.1.2 FBO services

The nine FBOs participated in the study operate as non-profit organisations and/or projects in EMM communities. They work independently as FBOs and not for organisations. As required by the study, they were all of Christian denomination and render a number of social development related services in addition to HIV and Aids specific services. Some of these services included: (1) making information available on HIV prevention and management through scriptural preaching; (2) helping the congregation to become involved in church activities; (3) training of church leaders in basic counselling skills; (4) conducting ceremonial rituals such as funerals, baptisms, wedding celebrations, and the unveiling of tombstones.

FBOs are also engaged in providing support services in their operational areas, other than the HIV and Aids specific services, for which they are funded by government. FBOs HIV and Aids services in particular, comprises of basic life and computer skills training to orphaned and vulnerable children (OVCs), including youth in and youth out of school; provision of Ante Retroviral Treatment (ARVs) drug therapy; drop-in centres for support and after care including homework supervision and providing nutritional meals; hospice services for the terminally ill; HIV pre- and post-test counselling and testing; psychosocial support, for example, counselling to orphaned children, families and care workers; home-based care; provision of shelter for the destitute and frail without family support and training on peer counselling and life skills.

Figure 3.1 below presents a summary of the various types of HIV and Aids services rendered by FBOs in the communities of EMM. Types of services rendered by the FBOs vary according to the target group’s focus and their foundational aims for service delivery. The figure indicates a percentage distribution of these services including unspecified services indicated as ‘other’.

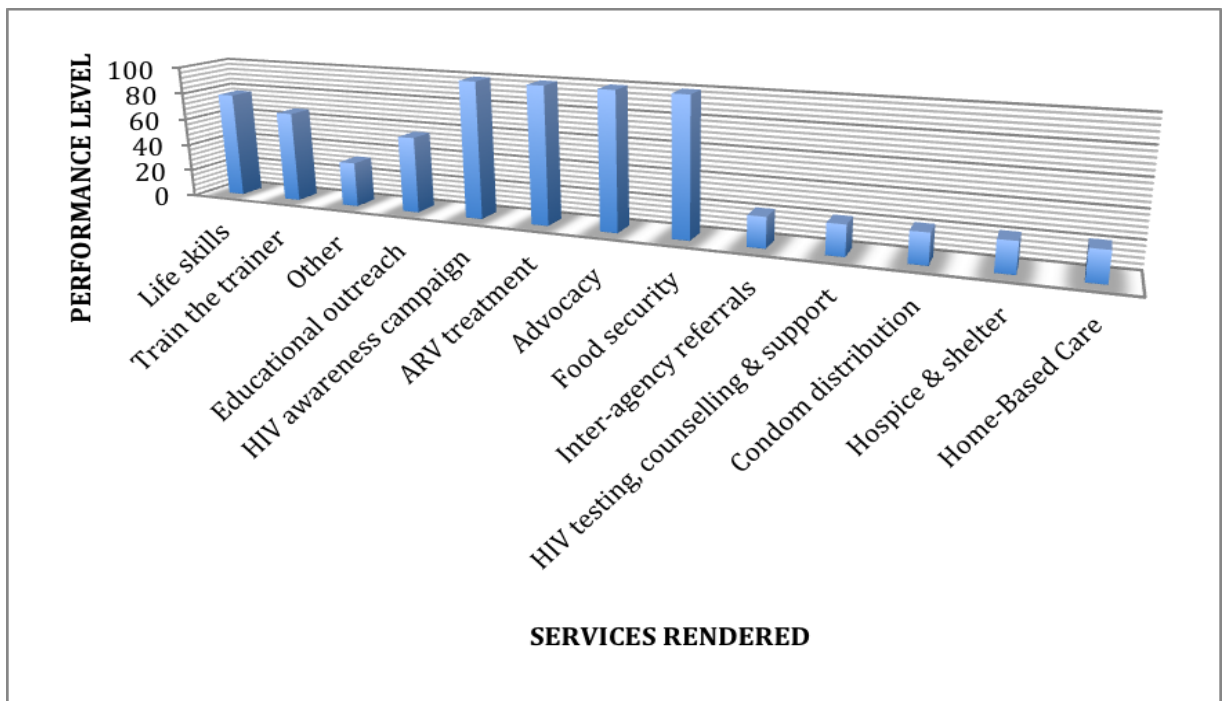


Figure 3.1 Types of HIV and Aids services rendered by FBOs

Figure 3.1 indicates that HIV and Aids awareness campaigns, advocacy, ARV drug therapy treatment and food security services are provided by all the FBOs. Life skills services are offered by seven FBOs; train the trainer services are provided by six FBOs, and educational outreach services are being rendered by five FBOs. Services of inter-agency referrals; HIV testing/counselling/support; condom distribution; hospice/shelter and home care, are provided by two FBOs. Three FBOs indicated that they offer other services which were not specified.

The figure shows a lesser number of FBOs engaged in services involving condom distribution activities. This finding is in line with the importance placed on Christian values, with regards to the promotion of abstinence and delayed sexual activity until in marriage, the maintaining of stable relationships, which are crucial in the prevention of HIV infection (SACC, 2010). Furthermore, Figure 3.1 indicates that higher percentages of FBOs service delivery focus on the management of the disease, while most FBOs show neglect on the grassroots and fundamental prevention services, such as HIV testing, condom distribution and inter-agency referral.

3.3.1.3 FBOs resource capacity

The capacity of FBOs resources is crucial for the successful implementation of their HIV and Aids services in order to be aligned with the NSP 2007-2011. Table 3.3 below depicts a summary of FBOs human, physical and financial resource capacity for HIV and Aids Projects' implementation.

Table 3.3: FBOs resource capacity to implement HIV/Aids projects

QUESTIONS		RESPONSES	
		Yes	No
1. Do you have adequate physical resources?		2	7
2. Do you have adequate human resources?		4	5
3. Do you have adequate financial resources?		0	9
NUMBER OF VEHICLES AVAILABLE	CARS	NUMBER OF FBOs	
	1	1	
	2	2	
	3	4	
	4	2	
NUMBER OF PAID STAFF PER FBOs			
Staff		FBOs	
≤ 5		2	
6 – 10		6	
>10		1	
Number of volunteers			
Volunteers		FBOs	
≤3		5	
>3		4	

Table 3.3 indicates a limited range of resource capacity for the FBOs to sufficiently meet the challenges presented by HIV and Aids and its effect on EMM communities. FBOs resource capacity ranges from movable and non-movable physical resources to human and capital resources. Seven out of nine reported to have no adequate physical resource capacity, namely, owned structured buildings for operational activities, office equipment, play grounds and toys for OVCs. The number of paid personnel ranged from five to 12. Amongst this range, two FBOs had less than five paid staff. Only one FBO reported 12 paid personnel, while six FBOs had six to ten paid personnel. All FBOs use volunteers to complement the paid staff members to ensure continued service delivery.

Table 3.3 further shows that out of nine FBOs, only two had a maximum of four vehicles available for their HIV and Aids projects, whilst most FBOs had a lesser number of vehicles. Two FBOs in the Eastern region indicated that their care workers used eight motor bikes donated by Kawasaki, for reaching out to the infected and affected households in the rural and informal settlement areas. This mode of transport assists them to address their transport challenges of not having adequate vehicles for service delivery.

All nine FBOs reported having inadequate financial resources. Among other private sponsors, the National Lottery Board is the most regular financial sponsor for FBOs transport. Although FBOs HIV and Aids projects receive funding mainly from the Provincial Department of Social Development, they all indicated that they are partially funded by this department and are, therefore, expected to fundraise in order to sustain their HIV and Aids projects. This finding is in line with Lombard's view on the disparities in funding social welfare services by government (Lombard, 2008:127).

3.3.2 Policy guidance of HIV and Aids projects

FBOs strategic and operational policy documents are of vital importance for their HIV and Aids service delivery in alignment with the NSP 2007-2011. Table 3.4 below reflects a summary of the relevant HIV and Aids documents that

FBOs have in their possession and the extent to which HIV and Aids Project managers/coordinators were familiar with the specific documents.

Table 3.4: Knowledge of and familiarity with HIV/Aids policy documents

DOCUMENTS	FBO HAS DOCUMENT		FAMILIAR WITH DOCUMENTS	
	Yes	No	Yes	No
HIV and Aids NSP 2007-2011	3	6	2	7
HIV and Aids Project Policy or Strategy	8	1	5	4
HIV and Aids Project Operational Plan	3	6	3	6
HIV and Aids Project Monitoring and Evaluation FBO Policy or Plan	8	1	6	3

Three of the FBOs were in possession of the NSP 2007-2011 Policy, whilst six did not have it. However, the findings indicate that only two of the seven FBOs were familiar with this policy document's contents. This is in contrast with the expectations of the NSP 2007-2011 which contends that this document is "an overarching multi-sectorial framework for the national HIV and Aids response" (RSA, 2007). The respective findings in Table 3.4 on how more participants are familiar with the HIV and Aids Project Policy or Strategy, and the HIV and Aids Project Monitoring and Evaluation (M&E), FBOs Policies/Plans must be compared with the findings reflected in theme 8 on the FBOs comprehension of the NSP 2007-2011.

Eight of the nine FBOs developed organisational HIV and Aids Project Strategic Policy/Plan but only five participants' indicated that they were familiar with the documents' contents. Three participants from the eight FBOs reported that they were not acquainted with their organisation's HIV and Aids Project Strategic Policies/Plans. One FBO did not develop any Strategic Policy/Plan for HIV and Aids Projects.

Likewise, only eight FBOs had HIV and Aids Project Monitoring and Evaluation Plans that were included in their strategic plans. Six participants pointed out that they were not familiar with these plans whilst three indicated their knowledge of the Monitoring and Evaluation Plans.

In relation to the FBOs HIV and Aids Projects Operational Plan documents; three of the nine FBOs were in possession of the operational plans for their HIV and Aids projects, while three participants were familiar with the contents of those plans. However, it may be, in line with the South African Council of Churches' Report of 2005 that "FBOs may have developed their own policies for HIV/Aids services and programs but have not translated these policies into plans of actions" (SACC, 2005:80).

3.4 KEY THEMES

The focus group interviews conducted were characterised by specific trends and patterns (Barbour, 2008:131; Babbie, 2010). This section presents themes as they emerged from the research findings (see Table 3.5 below). Research findings are supported by direct quotations to give voice to the study's participants. Literature was integrated with the research findings where applicable.

Table 3.5 below summarises the critical themes and sub-themes that emerged from the data analysis. These themes and the related sub-themes underpin the research findings on the two research questions of the study (see 3.1).

Table 3.5: Themes and sub-themes

THEMES	SUB-THEMES
1. FBOs partnership in implementing HIV and Aids services	1.1 Unequal relationship between FBOs and government
2. FBOs roles and responsibilities in HIV and Aids service delivery	
3. FBOs communication with government in relation to HIV and Aids service delivery	3.1 Communication structures and mediums 3.2 FBOs reporting to government Departments
4. FBOs strategic policies and operational plans for HIV and Aids service delivery	
5. FBOs coordination of HIV and Aids service delivery	
6. Monitoring and Evaluation of FBOs HIV and Aids service delivery	
7. Funding challenges for FBOs HIV and Aids service delivery	7.1 Funding partnership with Department of Social Development 7.2 Developmental issues emanating from inadequate funding
8. FBOs comprehension of	

the NSP 2007-2011	
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Theme 1: FBOs partnerships in implementing HIV and Aids services

Findings revealed participants understanding of partnership to be about working together as policy partners and, in particular, with government departments to eradicate the scourge of the HIV and Aids pandemic. Working together entailed provision of resources, including, amongst others, HIV testing kits, the drug therapy of ARV treatment, office space accommodation, a food bank, child support grants for the orphaned and vulnerable children through South African Social Service Agency (SASSA) and funding subsidies by the Department of Social Development for HIV and Aids projects.

With regards to FBOs implementation of HIV and Aids services, findings showed that partnerships existed among FBOs and between FBOs and government departments. Participants reported a low to moderate range of effectiveness of partnerships in the implementation of HIV and Aids services. This included partnerships with international agencies such as the U.S. President's Emergency Plan for HIV and Aids Relief (PEPFAR), the national governments, civil society and the private sector. The Departments of Agriculture, South African Police Service, Home Affairs and Health were regarded as high on a continuum of effective partnerships with the FBOs in implementing HIV and Aids services. With regard to rendering HIV and Aids services, most participants, in particular, identified the effectiveness of the partnership with Multi-sectorial HIV and Aids Units of government departments in the range of low to moderate.

Participants indicated their experiences of partnerships in HIV and Aids service delivery as follows:

- "Local clinics are main partners."
- "Police are also one of our partners. We do get referrals from them. We align with the police."

- “Health provides us with brochures and pamphlets which helps us to educate communities.”
- “Metro [Emergency Service Department]...Every year they come offer services to our organisations when they train our orphaned kids on emergency services and safety tips.”
- “From our side they [Metro Health] do referrals if they went to their door-to-door campaigns but we do not have a close partnership.”
- “Home Affairs help us with issuing IDs [identity documents] and birth certificates for the OVCs. Also the CDWs [EMM community development workers]...but for them to be found...It’s difficult. Sometimes it’s difficult to find people to assist us and yet it’s important to work together.”
- “We know about HIV/Aids Multi-sector Unit of the Metro, but from our side...there isn’t really any partnership.”

Participants reported the partnership with government in particular as challenging due to the unequal relationship which will next be discussed as a sub-theme.

Sub-theme 1.1: Unequal relationship between FBOs and government

Findings revealed a strained relationship existed between FBOs and government in HIV and Aids service delivery. In particular, participants reported that the relationship is unequal and not mutually dependent. Most participants indicated that FBOs needs for HIV and Aids service delivery are ignored by the government departments, and they find themselves in a powerless and helpless position. Furthermore, findings show that the relationship between the FBOs and government became one of compliance as opposed to a strategic partnership. This is mainly because of government funding (also see Sub-theme 7.1 for challenges on funding). Most participants expressed FBOs frustrations and dissatisfaction of their unmet expectations; lack of government’s support and unfulfilled promises by the Department of Social Development, in particular.

The status of the relationship between FBOs and government is reflected in the following participants' statements:

- “It [relationship] is only mainly in funding if I can say so.”
- “Compliance becomes important for us in order to get funding.”
- “We are the ones that are rendering services...When it comes to funding they are prompt... when it comes to implementation of services it is not good.”
- “They don't care about our needs and how we work.”
- “They are government and they call the shots...there's nothing we can say. If they say jump you ask how high?”

Smit and Noronha (2010:401) emphasise that, “... civil society-government partnership is pivotal to policy formulation that accurately reflects the issues experienced by the populace”. The experiences of participants are in contrast with the view of government about FBOs role in HIV and Aids service delivery, namely that “there is wide recognition that the government cannot be expected to combat the spread of HIV/AIDS, without broad-based support from all sectors of South Africa” (RSA, 2012:82). As was argued by Gray (2006:S54) that the “joint effort” of partnerships is a key requirement for all stakeholders involved in social service provision. Patel (2005:109) adds that “...the state has a primary responsibility for meeting needs and [that] voluntary sector [FBO] partnerships should not lead to the abrogation of state's responsibility for human needs”. The findings indicate the importance of partnerships, however, what partnership should entail, still need more clarification by the policy partners.

Theme 2: FBOs roles and responsibilities in HIV and Aids service delivery

Findings revealed that most FBOs function with a clear understanding of their roles and responsibilities with regards to HIV and Aids service delivery in alignment with the NSP 2007-2011. Participants indicated their roles in the

context of wellness and outreach programmes; networking; in-service training to the care givers; hospice services; home-based care programmes, advocacy in mediation and conflict resolution to facilitate access to government services and resources such as child support and foster care grants for OVCs. Furthermore, they reported roles and responsibilities as to ensure implementation of their HIV and Aids service delivery plans to achieve the objectives which they formulate for the organisations. Most importantly, it appears that FBOs go beyond what is expected of them to find solutions to the challenges presented by HIV and Aids.

Participants expressed their roles and responsibilities in the following remarks:

- “My role in the organisation is to conduct outreach programmes for the Centre and within that role, networking become very important because I do wellness talks at various places, including schools.”
- “We also run in-service training for the care helpers in hospice and our home-based carers from the townships to keep them updated about HIV and Aids.”
- “As a coordinator I deal a lot with orphans and work with social workers for them [orphans] to access grants.
- “My role is to see if our year plan succeeds in terms of following our objectives so that everything we have planned, at the end of the year happens.”

In addition, one participant indicated that her role in HIV and Aids delivery is determined by the needs of the community as is reflected in the following quote:

- “I think we find a way to help the communities.”

The role of FBOs need to be read in conjunction with the respective HIV and Aids services rendered, as summarised and discussed in Figure 3.1 and Section 3.3.1.2. Patel and Wilson (2003) cited in (Patel 2005:194), state that “the non-profit sector by civil society plays a pivotal role in providing welfare

services and in delivering community-based development services and programmes”. Hence, the important role FBOs have, in partnership with government.

Theme 3: FBOs communication with government in relation to HIV and Aids service delivery

Findings indicated that the overall communication between FBOs and government is poor and not yielding expected results of effective partnerships needed for HIV and Aids service delivery. Most participants reported a ‘one way’ pattern of communication as opposed to a dialogue and a meaningful trend of communication. In particular, participants reported communication focusing on governments’ interests only, as opposed to the government departments providing a holistic communication to address the FBOs challenges in the implementation of HIV and Aids services. Furthermore, most participants reported not being in regular communication with the EMM’s Multi-sector HIV and Aids Unit, which impacts on partnership as discussed above in theme one. Participants indicated the importance of government maintaining effective and open communication channels with FBOs in order to assist them to keep abreast with the relevant information to render HIV and Aids services.

The participants’ views on communication between government departments and FBOs are captured in the following statements:

- “There is no mutual communication.”
- “They will call us wanting to discuss our challenges and what has been done etc, but when it comes to reporting back to us we don’t get it. We will get a reply that suits their plans but not ours.”
- “We hear about the plan from the media (radio and television) when the Health Minister talks about it.”
- “Everything is all up to us.”

- “We are left behind because they don’t brief us about NSP.”

Two sub-themes emerged from this theme, namely, communication structures and mediums and the FBOs responsibility to report to government on HIV and Aids service delivery.

Sub-theme 3.1: Communication structures and mediums

Findings show that structures such as HIV and Aids forum(s), Indaba and service delivery meetings exist for communication purposes between FBOs and government departments. However, participants indicated that FBOs are ignored or not respected by the government departments’ officials in honouring these structures. Participants reported that officials do not attend forums or meetings. They stated that the promised updates of policy documents on a computer disc were never received. Participants indicated that FBOs regard the Ekurhuleni HIV/Aids Indaba as an important and reliable structure for communication exchange with government departments. The Ekurhuleni HIV/Aids Indaba is an annual event and is organised by the Ekurhuleni District Health Department of the Provincial government in liaison with the EMM Health and Social Development Department.

The participants’ views on communication structures and mediums between FBOs and government are expressed in the following quotes:

- “Aids Indaba is the only platform of getting exposure to HIV and Aids policies.”
- “We have meetings with them and we get replies on things important to them.”
- “They said they will give us a disc to go through all the points... Till today, we still have not received that disc.”
- “It was just discussions and nothing after that because we also never received that disc or anything.”

- “We do have HIV and Aids service providers’ forum[s] to discuss and find out about each other’s challenges. But most of [the] times, government officials don’t attend.”

Sub-theme 3.2: FBOs reporting to government Departments

Participants were of the opinion that government is selective and dictates a specific type of reporting. In particular, they reported that government shows more interest in quantitative reports than qualitative reporting, which will improve FBOs HIV and Aids service delivery.

Participants’ frustration with the reporting requirements to government is captured in the following remarks:

- “I think the government is selective on what they want us to report.”
- “The Department [DSD] is interested in numbers.”
- “We only report on what they [DSD] want to hear.”

The findings are in contrast with the recommendations drawn from the evaluation report findings on the initial NSP 2000-2005 stating that the development of the NSP 2007-2011 was to build effective communication and strengthen partnership between government and the stakeholders of this policy to ensure effective service delivery (RSA, 2007). The Review Report of 2011 by SANAC pointed to “the weak coordination and execution of communication campaigns [which] lead to poor communications during the life of the NSP” (RSA, 2011:16).

The ineffective communication structures and mediums are linked with the relationship challenges in the partnership between FBOs and government, which have been discussed in theme one. The Department of Health (2009) states that effective communication entails the existence of trusted channels or systems through which HIV and Aids information is shared and exchanged on an on-going basis between and among the NSP 2007-2011 stakeholders,

including the three spheres of government as well as the non-government sector. As partners in social development, both FBOs and government need to recognize that “they are mutually dependent on one another and [should] agree to work together under a shared process of decision-making and joint problem solving” (Patel, 2005:283).

Theme 4: FBOs strategic policies and operational plans for HIV and Aids service delivery

Findings revealed different experiences with regards to accessing information about organisational policies for HIV and Aids projects; having an opportunity to review these policy documents, and having meetings where they can discuss the policies and receive an opportunity to ask questions and receive clarity on practical implications for implementation of policy plans. Most participants indicated that policy documents are never discussed nor reviewed with them to ensure buy-in and ownership in the implementation of HIV and Aids services. Participants indicated that they are expected to read the documents on their own and then implement the policy according to their own understanding thereof.

The participants’ lack of ownership of the policy documents is evident in the following quotes:

- “We found these policies [HIV/Aids organisational policies] in the organisations.”
- “We were not present when they were formulated and they are not reviewed.”
- “We are only given on the 1st day of work just to familiarise ourselves with them.”
- “We therefore, work without following these policies.”

These opinions are in accordance with the findings on FBOs knowledge of, and

familiarity with the HIV and Aids policy documents (see Table 3.4 above). Expecting FBOs to read and interpret the policies without any guidance, confirm the view of the South African Council of Churches Report on FBOs HIV and Aids policies, which states that policies do not necessarily confirm their translation into action plans (SACC, 2005:80). However, this is contradictory to the NSP 2007-2011, which highlights capacity building and strengthening of FBOs resources for purposes of achieving the goals of this policy (RSA, 2007).

Some participants revealed that they operate HIV and Aids Projects with such limited information of the NSP 2007-2011 that they do not even know how to develop organisational policy documents to guide service delivery in this regard. The following view captures this reality aptly:

- “I think founding members have a drive to start community projects, but don’t know about policies and how they are reasoned.”

The impact of poor communication and lack of strategic focus and action plans on grassroots level relate to the view of Hall and Midgley (2004:1-43), particularly their argument on the institution of social policy: “Many developing countries have impenetrable areas...whose isolation is often reinforced by a systematic neglect of rural [and grassroots area] development on the official policy agenda and a poor communications infrastructure”.

Theme 5: FBOs coordination of HIV and Aids service delivery

Findings showed that FBOs and government departments operate in a disjointed manner that is without guidance and support towards FBOs HIV and Aids service delivery. Participants pointed to the importance of avoiding duplication of service delivery through joint planning with government departments. They further reported that they work in isolation and without a structure to guide their implementation plans to ensure service coordination and collaboration for HIV and Aids service delivery.

Participants’ views on coordination were captured in the following remarks:

- “There is not much coordination.”
- “Organisations [FBOs] plan their own actions and work in isolation.”
- “There is nothing that pushes and guide us, as said earlier that Department wants reports but can’t help us with plans.”

Participants indicated the importance of government departments having strong mechanisms in place for HIV and Aids service coordination to ensure partners’ effective cooperation for service delivery. Their views are in congruence with the findings of the Review Report of the NSP 2007-2011 by SANAC which pointed out that “there are still challenges” with regards to implementation of HIV and Aids services in the area of coordination, and that “...coordination of the public sector, private sector and non-government sectors remains underdeveloped, this results in missed opportunities, gaps in service provision and duplication” (SANAC, 2011:16).

Kasiram (2011:182), points out that lack of coordination with regards to HIV and Aids service delivery does not only take place on a local level but across countries in Africa, as she argued, “..so many initiatives occur alongside each other in different parts of sub-Saharan Africa, [which] suggests that collaboration and co-ordination may not always be optimally practiced...”

Theme 6: Monitoring and Evaluation of FBOs HIV and Aids service delivery

Participants reported differing views about Monitoring and Evaluation (M&E) with regards to its implementation in facilitating FBOs successful delivery of HIV and Aids services. Some of the participants indicated that M&E is conducted by FBOs auxiliary social workers, while other participants viewed M&E to be a role of government social workers (local and provincial). However, most participants reported that FBOs do have clear indicators of prevention and education in the implementation of M&E to see the impact of their service delivery.

Participant’s views on M&E were expressed in the following remarks:

- “We have auxiliary social workers who go to the rural areas (informal settlements/farm/plots) to ensure and check that treatment has been taken properly.”
- “We have clear indicators which are HIV and Aids prevention and educational though with disease sickness it’s difficult.”
- “I’m glad you are doing this study. Government social workers [local and provincial] are meant to go to the field to ensure that we are giving the community the right services.”

However, one participant had a strong view that government departments are neither implementing their M&E systems nor doing proper referrals:

- “Government does not monitor even its own service delivery. Clinics [local and provincial governments] have no systems in place for referrals to us for services...; there is no feedback by clinics on referred cases. There’s a big gap between us and government.”

Although FBOs have indicators to monitor HIV and Aids service delivery, there is no national framework for M&E in the field of HIV and Aids service delivery, as is confirmed by the NSP 2012-2016 (RSA, 2012). Oyen (2002:22) avers that “...no practice can be considered best unless it is accompanied by trustworthy monitoring system that give [a] reliable picture of how much impact has been obtained through a certain intervention”.

Theme 7: Funding challenges for FBOs HIV and Aids service delivery

Findings revealed that funding is a huge challenge for the FBOs in rendering HIV and Aids services. Participants reported a shift of interest by the usual private donors from sponsoring HIV and Aids projects. In addition, participants indicated that many companies withdrew their funding on the assumption that the democratic government should provide for services delivery. All participants indicated inadequate funding as the biggest gap in FBOs HIV and Aids service delivery.

The funding challenges were underpinned by the participants in these words:

- “We do not know what will happen to our projects....we need more funds.”
- “Fund raising is no more possible.”
- “People are no longer interested in HIV and Aids matters.”
- “A lot of companies are withdrawing from funding our programs.”
- “We are struggling now, unlike before when every sponsor wanted to contribute to HIV and Aids. Companies are no longer interested in HIV.”
- “Companies are pulling out with the mentality of ‘why should we add on if the government is already doing something’, as NPOs we are not producing anything, we are only rendering services, so it’s difficult.”

The funding challenge emerged in two sub-themes, namely the partnership with the Department of Social Development and developmental issues.

Sub-theme 7.1: Funding partnership with Department of Social Development

All participants indicated that the Provincial Department of Social Development is the key partner in funding the FBOs HIV and Aids services. Participants indicated that they experienced delays in receiving subsidies for salary purposes and that lack of funding impact negatively on staff appointment and implementation of HIV and Aids projects. However, they indicated that funding is not only provided in monetary terms. Local government ward-based systems (Ward Councillors and Community Development Workers) were reported by a few participants as being helpful in advocating for infrastructure resources such as community halls for workshops and training. These workshops are meant for HIV and Aids awareness and prevention campaigns amongst community members during events such as International World Aids Day and when FBOs have to conduct community stations for HIV counselling and testing.

The participants expressed the challenges of funding for FBOs HIV and Aids

Projects as follows:

- “We basically receive funding from DSD for our projects.”
- “Salaries take time to come from government funding subsidies, and we don’t know cause of delay.”
- “With us the huge problem is lack of adequate staff and staff development funding which would help in implementing our projects plans in proper manner.”
- As managers we need to train our operational staff, we also need funding for staff development.”
- “There is no mutual communication.”
- “There is not much coordination.”

Sub-theme 7.2: Developmental issues emanating from inadequate funding

Participants spoke uniformly in that their funds are incommensurate to the size of the HIV and Aids pandemic and its impact on communities. This impact has a negative effect on staff capacity; the rendering of services to all in need; marketing of services and development opportunities and debriefing services for staff.

Participants expressed the developmental issues related to inadequate funding as follows:

- “We share similar experiences. As managers we need to train our operational staff, we also need funding for staff development.”
- “The numbers of clients especially the OVCs rise every day.”
- “In our organisation we cater for almost 600 kids per day. One cook can’t cook for so many.”

- “There is no debriefing in my organisation.”
- “With us the huge problem is lack of adequate staff and staff development funding which would help in implementing our projects plans in proper manner.”
- “We need funding for projects and programmes marketing for sustainability.”

Findings indicate the need to build partnerships that will strengthen resources and in particular, funding for sustainable HIV and Aids service delivery. Lombard and Wairire (2010:102) draw a direct correlation between partnership and funding and allude to its impact on development and social work as follows: “the funding challenge directly relates to the partnership embedded in developmental social work”.

Theme 8: FBOs comprehension of the NSP 2007-2011

This theme evolved from the participants’ discussion of FBOs’ awareness about the existence and their possession and familiarity with the NSP 2007-2011, for HIV and Aids service implementation in alignment with the NSP. Most participants reported being not fully informed about this policy. However, a few indicated to be more knowledgeable than others, whilst some reported limited knowledge with regards to the implications of this policy. Findings indicated a need by the participants to get more information about the NSP. Participants view government as having a responsibility towards ensuring necessary conditions for successful NSP 2007-2011 implementation by the stakeholders. The findings further revealed different sources of their knowledge about the document. Some participants’ knowledge came from the Annual EMM HIV/Aids Indaba, whilst some got to learn about the policy from the media. These findings must be read in conjunction with the biographical section (see Table 3.4), indicating FBOs possession, participants’ knowledge, familiarity and understanding for application of the NSP.

However, being unfamiliar with the contents of this policy did not imply that they

had no idea about the implications of the document's contents. The following remarks are evident of participants' experiences with the NSP 2007-2011:

- “NSP for me is about planning around issues of how to address HIV and Aids in the community. If you are not infected you are affected, so it involves everyone.”
- “We have an idea on how it should be although we do not have it [NSP] in the organisations.”
- “We hear about the plan from the media (radio and television) when the Health Minister talks about it.”
- “I can say that as organisations, we were not fully introduced to it.”
- “As managers and coordinators, we need to know more about this plan.”
- “Aids Indaba is the only platform of getting exposure to HIV and Aids policies.”
- “We are left behind because they don't brief us about NSP.”

Findings clearly indicate poor communication of the NSP 2007-2011 by the key policy role players to the FBOs at grassroots level (compare theme 3) despite a stream approach adopted towards the development of this policy (Booyesen and Erasmus, 1998:41-48). The participants expressions revealed that the intensive process of policy communication between government and the stakeholders was only at an executive level and did not fully reach grassroots levels as Dunn, (1994:70) and the NSP 2007-2011 indicate policies should do (RSA, 2007). A conducive environment for successful implementation of the NSP 2007-2011 was not adequately created by government for implementation at grassroots level in view of the Brynard and de Coning's (2006:183) argument that “... Policies become programs when by authoritative action the initial conditions are created”.

3.5 SUMMARY

The chapter presented the research methodology that guided the study. It further presented and discussed the research findings that emanated from the respective themes and sub-themes that emerged from the data. Findings showed that most FBOs HIV and Aids service delivery focus on the management of the disease, and as a result neglect the grassroots and fundamental integrative prevention services. Some difficulties in the partnership between FBOs and government were found by the study, coupled with poor communication between government and FBOs leading to the isolation of FBOs in rendering HIV and Aids services. Research findings further revealed poor application of the NSP 2007-2011 elements of effective communications, partnerships, service coordination, monitoring and evaluation including provision of support through financial resources by government to enhance FBOs HIV and Aids service delivery.

Chapter 4 will present the key findings of the study from which, conclusions will be drawn and recommendations made.

CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

This chapter concludes the research report by indicating how the research goal and the objectives of the study were achieved. In particular, the chapter presents the key findings derived from the empirical study (Chapter 3) and the literature review (Chapter 2). Furthermore, the chapter presents conclusions drawn from the key findings of the study and makes recommendations for further consideration and implementation.

4.1.1 GOAL AND OBJECTIVES OF THE STUDY

The research goal of the study was to investigate the alignment of the FBOs HIV and Aids service delivery with the NSP 2007-2011 in EMM.

The goal of the study was achieved through the realisation of the following four objectives:

Objective 1: To conceptualise the NSP 2007-2011 within the context of the social development approach.

The NSP 2007-2011 was discussed in Chapter 2.2. The development of the NSP was outlined, and its purpose, goals, principles and strategic elements were discussed. The key themes for developmental social welfare service, which underpin the social development approach, were analysed in relation to the strategic elements of the NSP 2007-2011.

Objective 2: To analyse the NSP 2007-2011 with regards to its implications for partnerships in addressing the HIV and Aids pandemic.

This objective was addressed in Chapter 2 which reviewed the relevant literature. The NSP 2007-2011 implementation elements, namely communication, service coordination, monitoring and evaluation, and the principle of the Multi-sector approach crucial for effective partnerships needed for alignment, were analysed. In particular, sub-sections 2.2.5.1-2.2.5.4

addressed the key elements of collaborative partnerships amongst the relevant stakeholders. Although collaborative partnership is a stand-alone element in the NSP 2007-2011, it is also mirrored in the other elements through the principle of the multi-sector approach. The findings presented in Chapter 3 (see theme 3; sub-themes 3.1-3.2; theme 1; sub-theme 1.1; theme 7 and subthemes 7.1-7.2), further analysed the aspect of partnerships contained in the NSP 2007-2011, with regards to HIV and Aids service delivery. Evidence that the analysis of the NSP 2007-2011 with regards to its implications for partnerships in rendering HIV and Aids services has been achieved, is reflected in the key findings on partnerships (see 4.3 below).

Objective 3: To determine the extent to which current HIV and Aids services rendered by FBOs in EMM are aligned to the NSP 2007-2011.

This objective was firstly discussed in the literature review in Chapter 2 (see sub-section 2.4) which focuses on an overview of the FBOs HIV and Aids services in alignment with the NSP 2007-2011. The empirical study's findings in Chapter 3 (see sub-sections 3.3-3.4) discussed the degree to which the present HIV and Aids services rendered by the EMM FBOs are aligned to the NSP 2007-2011. The discussion towards achieving this objective is reflected in the key findings of the study as reflected in sub-section 4.3 below.

Objective 4: To identify and describe the required elements necessary for FBOs HIV and Aids service delivery in alignment with the NSP 2007-2011 in EMM.

This objective was addressed and theoretically underpinned in Chapter 2, where elements of the NSP 2007-2011 were identified and analysed to determine their alignment with the NSP 2007-2011, particularly within the context of social development (see sub-sections 2.3.1-2.3.5). Furthermore, the presentation and interpretation of the research findings in Chapter 3, (see sub-section 3.4), highlighted some of the underpinning themes for FBOs service delivery to promote HIV and Aids service delivery integration and alignment with the NSP 2007-2011. However, section 4.4 of this chapter discusses the

elements for alignment in the form of recommendations.

4.2 KEY FINDINGS AND CONCLUSIONS

The key findings, which emerged from the results of the study (see Chapter 3), are presented in this section, followed by conclusions:

- Findings pointed out that most FBOs service delivery focus on the management of the disease, and as a result show neglect on the grassroots and fundamental integrative prevention services, such as HIV testing, and inter-agency referrals (compare with Figure 3.1 in Chapter 3). Furthermore, findings indicated that the distribution of condoms receives less attention than other HIV and Aids services offered by the FBOs because of its embedded Christian beliefs.
 - It can be concluded that FBOs adopt a reactive rather than a proactive- developmental approach in their response to the HIV and Aids pandemic. The reactive approach is evident for the study to conclude that FBOs services are not fully aligned to the NSP 2007-2011. FBOs neglect one of the primary prevention methods to curb new HIV infections by not distributing condoms. This restricts FBOs HIV and Aids service delivery from a social development perspective as prevention and early intervention are key elements of a developmental approach (Department of Social Development, 2006b). Furthermore, it is concluded that Christian culture continue to be influential towards the nature and type of HIV and Aids services they render, which further leads to the conclusion that FBOs need to face their rigid beliefs and adopt a holistic approach in their response to the pandemic in order to render integrated HIV and Aids services that are in alignment with the NSP 2007-2011.
- Findings indicated some difficulties in the partnership between FBOs and government, particularly between the Multi-sectorial AIDS Units of both the provincial and local governments to support FBOs HIV and Aids service

delivery. Government is neither taking the lead as expected by FBOs in mobilising the partnership between stakeholders nor taking the responsibility in ensuring necessary conditions for the successful implementation of the NSP 2007-2011 by these stakeholders.

- It can therefore be concluded that the NSP 2007-2011 Multi-sectorial approach adopted by the national government received minimal support from the governments' relevant departments. Furthermore, these departments do not yield to the expected results as purported by the NSP 2007-2011 document with regards to collaboration with FBOs in rendering HIV and Aids services in alignment with this policy. It can also be concluded that the HIV and Aids Multi-sector principle of the policy is not optimally applied which means it is not used to lead custodians to forge the stakeholders' partnerships for FBOs service delivery in alignment with the NSP 2007-2011. Therefore, government departments (local and provincial spheres) have failed in their obligations to forge effective partnerships crucially needed for FBOs service alignment with this policy. The expectations of the FBOs and the nature of the partnership reflect that the roles of FBOs and government to ensure the alignment of the NSP 2007-2011 are not clearly defined and understood.
- Findings showed that there is recurrent poor communication between government and FBOs leading to the isolation of FBOs in rendering HIV and Aids services. Communication breakdown as perceived by the FBOs is reflected in the in-effective communication structures for HIV and Aids service delivery (see Chapter 3, sub-themes 3.1-3.2).
- It is concluded that poor communication is resultant from poor application of the NSP element of effective communication, which become a challenge and a barrier for FBOs HIV and Aids service delivery in alignment with the NSP 2007-2011. It is further concluded that without an application of the developmental approach to facilitate the implementation of the NSP elements, FBOs HIV and Aids service

alignment with the NSP 2007-2011 will be difficult to achieve.

- Findings revealed poor coordination of FBOs HIV and Aids programmes and services which results in disjoint planning between government and the FBOs. This results in FBOs strategic policy plans not being converted into operational plans for an integrated HIV and Aids service delivery. Neither of the two partners, government nor FBOs, have effective coordination mechanisms in place for HIV Aids services.
 - From the above findings it can be concluded that government failed to ensure coordinated planning of HIV and Aids programmes and service delivery by the FBOs, despite the fact that they (governments) are funding these projects. Furthermore, it is concluded that this failure is negatively influencing the FBOs service delivery in alignment with the NSP 2007-2011. Based on the lack of coordinated efforts embedded in a strong partnership between government and NPOs, it can also be concluded that the NSP is not fully implemented from the social development approach by the FBOs in order to address the challenges presented by the HIV and Aids pandemic. However, the alignment of HIV and Aids service delivery with the policy should not be expected to depend on government's initiatives only. FBOs should serve as resources to one another where empowerment seminars and information resource exchange can take place. The developmental approach was presented as a viable tool to add value to the NSP implementation processes (see 2.5 in Chapter 2).
- Findings revealed that there are challenges with regards to monitoring and evaluation of FBOs HIV and Aids service delivery. Government has neither established a universal monitoring and evaluating tool nor has uniform guidelines for provinces to assist the NPOs in monitoring and evaluating HIV and Aids service delivery. In particular FBOs expect M&E of their HIV and Aids service programmes to be conducted by government officials. However, there is no consistency in the fulfilment of this expectation by

government officials due to the lack of a national M&E tool to guide this crucial function. In addition, FBOs do not succeed in developing their internal mechanisms for effective M&E of their HIV and Aids service delivery.

- The conclusion is that, in the absence of an effective M&E tool, either by government nor FBOs, it is not possible to determine the extent in which FBOs HIV and Aids service delivery is in alignment with the NSP 2007-2011 or not. It can further be concluded that the South African National Aids Council (SANAC) and its sub-structures of local and provincial governments, did not successfully meet their obligatory functions of coordination, monitoring and evaluation as mandated by the NSP 2007-2011. This included not providing the required leadership for the multi-sector response in monitoring and evaluating the NSP policy.
- It was indicated in the findings that FBOs experience huge financial and other resource challenges in implementing HIV and Aids services. This is exacerbated by the fact that government has not addressed the disparities in funding social welfare service delivery. FBOs reported that their HIV and Aids projects are funded by the Department of Social Development and that there is no equity in the allocation of the funding. In addition FBOs have set no strict qualification requirements for recruiting and selecting managers and coordinators for their HIV and Aids projects which have an impact on the human resource capacity.
 - The conclusion is that the recommendations made from the findings of the Review Report of 2007 (RSA, 2007) regarding the gaps of the previous NSP 2000-2005, namely stipulating government's commitments to strengthen FBOs infrastructure and capacity building, were not successfully addressed by the NSP 2007-2011. The consequence of the limited resource capacity of capital and competent human expertise, impact negatively on FBOs HIV and Aids service delivery to be in alignment with the NSP 2007-2011.

Furthermore, FBOs expertise and ability for HIV and Aids initiatives in helping government succeed in curbing new HIV infections are severely compromised.

- Findings revealed that government is faced with a challenge that the NSP 2007-2011 remained a document in theory only and was not fully practiced by the studied FBOs, despite the purported intentions of its development (RSA, 2007).
 - It is concluded that the NSP 2007-2011 did not get converted into practical steps for implementation by the FBOs to align their HIV and Aids services to this policy. Furthermore, FBOs should implement the NSP elements of partnership, communication, coordination including monitoring and evaluation in order to align their HIV and Aids services with the policy.
- The findings indicated that although FBOs know about the NSP, they do not necessarily read the policy and/or fully understand the policy; nor is it regarded as important since it was not fully introduced to them.
 - Based on this finding it is concluded that the relevant government departments failed to ensure that FBOs fully comprehend the NSP 2007-2011 through sufficient training and guidance which would have enabled them to promote HIV and Aids service delivery in alignment with this policy.

In summary, it can be concluded that the FBOs service delivery in the field of HIV and Aids in EMM is not in full alignment with the NSP 2007-2011. This is evident in the lack of well-structured partnerships which are aimed to facilitate effect collaboration in addressing the HIV and Aids pandemic. Furthermore, the NSP 2007-2011 elements of effective communication, coordination, monitoring and evaluation including resource allocation are poorly addressed by the relevant stakeholders, thus leading to the ineffective implementation of the NSP 2007-2011. These elements are relevant within a social development approach

and hence, it can further be concluded that full alignment of HIV and Aids service delivery with the NSP 2007-2011 can only be realised with the incorporation of the social development themes identified by the study (see Chapter 2, sections 2.3.1-2.3.5 and in the following recommendations).

4.3 RECOMMENDATIONS

The following recommendations from the study are made within the context of a developmental approach to guide and facilitate effective implementation of FBOs HIV and Aids service delivery in full alignment with the NSP 2007-2011. Lastly, a recommendation for further research is proposed.

- The NSP implementation must be based on the social development model to allow HIV and Aids service delivery linkages amongst government ministries' departments on a broad range of the interrelated development issues caused by the pandemic. The Ministry of Social Development, in liaison with all other ministries should lead the coordination process, with clear definition of responsibilities, outputs and budgets.
- Within the context of the social development model, the NSP 2012-2016 and future NSP should include the following themes to ensure improved alignment of FBO HIV and Aids service delivery: a rights-based approach; partnerships; economic and social development; participation and a macro and micro focus.
- As part of institutional arrangement by government, for FBOs service delivery alignment with the NSP, the national Department of Social Development should facilitate workshops that would enable FBOs to effectively implement the NSP. This training should be done in consultation with relevant organisations and experts in the field of social development.
- National government needs to develop partnership guidelines and principles to cascade to provincial and local government departments in order to guide the participation of FBOs and other NSP stakeholders in the

implementation of HIV and Aids services in alignment with the current NSP 2012-1016 and in future NSPs. This will lead towards the development of a well-structured partnership at local and provincial levels with clearly defined roles and responsibilities, including identification of areas and demarcation thereof amongst the policy stakeholders. In particular, this would entail the development of inter-sectoral partnerships within EMM Departments, Aids Council Structures, and between the EMM and Provincial Health and Social Development Departments with a particular focus on the Multi-sector AIDS Units. Furthermore, National Health and Social Development Departments should facilitate this process through regular effective communications and workshops that will include feedback and skills development policy reviews with time lines set for implementation and evaluation, to achieve FBOs HIV and Aids service delivery in alignment with the NSP at grassroots level.

- There has to be an increasing understanding and willingness of policy actors to communicate, coordinate and collaborate in HIV and Aids service delivery including monitoring of services rendered among the NSP stakeholders across governments departments, civil society, and the private sector. In particular, this process should be implemented from a social development perspective as the pandemic has socio-economic implications.
- A closer working relationship between the Department of Social Development as a key coordinator of HIV and Aids service delivery, and the Department of Health is critical to ensure the inclusion of social development partners and enhance service alignment of FBOs with the policy. Provision of regular feedback on the progress of the NSP implementation and the problems faced during implementation is necessary. Workshops and training of FBOs and government officials on awareness and incorporation of the social development themes in the NSP implementation should be a national government priority. Furthermore, regular forums need to be scheduled amongst stakeholders to ensure

effective communication on the implementation challenges of the NSP.

- As part of an oversight role SANAC sub-structures at local and provincial governments levels need to create appropriate entry points for strategic partners' participation to improve the monitoring and evaluation (M&E) of the NSP policy from a developmental perspective. HIV and Aids Multi-sectorial Forums at national, provincial and local government levels need to develop and integrate a NSP Monitoring and Evaluation Framework to assist sub-structures of SANAC with HIV and Aids service co-ordination. The framework should include clear indicators for regular NSP evaluation assessments rather than stakeholders reporting only on activities conducted.
- Government departments need to increase the support of FBOs HIV and Aids service delivery by means of physical, human and capital resources. More funding needs to be allocated for developmental HIV and Aids service delivery by the FBOs. This can be facilitated through a specific funding model as recommended in the current NSP 2012-2016 (RSA, 2012). Furthermore, the resource allocations must be conducted in an integrative manner to be effective and assist government to achieve its objectives.
- Further research should be conducted to establish how the NSP 2012-2016 (RSA, 2012) reflects the recommendations of this study to fill the gaps identified in the findings of this research.

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ADDENDUM A

SEMI-STRUCTURED INTERVIEW SCHEDULE

HIV AND AIDS COORDINATORS AND MANAGERS

RESEARCH TOPIC

The alignment of Faith-Based Organisations' (FBO) services with the HIV and Aids National Strategic Plan 2007-2011 in Ekurhuleni Metropolitan Council (EMM)

GOAL OF THE STUDY

To investigate the alignment of FBOs services with the HIV and Aids NSP 2007-2011 in Ekurhuleni Metropolitan Council (EMM)

SECTION A: BIOGRAPHICAL INFORMATION

GENDER		RACE				AGE			
Male	Female	African	Indian	Coloured	White	20-30	31-40	41-50	51<
QUALIFICATIONS		Highest grade/ standard passed				Highest tertiary education obtained			
POSITION IN THE FBO		HIV and Aids coordinator				HIV and Aids programme manager			
YEARS OF EXPERIENCE IN HIV AND AIDS FIELD									

Name of FBO:

Period of FBO existence in HIV and Aids field: _____

Name of HIV/Aids project:

Year established:

Location:

REGION	North	South	East
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SECTION B: HIV/AIDS PROJECT DOCUMENTS

Indicate whether your organisation has the following documents and if, whether you are familiar with the respective documents.

Documents	Organisation has documents		Familiar with documents	
	Yes	No	Yes	No
HIV/Aids NSP 2007-2011				
HIV/Aids Project Policy/ Strategy				
HIV/Aids Project Operational Plan				
HIV/Aids Project Monitoring and Evaluation (M & E) Plan				

SECTION C: QUESTIONS ON HIV AND AIDS NATIONAL STRATEGIC PLAN (NSP) 2007-2011

1. What is your understanding of the HIV and Aids National Strategic Plan (NSP) 2007-2011?
2. How do you view your role as a HIV and Aids coordinator/manager in relation to the NSP 2007-2011?
3. Who are your partners (if any) in the implementation of the NSP 2007-

2011 and what are their respective roles?

4. How do these partners assist you to achieve your organisation's goals?
5. What support does local government provide to your organisation as a "partner" in the implementation of the NSP 2007–2011?
6. Describe how your FBO addresses the following elements indicated in the NSP 2007-2011?
 7. Active collaboration and clear accountability and communication?
 8. Coordination of services?
 9. Capacity building and resource mobilization?
10. Explain how your FBO's HIV and Aids services are in line with the NSP 2007-2011 requirements with regard to the following points:
 11. Policies
 12. Strategic plans
 13. Implementation/operational plan
 14. Monitoring and evaluation plan
15. What would you describe as your FBOs strengths in the field of HIV and Aids with regards to the NSP 2007-2011?
16. What are the challenges you have experienced in aligning your FBO's services to the NSP document between the periods 2007 to 2011?
17. Specify the nature and capacity of your organisations' physical resources (e.g. office buildings; infra-structure); human resources (e.g. staff capacity) and capital resources (e.g. funds for staff salaries and project implementation) in enabling you to render your FBO's HIV and Aids projects?

PHYSICAL RESOURCES	HUMAN RESOURCES	CAPITAL RESOURCES
	1.	1.
	2.	2.
	3.	3.

	4.	4.
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ADDENDUM B



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Office of the Deputy Dean

1 July 2011

Dear Prof Lombard,

Project: The alignment of Faith-Based Organisations' services with the HIV and Aids National Strategic Plan 2007 – 2011 in Ekurhuleni Metropolitan Municipality (EMM)
Researcher: VH Dhlamini
Supervisor: Prof A Lombard
Department: Social Work and Criminology
Reference number: 28347022

I am pleased to be able to tell you that the above application was **approved** (with comment) by the **Postgraduate Committee** on 14 June 2011 and by the **Research Ethics Committee** on 30 June 2011. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof John Sharp
Chair: Postgraduate Committee &
Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: john.sharp@up.ac.za

ADDENDUM C



RESEARCH ETHICS CLEARANCE CERTIFICATE

Research Project Title: The alignment of Faith-Based Organisations' services with the HIV and Aids National Strategic Plan 2007-2011 in Ekurhuleni Metropolitan Municipality (EMM).

Research Project Number: 14/03//2011-2

Name of Researcher(s): Velile Henrietta Dhlamini.

Division/Institution/Company: University of Pretoria.

DECISION TAKEN BY THE EKURHULENI HEALTH DISTRICT ETHICS PANEL (EHDEP)

- THIS DOCUMENT CERTIFIES THAT THE ABOVE RESEARCH PROJECT HAS BEEN FULLY APPROVED BY THE EHDEP. THE RESEARCHER(S) MAY THEREFORE COMMENCE WITH THE INTENDED RESEARCH PROJECT.
- NOTE THAT THE RESEARCHER WILL BE EXPECTED TO PRESENT THE RESEARCH FINDINGS OF THE PROPOSED RESEARCH PROJECT AT THE ANNUAL EKURHULENI RESEARCH CONFERENCE HELD IN JULY/AUGUST.
- THE ETHICS PANEL WISHES THE RESEARCHER(S) THE BEST OF SUCCESS.

Dr. R. Kelleman *Mellor*
CHAIRPERSON: GAUTENG DEPARTMENT OF HEALTH (EKURHULENI REGION)
Dated: 17/03/2011

DR J. SEPUYA *[Signature]*
DEPUTY CHAIRPERSON: EKURHULENI METROPOLITAN MUNICIPALITY
Dated: 17/03/2011

ADDENDUM D

Tel: 011 024 1051

EKURHULENI RELIGIOUS FORUM

Cell: 082 491 2360

P. O. Box 1753

TEMBISA

1630

ATT: The Research Committee

Faculty of Humanities

UNIVERSITY OF PRETORIA

RE-PERMISSION FOR EKURHULENI RELIGIOUS FORUM PRACTITIONERS'
INTEVIEWS

Student's Name: Velile Henrietta Dhlamini

Student No: 28347022

Course Program: MSW (Social Development and Policy)

Title of Study: The Alignment of FBOs' HIV AND AIDS services with the NSP 2007-2011.

This letter serves to affirm authorization by the above Forum's Executive Leadership, for Ms. V. H. Dhlamini to conduct her desired Study Research with the FAITH BASED ORGANIZATION's Ministers, Leaders and the entire Religious Constituency in EKURHULENI.

Finally, be pleased to contact us at the above-furnished numbers in event of any further inquiry.

Faithfully

Dr. Z'bonele Ka-Mkhwanazi

(Pastor) ERF CHAIRPERSON

ADDENDUM E



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Office of the Deputy Dean

04/05/2011

Our Ref: Researcher: Velile Henrietta Dhlamini

P O Box 367

Rondebult

1423

Tel: (011) 999 - 2789

E-mail: Velile.Dhlamini@ekurhuleni.gov.za

INFORMED CONSENT LETTER

Title of study: The alignment of Faith Based Organisations' services with the HIV and Aids National Strategic Plan (NSP) 2007-2011 in Ekurhuleni Metropolitan Municipality (EMM)

Purpose of the study: To investigate the alignment of FBO services with the HIV and Aids National Strategic Plan 2007-2011 in EMM.

Procedures: I understand that I will be part of a focus group discussion that will be investigating the alignment of FBO services with the NSP 2007-2011 and that it will require sixty to ninety minutes of my time.

Risks and Discomfort: I understand that there will be no risks or discomfort that I may be exposed to in participating in this study. However, if I experience any discomfort during the process I will inform the researcher.

Benefits: I understand that I will not be offered any benefits or incentives including financial compensation for participating in this study. However, the results of the study may help to improve service delivery by both EMM HIV and Aids Unit and the FBO sector in Ekurhuleni.

Participant's Rights: I understand that my participation is voluntary, that I may withdraw from participating in the study at any time and if I do, that I will not be penalized or disadvantaged in any way.

Confidentiality and anonymity: I understand that the researcher and the co-facilitator will take reasonable steps to protect my identity and that all information will be treated confidentially. I understand that the focus group discussion will be audio taped. I will treat the information that will be discussed in the focus group with confidentiality. I take note that the cassettes and transcripts will be kept in a secure place and that it will only be used for research purposes by the researcher, co-facilitator and research supervisors.

Should I withdraw from the study, I understand that the data applicable to me will be destroyed. I understand that the research findings will be documented in a research report for the University of Pretoria; that it will be published in a professional journal and possibly presented at conferences. I take note that my identity will not be revealed. I understand that should there be any need to disclose any information, it will only be done with my consent.

Data storage: I understand that once the research has been completed, the collected data will be stored for a period of 15 years in the Department of Social Work and Criminology which is in accordance with the policy guidelines of the University of Pretoria. If anyone wishes to use the data it will only be allowed with my informed consent.

Person to contact: If I have any questions or concerns, I can contact the researcher Ms V. H. Dhlamini on telephone number 011 999 2789 or cellular number 083 243 7623.

Declaration

I, understand my rights as a research participant, and I voluntarily consent to participate in this study. I understand what the study is about

and how and why it is being conducted. I have received a copy of this consent letter.

Date Place Participant's signature

Date Place Researcher's signature

Date Place Co-facilitator's signature

Faculty of Humanities

Department of Social Work & Criminology