

Assessing the Use of Intergovernmental Forums in the Gauteng Province as a Means to Leverage Infant and Young Child Nutrition Agendas

by
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DECLARATION

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ABSTRACT

Introduction

Infant and Young Child Nutrition (IYCN) requires an enabling environment with strong leadership and a conducive political situation to promote nutrition-specific and nutrition-sensitive interventions.

The aim of the study was to assess the use of the Intergovernmental Relations Framework Act (IGRFA) and corresponding Gauteng forums as a means to leverage IYCN as an agenda item in the province.

Methods

Key-informant in-depth interviews were used to investigate Intergovernmental Forum (IGF) members' experience of these platforms and their understanding of nutrition as an issue that involves multiple sectors.

Results

A total of nine participants consented for an interview to be conducted. Adherence to the stipulations of the IGRFA was perceived to be adequate but did not ensure that the spirit of the Act is carried out in coherent planning and co-operative governance between the different spheres, provincial and local government sphere. Challenges experienced include the operational functioning of the forums and political tension which affect agenda-determination and co-operation between government spheres, particularly between provincial and local structures. Benefits include the opportunity for co-ordination, guidance, and accountability. Most members felt the topics on the agenda and representation at the meetings were adequate. Participants recognized IYCN as a multi-sectoral topic and its relevance for an IGF, but it was rarely on the agenda and ignorance of IYCN remained problematic.

Conclusion

The results indicate the importance of knowledge on IYCN for government leaders and the capacity to deal with political influence. The IGFs in Gauteng demonstrated the ability to leverage IYCN by being a platform for coherent planning and governance, but not for an initial introduction to the topic. High-level leadership needs to introduce the topic in order for it to be discussed; the intended route for scaling up topics is rarely followed. Significant advocacy on IYCN needs to target high-level government officials as well as the general public to develop stronger societal influence.

Keywords: Infant and Young Child Nutrition, multi-sectoral collaboration, Intergovernmental Forums

OPSOMMING

Inleiding

Baba- en Jong-kind-voeding (BJKV) verg 'n bemagtigende omgewing met sterk leierskap en 'n gunstige politiese situasie om voedingspesifieke en voedings sensitiewe intervensies te bevorder.

Die doel van die studie was om die gebruik van die Wet op die Raamwerk vir Interregeringsbetrekkinge (WRIRB) en die ooreenstemmende Gauteng forums te evalueer as 'n manier om BJKV as 'n agendapunt in die provinsie te steun.

Metodes

In-diepte onderhoude is gevoer met sleutel-segspersone om ondersoek in te stel na lede van die Interregeringsforum (IRF) se ondervinding van hierdie platforms en hul begrip rondom voeding as 'n kwessie wat meervoudige sektore betrek.

Resultate

Nege lede het in totaal toestemming gegee vir 'n onderhoud om plaas te vind. Nakoming van die bepalings van die WRIRB is gesien as voldoende, maar het nie verseker dat die gees van die Wet uitgevoer is in samehorige beplanning en samewerkende bestuur tussen die verskillende sferes, provinsiaal en plaaslik, nie. Uitdagings wat ondervind is sluit in die operasionele funksionering van die forums en politiese spanning wat agendabepaling en samewerking tussen regeringssferes affekteer, veral tussen provinsiale en plaaslike strukture. Voordele sluit in die geleentheid vir koördinerende, leiding en verantwoordbaarheid. Meeste lede het gevoel dat die onderwerpe op die agenda en verteenwoordiging by die vergaderings voldoende was. Deelnemers het BJKV erken as 'n multisektor-onderwerp en die relevansie daarvan vir 'n IRF, maar dit was selde op die agenda en onkunde rondom BJKV het 'n probleem gebly.

Gevolgtrekking

Die resultate dui die belangrikheid van kennis van BJKV vir regeringsleiers aan en die kapasiteit om met politiese invloed te werk. Die IRFs in Gauteng het die vermoë om BJKV te steun, aangetoon deur 'n platform te wees vir samehorige beplanning en bestuur, maar nie vir 'n aanvanklike bekendstelling tot die onderwerp nie. Die onderwerp benodig bekendstelling deur hoë-vlak leierskap sodat dit bespreek kan word; die voorgenome roete vir die opskaal van onderwerpe word selde gevolg. Betekenisvolle voorspraak rondom BJKV het nodig om hoë-vlak regeringsbeamptes sowel as die publiek te teiken om sterker samelewingsinvloed te ontwikkel.

Sleuteltermes: Baba- en Jong-kind-voeding, multisektor-samewerking, Interregeringsforums

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CONTRIBUTIONS BY PRINCIPAL RESEARCHER AND FELLOW RESEARCHERS

The principal researcher, Anz lle van de Venter, developed the idea and the protocol. The principal researcher planned the study, undertook data collection, captured the data for analyses, analysed the data, interpreted the data and drafted the thesis. Supervisors, Prof Lisanne du Plessis and Prof Scott Drimie, provided input at all stages and revised the protocol and thesis.

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LIST OF ACRONYMS AND ABBREVIATIONS

COGTA	Co-operative Governance and Traditional Affairs
CoMMiC	Committee on Morbidity and Mortality in Children under 5
CSO	Civil Society Organisation
GDP	Gross Domestic Product
GPG	Gauteng Provincial Government
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Plan
IgA	Immunoglobulin A
IGF	Intergovernmental Forums
IGR	Intergovernmental Relations
IGRFA	The Intergovernmental Relations Framework Act (Act no.13 of 2005)
IYCF	Infant and Young Child Feeding
IYCN	Infant and Young Child Nutrition
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goals
MEC	Member of Executive Council
MMC	Member of Mayoral Committee
MNCWH&N	Maternal, Neonatal, Child and Women's Health and Nutrition
NaPeMMCO	National Perinatal Morbidity and Mortality Committee
NDP	National Development Plan
NFCS FB-1	National Food Consumption Survey Fortification Baseline-1
PCF	Premier's Coordinating Forum
PMTCT	Prevention of Mother to Child Transmission
SADC	Southern African Development Community
SDG	Sustainable Development Goals 2030
SALGA	South African Association for Local Government Agency
SAM	Severe Acute Malnutrition
SANHANES	South African National Health and Nutrition Examination Survey
UN	United Nations
UNCRC	United Nations Convention of Rights of a Child

UNICEF	United Nations International Children's Fund
UN REACH	United Nations Renewed Efforts Against Child Hunger
WHO	World Health Organization
ZM	Zero Malnutrition

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ADDENDUM 2	Research approval: Department of Social Development
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ADDENDUM 5	Letter of invitation to take part in the study
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CHAPTER 1: INTRODUCTION

Optimal infant and young child nutrition is vital for sustainable development by means of human capital development and poverty alleviation. South Africa has many initiatives for the improvement of infant and young child health; however, current nutrition interventions fail to deliver outcomes to their full potential. Research has indicated that nutrition interventions should not only be aimed at addressing direct causes of malnutrition – as many South African interventions currently are – but need a wider, multi-sectoral approach to address underlying factors of malnutrition. Moreover, multi-sectoral collaboration in itself does not address the most basic causes of malnutrition that stem from political and economic management and resource-allocation. There needs to be a shift from current nutrition strategic planning to creating an enabling environment that supports stronger basic and underlying factors of nutrition that will ultimately enhance current strategies that are in place.

This concept of an enabling environment through political, strategic, and coherent planning is encapsulated in the Constitution of South Africa and is further embodied in the Intergovernmental Relations Framework Act no. 13 of 2005. The Act legislates the establishment of forums on all government levels which are intergovernmental and multi-sectoral in nature and are ordained to revolve around matters of national priority. Nutrition is one such priority. The legally constituted forums thus display potential to scale up infant and young child nutrition matters on a national, but also a provincial level. However, initial reports on these intergovernmental forums (IGFs) indicate several challenges regarding the enforcement of the forums and optimal utilisation thereof with regard to the Act. Despite this, few studies have looked into the current functioning of these forums, and none on a qualitative, descriptive level. This thesis reflects an in-depth interview study that explores the current potential of these forums to leverage infant and young child nutrition and aims to identify what it is that hinders them from being used optimally.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTORY REMARKS: NUTRITION – A GROWING, GLOBAL CONCERN

Nutrition has been a focus point on the new development agendas of the millennium, including the Millennium Development Goals (MDGs) and the recent Sustainable Development Goals (SDGs), for a number of reasons. Where malnutrition was previously seen as a concept of insufficient quantities of food and a concern of the provision of adequate amounts thereof, the 21st century has revealed malnutrition in all its facets and its elaborated consequences. The understanding of malnutrition has grown alongside factors such as globalisation, urbanisation, and modernisation through a global nutrition transition. When slow progress was made toward the MDGs (2000-2015), further attention was drawn toward what can be considered the “forgotten” goal for the new millennium – nutrition⁽¹⁾. This has resulted in large numbers of obesity and so called hidden hunger^a in developed countries, and a double burden of malnutrition (both under- and overnutrition) in low and middle-income countries^b. The evolving phenomenon causes nearly a third of the world’s population to suffer from either form of malnutrition and has given rise to consequential comorbidities such as diabetes – one of the fastest growing epidemics today ⁽²⁾⁽³⁾.

Not only is nutrition foundational to the individual, but also for national development. The post-2015 SDGs are highly dependent on optimal nutrition to achieve targets, where nutrition is a vital precondition for at least eight of the goals. The SDGs (2015 -2030) recognise the inability for sustainable growth with continuous poverty cycles and productivity losses of up to 11% of GDP due to malnutrition. The SDGs thus contain a larger number of nutrition-related targets, as well as targets that promote supporting structures to facilitate nutrition strategies and programmes. Such goals include SDG 1: no poverty, SDG 2: no hunger, SDG 3: good health and wellbeing, SDG 4: quality education, SDG 5: gender equality, and SDG 8: decent work and economic growth. The following goals support and facilitate programmes: SDG 6: clean water and sanitation, SDG 7: affordable and clean energy, SDG 16: strong institutions, SDG 15: life on land, SDG 13: climate action, SDG 12: responsible consumption, SDG 11: sustainable cities and communities, and SDG 10: reduced inequalities. For over 8 of the

^a Hidden hunger: The chronic lack of mineral and vitamin intake and absorption in the presence of adequate energy consumption. von Grebmer K, Saltzman A, Birol E, et al. 2014 Global Hunger Index: The Challenge of Hidden Hunger. Welthungerhilfe, IFPRI, Concern Worldwide

^b Low and middle income countries: low-income economies are defined as those with a GNI per capita of \$955 or less in 2017, lower middle-income economies are those with a GNI per capita between \$996 and \$3895; upper middle-income economies are those with a GNI per capita between \$3896 and \$12055. World Bank Country and Lending Groups [Internet], cited September 2018. Available at: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>

SDGs, nutrition is a vital precondition, while the other 9 support nutrition targets to be reached⁽⁴⁾. This is nearly double the number of targets represented in the MDGs.

2.2 INFANT AND YOUNG CHILD NUTRITION

The first 1000 days of a child's life – nine months in the womb and the first two years of life – have shown to greatly shape the nutritional health of a person to such an extent that optimal nutrition during this time can even prevent chronic diseases of the lifestyle and other types later in life⁽⁵⁾. There are a few mechanisms by which optimal nutrition in-utero and postnatally prevent disease in the short and long term. In-utero nutrition is largely dependent on the mother's diet. The mother's nutritional status during the time of pregnancy and that of the child during early infancy influences the extent of adipose tissue development and leptin production – both which have shown to be key role players in the development of obesity and diabetes during adulthood.⁽⁶⁾

Breastmilk has proven repeatedly to be the optimal form of infant nutrition overall and its benefits continue to be explored today.⁽⁷⁾ With the very rare exception of a few medical conditions, breastmilk can be enjoyed by nearly all neonates and infants. Directly after birth, the infant's gut and immune system are still largely immature and continue to develop for 12 months afterward.⁽⁸⁾ The exclusive properties of breastmilk help to develop the infant's gut lining and can prevent transmission of HIV and contraction of diarrhoeal diseases. Furthermore, immune function properties such as IgA in breastmilk are passed down passively from the mother's matured immune system to the infant's. This improves overall stronger immune function and, in particular, has also improved respiratory function and general lung health in perinatal and young infants.⁽⁹⁾ Also, breastmilk in itself acts as a dietary antigen to the infant's otherwise immature immune system. The benefits of breastmilk are optimal when a child is exclusively breastfed for the first 6 months of life, with the introduction of complementary food at six months and continued breastfeeding thereafter for 2 years and beyond.⁽¹⁰⁾

The first 1000 days' window of opportunity also coincides with the most critical part of human brain development, where adequate nutrition is essential for maximum development and thus long-term investment in human capital.⁽¹⁰⁾ Malnourished children cannot reach their full personal health and economic potential in adulthood.^(11,12) In essence, a focus on and attention paid to this critical window of opportunity of maternal and child health and nutrition can undoubtedly lead to alleviation of poverty and hunger.^(13,14) Inaction in this area not only impacts immediate health indicators but can have a long-lasting effect on human capital and

an accelerated effect on major diseases such as obesity, diabetes, HIV transmission, and more.

2.3 INFANTS AND YOUNG CHILDREN: A VULNERABLE POPULATION

The need for adequate nutrition cuts across race, ethnicity, age, and gender. However, due to inequality, the need is not met for certain groups of people. Women and children are the most vulnerable groups for nutrition insecurity for multiple reasons. Women are at a higher risk of malnutrition due to their increased needs during times of pregnancy and lactation. Large percentages of women also suffer from gender-based inequality and poverty.⁽¹⁵⁾ Further, women are often last in the household to receive food and least likely to generate an income due to home and childcare responsibilities.⁽¹⁶⁾

Maternal health and nutritional status directly affect the first 9 months of foetal development, which constitute the first 270 days of the first 1000 days of life. Although women generally have lower metabolic rates and can require up to 25% less dietary energy, they require larger amounts of micronutrients due to physiological differences during pregnancy and lactation.⁽¹⁰⁾ Furthermore, neonates of women from disruptive social environments and who were undernourished during pregnancy are more likely to be born with foetal growth restriction, which causes more than 12% of neonatal deaths and an estimated 20% of all stunting.⁽¹⁰⁾

Likewise, maternal overnutrition has equally significant effects on short- and long-term child health outcomes. Maternal overweight and obesity is strongly associated with preterm birth and increased infant mortality.⁽¹⁰⁾ Also, overweight during pregnancy increases chances of gestational diabetes, which in turn can lead to macrosomia and unstable infant glucose control after birth. Long-term effects of maternal overnutrition include the overdevelopment of adipose tissue in the infant and overstimulation of leptin levels, both which have been associated with child and adulthood obesity and diabetes development. As with the rest of national body weight trends, maternal overweight and obesity levels are increasing at a rapid rate and with that other non-communicable diseases, increasing health complications in South Africa. Maternal overweight and obesity in Africa has increased more than 40% in the last years, and diabetes has nearly quadrupled between 1980 and 2014.^(10,17) The intergenerational transmission of malnutrition described above fuels a vicious cycle of poor development outcomes.⁽¹⁸⁾

Conversely, positive social and environmental factors of maternal health have a progressive outflow on foetal growth and infant development. Women who had the opportunity to complete secondary education were less likely to have stunted children.⁽¹⁵⁾ In studies where women

had more control over household food distribution, children were significantly less malnourished.⁽¹⁹⁾

Infants and young children, in turn, are equally considered part of the most vulnerable populations groups because they are entirely dependent on caregivers for optimal nutrition; have largely underdeveloped immune systems, making them easily susceptible to disease and infection; have an irreversible window of opportunity for lasting health; and are often lower in a household hierarchy to receive food. Maternal and child health and nutrition are thus areas of concern that warrant attention and action.

2.4 INFANT AND YOUNG CHILD HEALTH IN SOUTH AFRICA

2.4.1 CURRENT STATE OF INFANT AND YOUNG CHILD NUTRITION IN SOUTH AFRICA

South Africa (SA) is by and large an emerging developing country, struggling with numerous complications of vast spread poverty despite its official status as an upper middle-income country.⁽²⁰⁾ Duly, infant and young child health experiences various challenges, and the statistics are a reflection of the growth and setbacks of the multiple factors of poverty. With a population of nearly 56 million, the fertility rate is 2.29 children born per woman.⁽²¹⁾ The SA Infant Mortality Rate (IMR) and Child Mortality Rate (CMR) (Table 2.1) have not changed much over the past few years and remain too high. In South Africa, more than 50 000 children under the age of five die annually with more than 30% of those cases being nutrition-related.^(22,23) The main causes of under-five mortality include malnutrition, gastroenteritis, and lower respiratory tract infection such as pneumonia.⁽²⁴⁾ The leading cause of childhood morbidity is pneumonia (53%), followed by diarrhoea and severe acute malnutrition (SAM). Infant and young child nutritional concerns further include increased levels of obesity, micronutrient deficiencies, and food insecurity, which acts as a precursor for most other nutritional problems.

Table 2.1: South African Infant and Child Mortality Rates

	2014 ⁽²⁵⁾	2016 ⁽²⁶⁾	2017 ⁽²⁷⁾
Neonatal Mortality Rate	11/1000	21/1000	-
Infant Mortality Rate	28/1000	35/1000	32/1000
Under-five Mortality Rate	39/1000	42/1000	42/1000

Apart from causing mortality, malnutrition also causes severe morbidity – either directly or as an underlying cause. ⁽²⁸⁾ Although malnutrition is often colloquially considered as undernutrition, it presents in different forms: underweight and wasting, chronic malnutrition (in the form of stunting), micronutrient deficiency, and overnutrition. Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) are acute forms of inadequate nutrient intake and are measured in a weight-for-height on or below the second standard deviation (MAM), and on or below the third standard deviation (SAM), according to the WHO growth charts. ⁽²⁹⁾ Severe acute malnutrition can also present in the form of bilateral or bipedal oedema in the presence of normal weight-for-height. SAM cases are often accompanied by underlying causes such as HIV or chronic diarrhoea, and incorrect diagnosis of MAM and SAM have led to skewed infant mortality statistics in the past. In 2011 more than 16% of infant deaths were ill-defined, and between 2010 and 2013, half of infants who died were also undernourished. ⁽²⁸⁾ This indicates that there is a strong possibility that a larger percentage of infant mortality is actually underpinned by malnutrition.

Stunting is measured as an infant or child's height- or length-for-age that is on or below the second standard deviation and severe stunting when the height/length-for-age is below the third standard deviation. Stunting is caused by chronic inadequate nutrient intake at different stages of development, going as far back as preconception. A child can be predisposed by maternal undernutrition in preconception, maternal deficiencies, health complications and substance abuse during pregnancy, and inadequate intake or absorption postnatally. ⁽³⁰⁾ Unlike acute malnutrition, stunting does not cause infants and children to appear obviously malnourished and is thus often called a "silent killer". Stunting can have long-lasting implications as it is associated with suboptimal cognitive development, leading to reduced learning capacity and eventually decreased earnings of up to 20% comparatively. ^(31,32) Mothers of short stature have a higher risk of giving birth to stunted children. Stunting has also shown to be associated with increased risk of obesity, hypertension, and cardiovascular complications. ⁽³³⁾ Levels of stunting in SA have remained relatively stable over the last 40 years with slight variation in certain age groups. The Global Nutrition Report as well as the Demographic Health Survey of 2016 reported under-five stunting in South Africa at 27%, which is 8% higher than next income-comparable country (Senegal), and 20% higher than the lowest income-comparable country (Brazil). ^(26,2) The unwavering levels of stunting and severe stunting take greater concern over the previously worrying underweight and wasting levels. ⁽³⁴⁾

As with the international escalation in overweight and obesity in the 21st century, South Africa has experienced exponential growth in this area, not just in adults but also amongst young

children and adolescents. Overweight and obesity are precursors for non-communicable diseases such as diabetes and cardiovascular diseases which, by current trends, will become the leading causes of death in South Africa by 2030. ⁽³⁵⁾ Similarly, childhood obesity is a precursor for overweight and obesity in adulthood. While 50% of obese children continue to be obese during adolescence, 80% of obese adolescents become obese adults for various reasons. ⁽³⁶⁾ Studies show that this is likely due to a variety of physiological and psychological reasons. Studies have established that early childhood dietary and lifestyle habits carry over to later childhood and become adult dietary and lifestyle habits unless deliberate intervention strategies take place. ⁽³⁷⁾ Puberty is often considered a second ‘window of opportunity’ when it comes to child development and growth. When children enter puberty, they experience a significant change in body composition and weight due to hormonal changes. However, while there is a large increase in both lean body mass and fat mass during puberty, overweight and obese children have an even larger increase in fat mass during this time. This consequently enhances the likelihood of being overweight and obese in adulthood and the onset of related comorbidities such as diabetes and cardiovascular complications. ⁽³⁸⁾ It is estimated that 25% of South Africa’s healthcare costs are directly devoted to the management of cardiovascular disease in the country and, according to the International Diabetes Federation’s latest statistics, the country spends over US\$900 per annum on a person with diabetes. ⁽³⁾ Overweight and obesity levels are increasing the complexity of nutritional health amongst children under the age of 14 years in South Africa, with high percentages of 16% and 7% for girls, and 11% and 5% for boys being reported, respectively. ⁽³⁹⁾ The increasing prevalence of overweight and obesity is largely contributed to by rapid change in dietary habits and the broader food environment over the recent years. The 2016 WHO Global Report on Diabetes urges countries to invest in policy and legislation on a multi-sectoral level to instil preventative measures and to tackle overweight and obesity. The report suggests that an increase in prices of foods high in fat, sugar, and salt can promote a decrease in consumption thereof and, further, that focus should be placed on early childhood nutrition, the first 1000 days of life, and the importance of breastfeeding. ⁽⁴⁰⁾ The South African National Strategy for Prevention and Control of Obesity for 2015 to 2020 contains four strategic goals of which Goal 4 is to ‘Support Obesity Prevention in Early Childhood’ (in-utero to 12 years). While the document speaks of the use of multi-sectoral intervention, the four comprehensive objectives for Goal 4 remain the greater responsibility of the Department of Health, with the Department of Social Development and Education being responsible for targets 3 and 5. ⁽⁴¹⁾

Table 2.2: Undernutrition in Children 1-3 years^{(42) (39) (43)}

	2005	2012	2016
Stunting (%)	23	26	27.4 (0-5yrs)
Underweight (%)	11	6	5.9 (0-5yrs)
Severely Wasted (%)	0.9	1.1	0.6 (0-5yrs)

Table 2.3: Undernutrition in Children 4-6 years^{(42) (39)}

	2005	2012
Stunting (%)	16	12
Underweight (%)	8	4
Severely Wasted (%)	1.5	0.8

Table 2.4: Overnutrition in Children 1-6 years^{(42) (39) (26)}

	2005 (1-6yrs)	2012 (2-5yrs)	2016(0-5yrs)
Overweight (%)	10	18	13.3
Obese (%)	4	4	Not available

South Africa is food secure at a national level in terms of the availability of food in the country respective to the population. However, food security does not only entail the availability of food nationally, as certain parts of the country still experience hunger and food insecurity; it also considers a person's access to adequate food. Forty-five percent of the country is considered to be food insecure and 26% of households experience hunger on a daily basis⁽³⁹⁾. Furthermore, children should also be nutritionally secure^c in order to live an active and healthy life^d.⁽⁴⁴⁾ Food security thus entails not only having physical and economic access to food but

^c Nutrition security: exists when there is access to a variety of good quality, safe foods to ensure an active and healthy life. It also includes having sufficient knowledge and skills to acquire and prepare a nutritionally adequate and safe date, as well as effective biological utilisation of foods consumed. Gross R, Schoeneberger H, Pfeifer H, et al. FNS: Definitions and Concepts. EU, InWEnt, FAO. 2000

^d Food security: exists when all people at all times have physical, social, and economical access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life. UNFAO. World Food Summit. Rome 1996

includes a wider array of factors such as sufficient knowledge or education of caregivers on nutritious food procurement and preparation, among others. Women and children are considered the most vulnerable members of a household and suffer great individualised food- and nutrition insecurity. ⁽⁴⁵⁾ Children of all ages are shown to suffer most from poverty compared to older age groups. ⁽⁴⁶⁾ In 2012, 30% of children living in a household in South Africa had inadequate access to food. ⁽⁴⁷⁾

Among the consequences of food insecurity are micronutrient deficiencies. Food- and nutrition insecurity at the household and individual level prevent the consumption of a varied diet and limit the diet to staple foods with minimal micronutrient value. Micronutrient deficiencies have created greater concern with the increasing prevalence of hidden hunger, defined as deficiency in micronutrients in the presence of sufficient amounts of food. The nutrition transition in South Africa, as in many developing countries, has played a big role in the incidence of micronutrient deficiency in the presence of adequate energy intake. Nutrition transition, as first described in the 1970s, is the change in dietary patterns and nutrient intake of a population due to lifestyle changes that occur as a result of economic development, urbanisation, and acculturation. ⁽⁴⁸⁾ These factors have increased at a faster rate than previously experienced in history, particularly in lower-middle-income countries such as South Africa. A study done in Southern Africa reported that the nutrition transition in the region more specifically translated into a less traditional diet, i.e., lower intake of high-fibre starches and plant-based proteins, and increased intake of total fat, sugar-containing beverages, and animal-source proteins. ⁽⁴⁸⁾ This results in higher dietary energy content, predominantly through refined and processed foods, and a diet lower in essential micronutrients. ⁽⁴⁹⁾

A strong immune system is dependent on adequate nutrient intake, and micronutrient deficiencies are strongly associated with weakened immune function and increased disease infections e.g., pneumonia and diarrhoea, which are leading causes of under-five mortality nationally. However, many such diseases can also be prevented by addressing accompanying factors such as hygiene and sanitation through different sectors. ⁽⁵⁰⁾ In particular, vitamin A, anaemia, and iron intake overall have shown a moderate to significant decrease over the last 10 years, but not all are at desirable levels. ⁽¹³⁾ Iron deficiency anaemia is of concern during early childhood because of increased requirements, particularly in South Africa because of low intake of iron containing foods and/or absorption. Iron deficiency is associated with lower cognitive function and impaired growth. Iron deficiency was found to be 8% in children under five, and anaemia 10.7%. ⁽³⁹⁾ Likewise, vitamin A is essential for optimal growth and deficiency thereof is associated with increased morbidity, infection, and vision impairment. ⁽⁵¹⁾ Vitamin A levels have increased significantly over the last 10 years, mainly attributed to national vitamin

A supplementation and food fortification programmes; however, nationally, 43.6% of children under five remain vitamin A-deficient.

The diseases that have attracted great concern and research over the last 15 years are HIV and AIDS. HIV, by nature, is an aggressive disease that decreases the body's immune function and depletes the body's nutrient stores. In children, HIV medication or treatment regimens can also seriously interfere with nutrient absorption and cause side-effects such as dyslipidaemia and high total cholesterol. ⁽⁵²⁾ Improved infant mortality rates over the last 10 years are largely due to strengthened Prevention of Mother-To-Child-Transmission (PMTCT) programmes and vaccination regimes. Along with maternal and infant testing schedules and corresponding medication, the PMTCT programme includes the appropriate promotion of breastfeeding. ⁽⁵³⁾ Updated PMTCT regimes which include renewed efforts on breastfeeding promotion and increased understanding of the risks of breastmilk substitutes led to a decrease in diarrhoeal diseases that result from the use of breastmilk substitutes and, consequently, a decreased mortality rate thereof. ⁽⁵⁴⁾

Breastfeeding rates in South Africa have improved over the last 20 years due to rigorous efforts of promotion, protection, and support thereof. Exclusive breastfeeding rates for children under 6 months have increased from 7% in 1998 to nearly 32% in 2016. However, 44% of infants are fed complementary foods too early and a quarter of infants under 6 months do not receive any breastmilk at all, regardless of available evidence of its benefits and current campaigns. ⁽²⁶⁾ There is thus still a need for much progress in this area.

2.4.2 A RIGHTS-BASED FOUNDATION FOR HEALTH

South Africa is a young democratic republic and has a unique set of determinants of health. Therefore, the country develops its own policies and frameworks on child health and nutrition, guided by global initiatives. All policies and law are guided by basic human rights embedded within the Constitution. ⁽⁵⁵⁾ All South African health rights are further based on the foundational principles of the International Covenant on Economic, Social, and Cultural Rights, as explained in General Comment 14 where people have the right to the highest attainable standard of health and all South Africans' right to access health care ⁽⁵⁵⁻⁵⁷⁾. The right to health is further recognised in the National Health Act (Act No. 61 of 2003), as the act aims to respect, protect and fulfil the right to health for all South Africans. ⁽⁵⁸⁾

In 1995, South Africa ratified the United Nations Convention of Rights of a Child (UNCRC) and has since declared child health a national priority. ⁽⁵⁹⁾ A committee was then also set up with governmental and non-governmental experts on child interventions. With the political turn in the country to a democratic republic, the new Constitution of 1996 included the mentioned children's rights guidelines in order for a progressive realisation thereof. The Constitution of

the Republic of South Africa of 1996 explicitly states in article 2(27) that every person has the right to sufficient food and water and further states that every child has the right to basic nutrition.⁽⁵⁵⁾ The human rights of all South African citizens are protected in the Bill of Rights contained in chapter two of the Constitution which guides and ensures the use of a human rights based approach to realize the right to health, including child health of South Africans.

2.4.3 SOUTH AFRICAN FRAMEWORKS, POLICIES AND PROGRAMMES ON IYCN

The World Health Organization (WHO) developed the Global Strategy for Infant and Young Child Feeding in 2002. These key recommendations for optimal infant feeding were adapted by the South African government in 2007. The first IYCF policy was mainly developed as a result of growing concern about sub-optimal infant feeding practices, the high under-five mortality rates and the Global Strategy developed in 2002. Though the collaboration of national and provincial directorates, as well as academic institutions, relevant stakeholders and UN agencies, a draft policy was assembled and adapted after a national workshop.⁽⁶⁰⁾ The policy is South Africa's main comprehensive strategy on infant and young child health and nutrition and includes all South Africa's binding and non-binding commitments, as well as certain global strategies and initiatives.

The policy is a continuance of article 2(28)(2) of the Constitution: "a child's best interests are of paramount importance in every matter concerning the child". The policy further aims to fulfil South Africa's obligation to Article 24 of the Convention on the Rights of a Child and the Innocenti Declaration of 1990.⁽⁶¹⁾ Besides incorporating the mentioned binding laws, the policy was further written in the context of South African strategies and programmes already in place that address the major causes of child mortality and morbidity in the country. Such strategies include the Baby Friendly Hospital Initiative (now the Mother-Baby Friendly Initiative) introduced in SA in 1994, the International Code of Marketing of Breastmilk Substitutes (now legislated and referred to as "Regulation 991"), as well as the National Prevention-of-Mother-to-Child-Transmission Programme (PMTCT) of 2001. Following the Tshwane Declaration of support for breastfeeding in 2011, the IYCF Policy was revised in 2013 and included the 2010 WHO guidelines on HIV and Infant feeding.⁽⁶²⁾ The updated version was also aligned with new strategies such as the Roadmap for Nutrition in South Africa and the Strategic Plan for Maternal, Neonatal, Child and Women's Health and Nutrition (MNCWH&N).⁽¹³⁾ In 2008, specialised committees were set up in effort to combat child mortality: NaPeMMCO and CoMMic, particularly for monitoring and evaluation purposes.⁽⁵³⁾

The 2013 IYCF policy is also aligned with other global initiatives, including the UN Joint Guidelines on HIV and Infant Feeding of 2010 and the Campaign on Accelerated Reduction in Maternal and Child Mortality in Africa (CARMMA) of 2012. In 2017, the policy was again

adapted to include the WHO update on HIV and infant feeding (2016), stating that all mothers should breastfeed for at least 12 months and can continue to breastfeed for two years and beyond, regardless of HIV-status. Mothers who are living with HIV should be encouraged and supported to fully adhere to ART treatment. ⁽⁶³⁾

The latest policy (IYCF 2013 with amendments of 2017) thus acts as an all-encompassing document for stakeholders, covering the prevention of all major infant morbidities in South Africa through the endorsement of best-available, predominantly nutrition-specific strategies and programmes currently in place. In particular, renewed efforts focus on the active protection, promotion, and support of breastfeeding as a key to child survival and decreased morbidities. ⁽⁶³⁾

2.4.4 NATIONAL CHILD HEALTH GOALS

National Health Goals are mainly directed by the National Department of Health but also by the National Planning Commission from the Presidency as part of the National Development Plan (NDP) of 2012 ⁽³⁵⁾. National goals are often aligned with global targets such as those of the MDGs, and are adapted according to national epidemiology and national capacity. ⁽⁶⁴⁾ The new President of South Africa in his State of the Nation Address in February 2018 reaffirmed his commitment to alleviating South Africa's major challenges through the use of the NDP which lost its momentum under the previous presidential administration. ⁽⁶⁵⁾

The SDGs were adopted by world leaders including South Africa in 2015, and although the NDP and most of South Africa's current targets were established before the official launch of the SDGs, the suggested goals for the post-2015 agenda (SDGs) were already taken into account. The NDP draft remained unchanged and contains strong alignment with the SDGs eventually released in 2015. ⁽³⁵⁾

SDGs directly related to health targets for children under-five, include SDG 2 and 3⁽¹²⁾ (Table 2.5).

Table 2.5: SDGs and South Africa's National Commitment ^(14,35)

Sustainable Development Goal	Sustainable Development Targets	South Africa's Commitment (NDP 2030)
Goal 1: No Poverty	<ul style="list-style-type: none"> By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its 	The National Development Plan aims to eliminate poverty and reduce inequality by 2030

	<p>dimensions according to national definitions</p> <ul style="list-style-type: none"> • Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable 	<ul style="list-style-type: none"> • Eliminate income poverty – Reduce the proportion of households with a monthly income below R419 per person (in 2009 prices) from 39 percent to zero. • Create an inclusive social protection system that addresses all areas of vulnerability and is responsive to the needs, realities, conditions and livelihoods of those who are most at risk.(ie people with disabilities, those who are elderly, children and migrants)
<p>1) Goal 2: Zero Hunger 2) Goal 3: Good Health and Wellbeing</p>	<p>1) By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.</p>	<p>Maternal, infant and child mortality reduced</p>

	2) End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births	
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Adaptation of Gauteng Department of Health Annual Performance Plan 2016/17-18/19 Table on p12-13. ⁽⁶⁶⁾

The NDP for South Africa 2030 is a 13-chapter document that includes broad strategic goals, among others, for health and nutrition. The aim of the visionary document is to address three main challenges facing South Africa, i.e., poverty, unemployment, and inequality. One of the 2030 goals of the NDP is to reduce Maternal, Infant and Child mortality. This goal, as well as increasing life expectancy to 70 years, form part of the four focus areas of the Health Negotiated Service Delivery Agreement of the country. Amongst the recommendations to create a better future for our youth is to include “a nutrition intervention for pregnant women and young children”. ⁽³⁵⁾

Table 2.6: Infant and Young Child Mortality Targets ^(14,35)

	National Target 2030	Global Goals (SDG 2030)
Neonatal Mortality Ratio	None	Less than 12/1000 live births
Infant Mortality Ratio	Less than 20/1000 live births	None
Under-five Mortality Ratio	Less than 30/1000 live births	Less than 25/1000 live births

Apart from the SDGs of the UN Summit 2015, South Africa is committed to the African Union Agenda 2063. ⁽⁶⁷⁾ Many of these goals are incorporated in the NDP 2030.

2.5 GAUTENG PROVINCE

2.5.1 GAUTENG PROVINCE BACKGROUND

The Gauteng Province is the smallest of the nine provinces in South Africa but is the most densely populated per square kilometre. As the host of South Africa's administrative capital, Pretoria, and the country's largest business district, Johannesburg, Gauteng has an estimated population of over 14 million.⁽⁶⁸⁾ The Gauteng Province consists of 3 metropolises – City of Tshwane, City of Johannesburg and Ekurhuleni, as well as 2 districts; the West Rand, and Sedibeng district municipalities. Although most of Gauteng is inhabited by local South Africans, it is also home to large numbers of immigrants from across Southern Africa and, more broadly, across the continent. The estimated child population of Gauteng is 3.4 million (24% of total population).⁽⁶⁹⁾ The province is comprised of predominantly built-up cities but also contains rural and agricultural land.



Figure 1: Gauteng Province in South Africa

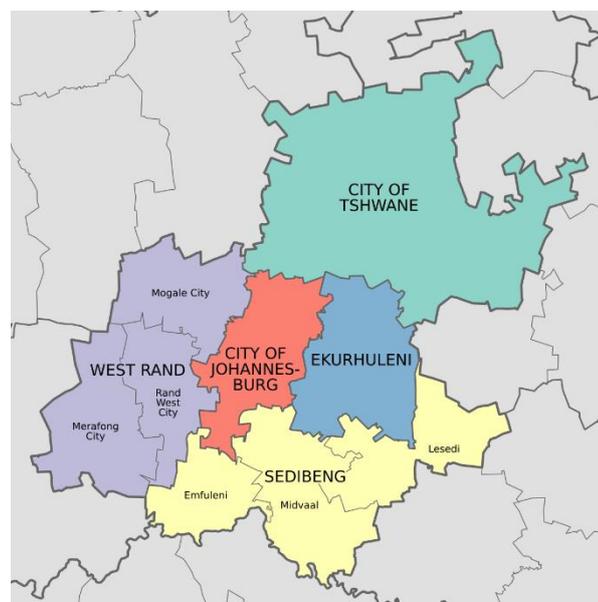


Figure 2: Metropolises and Districts within the Gauteng Province, South Africa

2.5.2 PROVINCIAL INFANT AND YOUNG CHILD HEALTH GOALS, STRATEGIES, AND PROGRAMMES

In the Gauteng Province nutrition services resort under the provincial health authority, and certain services resort under the municipalities. At provincial level the Gauteng Department of Health has three dietitians, while each district within the Province has an assistant director in the area of nutrition which; all registered dietitians. Early infancy and well-baby check-ups do not routinely include a consultation with a dietitian, but happens on referral basis to either the clinic or nearest hospital dietitian. Certain departments such as the Gauteng Department of

Education and the Department of Social Development either have nutrition representatives or a nutrition directorate within the department.

South Africa has national targets for infant and young child health, while each province has its own set of goals and targets specific to its population demographics. Over the last ten years, the Gauteng Province reached its cause-specific targets for the under-five mortality rate due to the implementation and strengthening of various programmes. Ward-based Outreach Teams, vaccination programmes, and the increased use of the Road-to-Health-Booklet contributed to the reduction in under-five mortality. However, the true count of SAM cases in the province remains an issue. Although under-five deaths due to SAM have decreased statistically, reality indicates a problem with incorrect assessment and classification thereof and thus it remains a large concern for infant health in the province. ⁽²⁸⁾

Gauteng has developed a ten-pillar programme that aims to transform the province drastically within the next five to fifteen years. In furtherance of this undertaking, the Gauteng Department of Health has set up a five-year plan (2015-2020) that, among other goals, commits to improving maternal, infant, and child health, and addresses the social determinants of health in the province.

Table 2.7: Gauteng Province Infant and Young Child Mortality Goals ⁽⁶⁶⁾

Target Indicator	Strategic Goals 2020
Neonatal Mortality Ratio per 1000 live births	From 15 to 6
Infant Mortality Ratio per 1000 live births	From 34 to 20
Under-five Mortality Ratio per 1000 live births	From 43 to 23
<ul style="list-style-type: none"> • Diarrhoea 	From 3.5% to <1.5%
<ul style="list-style-type: none"> • SAM 	From 6% to <3%

One of the Gauteng sub-programmes is the Maternal, Neonatal, Child, Youth and Woman's Health and Nutrition programme. The priority is to "decrease *maternal, infant and child mortality*" through various strategies including promoting and supporting breastfeeding,

strengthening Integrated School Health Programmes Services, and eradicating all forms of infant and child malnutrition by 2030. ⁽⁶⁶⁾

2.6 FOCUSING PROGRAMMES AND INCREASING INITIATIVES CAN BRING ABOUT CHANGE IN INFANT AND YOUNG CHILD HEALTH

An increased number of programmes and initiatives over the last 10 years, globally and nationally, have managed to significantly combat infant and young child morbidity and mortality, albeit not yet sufficiently. South Africa managed to achieve only a few MDG 4 targets by the end of the set time frame, excluding that of decreasing the under-five mortality rate between 1990 and 2015 by two-thirds⁽²⁴⁾.

There is ample evidence that shows investment in nutrition during the first 1000 days of life has significant potential not only to decrease under-five mortality but also to improve human capital and decrease health costs in the long term. The Lancet series on Maternal and Child Nutrition of 2013 showed that adequate infant and young child nutrition could reduce the under-five mortality rate by 20% solely by means of exclusive breastfeeding for 6 months, followed by appropriate complementary feeding thereafter. ^(70,71)

A study published in the Lancet (2013) looked into the efficacy of key maternal and child nutrition intervention strategies in 34 countries. Results indicated that the successful implementation of 10 of these core intervention strategies can reduce under-five mortality by nearly 15%, and if 90% of the country was covered, stunting can be reduced by 20% and potentially severe undernutrition by more than 60%. Such strategies include promotion of exclusive breastfeeding, appropriate complementary feeding from 6 months onwards, and maternal and child micronutrient programmes, among others. ⁽⁷³⁾ All of these nutrition-specific intervention strategies are already included in the South African IYCF Policy in one form or another. ^(62,63)

Focusing on the implementation of early-life nutrition^e intervention strategies not only decreases short- and long-term mortality and morbidity but has the potential to increase human capital, which in the long term improves overall GDP, and to decrease national health costs in both the short and long term. Longitudinal studies indicate early stunting in children predicts weaker educational outcomes. ⁽¹⁰⁾ Further studies indicate the return on investment in nutrition; US\$1 invested in nutrition can have US\$16 return.⁽⁷³⁾ When a child's brain has the potential to grow optimally during the first two years of life, that child has the potential to learn at school and eventually has increased possibility to earn. While current diabetes and CVD

^e Early-life nutrition: Early life nutrition refers to nutritional exposures prior to conception and during pregnancy, infancy and early childhood. Davies P, Funder J, Palmer D, et al. Early Life Nutrition: The opportunity to influence long term health. Danone. Nutricia.

management and treatment are costing nations billions, prevention through early health programming can significantly delay the onset of these conditions and thus decrease such expenses. ⁽⁴⁰⁾

Programmes and initiatives focused on IYCN thus have the potential to bring about desired change in this domain.

2.7 APPROPRIATE LEVELS OF ENGAGEMENT

2.7.1 FRAMEWORK OF MALNUTRITION

Good nutrition is a prerequisite for good health and is, therefore, also influenced by the social determinants of health. Nutrition in itself is, therefore, a multifaceted concept. As much as it involves the individual's consumption of food, it is also influenced by the complex process of the procurement thereof. The UNICEF conceptual framework explains the intricate nature of malnutrition. ⁽⁷⁴⁾ The framework, developed in 1990, depicts three levels of interrelated factors that manifest in malnutrition when one or more of these levels fail in the system (figure 3).

The most immediate factors of child malnutrition are dietary intake and the absence or presence of disease, which operate at an individual level. However, these factors are, in turn,

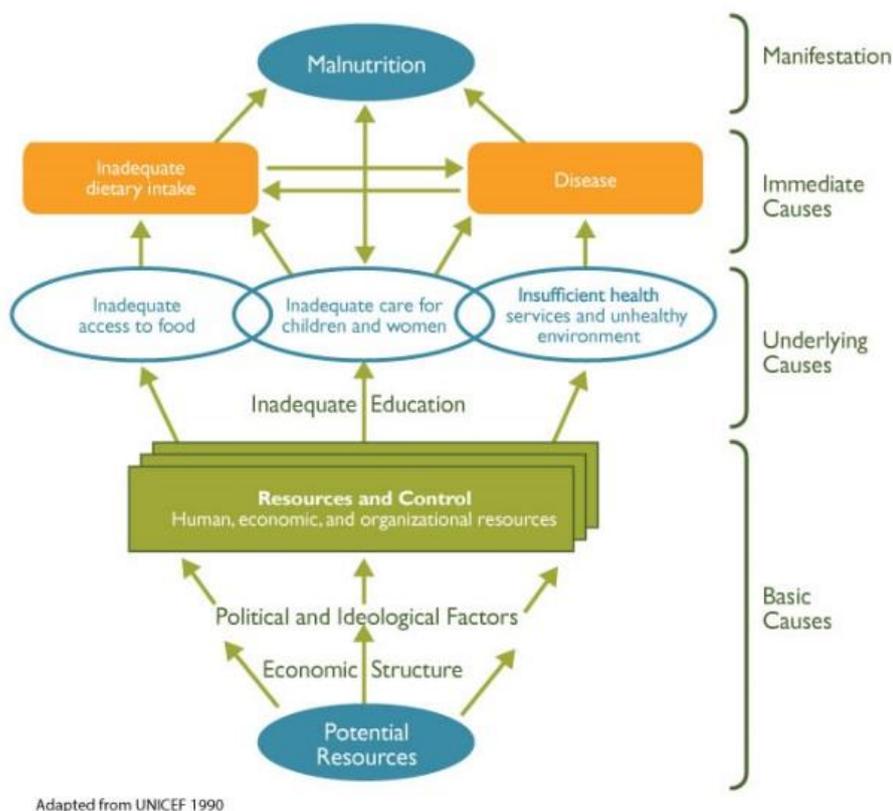


Figure 3: Adaptation of UNICEF Conceptual Framework on Child Malnutrition. Du, Lidan, 2014. Leveraging Agriculture for Nutritional Impact through the Feed the Future Initiative: A Landscape Analysis of Activities Across 19 Focus Countries. [image] USAID/SPRING.2014

dependent on having sufficient access to safe food, adequate health care to remain illness-free, and adequate education of the caregiver who is ultimately responsible for adequate care. These factors are fixed at the household and community level. Although the caregiver remains responsible for the child to receive sufficient, safe food and healthcare, the framework identifies an even more basic cause of malnutrition which lies at the level of governance and resources – i.e., outside the individual's influence. Factors such as national resources and the governmental and political management thereof in the form of acts and policies are largely responsible for the optimal functioning of these distal factors. Good and coherent governance is necessary in all matters, including management and addressing political conflict situations in order to also steer efforts and resources into priority areas such as IYCN.⁽¹⁴⁾

2.7.2 WORKING MULTI-SECTORALLY

There are two main concepts in the UNICEF Conceptual Framework on Malnutrition that explain the build-up to nutrition outcomes. Primarily, it identifies tiered levels of engagement, direct interventions as well as ground work, foundational structures, and interventions. Secondly, the framework depicts the multi-sectoral nature of nutrition interventions.

At the most immediate level of engagement is the involvement of the health sector in the management of disease, and this is where most of malnutrition management has been focused in the past. The absence of adequate nutrition leads to health-related concerns and thus the directive of nutrition primarily falls under the function of the Department of Health. More recent research suggests that sectors such as agriculture, education, social development, and finance or treasury are actively engaged. In 2015, UNICEF released a five-part brief series on the importance of different multi-sectoral approaches to address malnutrition⁽⁷⁵⁾. Smallholder agriculture and rural livelihood investments have proven to reap improved child health globally for several reasons.

Agriculture is an essential part of livelihood for groups of vulnerable populations in rural areas, where 58% of the poor and undernourished live, that depend on subsistence farming.⁽⁷⁶⁾ Investment in agricultural opportunities improves gender equality by increasing work opportunities and landownership for women. In households where women have more control over household food income and own land, intra-household food distribution is significantly better, greatly benefiting vulnerable individuals such as the children.^(77,78) Agriculture is demanding more attention in Africa due to climate change and its effect on agricultural communities and vulnerable populations. Innovative programmes such as grain and seed stores and indigenous crops that are widespread over other regions are yet to take ground in South Africa.

Another sector that is crucial to adequate child nutrition is education. Nutrition and education have a positive effect on each other in that good nutrition improves concentration and education, while improved education aids improved nutritional choices and earning capacity in the long run. Nutrition education, in particular, is beneficial at all age levels by educating future mothers and, in turn, school-taught principles often spill over into households.⁽⁷⁹⁾ The South African school curriculum has strong health promotion features; however, it is mostly focused on substance abuse, HIV, and sexual health.⁽⁸⁰⁾

The Social Development sector further is a potentially wider platform to improve child nutrition by strengthening communities in multiple ways. In South Africa, the Department of Social Development is responsible for early childhood development (ECD) and the nutrition and maternal education provided at ECD centres.⁽⁸¹⁾ Internationally, other programmes related to the improvement of young child health include conditional cash transfers, such as those seen in Bolsa Familia in Brazil, that lead to increased dietary diversity for children and decreased mortality.⁽⁸²⁾

At a more foundational level is the involvement of sectors such as water and environment, politics and governance, trade and industry, and economics. The notion of health issues being addressed multi-sectorally is, however, not a novel ideal. In 1978, the Alma Ata Declaration explains that the right to health can be realised when “the action of many other social and economic sectors in addition to the health sector” collaborate.⁽⁸³⁾ In 2008, a Lancet publication suggested moving away from the traditional single sector management to a multi-sectoral approach as the only way to truly address nutritional issues in all its facets.^(84,85)

Nutrition interventions can further be classified not only by sectoral involvement but by the manner in which they affect nutrition outcomes. Essentially, interventions can be divided into two groups: nutrition-specific interventions and nutrition-sensitive interventions^f. Nutrition-specific interventions include programmes and interventions that directly affect dietary intake or disease, and mostly stem from the group of sectors, health and social development. Nutrition-sensitive interventions, in turn, do not have a direct impact on nutrition outcomes and thus are often more abstruse, but potentially involve a much wider array of stakeholders. It is important to note that nutrition-specific or nutrition-sensitive interventions are not characteristic of single sectors, as different programmes within a sector can have varying effects on nutrition.

^f Nutrition-specific interventions: a term that refers to interventions that directly address inadequate dietary intake or disease—the immediate causes of malnutrition.

Nutrition-sensitive interventions: address key underlying determinants of nutrition and enhance the coverage and effectiveness of nutrition-specific interventions. Ruel M, Alderman H, Maternal and Child Nutrition Working Group. Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? Lancet.2013

Such is seen, for example, in South Africa, the Department of Social Development which is directly responsible for soup kitchens and equally responsible for social grants for vulnerable groups such as children, which has a definite indirect effect on child health and nutrition. Classifying interventions as being either nutrition-specific or nutrition-sensitive has allowed further clarity and understanding as to which group of sectors lack involvement.

Much attention and effort have been placed both nationally and internationally, on the direct management of childhood malnutrition and even food procurement, i.e., nutrition-specific interventions. The challenge has particularly been to involve more sectors and programmes that have underlying effects on determinants of nutrition. Sectors such as agriculture, education, and social development can deal with the underlying determinants of nutrition to create strong household and community environments where nutrition-specific interventions can ultimately function more easily.⁽⁷⁰⁾ In 2015, it was still evident that women in SA were more likely to be functionally illiterate compared to men.⁽⁸⁶⁾ Nevertheless, it is evident that strong nutrition-sensitive programmes are needed to address underlying causes of malnutrition in order for nutrition-specific interventions to operate more effectively. There is strong evidence for IYC nutrition-specific intervention, and thus also large volumes of guidelines and frameworks such as the Lancet series on Maternal and Child Nutrition (2013). However, evidence and guidelines on the effective implementation multi-sectoral collaboration is there to a lesser extent.

2.7.3 CHALLENGES OF MULTI-SECTORAL COLLABORATION

Many functioning bodies that have implemented multi-sectoral strategies to address nutritional issues experience vast challenges. Several large multi-stakeholder strategies have either entirely failed or have difficulty sustaining outcomes. A second school of thought thus believes multi-sectoral coordination in combating nutrition outcomes is too complex to be successful, as captured in the following quote by John Field.⁽⁸⁷⁾

- *Doing more and doing it systematically has appeal when most of what is done [in regard to interventions for nutrition] is so limited and inadequate. The dilemma is that comprehensive understanding (a virtue) often leads to highly complex interventions with lots of interdependencies; and these overwhelm the capacities of weak institutions and make action reliant on coordinated efforts by lots of different actors who don't particularly appreciate being harnessed to and subordinated by the requirements of a comprehensive plan. (Field 2006)*

The most common challenges of multi-sectoral collaboration include institutional defensiveness, responsibility-dumping on main sectors involved (often health), specialist

superiority, and collaborative sustainability. Garrett and Natalicchio suggest that there are internal and external factors for successful collaboration between different sectors or even general dynamics within an organisation that particularly relate to nutrition. Internal factors include leadership; vision; technical, financial, and managerial capacity; organisational structure, values, culture, and experience; and incentives for collaboration. External factors include development priorities, urgency of action, as well as the economic, social, cultural, legal, and political environment. ⁽⁸⁷⁾

Each country is unique in its set of challenges regarding organisational functionality. However, countries such as Senegal and Colombia with similar economic developmental status compared to South Africa have portrayed potential in collaborative working in the field of nutrition. Senegal has been running a multi-sectoral, multi-actor initiative successfully under the management of the Office of the Prime Minister. Likewise, Colombia has a nutrition improvement plan that functions and is managed multi-sectorally under the administrative guidance of a single person in the Ministry of Health. ⁽⁸⁷⁾ Peru is also well known for its remarkable multi-sectoral efforts under the leadership of the President, to combat stunting after a national food crisis in 2008. ⁽⁸⁸⁾

Senegal implemented their Nutrition Enhancement Programme (NEP) from 2002 to 2011, while Columbia's Food and Nutrition Improvement Plan was already initiated in 2001. Key elements that aided in successful multi-sectoral work included:

- Incentives for collaboration for each sector involved
- Consideration of each sector's own goals
- Personal investment from leadership, not just institutional support
- Collaboration with a people-orientated perspective, rather than institutional relations

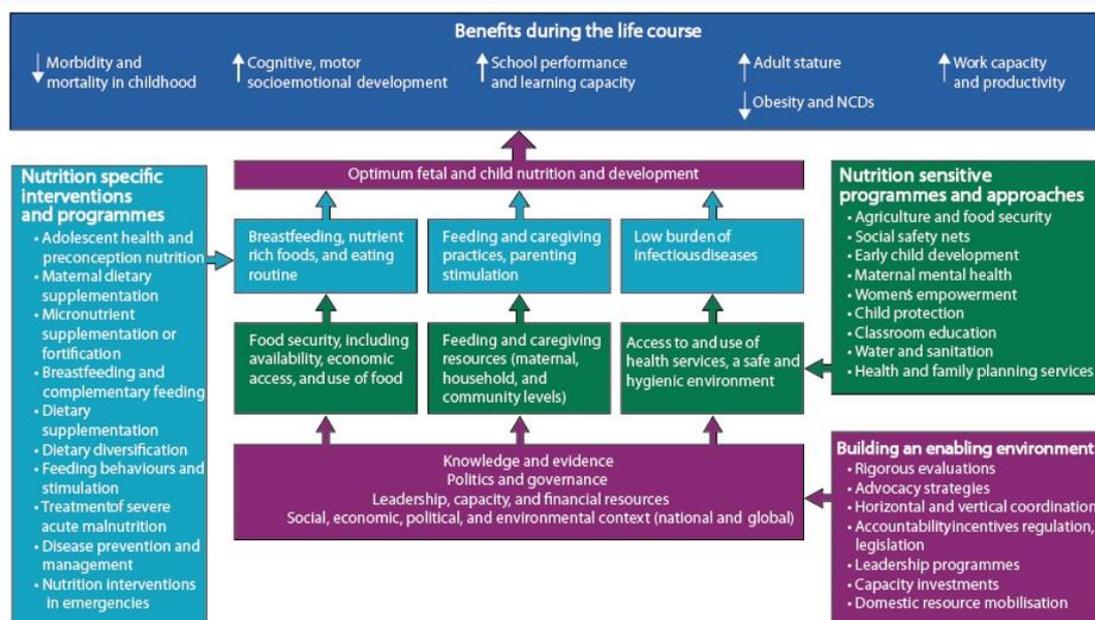
Multi-sectoral collaboration in the management of malnutrition thus holds potential if the enablers and barriers described in this section can be harnessed and overcome.

2.7.4 AN ENABLING ENVIRONMENT

While nutrition-specific and nutrition-sensitive programmes of a multi-sectoral nature address the direct and underlying factors of nutrition, respectively, the development of an enabling environment supports the efficiency of the most basic determinants of nutrition. As mentioned in section 2.7.1, political governance and state leadership is at the heart of policies and frameworks that dictate the outflow and presentation of underlying determinants of nutrition. The Lancet 2013 Framework for Actions to Achieve Optimal Foetal and Child Nutrition and Development (Figure 4) suggests that, in order to have effective political governance and leadership, there needs to be capacity investments, rigorous system evaluation, and,

particularly, horizontal and vertical coordination, among others.⁽⁸⁹⁾ This implies that a mere multisectoral (horizontal) approach is also not sufficient for strong political governance and that involvement of vertical tiers or spheres of organisations and government needs to take

Framework for Actions to Achieve Optimum Fetal and Child Nutrition and Development



place.

Figure 4: Framework for Action to Achieve Optimum Foetal and Child Development⁽⁹⁰⁾ *The Lancet: Maternal and Child Nutrition*

Nevertheless, over time, many international studies have shown the difficulty of ideals and policies developed in higher governmental and authoritative bodies to filter down to practical implementation thereof at a local level.⁽⁹¹⁾ Inadequate communication often surfaces as one of the main contributors to poor achievement of targets and slow recourse mechanisms.⁽⁹¹⁾ As part of the Sustainable Development Agenda 2030, Goal 16 recognises the importance of effective, accountable, and transparent institutions as well as responsive, inclusive, participatory, and representative decision-making at all levels in order to develop sustainable solutions⁽¹⁾.

A qualitative study exploring the multi-sectoral nature and efficacy of a Bolivian nutritional plan (Zero Malnutrition; ZM) sheds light not only on the intricacies of multi-sectoral collaboration but also on the importance of adequate 'buy-in' at all levels of government. After two years of the ZM national nutrition initiative, it was perceived that the plan was experiencing the same

complications of multi-sectoral collaboration as was seen with many multi-sectoral initiatives in the 1970s after the global food crisis. However, qualitative research indicated that the lack of appropriate commitment at each level of government (high, mid, and local level) had in fact caused the struggle in long-term sustainability. ⁽⁹²⁾

The United Nations developed a joint initiative, UN-REACH (Renewed Efforts against Child Hunger), which aims to help nations develop holistic approaches to malnutrition through multi-sectoral collaboration and good governance at all levels. This is done by focusing on key elements of an enabling environment such as accountability regulations, capacity investments at all levels of government, knowledge sharing, and resource mobilisation, among others. The REACH initiative focuses on improving nutrition governance and was piloted in 2008 in Mauritania and Lao PDR and then later expanded to nine more countries, predominantly in Africa. Both Mauritania and Lao PDR experienced overall improvement and some lasting impacts through the assistance of REACH in their coordination and governance. However, both countries also experienced setbacks in optimally utilising REACH due to internal issues and concluded that REACH in itself will not facilitate the improvement of child nutrition but can be used as an excellent accelerator for improved governance and management. The REACH concept is still being used currently by various UN-affiliated associations to enhance co-operative governance through the creation of an enabling environment for nutrition action. ⁽⁹³⁾

Similarly, infant and young child nutrition initiatives such as the IYCF policy amendment of 2017 are also multi-faceted, which poses many challenges in the area of inter-governmental relations in particular. ^(63,13) In order to foster an environment that enables optimal infant nutrition, healthcare and nutrition strategies need to be conserved outside the typical parameters of the hospital and clinic at the most 'basic causes' of malnutrition. The most optimal first 1000 days of life are highly dependent on an enabling environment established at this primordial stage of influence. An enabling environment develops three interlined components: (1) adequate knowledge and evidence, (2) involvement at a political and governance level, and (3) sufficient leadership, capacity, and financial resources within a social, economic, political, and environmental context. ⁽⁸⁹⁾ These essential foundation blocks at all governance levels need to be strong and stable in order for the effective functioning of problem-specific interventions.

2.8 SOUTH AFRICAN GOVERNMENTAL STRUCTURE

The South African government constitutes of three governing spheres: national, provincial, and local government. According to the Constitution, these spheres are distinctive,

interrelated, and interdependent. ⁽⁵⁷⁾ National government has the responsibility, amongst many others, to set new legislation and policies pertaining to the most pressing concerns that arise across the country, also meeting developmental needs expressed at the local government level. Provincial and local government are responsible to take the created national policies and adapt them according to their needs as well as to create action plans for implementation thereof in local municipalities. ⁽⁹⁴⁾ The South African Constitution states that healthcare is the overall responsibility of the national and provincial government, while local government is responsible for municipal health services (article 156). ⁽⁵⁷⁾

The development of policy is a co-operative and consultation process where the President and Cabinet have the responsibility to develop and implement national policy, and the Premier and Executive committee are responsible for provincial policy. New Provincial legislature or policy has to allow input from local government, municipalities and interested persons on draft legislature. However, because the spheres of government are also distinctive in nature, they are thus autonomous and can act as the final decision-maker on particular matters and policy concerning the local sphere of governance. ⁽⁵⁷⁾

Although responsibilities have been divided amongst stakeholders for implementation of action plans such as the provision of health care, poor execution of strategies have largely been pointing towards poor services delivery. ⁽⁹⁵⁾ Further, poor support and service delivery often stem from problems on a foundational level, i.e., low levels of communication and collaboration between stakeholders. ⁽⁸⁹⁾ Just as national policy ought to filter down to implementation at the district level, relevant topics or areas of concern likewise ought to be taken up from individual districts to the higher authority that should respond to needs at the local government level. ⁽⁹¹⁾ Thus, for adequate legislative as well as executive policy and governance, strong intergovernmental and inter-sectoral communication systems are necessary.

2.9 LEGISLATIVE FRAMEWORK FOR INTERGOVERNMENTAL RELATIONS

2.9.1 HISTORY OF INTERGOVERNMENTAL RELATIONS

South Africa has a short democratic history which has vastly developed over the last 20 years. Similarly, management and coordination within government has developed over time. In 1994, the first democratic national and provincial government elections took place where 9 new provincial governments were created while in 1996, the Constitution of the Republic of South Africa was adopted. National and provincial issues were mainly dealt with within sectors but in 1997, the government realised the need for intergovernmental relations. The Intergovernmental Fiscal Relations Act 97 of 1997 was developed to share revenues across

spheres of government, and the Organised Local Government Act 52 of 1997 was established which recognised individual national and provincial bodies and organisations⁽⁹⁶⁾. Two years later, in 1999, the President's Coordinating Council was established, which is the successor to the Intergovernmental Forums used in all spheres of government today.⁽⁹⁷⁾

The Constitution of the Republic of South Africa of 1996 states that the three spheres of government are distinctive, interrelated, and interdependent and thus, due to a certain level of autonomy which each possesses, there is a need for communication and concurrent planning. The Constitution thus further sets out the value and fundamental concepts of co-operative governance and intergovernmental relations in article 3(41). From the basis of these principles in the Constitution, the South African Intergovernmental Framework Act 13 of 2005 (IGRFA or the Act, hereafter) was developed and also suggests ways in which to breach the gaps from plans and policies developed in higher governing bodies which have to be implemented at local levels⁽⁹⁴⁾. The preamble of the Act stipulates the Constitutional concepts the Act is based upon: *'all spheres of government must provide effective, efficient, transparent, accountable and coherent government'* in order to achieve progressive realisation of the people's constitutional rights. The Act is thus necessary to realise the preconditions of the South African Constitution. The Act also takes into account the main challenges of the country which includes redressing poverty and underdevelopment, and that the challenges are *'best addressed through concerted effort by government in all spheres to work together and integrate as far as possible'*. The Act suggests legally constituted forums within each sphere that facilitate relations and communication between the different spheres of government in South Africa (national, provincial, and local level) and includes mechanisms for communication, service delivery, and solving disputes, among others. The concept that facilitates relations and communication is the inclusion of relevant members of government from the subsequent sphere in the IGF, while these members are largely also present in the IGF at their own sphere of government.

National IGFs such as the President's Co-ordinating Council facilitate relations specifically between national government and provincial government and includes the President, certain members of cabinet, certain Ministers, the Premiers of the provinces and a Municipal councillor representing organised local government, depending on the scope of the forum. The President may also invite any guest person that does not permanently form part of the forum. The Provincial IGF also consists of the Premier of the province, as well as district mayors, councillors, and a member of the Executive Council, if designated by the Premier. Municipal or District IGFs facilitate relations between district and local municipalities and consist of the respective mayors and any person invited by the Chairperson, depending on the meeting agenda.

The IGF of each sphere has its own scope and set of goals set out according to the Act. National Intergovernmental Forums other than the President's Council are established by a cabinet member and revolve around a specific functional area concerning that member, such as the establishment of MinMECs by the President. These forums at the national level can meet jointly when issues of inter-sectoral nature arise. Provincial Intergovernmental Forums such as the Premier's Intergovernmental Forum, are not bound to a specific functional area and can be established for an issue pertaining to a local area or province as well. This consultative forum between the Premier and local government thus covers a wider range of matters from the President's Co-ordinating Forum as well as local government. The Act, however, also mentions "other forums" in article 2(3) of Provincial Intergovernmental Forums, which the Premier can ordain if there is a strong need. District IGFs deal more with matters pertaining to the direct implementation and execution of policies, plans, and strategies.

2.9.2 THE ACT AS A PLATFORM FOR VERTICAL AND HORIZONTAL DISCUSSION

The intergovernmental forums at provincial level differ from current working groups of the provincial government in that they have the potential to include multi-sectoral representatives and allow agenda-related guest attendees on forum meetings. Among the roles of the Premier's Intergovernmental Forum are key tasks that create an enabling environment, such as vertical and horizontal co-ordination, advocacy opportunity, accountability, and evaluation. These are stipulated in article 2(3) where forum discussions need to include the implantation of *national policy and legislation, draft national policy and legislation relating to matters affecting local government interests in the province, develop provincial policy and legislation relating to such matters, co-ordination of provincial and municipal development planning to facilitate coherent planning in the province as a whole*. The Premier's Intergovernmental Forum should also include reports from other provincial intergovernmental forums on matters of mutual interest. For this reason, the Intergovernmental Relations Framework Act 13 of 2005 acts as a means by which national priorities, such as the NDP Vision 2030, can be discussed and "adapted" according to provincial interests. This provides an opportunity for provincial priorities, such as infant and young child nutrition, to be discussed horizontally between departments and sectors, as well as vertically between spheres of government.

After the formal instalment of legally constituted forums, there are, however, certain binding responsibilities for leaders such as the President, the Premiers of the various provinces as well as the Mayors of metropolises and districts who, according to the Act, "must" fulfil certain duties. A large part of the Act is, however, is non-compulsory, and "may" be fulfilled under the discretion of the Premier.

In August 2007, an expansion to the Act was published in the Government Gazette namely, *Implementation Protocol Guidelines and Guidelines on Managing Joint Programmes* under article 5 of the Act where the *Minister may issue a framework for coordinating and aligning development priorities and objectives between the three spheres of government*. Under this framework, the concept of ‘Joint Programmes’ is defined and provides greater clarity around the management of multi-sectoral, intergovernmental issues. Joint Programmes are defined as programmes that transcend the conventional organisational boundaries in planning, budgeting, and implementation, resulting in a number of agencies responsible for one act of the programme, although none are responsible for it in its entirety. ⁽⁹⁸⁾

2.10 THE USE OF INTERGOVERNMENTAL FORUMS IN GAUTENG

Before the establishment of the Act, the Gauteng government made use of two platforms for intergovernmental relations that are still used today: the Extended Executive Council – Lekgotla⁹, and the Premier’s Coordinating Forum (PCF). In accordance with the Act, the Gauteng Province of South Africa also has intergovernmental forums that facilitate communication between provincial authority and the three metropolises and two district municipalities within the province. Within Gauteng governance, there are two main intergovernmental forums: the PCF, and the extended executive council which existed even before the Act was established. ⁽⁹⁹⁾

The Gauteng PCF consists of the Premier, who is also the chair of the forum; the MECs and Heads of Department of Co-operative Governance and Traditional Affairs, Human Settlements, Finance, and Economic Development; the Mayors of all the metropolises and districts; all Municipal Managers; the Gauteng SALGA representative; the Director General; the Head of Gauteng Planning Commission; and the Office of the Premier Secretariat. All large IGFs are preceded by a technical IGF of which the PCF’s Technical Forums consist of the Heads of Department for COGTA, Finance, and Gauteng Treasury, as well as Municipal Managers. ⁽¹⁰⁰⁾ The Act makes provision for ‘other intergovernmental forums’ to be created in article 21(1)a where it stipulates that “*the Premier may establish IGR Forums for any functional area to promote and facilitate effective and efficient intergovernmental relations between local government and that province regarding that functional area*”. In Gauteng, the Premier has directed the establishment of other provincial IGFs such as those within Sector Departments, led by the relevant MEC such as the MEC/MMC forums. In accordance with the administration

⁹ Lekgotla: Lekgotla is a meeting place or a meeting of leaders. In South Africa often a strategic session of the National Executive Committee, or provincial leaders’ meeting. [Online] Collins Dictionary

and management of the forums set by the Premier, the PCF meets quarterly, and sectoral IGFs such as the MEC/MMC Forums meet and report back to the PCF quarterly.

2.11 CHALLENGES REGARDING INTERGOVERNMENTAL RELATIONS AND THE ACT

2.11.1 CHALLENGES OF INTERGOVERNMENTAL RELATIONS IN SOUTH AFRICA AND THE ACT

Due to the need for strong intergovernmental co-ordination or collaboration, many formal and informal intergovernmental forums already existed before the Act came into effect on 15 August 2005.

Even though the Act was published in August 2005, before then, many such informal forums were already formed spontaneously due to pressing concerns that required multi-sectoral and intergovernmental approaches. Before the establishment of the Act, forums were based on 'memorandums of understanding' between spheres or authoritative bodies and many others, without any formal agreement. A 2006 report done by the Community Law Centre and the University of the Western Cape identified three main ways of intergovernmental communication and management before the Act of 2005: 1) informal day-to-day communication via emails, telephone, etc., 2) formal or informal councils or committees, and 3) formal signed agreements between parties outlining duties and roles. Amongst the districts that applied the various forms of intergovernmental communication, many were deemed successful but, concurrently, many were not. Interestingly, the report noted that many districts that had formal intergovernmental forums or structures but used informal communication and meetings had successful policy and action co-ordination. On the other hand, many districts who employed formal forums often did not meet due to tension within the district, lack of capacity, or apathy.⁽⁹¹⁾ The report concluded that, in general, intergovernmental relations before the establishment of the Act were full of confusion and misunderstanding. The main challenges experienced by the early intergovernmental structures, apart from those mentioned above, were:

- 1) local agendas were not included in district forums;
- 2) there were doubts regarding the effectivity of leadership;
- 3) there were large amounts of resource-sharing with less capable bodies.

The report done one year after the establishment of the Act particularly looked into the formal compliance of district forums to the Act, as well as progress made toward the goals mentioned in the Act. Three issues that stood out from the report regarding forums post-2005 were that i) there was very little discussion of IDPs (integrated development planning), ii) vertical communication was perceived to be much better within districts than between district and

provincial government, and iii) horizontal communication and integration between departments and sectors were lacking.

2.11.2 CHALLENGES OF INTERGOVERNMENTAL RELATIONS AND THE ACT IN GAUTENG

In 2009/2010, the Gauteng Provincial Government (GPG) renewed its efforts to accelerate 7 provincial focus areas. With this came the need for mechanisms to ensure the implementation of these goals and thus the Gauteng Intergovernmental Programme of Action was developed, calling for a review on current IGR standings. The review was done by the Gauteng Office of the Premier and the Department of Local Government and Housing. The review explored some of the challenges regarding the implementation of the Act in the province in various cases. Amongst many, the main concerns were as follows:

- ❖ The fact that the Act is not mandatory and enforces no penalties
- ❖ Decisions made in forums are non-binding unless accepted and adopted by larger authoritative bodies
- ❖ IGF at the sector level is not explicitly catered for in the act and IGF at the local level is only vaguely explained – although it does not consider the added implementation guideline of 2007
- ❖ Coherent planning is difficult due to different planning and financial years for local and provincial government
- ❖ There is no Gauteng-specific Intergovernmental Framework

However, the report also describes the Act as being flexible and enabling for the development of provincial priorities or for the development of agendas. ⁽⁹⁹⁾

2.12 GAUTENG INTERGOVERNMENTAL RELATIONS GOALS

As a follow-up to the review and in accordance with the recommendations of the Act, the Gauteng Province developed a strategic framework after 2010 based on their findings in the mentioned review, explicitly stating various aims for Gauteng Intergovernmental Relations. Among the changes in IGR operations are the following:

- ❖ Every sector/department will have a MEC/MCC forum; the Premier can establish intergovernmental forums based on the provincial priorities
- ❖ Workshops on Joint Programmes^h need to take place

^h Joint Programmes: those programmes that transcend the conventional organisational boundaries in planning, budgeting, and implementation, resulting in a number of departments/agencies/ministries responsible for one aspect of the programme, although none is responsible for it in its entirety.

- ❖ Annual schedules will be created in order to streamline planning and budgeting cycles between spheres
- ❖ The President's Coordinating Council will be reported to annually
- ❖ The IGR is dynamic and evolutionary and thus warrants future reviews

Considering article 2(3) of the Act where the Premier may establish other provincial intergovernmental forums as well as the recommendations in the Gauteng strategic framework, it can thus be expected that intergovernmental forums regarding provincial priorities can be established. The latest Gauteng priority areas, which are in line with national priorities of the NDP 2030, have included better healthcare for all with child health indicators for numerous years.⁽⁶⁶⁾ Also, for future priorities, health and child food security are at the frontline for Gauteng and Tshwane Vision 2055.⁽¹⁰¹⁾ While priority agendas have been established and legislation and strategic frameworks such as the IYCF policy set in place as supporting structures for execution, South Africa has been unable to meet long-established national child health and nutrition goals as well as global targets.^(102,103)

2.13 PROBLEM STATEMENT

Optimal infant and young child nutrition is vital for sustainable development by means of human capital development and poverty alleviation, globally and in South Africa. South Africa has many initiatives for improvement of infant and young child health; however, current nutrition interventions fail to deliver outcomes to their full potential. Research has indicated that nutrition interventions can, therefore, not only be aimed at addressing the direct causes of malnutrition – as many South Africa interventions currently are – but need a wider, multi-sectoral approach to address the underlying factors of malnutrition. Moreover, multi-sectoral collaboration in itself does not address the most basic causes of malnutrition that stem from political and economic management and resource-allocation. There needs to be a shift from current nutrition strategic planning to creating an enabling environment that supports stronger basic and underlying factors of nutrition that will ultimately enhance current strategies that are in place.

2.14 SIGNIFICANCE AND MOTIVATION OF RESEARCH STUDY

Research shows that malnutrition is best addressed through multi-sectoral and multi-stakeholder action.⁽¹⁰⁴⁾ In order to facilitate multi-sectoral action, an enabling environment is needed, grounded in strong governance. The Intergovernmental Relations Framework Act

(Act no.13 of 2005) necessitates the establishment of intergovernmental forums at both national and subnational level for the implementation of policies and legislations, and the realisation of national priorities. The legislated intergovernmental forums display the potential both to facilitate multi-sectoral collaboration and to provide a platform for an enabling environment by providing an opportunity for advocacy through *ad hoc* invitations to relevant stakeholders. Infant and young child health is recognised as a priority area in the National Development Plan 2030 and could, therefore, be expected to be a potential topic for discussion at provincial IGFs. There are no recent studies or reports on IGFs and the implementation of the Act, and old literature reports suboptimal use of the forums in the Gauteng Province. A recent PhD study done in the Western Cape Province of South Africa considered stakeholder commitment and capacity to address IYCN at the district level within the province. One of the final recommendations of the study was to explore the Intergovernmental Relations (IGR) Framework Act (Act No. 13 of 2005) as a potential means to more quickly forward nutrition issues at the implementation level by creating a larger enabling environment. An in-depth, qualitative study was deemed necessary to explore the reasons for the challenges in executing the objectives of the Act as identified in previous reports, the potential for advocacy of IYCN, and leveraging the topic on further government agendas.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 PURPOSE OF STUDY AND RESEARCH OBJECTIVES

3.1.1 RESEARCH QUESTION

To what extent does the use of intergovernmental forums in the Gauteng Province provide an opportunity to leverage an infant and young child nutrition agenda in the province?

3.1.2 STUDY AIM

To assess the use of the Intergovernmental Relations Framework Act (Act 13 of 2005) as a means to leverage Infant and Young Child Nutrition Agendas in the Gauteng Province.

3.1.3 SPECIFIC OBJECTIVES

Intergovernmental Forums

- 1) To determine the level to which various members of the IGF feel that the IGRFA is adhered to, based on the IGRFA criteria.
- 2) To describe the challenges experienced by members of the various IGFs with regard to the forum.
- 3) To describe the successes experienced by members of the various IGFs with regard to the forum.
- 4) To determine forum members' opinions regarding the representation or attendees on the forum.

Nutrition Agenda

- 1) To determine members' opinions of how topics reach the forum agenda for discussion and the adequacy thereof.
- 2) To determine how often nutrition-related topics reach the agenda.
- 3) To describe forum members' understanding regarding IYCN as a multi-sectoral topic.

3.2 METHODS

3.2.1 STUDY DESIGN

A cross-sectional, descriptive, qualitative study design is employed.

3.2.2 STUDY TECHNIQUES

Key informant, in-depth interviews were conducted.

3.2.3 STUDY POPULATION

The study was conducted at the Gauteng Provincial Government, as well as the City of Tshwane and City of Johannesburg metropolises. The study population consisted of current representative members of provincial intergovernmental forums in the Gauteng Province.

The specific intended participants were not all able to participate in the research study due to time limitation and busy schedules. The final list of participants were as follows:

- 1) Head of Planning – Office of the Premier
- 2) Deputy Director Intergovernmental Relations Office of the Premier
- 3) Intergovernmental Relations Director Department of Health – Gauteng Province
- 4) Director Local Governance and Housing – Gauteng Province
- 5) Intergovernmental Relations Director Department of Social Development – Gauteng
- 6) Intergovernmental Relations Director Department. of Education – Gauteng Province
- 7) Intergovernmental Relations Director – City of Johannesburg
- 8) Member of Mayoral Committee of Health – City of Johannesburg
- 9) Member of Mayoral Committee of Health – City of Tshwane

3.2.3.1 SAMPLING STRATEGY

Purposive sampling was used in selecting forum members. Gauteng is the administrative capital of the country, and the legislated intergovernmental forums of Gauteng represents a cross-section of the Intergovernmental forums in the country. All members of the Premier's Co-ordinating Forum were invited. If the prospective participants were not able to take part in the study, alternative participants were identified that were most suited to the research question with the discretion of the study supervisors. Many invitees who declined the invitation referred the researcher to other potential participants from their respective departments. The alternative participants were Heads of Departments or representatives who attend the forum meetings alongside the main member.

3.2.3.2 SAMPLE SIZE

Thirty-seven members were invited to partake in the study, of which:

- Four members declined the invitation due to tight schedules
- Four members declined without providing a reason
- One member declined due to being new to the position and having never attended an IGF
- Sixteen members did not respond to the invitation
- One member responded after the data collection timeframe
- Two members declined, but referred to participants who took part in the study
- Nine members agreed to participate in the study

Interviews were conducted until data had reached a saturation point and/or the list of eligible participants was exhausted.

3.2.4 DATA COLLECTION

The researcher collected all the data at a provincial and municipal level. It was planned to set an appointment date to provide a brief synopsis of the research study to the various governing bodies. However, this was an unrealistic plan as most members of provincial or district intergovernmental forums have high-intensity schedules and scheduling an interview alone was the only possibility if there was an opening at all. Instead, the invitation to the participants was emailed with a brief explanation of the study, and a more comprehensive study information leaflet was attached (addendum 5-6). A copy of the Intergovernmental Relations Framework Act 13 of 2005 was sent to each of the participants who provided preliminary consent at the time prior to the appointment. Thereafter, interviews were scheduled as soon as possible as agreed upon by the participant and the researcher. The interviews took place at an agreed upon, secure, and private location and were recorded on an audiotape recorder. The meeting venue was either the directorate boardroom or the participant's work office. All interviews were conducted in English as this is the working language of national and provincial government, it is the official judicial language, and the Intergovernmental Relations Framework Act 13 of 2005 is published in English.

Table 3.1 Data Collection Sites and Dates

Participant	Site/ Venue	Date
Head of Planning	Gauteng Government Provincial Offices	22 August 2017
MMC of Health: Tshwane	City of Tshwane Mayoral Offices	4 September 2017
IGR Director Johannesburg	City of Johannesburg Municipal Offices, Traduna House, Johannesburg	26 September 2017
IGR Director Dept. Health	Gauteng Dept. of Health Provincial Offices Johannesburg	27 September 2017
IGR Direct Dept. Education	Gauteng Dept. of Education Provincial Offices Johannesburg	2 October 2017
Director Local Gov. and Housing	Housing, Development Agency Killarney, Johannesburg	17 October 2017
IGR Director Dept. Social Development	Gauteng Dept. of Social Development Provincial Offices Johannesburg	8 November 2017
IGR Deputy Director Gauteng	Office of the Premier	8 November 2017
MMC of Health and Social Development Johannesburg	City of Johannesburg Municipal Offices, Metro Building, Johannesburg	10 November 2017

3.2.4.1 DATA COLLECTION TOOLS AND DEVICES

An interview discussion framework was the research tool used for data collection (addendum 11). A digital voice recording device, the Bell Voice Recorder DVR 6006, was used to audio record the interviews, with the necessary permission.

3.2.4.2 INTERVIEW DISCUSSION FRAMEWORK

The interview discussion framework consisted of 10 previously determined open-ended questions, each accompanied with a few follow-up questions depending on the participant's

answers (addendum 11). Due to the nature of a semi-structured interview, the framework allowed for unplanned questions as the discussion progressed. The discussion framework had two unapparent sections: one focusing on the intergovernmental forums and the other on child nutrition in order to correspond with the two sets of objectives of the study, respectively. Each in-depth interview lasted approximately 45 minutes to 1 hour.

3.2.4.3 QUALITY ASSURANCE

The supervisors acted as expert reviewers of the framework to ensure content validity. The framework was also tested for face validity in a pilot study. See section 3.2.4.4.

Furthermore, the researcher attended further training in qualitative research methods to ensure quality of the data gathered. The researcher received private tutoring from a lecturer specialized in quality improvement of healthcare, and is also knowledgeable and experienced with various qualitative research techniques. Reliability of the data collection was ensured through only one researcher being responsible for the administration of the in-depth interviews.

Training on qualitative methods focused on the following aspects:

- Practical interviewing techniques
- Interview etiquette
- Understanding qualitative research
- Preparing a question framework

3.2.4.4 PILOT STUDY

A pilot study was conducted after ethics approval was obtained in May 2017 and before the proposed study was executed. Two members of provincial intergovernmental forums from the Gauteng Provincial Government and the City of Tshwane were interviewed for the pilot study on the 28th of August 2017 and the 4th of September 2017, respectively.

The intended pilot study participants could not be used for the following reasons: 1) one proposed participant took too long to confirm an interview date – beyond the planned data collection dates of the study, and 2) the other intended participant declined participation in the study due to lack of time availability. Two other participants were invited to participate. The fact that the intended pilot study participants could not participate did not negatively affect the expected pilot study outcomes. On the contrary, having two pilot study participants from

different spheres of government provided a deeper understanding of the different intergovernmental forums that operate at the provincial level.

The pilot study indicated the following:

- The discussion framework was adequate for a 45-minute to 1-hour interview.
- Some of the participants were not familiar with the Act even though it was sent to them prior to the interview date. This was often due to the fact that they did not have time to familiarise themselves with the Act. Some of the participants wished to read the Act during the interview.
- Starting the interview with very specific questions relating to the Act seemed startling to the participants because they were not as familiar with the Act as expected.
- Government officials and member of provincial forums could speak extensively on a single question asked, answering multiple questions in the discussion framework at once.

The following adaptations were made to the framework and/or to the operating procedure of the day of the interview:

- After the introduction and explanation of the reason of the study, a brief summary of the Act was provided. Also, a short amount of time was provided for the participant to read through the Act if they wished to do so.
- A more general question was added to the beginning of the interview to ease the flow of the conversation.
- The planned format of the discussion framework did not otherwise change, except if the participant answered multiple questions at once. In such cases, the order of the framework was not adhered to in order to avoid repeating questions.
- More follow-up questions were developed for when the participant responded to the questions briefly or only partially.
- The wording of certain questions was changed in order to sound more natural when spoken.

3.2.5 DATA AND DESCRIPTIVE ANALYSES

Audio recordings of the interviews were transcribed by two professional language practitioners.

Analysis tool: data were analysed using the Atlas.ti 8 data analysis software programme.⁽¹⁰⁵⁾

In-depth interviews: analysis was done based on thematic content ⁽¹⁰⁶⁾

- a) Each recording was transcribed and the researcher checked each recording against the transcription for quality control purposes.
- b) Pattern codes and connections were identified and coded.
- c) Themes were derived based on connections made between codes and statements of meaning that threaded throughout most or all data sets.
- d) Predominant themes were identified and are used in the results section.

3.2.6 ETHICS

3.2.6.1 ETHICS CLEARANCE AND RESEARCH APPROVAL

The study was carried out according to the Declaration of Helsinki and the International Council of Human Rights and Medical Research Council guidelines. Permission to conduct the research study was obtained from the Stellenbosch University Health Research Ethics Committee on 17 May 2017, (reference number S17/03/050). Research approval was also obtained from the various relevant departments: the City of Tshwane, the City of Johannesburg, and the Gauteng Department of Social Development (addendums 2-4).

3.2.6.2 PERSONAL INFORMED CONSENT

Preliminary consent was given via email or through SMS. Individual written informed consent was obtained on the day of the interview (addendum 7). One copy was given to the participant and one was kept with the researcher. The information leaflet provided in the consent form included: the purpose of the study, how the study was conducted, what would be done with the data and the recordings, what was expected of the participant, that they could withdraw at any point without needing to provide a reason, and that there would be no direct benefit to them through participating in the study. The participants were also informed that withdrawal of participation would not reflect badly on their department or governing body. This was also verbally explained to the participants before the interviews were conducted. Participants thus had adequate knowledge regarding each aspect of the research study and the capacity to freely choose to participate or not.

A separate consent form was signed by each participant permitting the interview to be recorded. In turn, the transcribers signed a confidentiality agreement ensuring confidentiality of the information transcribed as well as proper disposal of the recordings after transcription was done (addendum 10).

The researcher (termed the “investigator” on consent forms) also signed a declaration which states that the researcher explained all necessary information to the participant and answered any questions that they might have had (addendum 9).

3.2.6.3 PARTICIPANT CONFIDENTIALITY

Confidentiality of the information and names of the participants was ensured by making no mention of their names in the study analysis or the report. The participants’ position in the governing body was also not mentioned. Participants were reminded of the predetermined use of the data as well as where and how reports would be conducted.

All recordings and transcriptions were safely stored on the researcher’s personal computer with password-protected access. There was thus no expected harm or risk to the participant.

3.2.6.4 PRIVACY

During the interview, privacy was ensured by conducting the interview in a private and quiet area where both the researcher and the participant felt comfortable.

CHAPTER 4: RESULTS

4.1 PARTICIPANTS' CHARACTERISTICS – INTRODUCTORY REMARKS

4.1.1 LOCATIONS OF RESEARCH CONDUCT

The study was conducted between August and November 2017. A total of nine participants were interviewed in total, five from the Gauteng Metropoles (City of Johannesburg and City of Tshwane) and four participants from the Gauteng Provincial Government.

4.1.2 FORUMS EXPLORED

All participants attend an intergovernmental forum that operates at the provincial level. These forums include the main Premier's Coordinating Forum and/or intergovernmental forums directed by each MEC of the province – as ordained by the Premier in 2010.

4.1.3 PARTICIPANTS' EXPERIENCE WITH INTERGOVERNMENTAL RELATIONS

Participants had varying degrees of experience with intergovernmental relations and intergovernmental forums depending on the length of their employment in government. Experience varied between one and eight years.

4.1.4 CULTURAL BACKGROUND

Participants represented different ethnic backgrounds and culture groups.

4.1.5 POLITICAL PARTY REPRESENTATION

Some participants represented their different political parties in their work capacity, such as the African National Congress (ANC), Democratic Alliance (DA), and the Freedom Front Plus.

4.1.6 PARTICIPANTS' DEPARTMENT/AREA OF WORK

Participants represented different departments and sectors within government. Three participants were health-related or -inclined. Four participants were responsible for intergovernmental relations within their various departments – under the directorate of Stakeholder Relations. Two participants were not directly involved or associated with IGR or the health sector but attended the forum meetings.

4.2 RESULTS OF STUDY OBJECTIVES

The study results will be presented in the same order as the study objectives; first by the objectives and questions related to intergovernmental forums, then by those related to nutrition.

4.2.1 INTERGOVERNMENTAL FORUMS

4.2.1.1 TO DETERMINE THE LEVEL TO WHICH VARIOUS MEMBERS OF THE IGF FEEL THAT THE IGRFA IS ADHERED TO, BASED ON THE IGRFA CRITERIA.

All participants felt that the IGF they attend adheres well to the Act and the guidelines stipulated in the Act. One participant said:

“...to monitor that in fulfilment of the Act. So because the Act has got directives, I think we’re doing very well.” (Participant nr. 7 to van de Venter)

The Act has various guidelines or ‘criteria’ that direct the management and conduct of intergovernmental relations and intergovernmental forums, specifically. Two ideals that the Act aims to enforce are the adaptation of national priorities and policies to provincial priorities and policies, and the concept of a vertical communication system both from lower spheres up and from higher spheres down.

Most participants felt that national priorities are being discussed or considered in various forms, either through direct reference or by means of reference to the provincial performance plan (or a similar document) that is based on national priorities. Participants either saw the IGFs as a means to collaborate and *“to integrate the priorities of national, provincial and local government”*, or they saw it as a platform where national government can present pressing matters to provincial and local government. Only one participant felt that the forums mainly revolved around provincial priorities and also municipal directives, and little around national agenda.

“From time to time we might hear about what the national input is, but I am of the opinion we are not there to assist nationally, we are there to inform or to give feedback to the province, to the Gauteng Province itself.” (Participant nr. 2 to van de Venter)

When it comes to reports of local and provincial IGFs to be passed on at least annually to the national level as directed in the IGRFA (article 3(20)), there were varying responses as to whether it was perceived that reports and concerns were taken further to the national level and whether it was truly done or not.

4.2.1.2 TO DESCRIBE THE CHALLENGES EXPERIENCED BY MEMBERS OF THE VARIOUS IGFS WITH REGARD TO THE FORUM

Many challenges were described regarding the different provincial IGR forums. The challenges described can be grouped into the following sections: a) challenges regarding the Act itself, b) challenges regarding the operation and functioning of the forums, c) challenges

regarding the external environment of the forum, and d) challenges regarding the internal environment of the forum, as described in section 2.7.3.

a) Challenges regarding the implementation of the Act

Although the Act and the Constitution are agreements that enforce the collaboration of government spheres for coherent planning, the Act is primarily a guiding framework. A third of the participants indicated that the fact that the Act is largely voluntary and that there are no punitive measures when decisions are not carried out renders it challenging for the forum to operate optimally.

“But also, because the Act doesn’t prescribe any punitive measures, instances where there’s incoherence amongst the three spheres of government. So spheres of government that choose to do things differently as opposed to what a specific sector prescribes, they go unpunished. There’s no punitive ... Not that we should encourage situations where spheres of government must be punished, but there should be a punitive way in cases where provinces or municipalities do not implement things according to national priorities.” (Participant nr. 6 to van de Venter)

Equally, another participant felt that the efficacy of the Act is lost because there are no consequences to inaction.

“The Act has got a lot of bark but not bite. And if I don’t, or if the city does not participate in any of the IGR forums, what are the consequences? None, in terms of the Act. So for me, that’s quite a – it’s a gap, it’s almost like the Act guides interpersonal relationships, you know. I’m nice to you, you are nice to me, and so on, you know. Ja, so, then we can work together.” (Participant nr. 3 to van de Venter)

In the light that the Act is only a framework as such and much of the operating regulations are dependent on the Premier’s terms, several participants felt that the number of IGR meetings scheduled annually is inadequate. The Act indicates it is the responsibility of the Premier to convene meetings and thus, by law, the forum does comply to the Act; however, many participants felt this was not sufficient to carry out the intention of the Act.

“Okay, whereas the Act may say, I don’t know what it says, probably says at least quarterly or something like that, whatever it does. But it would be at relatively infrequent intervals. There’s also formal process of submission of documentation, reports and so on, and memoranda, and those get considered in the formal process. So I think that that’s fine, but but I don’t... but you see, the whole idea of corporate governance has to be a day to day kind of endeavour as opposed to only a formal method. Formal

method is there and it is essential and so on, so I'm not disputing that, but I'm just saying that you can't expect a formal mechanism to resolve all issues. Because I'm looking very much in the spirit of the Act as opposed to what the letter of the Act says."

(Participant nr.1 to van de Venter)

b) Challenges regarding the operation and functioning of the Forums

l) A major challenge reported involves the technical operation and functioning of the forum, specifically regarding the scheduling of meetings. Nearly half of the participants indicated that IGR meetings are often scheduled during other important council or board meetings, and they are expected to attend both. For one participant, the fact that the administrative office of the MEC/MMC forum he/she has to attend did not consider dates that accommodated all members directly affected her attitude and feeling toward IGRs.

"I could not attend the subsequent one because I was not available. I think we had council or something. I did suggest that we get dates from all the MMCs to look at the best date when most people could be there, but a date was put forward nonetheless and I was not available on that date. So I just kind of switched off because I felt like the idea that I had about IGR is not really what we're driving." (Participant nr. 9 to van de Venter)

Likewise, another participant indicated that the organising office is not only inconsiderate when setting dates for the meetings; it is also given at short notice, which causes many core members and potential invitees not to attend.

The former statements slightly contradict the perception of a forum member who attends the PCF and several other provincial IGFs. The participant believes dates are scheduled well in advance and members have the opportunity to arrange their personal schedules to be able to attend.

"These meetings, they don't come as surprises that MEC just wake up and say I want to meet with MMCs. That schedule then is communicated to local government. They know for the year, for the whole year. So I think with that one, we try. But it's still, where there is, you'll find that if MMCs or whatever, or MECs are doubly booked, their schedule is too busy, so but we try to minimise that by doing that, generating a schedule of meetings from the beginning." (Participant nr. 8 to van de Venter)

II) In that same light of administration and planning, one participant felt that receiving details regarding the meeting such as the agenda and attendees late prohibited them from participating fully in the discussions on the day of the meeting.

“So the fact that sometimes they send short notice, then some people are not able to attend the meetings due to other commitments in their department. So that maybe limits them in terms of the attendance register and people who are able to attend the meetings.” (Participant nr. 5 to van de Venter)

c) Challenges regarding the external factors of the forum

I) The most common challenge mentioned by two-thirds of the participants was the effect of political tension on the coherency and optimal functioning of the IGFs. After the municipal elections in August 2016, there were different ruling parties within the province. Prior to the August 2016 elections the Premier of Gauteng was a representative of the ANC, as well as the metro and district municipalities. After the 2016 local government elections the Premier of Gauteng was again an ANC representative, while the mayors of the different municipalities were representatives of both the ANC and DA. The effect that the change in ruling parties brought was perceived differently by the participants, but none denied that it had some potential effect on how the forums operate.

One participant eloquently stated the challenge of political differences within the province:

“But in some instances you get a situation where differences of political leaders play themselves out in these forums. So if a minister is from a different political party and a provincial MEC is from a different political party or if an MMC is from a different political party, coherence would be lost. You know, you do get such instances.” (Participant nr. 9 to van de Venter)

Some participants indicated that they were unsure of the working environment that they found themselves in; whether it was one of coherency and collaboration or not. They felt that political differences in leadership affected how they as civil servants need to carry out their job functions and also how they as persons are responsible for IGR to enforce adherence to the Act.

“So you don’t know whether, are we in collaboration, or are we in contestation, or we are not working with each other, you see. There’s no other way of putting it, other than being blunt about it. You know, the mayor makes certain pronouncements and, you know, so... You can imagine that if you are an IGR practitioner, how difficult, you know, the situation can be, where the political principal makes certain pronouncements, and

yet in terms of the Act, there are certain things that need to happen." (Participant nr. 3 to van de Venter)

Many participants indicated that political priorities often took preference when an agenda was decided upon.

"I think largely because now we have a different political set up in the province, and so it's also in terms of making sure that you guard against certain factors that otherwise would then want to dominate your agenda such that your voice becomes so much dominant over certain others." (Participant nr. 4 to van de Venter)

The actual implementation of decided plans was also reflected in the output.

"Again, I think politics play a bigger role in influencing how these structures work. So sometimes, decisions to hold certain spheres and departments accountable are not effected for some expedient reasons, which more often become very political than service delivery oriented. You know, it becomes politics, basically." (Participant nr. 6 to van de Venter)

One participant indicated that, although political differences can easily have an influence on the efficacy of IGFs, *"good leadership"* plays a large role in setting a standard of collaboration and coherency, and that the current leadership creates a sense of unity.

"Premier always emphasise – don't think that I'm going into political sides – but he always emphasise that it doesn't matter which political party is in government, you don't build a bridge for certain people or certain that I'm going to build a bridge for the people of this party." (Participant nr. 8 to van de Venter)

To the contrary, one participant indicated that politics is competitive in nature, and that *"there's almost an unrealistic expectation of two opponents to work together"*. The participant directly stated that political agenda *"is definitely, definitely, it's definitely a challenge"*, and that intergovernmental relations were a lot easier when municipalities and the province were from the same ruling party.

II) A common theme throughout the interviewing process was one of hierarchy and superiority between the different spheres of government, regardless of political representation. There were both a sense of bureaucracy and at the same time, in certain cases, responsibility-dumping from the province to the municipalities. Several participants indicated that the *"provincial counterparts act as big brother over local government"* and that this causes them

(the local government and the forum in general) to be more “*compliance-driven as opposed to action-driven*”.

The evident hierarchy and superiority not only influenced the way the members perceived the forum environment but also affected the way the forum was run. In forums where such a bureaucracy was perceived, the participants felt the forum was more of an informative platform to coordinate the provincial plans with local government, instead of a collaborative forum.

“I think it’s just to inform and I have the impression that the reason for the forum is to co-ordinate, to make sure that everybody’s on the same page. I have the feeling it’s more a top-down approach.” (Participant nr. 2 to van de Venter)

There are many overlapping responsibilities between the province and local government, particularly when it comes to healthcare. The ambiguity of role and function within municipalities further creates tension when it comes to intergovernmental relations and it is evident in the IGFs. Several participants indicated that province “*devolves tasks*” instead of entirely delegating them in order to still have some control over the operations in the cities. However, there is not just responsibility-dumping per se, but perceived inadequate funding for such mandates. Financial incapacity places intense strain on provincial and local implementation and output and hinders intergovernmental collaboration at forums and in general.

d) Challenges regarding the internal factors of the forums

l) Differing *technical and financial capacities* of district municipalities and provincial government arose as a challenge. This was particularly a challenge from local government regarding the implementation of policies and mandates. In larger metropolises, the expectation exists that more should be done even if certain functions are the responsibility of the province due to their larger budget. Also, smaller municipalities “*have a very very small staff component*” – i.e., little technical capacity to implement initiatives instilled by provincial government. This, in turn, places immense pressure on smaller municipalities to perform and influences their willingness to collaborate in intergovernmental relations.

Participants also felt that there is often a lack of clarity regarding distinct roles and responsibilities of local and provincial government when plans of intergovernmental nature are set. Many functions overlap between the two spheres and new initiatives can create friction due to limited technical or financial capacity at either sphere of governance.

- II) *Changing leadership* was said to be a challenge with regard to forwarding issues to a very high level of government. Not all political leaders are open to new topics being brought forth and if a leader does allow for the discussion of new topics, it might not be sustained with the coming of new political leadership.

“Unfortunately politicians changes. It’s not going to be one premier, there will be another premier” (Participant nr. 8 to van de Venter)

- III) The spirit of the Act

Although most participants felt that the Act is adhered to, this does not ensure that the *“spirit of the Act”* is upheld. Collaboration and coordination can happen at the surface level; however, it cannot be enforced at the core of every issue or project – thus the Act is only considered a guiding framework. The spirit of the Act is essentially sustained by the individual.

The spirit of the Act (working and collaboration of different sectors and spheres) is affected by the abovementioned challenges, but also by *“the issue of over-regulation and over-legislation of local government”*. The issue of over-regulation draws attention away from the spontaneity and opportunity that the forums offer for furthering and resolving issues to focusing on completing a paper exercise and being *“compliance-driven”*.

There was one participant that felt the Act and the existence of IGFs *“create a network of people that you would have formed as a result of this kind of working together”*. This allowed the participant to collaborate within the network, outside of the regulated and designated times of the IGFs.

4.2.1.3 TO DESCRIBE THE SUCCESSES EXPERIENCED BY MEMBERS OF THE VARIOUS INTERGOVERNMENTAL FORUMS WITH REGARD TO THE FORUM.

Nearly all participants indicated that, regardless of challenges experienced in the functioning of the forums or the ‘gaps’ in the Act, *“the mechanism will ensure that at least the minimum is*

done". Many participants still felt that they would rather attend the forums than miss out. One participant said

"I always regret when there is some of my colleagues that are from other municipalities that are not there that are not attending. It is something they miss out a lot." (Participant nr. 2 to van de Venter)

a) Coordination and collaboration

The responses regarding the questions for this objective indicated that intergovernmental forums are complex in nature and that they are never fully functional nor entirely inefficient. Although many participants indicated that there are many hindrances toward effective collaboration and coordination, the forums are a place where it can and should happen – a place *"to integrate the priorities of national, provincial and local government within the plans"*

"...you'd appreciate the fact that these structures have been created such that you would have that co-relationship between your various players in government, but also that interdependent-ness" (Participant nr. 4 to van de Venter)

"So the most important element where you judge if they live up to the expectations is in relation to policy co-ordination alignment in terms of implementation and planning. To a greater extent, they do serve a good purpose." (Participant nr. 6 to van de Venter)

While it was mentioned that there are several instances where provincial and municipal functions overlap and there is much confusion regarding roles and responsibilities, other participants felt that the forums were an ideal place to discuss and prevent duplication of services.

"We found it difficult not to make sure there is not unnecessary duplication. So that is why such a forum is important for co-ordination. This is where you can speak and take note of what your neighbour is doing, they are doing it in your own yard and you don't know about it." (Participant nr. 2 to van de Venter)

One participant noted that, although there are these structures (forums) that facilitate collaboration, it does not remove the mentality of working in isolation.

"There's still some challenge there where there are still silo mentalities, having to work alone whereas you have these kind of structures that have been created." (Participant nr. 4 to van de Venter)

b) Accountability

The concept of accountability was prominent in a few interviews, but none explicitly considered accountability as a positive aspect of the forums.

“But it’s really an accountability structure where we can come and discuss issues, we address problems. So we raise issues of concern from the various municipalities with the MEC and she’s also able to hold her officials to account if they are accountable or liable for whatever that the issue is.” (Participant nr. 9 to van de Venter)

“But they also serve as a monitoring and evaluation forum. That’s where both the province and the municipalities would sit and consider progress with projects, and recommend any corrective interventions that are required if a project or projects are not delivering as expected.” (Participant nr. 6 to van de Venter)

Many participants indicated that, although there is some form of accountability present within the forums, this is not enough to ensure implementation. Others felt that, although the forums are an ideal platform for accountability of plans and projects, accountability was still not implemented enough.

“It is not enough. I mean, you get instances where a province would underperform, and some of them would escape without any form of accountability.” (Participant nr. 6 to van de Venter)

c) Advice and guidance

Some participants considered the IGFs as a place where they can receive advice and guidance regarding various problems in their departments. This was, however, not counted as an overt benefit of the forums but rather as part of the forums’ inherent function. *“So whatever challenges that we encounter from our departments, we need to take them to the forum.”* It is also a place where the smaller municipalities can receive help and advice from larger metropolises and even provincial input.

Participants considered the forum *“helpful”* regardless of many challenges, partially also because the forums are a place where important and helpful information that reaches a wide array of people can be shared.

“So we would share any new programmes that we’re introducing, any new initiatives. What would happen is we also report to one another on common programmes. We share best practice.” (Participant nr. 9 to van de Venter)

4.2.1.4 TO DETERMINE FORUM MEMBERS' OPINION REGARDING THE REPRESENTATION OR ATTENDEES ON THE FORUM.

Each forum (both the technical and the political forums; see 4.2.2.1) has specific core members that attend the forum on a regular basis. The PCF likewise consists of all mayors and all municipal managers but only certain MECs.

"...other MECs will come as per invitation by the premier, if there is any other issue that needs to be discussed." (Participant nr. 8 to van de Venter)

MEC/MMC forums are largely department-specific but also multi-sectoral to a small degree, depending on the nature of the MEC forum. For example, the MEC/MMC forums for Social Development and Economic Development both include the MMCs of Health and Infrastructure. As it is stipulated in the Act that the Premier may invite any other persons to attend the forum meetings, likewise the Heads of the MEC/MMC forums may invite special guests to attend the meetings. Nearly all participants indicated that special invitations are made to various external parties on a relatively regular basis, depending on the area or topic that requires expertise *"and whatever it's relating to, both provincial and local government"*.

Most mentioned that invitations are predominantly made to national departments, state agencies, and other provincial departments. *"Most of the time will be government, state agencies. Your Eskom, your IEC."* Other less common invitees include NGOs and academia, although invitations to these sectors do occur.

"More often than not. Because the academics get invited, you know, to speak on certain issues, academics get invited to speak on state of intergovernmental relations, and the practice and discourse and so on. Ja, so on topical issues." (Participant nr. 3 to van de Venter)

"When during our deliberations we find that there is an aspect that requires expertise within local government and provincial and which are relevant to the social development programme, we do invite them to come and present and then advise us on the gaps that we shall have identified." (Participant nr. 7 to van de Venter)

Invitations to the forum meetings are typically made by the *"presiding officer"*. In the PCF, the Premier and the Office of the Premier send invitations, and in the other provincial IGFs, it would be the respective MEC or Head of the Department that sends the invitations. Almost all participants indicated that there is a specific person or board that sends external invitations; however, nearly a third also said that if an outside organisation or committee wanted to present, they could request to do so.

All participants felt that there was always an adequate attendance and that all necessary persons were present for the agenda being discussed. No participants indicated that they ever felt that other specialists should have attended the meetings apart from those already invited, with the exception of one participant who then requested and received a separate presentation. Some participants indicated that they were only disappointed when core members of the forum could not manage to attend the forum meeting.

Participants expressed different opinions regarding the continuation of external invitees attending meetings, depending on the various provincial forums. Some members said they felt that these invitations are *“ad hoc. They come and represent and you don’t see them again. No it’s not really continuing, it is actually a kind of meeting to meeting approach.”* Other participants indicated that these external invitations will stand until the respective issue has been resolved.

Two participants specifically indicated that the changing nature of leadership was a challenge to how the forum is run and how topics are dealt with. *“Unfortunately politicians changes. It’s not going to be one premier, there will be another premier.”* Similarly, the regular change in core members make it difficult to keep track of contact and promote (continue) intergovernmental relations on a daily basis.

“Maybe in terms of like the people who are attending. Like people resign, people join other departments, people go to private sector. So in terms of who attends, you might not be able to follow if you don’t attend the meetings. Because I might be part of those meetings, but if I leave the department and I’m the one who’s from Education who’s attending, if I leave and they get a new person, that is the problem. Because now they won’t have your details if you are not attending the meeting.” (Participant nr. 5 to van de Venter)

4.2.2 NUTRITION

After the discussion on intergovernmental forums and the Act, the first part of the interview was summarised and concluded. The discussion then lead into the topic of nutrition, IYCN, and its potential as a topic on an IGF.

4.2.2.1 TO DETERMINE MEMBERS’ OPINION OF HOW TOPICS REACH THE FORUM AGENDA FOR DISCUSSION AND THE ADEQUACY THEREOF

All participants understood that there was a set directive of how topics reach the agenda and that the agenda was set by the presiding officer, i.e., the Premier, the MEC, or the respective Head of Department. There are standing items that are discussed at every meeting, and then

there is an opportunity for new items to be added to agenda prior to or during the meeting, depending on the forum and its directives.

“If I feel that it’s something that I need to share with other government departments, I can be able to forward my presentation to the office of the premier and request a slot to present that” (Participant nr. 5 to van de Venter)

Requests for presentations can hypothetically be made by members of the forum and will be considered by the office in charge; however, most participants felt that it does not happen.

“-I guess in theory any municipality for example or mayor of a municipality can make submission upwards so to speak, up to the PCF, and because there’s a particular intergovernmental matter that they want to discuss. By and large it doesn’t happen.” (Participant nr. 1 to van de Venter)

a) Political vs technical leadership

Most of the provincial IGFs comprise two parts or two forums: the technical forum followed by the political forum. The technical forum consists of officials within the respective departments, Heads of Departments, and various directors, who deliberate on the most relevant topics and make a proposal to the political forum. The political forums include the technical forum members as well as the politicians such as the MECs. In terms of the political forum, *“they deliberate, they make inputs on there and thereafter they make resolutions”*.

Political leadership plays a significant role in creating an open and collaborative working environment. Some participants indicated that leadership strongly influenced the topics placed on the agenda as well as the willingness of members to forward requests and issues. Participants shared that, after the election in August 2016, there has been many *“teething problems”*, but there has been improvement in openness.

One participant offered the following opinion about the influence of political leaders on agenda setting:

“...because now we have a different political set up in the province, and so it’s also in terms of making sure that you guard against certain factors that otherwise would then want to dominate your agenda.” (Participant nr. 4 to van de Venter)

“So you have that openness coming up from the chairperson as it were, and lately and it’s something that is encouraged. But in the main at some point it depends with the person that really chairs the structure itself, whether that person is very much

amenable to certain ideas that will be able to influence the kind of agenda setting that needs to happen." (Participant nr. 4 to van de Venter)

"Yes, there's room to add new items where we're still experiencing teething problems. Like I said, it's not working as well as it should. But the MEC seems amenable to being inclusive in the planning." (Participant nr. 9 to van de Venter)

b) Personal interests and high-level (political) buy-in

Two participants mentioned that agenda-setting makes things *"interesting"*, *"because content issues, they get debated"*. Some participants felt strongly that agenda-setting for the forums are highly dictated and dependent on leadership's personal interest. It further brings along the concern for when there is a change in the leadership, the following MEC might have different personal topics of interest.

"It's just the agenda setting as well in terms of who set up the agenda, what interest? Because that has always been an issue, that whoever sets out the agenda has a particular interest in terms of some of the discussions that will have to ensue as a result of that, and very little inputs would be made towards such kind of an issue." (Participant nr. 4 to van de Venter)

Another participant indicated that child health and nutrition was a personal interest of one of the MECs and that topic was discussed at nearly every forum. This made them more aware of the topic, but also more concerned for topics that do not receive as much attention.

Nutrition was in some cases considered a *"soft issue"* which, without the support of high-level politicians, would not come to much.

"I think some of these critical issues which are regarded as soft issues, you know, for them to be carried and taken seriously, you require some kind of political buy-in, and political – I don't want to say pressure – political direction." (Participant nr. 3 to van de Venter)

c) Longstanding and emergency topics

Most of the forums discuss both ongoing issues in the province or municipalities and critical cases that come up. Participants indicated that an issue will be a standing item until it is resolved. Many participants, however, said most topics that are discussed on the agenda receive input and decisions are made without the topic being stretched out. Longstanding topics eventually become over-discussed and the significance of the effect is lost.

“We have issues that have been long ongoing as it were and that at some point you find even labouring on them, not seeing any sight of them being coming to an end. And unfortunately those long-winding issues, at some point they exhaust the appetite for people to actually continue to belabour the point in terms of best you could be able to address them as it were. But you also have issues as and when they become an issue at a particular point and gets to be referred to this particular forum and be quickly disposed of as soon as a particular decision has been made around them, and that also happen more often.” (Participant nr. 4 to van de Venter)

Several participants said that there are always urgent issues that receive preference and that need to be discussed immediately. *“That could be another challenge, I think we will never run out of clients to supply.”* A participant explains that there are always new topics that arise and that will need to be addressed, and this influences longstanding topics.

d) Ignorance

Most participants felt that the topics that were eventually discussed at the forum meetings were relevant and important topics. However, some participants also acknowledged the fact that there is a large amount of ignorance from persons regarding areas that are outside their traditional scope of practice.

“...you would not know as a person sitting in Education but you don’t have an interest in reading those reports, you won’t know what the nutrition directorate is doing. So you need to have an interest in order to do that.” One person describes a hypothetical situation about having interest in other fields. (Participant nr. 5 to van de Venter)

One participant explains that ignorance is a mentality in many official government workers, and that influences the interest of certain topics or issues and the contribution that can be made.

“So that mentality also, it needs to change so that we are aware of what’s happening and if we can be able to contribute, contribute. You know, as little as we can, whatever that we can be able so that we can make that necessary change.” (Participant nr. 5 to van de Venter)

4.2.2.2 TO DETERMINE HOW OFTEN NUTRITION-RELATED TOPICS REACH THE AGENDA

I) Nutrition and child nutrition currently on the agenda

All participants indicated that topics on forum agendas are relatively sector- and department-specific, with the exception of the PCF which formulates its agenda from topics raised in various departmental IGFs.

From the participants' knowledge and experience in the various provincial IGFs, nutrition and infant nutrition have not been topics on the PCF. Most participants either knew that nutrition and infant nutrition are being discussed at the MEC/MMC forum of Social Development and the Provincial Health Council or indicated that they would expect that nutrition would be discussed at those two forums. *"I can only safely assume that at the level of the MEC MMC Forum of Health this would be a topical issue."* One participant indicated that, although they have not heard of nutrition specifically being discussed, the topic of infant health and child mortality is more often on the agenda.

II) Participants' perceptions of whether IYCN should be on the agenda

Toward the end of the interview, all participants felt that IYCN was, in fact, a topic that *can* be discussed at an IGF at the provincial level. Most participants also felt that *"it's definitely an IGR issue that needs to be seriously looked at and discussed, ja, at those levels"*.

"I would say for sure. It should be on the agenda of all governments, it should be on the agenda of NGOs, even in the slightest way go to feeding. I think if our children, young children are well fed and get proper nutrition, I think it's just a crucial stage in their, in their growing up and if they lack proper nutrition in that stage it might be difficult to catch up." (Participant nr. 2 to van de Venter)

One participant questioned the practicality of placing IYCN on the agenda of an IGF such as the PCF to bring the best and quickest resolutions.

"So I'm just saying do you need intergovernmental... Because the intergovernmental coordination means a lot of energy, you see what I'm saying, a lot of co-ordination, all of... Do you really need that I'm asking?" (Participant nr. 1 to van de Venter)

4.2.2.3 TO DESCRIBE FORUM MEMBERS' UNDERSTANDING REGARDING IYCN AS A MULTI-SECTORAL TOPIC

a) Participant's understanding of IYCN as a multi-sectoral topic

All participants were asked who they would imagine to be the main sectors involved in IYCN, regardless of whether the participant is involved and knowledgeable of the health sector. IYCN was, overall, described as an issue that requires various departments to be involved in the optimal management thereof.

Participants that are involved in Health and Social Development sectors were more inclined to describe multiple stakeholders compared to those who are not. Health, Social Development, and Agriculture were the departments most identified as being responsible for IYCN, followed by the involvement of the Department of Education and NGOs. One participant also mentioned the importance of the Department of Economic Development.

"...because we still have a lot of indigent families that cannot afford proper nutrition even for themselves as adults. So that's where Economic Development would need to come in to empower our people to be able to eat healthy." (Participant nr. 9 to van de Venter)

A few participants shared that, prior to the interview, their perception of nutrition and IYCN health was that these issues fall under the responsibility of the health sector. However, through the course of the interview, their understanding broadened and they were able to identify various stakeholders.

"She can go and speak to Department of Health and all of those things. Why would she want to talk to me about this and all of those things? So it's a field that we are not aware of. And definitely once it gets to, because if Department of Agriculture has a role to play, Health, Social Development, Education..." (Participant nr. 8 to van de Venter)

b) Participants' understanding of IYCN as a multi-sphere issue

Participants were not directly questioned regarding their opinion on the influence of different spheres of government on IYCN. Nevertheless, several participants indicated the importance of various levels of government and stakeholders regarding IYCN.

Some participants indicated that high-level political investment is needed for an issue such as nutrition to be taken further. *"Another issue which is linked to the decision-making, I don't think there are appropriate levels of seniority represented, hence the delay and the need to escalate for certain decisions to be made to the PCF"*. There has to be adequate political buy-in at appropriate (high) levels of government – see section 4.2.2.1.

Furthermore, local level government and community involvement were also deemed essential for the successful implementation and follow-through of plans and strategies set by higher-level government.

“When you want to run a, we call it an intergovernmental programme for infant nutrition. You’re gonna have to make sure that it’s locally based. And for it to give you the right results and make the right impact, you need the involvement of your local communities. You can’t do that without the involvement of the municipalities.” (Participant nr. 6 to van de Venter)

The participant continued to explain the influence of a whole community on the growth of a child, particularly during infancy.

The IDP is the main paper used to further municipal issues at provincial level. The provincial government signs a memorandum of agreement with local government regarding the municipality’s IDP endorsing their commitment. The IDP, which is formulated by the voices of the community, thus contains issues that are relevant to the specific community, and when the community is on board with government plans, implementation is effective.

Mayor cities such as the City of Tshwane commit in their IDP 2016/21, to the plan and goals set in the NDP 2030, of which “a decent standard of living” for all South Africans and adequate nutrition is a core element.⁽¹⁰⁷⁾ The City of Tshwane IDP 2016/21 further supports national and provincial Department of Education nutrition programmes, and early childhood development programmes under Outcome 4: “an equitable city that supports happiness, social Cohesion safety and healthy citizens”. The City of Johannesburg IDP 2018/19 explains the city’s aim to address nutritional issues through social security, and food-resilience programmes under Outcome 2: “An inclusive society with enhanced quality of life that provides meaningful redress through pro-poor development”.⁽¹⁰⁸⁾ The third metropole, the City of Ekurhuleni, like the City of Tshwane commits and aligns their IDP to the nutritional goals of NDP 2030. The City of Ekurhuleni IDP further highlights their increased focus on early childhood development programmes and the intensification of the food bank project for vulnerable groups.⁽¹⁰⁹⁾

“The benefit of that (provincial and local government aligning plans) would be that the local government would have gone to the communities. Because during the IDP hearing, during the IDP consultation process they go to the communities, they get that which they hear from the communities, they go back and put it into the integrated development plan.” (Participant nr. 8 to van de Venter)

CHAPTER 5: DISCUSSION

5.1 INTRODUCTORY REMARKS

5.1.1 PARTICIPANT POPULATION

The IGFs are multi-sectoral by nature, and invitations to participate in the study were sent to various departments and sub-directorates within the Gauteng province and the municipalities. However, mainly persons from a health sector or IGR sector agreed to participate in the study, with the exception of two participants. Before the interview processes started, nearly all participants were apologetic as to their limited knowledge of either IYCN or IGR. One participant admitted to having a dismissive attitude toward the study because the participant initially perceived it to be outside his scope of practice. This participant also indicated that other invitees might have felt insecure about participating in a study that is not typically in their frame of knowledge or scope of practice and, therefore, might have declined to participate.

5.1.2 STUDY AIM AND OBJECTIVES

The aim of the study was to assess whether IGF and the use of the Act within the Gauteng Province can act as a means to leverage IYCN agendas. The objectives will be discussed in light of its relation to advancing IYCN in the province. The results will be discussed according to the objectives of the study (see section 3.1.3), while the objectives will be discussed in light of its focus, either on 1) Intergovernmental Relations and the forums, or on 2) nutrition and IYCN, and the relevant themes within.

5.2 INTERGOVERNMENTAL RELATIONS AND THE FORUMS

5.2.1 ADHERENCE TO THE ACT

Before conducting the interviews, the researcher believed that adherence to the Act was a big push factor in the success and efficiency of the forums. In this study, however, it became clear that this was not the case. Most participants indicated that the forums do adhere to the Act. However, whether or not the forums adhere to the Act was not really an issue, because the Act only legislates that the bare minimum is done. This translates into intergovernmental relations in the simplest sense; fulfilment of measurable objectives such as the establishment of the forums and its terms and regulations, but not immeasurable objectives.

The problem is that the Act is vague. The Act legislates that certain actions “*must*” be taken by the indicated person responsible, but the majority of the Act only recommends actions that “*may*” be taken under the discretion of the indicated person. Therefore, what the Act legislates

“must” be done, in reality is done. However, what “may” be done, as recommended by the Act, is not necessarily done in practice. Nevertheless, in a legal sense, this does not mean the Act is not adhered to (see 5.2.2.2).

5.2.2 CHALLENGES REGARDING THE ACT AND THE FORUMS

The challenges described in the results point to both internal and external factors, as explained by Garrett, as well as operational challenges. ⁽⁸⁷⁾

Most of the challenges in the results are elaborated upon under these themes: 1) the “spirit of the Act”, and 2) the operation and management of the forums. The spirit of the Act is affected by political tension and hierarchy, and the operation of the forums are mostly influenced by gaps in the Act and the constant change in leadership and representatives, as depicted in figure 5.

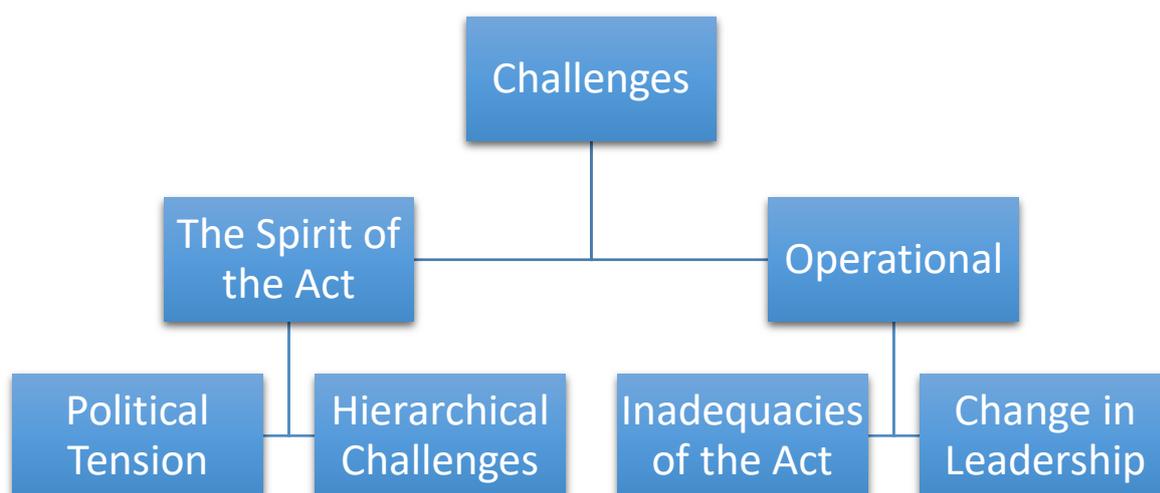


Figure 5: Themes of Challenges Experienced in Gauteng Intergovernmental Forums

5.2.2.1 THE SPIRIT OF THE ACT

The term the “spirit of the Act” was often used by participants to describe factors that affect what the Act intends to achieve – which is collaborative and co-operative governance – and was a theme throughout the interviews.

a) Political tension

Although the political environment is typically considered an external factor affecting nutrition promotion, in this case, political affiliation directly influences leadership, vision, the culture of the organisation, and incentives for collaboration, which are internal influencers. ⁽⁸⁷⁾ The political environment thus affects several aspects of IGR and the functioning of IGFs. Political

tension caused by different political parties represented within the province and municipalities affects: i) vertical communication between the different spheres of government and ii) topics on the agenda, while iii) constant change in political representation causes difficulty in follow-through.

i) Vertical communication and co-operation is not only mandated in the Constitution but is vital for effective implementation of nutrition programmes. Hierarchical challenges due to political tension affecting co-operation between the different spheres of government can result in non-collaboration. This, in turn, can cause unnecessary duplication of service, non-specific, irrelevant local programmes, and unresolved disputes that can lead to spheres taking each other to court.⁽⁹⁴⁾ One participant said it is an unrealistic expectation for the different parties to work together (referring to different parties on different government levels). When local government largely has to adapt to provincial mandate, political bureaucratic tension from leadership will hinder the full commitment from mid-level and local level implementers. A South African review study that looked to “critique politicisation of local government and the resultant implications for municipal service delivery in the broader context of developmental and good local governance”, concluded that political patronage negatively influenced good local governance, and municipal service delivery.⁽¹¹⁰⁾

ii) Politics is “*competitive*”, and politicians drive certain topics that fall within their political agenda. Nutrition can be a less favourable topic for government agenda for various reasons. Balarajan and Reich explain the key difficulties in advancing nutrition in a politically challenging and competitive environment. One of the elements is that, while politics is competitive and outcome-orientated, nutrition has a limited ability to clearly demonstrate results and is considered a “*soft issue*”, as quoted by one of the participants. Slow turnaround from previous nutrition investments are equally unattractive for short political cycles.⁽¹¹¹⁾ A second key element described is the multiplicity of owners. Nutrition is a multi-factorial and multi-stakeholder issue which creates a shared sense of responsibility but also less control over procedure and quality of outcome.

International examples suggest ways to combat the concept of nutrition being a “*soft issue*”. One of the factors that aided to successful multi-sectoral collaboration in the Columbian Food and Nutrition Improvement plan was the personal investment of high-level leadership.⁽⁸⁷⁾ Without personal interest and buy-in from the individual, high-level leader, external influencing factors will dominate agenda-setting – as seen with political interest. This issue further sheds light on the need for stronger societal response and civil society organisations to enhance the demand for infant and young child nutrition outcomes from government. The Bolivia case failed largely at a local level due a to lack of awareness and understanding of nutrition and, therefore,

a lack of demand for social policies on the topic.⁽⁹²⁾ Conversely, in Zambia the increased presence of Civil Society Organizations (CSO) enhanced advocacy platforms that worked across sectors and created civil pressure on political leaders through campaigns and media.

(112)

iii) While South Africa has a dynamic democracy, there is regular change in representation, also at the provincial and municipal level with five yearly elections. This causes challenges in operational functioning, further discussed in section 5.2.2.2.

b) Hierarchical challenges

Case studies over the years have demonstrated the implications of inadequate commitment at all levels of government, regardless of the political environment, as seen with the Bolivian national malnutrition plan.⁽⁹²⁾ The South African IGFs could thus be an ideal place for inter-sphere collaboration; where local and provincial government meet. However, this does not necessarily prove to be sufficient. Essentially, there needs to be a two-way vertical communication line, where issues are raised from the bottom up, and plans and policies are filtered from the top down.

Vertical communication has proven to be an issue, especially concerning the delivery of health services. According to the National Health Act provinces in South Africa are responsible for health, while municipalities are responsible for health services. Due to an overlap in outcomes, and natural dependency of provincial outcomes on municipal ability to reach goals there is often duplication of services to ensure targets are met. The National Health Act, in fulfilment of the Constitution, indicates that municipalities are distinctive in nature and thus can facilitate services without the involvement of provincial government. However, municipalities and provincial government are also inter-dependent and ought to exert cooperative governance.

Although participants indicated that the forums are an ideal place to facilitate such cooperative governance, it is mostly a sense of coordination of municipal activities with provincial plans, and not a process of collaboration for optimal services. In a middle-upper income country such as South Africa, where resources are limited, unnecessary duplication of health services increase health costs. The decentralised, district health system in South Africa aim to direct municipal services that cater directly for the specific needs of the people in the municipality. A top-down communication pathway in the forums thus poses a potential challenge for municipalities to provide optimal services. This was also seen in a South African study that explored the use of intergovernmental relations between national and provincial spheres of government in the Department of Education.⁽¹¹³⁾ The study found that dual management and

prioritization from both national and provincial government created operational challenges in policy decisions and service delivery in this department as well.

Although there is a pathway to communicate issues from the bottom up, this research suggests that it does not happen often, and it does not necessarily result in optimal results if there is not complete buy-in for a specific cause at the higher levels. Participants expressed the importance of informal interaction between spheres and departments, and that daily *ad hoc* intergovernmental meetings play a stronger role in realising objectives. Strong hierarchical tension can potentially suppress such innovation and the fostering of the spirit of the Act. However, there is potential for lateral intervention in the form of advocacy from experts that could have a stronger effect on nutrition promotion.

5.2.2.2 OPERATIONAL CHALLENGES

a) Inadequacies of the Act

The Act is a guiding framework that legislates the establishment of intergovernmental forums, but not the detailed management thereof. Two inadequacies arise as a result of non-pressure of the framework: i) there are no punitive measures that can be taken for non-adherence and ii) IGFs are held too irregularly.

i) According to the Lancet Framework for Actions to Achieve Optimum Foetal and Child Nutrition and Development (2013), accountability is one of the key elements needed to create an enabling environment. ⁽⁸⁹⁾ The mere fact that the forums exist and meetings take place in accordance with the Act is not synonymous with regular attendance and effective co-operative governance. The Gauteng Report on Intergovernmental Relations of 2010 indicated that the fact that no punitive measures can be taken continues to pose a challenge even after the establishment of the Gauteng Intergovernmental Relations Framework. ⁽⁹⁹⁾ Current forms of accountability are not enough for effective implantation of resolutions made at these forums. The Global Nutrition Report 2017 emphasises the importance of working together to achieve sustainable outcomes and the need for strong accountability measures on SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) nutrition objectives. ⁽¹¹⁴⁾ A quote from one of the participants depicts the current lack of understanding of the importance of the concept of working together to achieve goals:

“...you would not know as a person sitting in Education but you don’t have an interest in reading those reports, you won’t know what the nutrition directorate is doing. So you need to have an interest in order to do that.” (Participant nr. 5 to van de Venter)

A conscious effort is, therefore, needed to develop a mind-set of collaborative progress, including for issues related to IYCN.

The added *Implementation Protocol Guidelines and Guidelines for Managing Joint Programmes* released in 2007 (see section 2.9.2), provides potential mechanisms to improve accountability between different departments or government spheres that collaborate on national development priorities. The addition to the Act, already published in 2007, thus provides a means to overcome this common recurring challenges by endorsing the establishment of set programmes. Because poor accountability is globally also often identified as a struggle when it comes to collaborative planning, Peru and Brazil made use of result-based incentives for different sectors, as well as for different government spheres, in order to sustain commitment. ⁽⁸⁸⁾

ii) Furthermore, because the Act leaves management details at the discretion of the Premier of the province, effective IGR in the province essentially depends on the management by the Office of the Premier and not on the ability of the Act. Meetings that are held quarterly are considered infrequent for effective planning and fast implementation. If meetings are held so infrequently, alternative routes will be considered for management of issues that would be solved much more efficiently through an intergovernmental, multi-sectoral platform. Pelletier's findings that regular dialogue and interaction are necessary for improving leadership and strategic capacity in advancing national nutrition agendas point out the challenge of infrequent forum meetings. ⁽¹¹⁵⁾

b) Constant change in leadership

While South Africa has a dynamic democracy, there is regular change in representation including at the provincial and municipal levels, with elections happening every five years. The short political cycle means that momentum for nutrition issues can be lost and projects can be deserted. Also, long-term (10-15 year) strategic nutrition agendas, as recommended by Pelletier et al., become difficult to follow through. ⁽¹¹⁵⁾

District and provincial nutrition committees in Zambia were less affected by constant change in leadership because there was a common focus, shared goals, as well as a strong sense of responsibility to achieve outcomes. ⁽¹¹⁶⁾

5.2.3 SUCCESSES AND BENEFITS OF THE ACT AND THE FORUMS

The challenges mentioned by the participants exceeded the number of benefits. However, the Act ensures that at least “*the minimum is done*”, and most participants felt that it was to some extent beneficial to have such a forum.

The main benefits of the IGFs identified by the participants reflect the *5 Principles of a Good Process* developed from a nutrition policy-making study conducted in Guatemala. The overarching benefits of the IGFs include collaboration between local municipality and provincial government on new initiatives, co-ordination of services, and guidance for difficult circumstances.⁽¹¹⁷⁾

The Guatemalan study explored stakeholders’ challenges and opinions of a good process on nutrition planning. Some of the good practice principles Hill et al. speak of is involving people the right way, having transparency and accountability within a nutrition working group, and having clear objectives, among others. These established principles aim at creating desired outcomes such as “decisions made in common interest”, “collaboration”, and awareness and knowledge of the issue at hand. These desired outcomes (among others) were deemed essential by the Guatemalan stakeholders and also reflect the benefits participants described in this study of IGFs in Gauteng.⁽¹¹⁷⁾

5.2.4 ADEQUATE REPRESENTATION

In Gauteng, the main PCF consists of several, but not all, departments represented in the province, while the Premier also ordained IGFs of each department. These IGFs are thus scope-specific but potentially multi-sectoral; therefore, not confined.

Pelletier describes the need for external actors – persons from outside the typical working group – to act as catalysts for change.⁽¹¹⁵⁾ Participants indicated that various external invitations were made on a regular basis to persons with expertise on matters on the agenda. They felt that there was always adequate representation regarding the topics being discussed. Such external invitations include NGOs, academics, and government agencies. It was inferred that the representation or invitees was not an issue, given that the topic or area of concern made it onto the agenda.

5.2.5 SUMMARY OF CHALLENGES AND SUCCESSES EXPERIENCED BY MEMBERS OF THE FORUMS, WITH THE IGRFA (ACT NO.13 OF 2005)

The challenges experienced by the participants can be two overarching themes, the spirit of the Act, and operational challenges. The main challenges regarding the spirit of the Act was the presence of political tension, which influences the determination of the meeting agenda, vertical communication between spheres that are governed by different political parties, and

creates frequent change in leadership making follow through on long term goals challenging. The spirit of the Act was further dampened by the presence of hierarchical challenges between provincial and district municipalities. Operational challenges experienced include challenges with the Act regarding the lack of punitive measures, as well as managerial challenges; the infrequency of meetings and constant change in leadership. Successes and benefits of the Act and the forums include collaboration between municipality and provincial government on new initiatives, co-ordination of services, and guidance for difficult circumstances.

5.3 NUTRITION

Enquiring about the topics discussed at the forums and agenda-setting sheds more light on the internal working and efficacy of the forums. All matters that arose regarding agenda-setting and nutrition or IYCN point to the effect of and the need for advocacy and leadership.

5.3.1 TOPICS OF MEETING AGENDAS

It is evident that, although most participants know there is a clear and open pathway to forward topics to be considered for meeting agendas, this does not happen often, for various reasons. Political agendas, along with personal agendas of leadership, often take preference over technical recommendations (see section 5.2.2.1). Nevertheless, participants felt that topics that do reach the agenda are mostly relevant and reflect national and provincial priorities.

5.3.2 NUTRITION TOPICS ON CURRENT FORUM AGENDAS

Nutrition and IYCN reach agendas on health-related, sector-specific forums at times, but do not appear on more general forums such as the PCF or the Provincial Technical Forum. This shows that nutrition and IYCN are still being viewed with a sector-specific mind-set and highlights the need for advocacy where there is ignorance.

5.3.2.1 ADVOCACY AND IGNORANCE

Participants who responded to the study invitation were either from the nutrition or the IGR field. A participant expressed his reluctance in participating due to his limited knowledge and influence on IYCN, and it is probable that more participants who declined to participate could have done so due to feeling inadequately informed about nutrition or being ignorant of their influence on the subject.

The fact that there is difficulty and delay in topics escalating in IGF to meeting agendas means that even greater effort will be required for nutrition advocates who start advocating at lower municipal and local government levels. Balarajan and Reich believe a key theme in the political economy of nutrition is the limited capacity of nutritionists to influence in a large, higher-level decision-making environment, compared to the more mature and trusted medical profession.

⁽¹¹²⁾ This belief strongly hinders the effective advocacy of nutritionists, which is further tempered by a mired pathway of forwarding nutrition issues, such as in IGFs.

5.3.2.2 NUTRITION AS LONGSTANDING TOPIC

Participants indicated that both urgent and longstanding issues in the province are discussed at IGF meetings. However, it was also mentioned that the general aim of the forum is to discuss issues and resolve it as soon as possible. Participants shared that there are always new emergency topics that require urgent attention and that longstanding, unresolved issues eventually dampen the interest. According to literature, nutrition and IYCN could be considered long-term, slow turn-around topics that often struggle to rapidly produce tangible results at a large scale. ⁽¹¹¹⁾ Nutrition practitioners and advocates will, therefore, have to find innovative ways to spark and hold interest in the topic.

5.3.3 NUTRITION AS A MULTI-SECTORAL TOPIC

5.3.3.1 A “HOMELESS” ISSUE

UNICEF’s Framework on Malnutrition and Lancet’s Framework for Optimal Foetal and Child Nutrition and Development depict the need for multi-stakeholder involvement and requires the active involvement of various sectors and departments to address directly influencing factors and underlying factors alike. ⁽⁸⁹⁾ However, although most participants could identify various departments and sectors that ought to be involved in the nutritional management of infant and young children, such as Health, Social Development, Agriculture, Education, and Economic Development, several also indicated it is not the sole responsibility of a single sector.

Balarajan and Reich describe nutrition as being “homeless” when it comes to fitting in with a single agency or sector in government. ⁽¹¹¹⁾ In South Africa, the Nutrition directorate resides under the National Department of Health. However, the Nutrition Programme is split between two Programme Directors, i.e., Maternal and Child Health and Primary Health Care. Furthermore, early childhood development (which includes nutrition programmes for children from conception until school going age) falls under the Department of Social Development. This division already places IYCN between ‘owners’ and does not explicitly consider the involvement of Agriculture, Education or Economic Development in the topic of IYCN. This position weakens leadership responsibility, accountability, and effective advocacy for nutrition and IYCN alike.

However, in the mid-1990s, South Africa was able to create a national, multi-sectoral council to address the exponentially increasing challenge of the HIV/AIDS epidemic in the country, the South African National Aids Council (SANAC). ⁽¹¹⁸⁾ The council was multi-sectoral and various stakeholders were involved in the different aspects of the disease, which subsided

significantly after the effective establishment of the council. Although the causes of HIV/AIDS and IYCN issues differ, it has similar widespread consequences. A successful SANAC indicates the potential for multi-sectoral working groups in the field of IYCN as well.

5.3.3.2 AN ARRAY OF NARRATORS

Balarajan and Reich continue to explore the challenges of nutrition and nutrition policymaking, and identify the multiplicity of stakeholders as a problem for prioritisation. ⁽¹¹¹⁾ Having a variety of stakeholders also creates the potential for having many different interpretations on what influences nutrition and can eventually challenge prioritisation and planning. For this reason, IYCN issues, among others, in the Gauteng governance system are directed toward the responsibility of a single department. Internationally, countries have now positioned nutrition under cross-cutting agencies such as departments of Development and Planning, or higher-level bodies such as the Office of the President or a minister of sort; particularly, more recently, with the aid of international agencies Scaling Up Nutrition (SUN) and REACH. ⁽⁷⁷⁾

DISCUSSION SUMMARY

The results depict many challenges but also some successes experienced regarding the IGFs. The spirit of the Act is the encouragement of collaborative planning and governance and is severely dampened by political tension. Such tension reportedly affects agenda-setting as well as successful communication between province and district municipalities, highlighting the need for lateral advocacy of nutrition topics. Furthermore, the advising nature of the Act does not ensure the day-to-day collaboration and co-operation between spheres and sectors. The forums do, however, provide a platform for co-ordination, portraying the potential for information-sharing. Nutrition and child nutrition are still predominantly discussed at health-specific forums, despite the fact that most participants could identify several IYCN stakeholders when asked. Nutrition continues to be identified as a longstanding topic that requires high-level interest to be sustained.

CHAPTER 6: CONCLUSION, RECOMMENDATIONS, AND LIMITATIONS

6.1 CONCLUSION

The study was conducted to investigate to what extent the use of IGF through the Intergovernmental Relations Framework Act 13 of 2005 can leverage IYCN agendas in the Gauteng Province. Key elements necessary in building an enabling environment in the context of politics, governance, and leadership include the following: evaluation, advocacy strategies, horizontal and vertical communication, accountability, leadership programmes, capacity investment, and domestic resource mobilisation.

The IGFs indicate potential for advocacy but are also substantially limited by various factors. The potential for IGFs to promote IYCN is influenced by internal and external factors, notably the presence of political tension or differences within the province, and change in leadership and representation in the forums. The pressure exerted by the legal status of the IGRFA was not found to be the most important push factor for the driving of a specific agenda topic.

Vertical communication in the IGFs mainly exists from the top down. Currently, the IGF can act as a platform where IYCN can be discussed (co-ordination and collaboration on existing plans) if the topic was already on the agenda. However, if IYCN is not already a topic on the agenda (such as in most provincial IGFs and the PCF), advocacy on IYCN should target high-level leadership outside of traditional forum meetings and not via the traditional route of forwarding issues to be placed on the agenda through a bottom-up approach.

Accountability within the various forums exists; however, it lacks effect. Ample research and case studies indicate the necessity of accountability structures in the effective realisation of nutrition initiatives. The Gauteng IGFs lack legal enforcement regarding decisions made at forum meetings and would thus need to strengthen accountability within the forum structure in order to deliver on outcomes. Political leadership, therefore, seems to play a more significant role in promoting the spirit of the Act, determination of the agenda, monitoring follow-through of decisions, and, ultimately, the actual enforcement of the Intergovernmental Relations Framework Act 13 of 2005. Public education on the importance of IYCN is needed to develop stronger civil society organisations and increase demand of IYCN outcomes from government.

6.2 RECOMMENDATIONS

The following recommendations can be derived from the study.

6.2.1 ADVOCACY TO HIGH-LEVEL LEADERSHIP AND THE GENERAL PUBLIC

Focusing on advocacy to high-level political leaders has the potential to increase political buy-in and personal interest. Personal interest of leadership could further bypass external agenda influencing factors such as political priorities, subsiding interest of long-winded topics, and more. It can also push the IYCN agenda on various other platforms; not only at provincial IGFs. Additionally, investing efforts in CSOs and educating general public on the importance of IYCN can enhance government buy-in and secure political commitment.

6.2.2 MAKING USE OF EXTERNAL NUTRITION CATALYSTS

Advocate for a provincial (and ideally, national) IYCN champion. An allocated champion can ensure constant advocacy of IYCN, exert appropriate levels of influence, and drive IYCN as a long-term project outside of the influence of political fluctuation. Data from this study reveals that many forum members within and outside the health sector believe that a champion would benefit the promotion of IYCN as a provincial and national matter of importance and as a topic of multi-sectoral interest.

6.2.3 CONSIDERING THE USE OF SUPRA-SECTORAL DEPARTMENTS

A cross-sectional department such as a provincial planning committee or development agency has the potential to shift the image of nutrition as a single-sector subject to a more holistic, developmental issue. The Provincial Planning Division that resides in the Office of the Premier has the responsibility of *“building a developmental state with the capacity to drive change and transformation for the betterment of peoples’ lives”*. This essentially holds the potential to plan and coordinate strategies that pertain to several departments simultaneously within the province – such as IYCN.

6.2.4 HAVING A NATIONAL, MULTI-STAKEHOLDER NUTRITION WORKING GROUP

An example of a national working group in South Africa that has proven successful is SANAC. SANAC is a multi-stakeholder working group, administrated by the Office of the President, which has done advocacy and strategic planning in the area of HIV/AIDS for many years and has proven to facilitate multi-stakeholder collaboration and reach targets. ⁽¹¹⁸⁾ National initiatives thus appear to exert greater pressure and last longer. As seen with the Senegal case study, high-level management of nutrition plans produced successful outcomes.

6.2.5 A NEED FOR EVALUATION AND ACCOUNTABILITY

Constant evaluation and accountability checks are key elements of an enabling environment. Follow-up reports are needed on intergovernmental relations in the Gauteng Province. Furthermore, accountability structures are paramount for successful action on all agenda topics.

6.2.6 FUTURE RESEARCH

6.2.6.1 EXPERIENCES OF CURRENT ADVOCATES

Future research could look into the experiences of current Gauteng Provincial health and nutrition workers and advocates regarding nutrition and other multi-stakeholder topics.

6.2.6.2 CROSS-SECTORAL DEPARTMENTS ON PROVINCIAL LEVEL

Future research can further explore the use of cross-sectoral departments and agencies currently in place in the province, such as the Gauteng Growth and Development Agency and the Gauteng Provincial AIDS Council, among others. Success in these sectors could portray the potential use of such agencies in the area of nutrition and IYCN.

6.2.6.3 GAUTENG GOVERNMENT LEKGOTLA

Future qualitative research can be done regarding the use and efficacy of the Gauteng Government Lekgotla. There is very little available information regarding this informal IGF, but it has been said to produce positive results by forum members of the formal IGFs.

6.3 STUDY LIMITATIONS

6.3.1 Participants mainly came from IGR directorates and health sectors. The study did not include IGF members from other departments. This prevented the study from exploring different department representatives' perspectives on, and understanding of, nutrition and also hindered the study from advocating IYCN to various stakeholders.

6.3.2 Because interviews were conducted with persons operating in a professional capacity and to some degree represent their respective departments, responses were, at times, more factual in nature and slightly defensive, and not necessarily the participant's personal experience.

6.4 REPORTING OF THE STUDY RESULTS

- Reports will be sent to all the participating departments and governing bodies upon completion of the degree.

- Research can further be shared with non-participating departments upon their request, at the discretion of the researchers.
- The Ekurhuleni Health District invited the study to be presented at the annual research conference in Alberton in November 2018.
- The results of the study was presented at the Association for Dietetics in South Africa (ADSA) and Nutrition Society of South Africa (NSSA) Biennial Nutrition Congress held in Johannesburg in September 2018
- Manuscripts on parts of the project will be submitted for peer review and subsequent publication in applicable, peer-reviewed and accredited scientific journal/s.

REFERENCES

1. United Nations. Sustainable Development Goals [Internet]. United Nations. 2015 [Access date: July 2017]. Available from: <https://sustainabledevelopment.un.org/?menu=1300>
2. Rocha C, Constante Jaime P, Ferreira Rea M. The 2016 Global Nutrition Report. Global Nutrition Report - From promise to impact: ending malnutrition by 2030. 2016: 11-14
3. International Diabetes Federation (IDF). IDF Diabetes Atlas 8th edition [Internet]. idf.org. 2017. [Access date: July 2017]. Available from: <http://www.diabetesatlas.org/>
4. Scaling Up Nutrition. Nutrition at the heart of the SDGs [Internet Image]. 2016. Available from: <http://scalingupnutrition.org/nutrition/nutrition-and-the-sustainable-development-goals/>
5. Black RE, Alderman H, Bhutta ZA, et al. Maternal and child nutrition: Building momentum for impact. *Lancet* 2013;328: 372–5.
6. Cottrell EC, Ozanne SE. Early life programming of obesity and metabolic disease. *Physiol Behav.* 2008;94(1):17–28.
7. World Health Organization. Nutrition: Breastfeeding [Internet] [Access date: January 2018]. Available at: http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/.
8. Kelly D, Coutts AG. Early nutrition and the development of immune function in the neonate. *Proc Nutr Soc* [Internet]. 2000;59:177–85.
9. Hanson LA. Symposium on Nutrition in early life: new horizons in a new century Session 1: Feeding and infant development Breast-feeding and immune function. *Proc Nutr Soc.* 2007;66(3):384–96
10. Black RE, Victora CG, Walker SP, et al. Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet* [Internet]. 2013;382(9890):427–51.
11. Horton S, Steckel RH. Global economic losses attributable to malnutrition 1900- 2000 and projections to 2050. Cambridge University Press. 2011
12. Leppo K, Ollila E, Pena S, Wismar M, Cook S. Health in All Policies: Seizing opportunities, implementing policies [Internet]. Malta: Ministry of Social Affairs and Health, Finland; 2013. 1-357
13. Department of Health. Roadmap for Nutrition in South Africa 2013-2017 [Internet]. Republic of South Africa; 2013. [Access date: April 2017]. Available from:

<https://www.health-e.org.za/2015/06/04/strategy-roadmap-for-nutrition-in-south-africa-2013-2017/>

14. United Nations. The Sustainable Development Goals Report [Internet]. Department of Economic and Social Affairs. New York; 2016. [Access date: April 2017]. Available from: <https://unstats.un.org/sdgs/report/2016/>
15. International Food Policy Research Institute. Global Nutrition Report 2015: Actions and accountability to advance nutrition and sustainable development. Washington, DC. 2015.
16. Girard AW, Self JL, McAuliffe C, et al. The effects of household food production strategies on the health and nutrition outcomes of women and young children: A systematic review. *Paediatr. Perinat. Epidemiol.* 2012;26:205–22.
17. Krug EG. Trends in diabetes: Sounding the alarm. *Lancet* 2016; 387:1485–6.
18. Nisbett N, Gillespie S, Haddad L, Harris J. Why Worry About the Politics of Childhood Undernutrition? *World Dev.* 2014;64:420–33
19. McDermott J, Johnson N, Kadiyala S, Kennedy G, Wyatt AJ. Agricultural research for nutrition outcomes – rethinking the agenda. *Food Secur.* 2015;7(3):593–607
20. World Bank. The World Bank DataBank [Internet]. Data Bank. 2016 [Access date: April 2018]. Available from: <https://data.worldbank.org/country/south-africa>
21. Agency CI. CIA World Fact Book. Africa: South Africa [Internet] 2017 [Access date: September 2017] Available at: <https://www.cia.gov/library/publications/the-world-factbook/geos/sf.html>.
22. The World Bank. Mortality rate, under-5 (per 1,000 live births) | Data [Internet]. World bank databank. 2016. [Access date: September 2017] Available from: <http://data.worldbank.org/indicator/SH.DYN.MORT>
23. Nannan N, Dorrington R, Laubscher R, et al. Under-5 mortality statistics in South Africa: Shedding some light on the trend and causes 1997-2007 [Internet]. South African Medical Research Council. 2012. Available from: <http://www.mrc.ac.za/bod/MortalityStatisticsSA.pdf>
24. Statistics South Africa. Millennium Development Goals: Country Report 2015. 2015. [Internet] Pretoria. Available from: http://www.statssa.gov.za/MDG/MDG_Country%20Report_Final30Sep2015.pdf
25. Department of Health. Annual report 2015/16. Republic of South Africa. 2016

26. Statistics South Africa. South African Demographic and Health Survey 2016. Key Indicator Report. Statistics South Africa. 2017
27. Statistics South Africa. Statistical release P0302. Mid-year population estimates. Stats SA [Internet]. 2017 [Access date: July 2017] Available from: <http://www.statssa.gov.za/publications/P0302/P03022017.pdf>
28. Triennial Report Committee, TRC. 2nd Triennial Report of the Committee on Morbidity and Mortality in Children under 5 Years. 2014;308. Available from: <http://www.kznhealth.gov.za/mcwh/2nd-CoMMiC-Triennial-Report-2014.pdf>
29. Onis M De, Onyango A, M DO. WHO child growth standards. Paediatr Croat Suppl [Internet]. 2008;52(S1):13–7. Available from: http://hpps.kbsplit.hr/hpps-2008/pdf/dok03.pdf%5Cnhttp://cdrwww.who.int/entity/childgrowth/publications/ca_symposium_comparison/en/
30. Weise A. WHA Global Nutrition Targets 2025: Stunting Policy Brief. WHO Publ [Internet]. 2012;1–7. [Access date: February 2017] Available from: http://www.who.int/nutrition/topics/globaltargets_stunting_policybrief.pdf
31. Grantham-McGregor S, Cheung YB, Cueto S, et al. Developmental potential in the first 5 years for children in developing countries. Lancet 2007; 369:60–70.
32. Hoddinott J, Alderman H, Behrman JR, et al. The economic rationale for investing in stunting reduction. Matern Child Nutr. 2013;9(S2):69–82.
33. Symington EA, Gericke GJ, Nel JH, et al. The relationship between stunting and overweight among children from South Africa: Secondary analysis of the National Food Consumption Survey – Fortification Baseline I. South African Med J 2015;106(1):65
34. Said-Mohamed R, Micklesfield LK, Pettifor JM, Norris SA. Has the prevalence of stunting in South African children changed in 40 years? A systematic review. BMC Public Health. 2015;15(1).
35. National Planning Commission. National Development Plan: Our future make it work [Internet]. The Presidency Republic of South Africa. 2010:70. Available from: <https://www.gov.za/issues/national-development-plan-2030>
36. Simmonds M, Llewellyn A, Owen CG, Woolacott N. Predicting adult obesity from childhood obesity: A systematic review and meta-analysis. Obes Rev. 2016;17(2):95–107.
37. Birch L, Arbor A, Savage JS, et al. Influences on the Development of Children’s Eating Behaviours: From Infancy to Adolescence. Can J Diet Pr Res. 2009;68(1):1–11.
38. Biro FM, Wien M. Childhood obesity and adult morbidities. Am J Clin Nutr. 2010;91(1):1499–505.

39. Shisana O, Labadarios D, Rehle T, et al. The South African National Health and Nutrition Examination Survey (SANHANES-1) [Internet]. HSRC Press. 2014. 423. Available from: <http://www.hsrc.ac.za/en/research-outputs/mtree-doc/13850>
40. World Health Organization. Global Report on Diabetes. [Internet]. 2016;978:88. Available from: http://www.who.int/about/licensing/%5Cnhttp://apps.who.int/iris/bitstream/10665/204871/1/9789241565257_eng.pdf
41. Department of Health. The National Strategy for Prevention and Control of Obesity 2015-2020. Republic of South Africa. 2015.
42. Labadarios D, Steyn NP, Maunder E, MacIntyre U, Gericke G, Swart R, et al. The National Food Consumption Survey (NFCS): South. Public Health Nutr. 2005;8(5): 533–43
43. UNICEF, WHO, World Bank Group. Levels and Trends in Child Malnutrition [Internet]. Joint Child Malnutrition Estimates. 2017. Available from: https://data.unicef.org/wp-content/uploads/2017/06/JME-2017_brochure_June-25.pdf
44. Rome Declaration on World Food Security and Plan of Action [Internet]. Food and Agriculture Organisation. 1996: p1-30 [Access date: April 2017 Apr]. Available from: <http://www.fao.org/docrep/003/w3613e/w3613e00.HTM>
45. FAO, IFAD, WFP. The State of Food Insecurity in the World: Meeting the 2015 international hunger targets: taking stock of uneven progress. [Internet]. FAO, IFAD and WFP. 2015.1-54. Available from: <http://www.fao.org/3/a4ef2d16-70a7-460a-a9ac-2a65a533269a/i4646e.pdf>
46. Statistics South Africa. Poverty Trends in South Africa: An Examination of Absolute Poverty Between 2006 and 2011 [Internet]. Statistics South Africa. Pretoria; 2014.
47. Statistics South Africa. Social profile of vulnerable groups in South Africa - Survey Data 2002-2012 [Internet]. 2013. [Access date: May 2018] Available from: <http://www.statssa.gov.za/publications/Report-03-19-00/Report-03-19-002012.pdf>
48. Steyn NP, Temple N. Community Nutrition Textbook for South Africa: A Rights-Based Approach. In: Steyn NP, Temple N, editors. Cape Town: South African Medical Research Council; 2008. 233–49.
49. Vorster HH, Kruger A, Margetts BM. The nutrition transition in Africa: can it be steered into a more positive direction? Nutrients. 2011;3:429–41
50. UNICEF. Multi-sectoral Approaches to Nutrition: The Case for Investment by Social Protection Programmes. Matern Young Child Nutr Secur Initiat Asia. 2015;3–5.
51. Mahan K, Escott-Stump S. Krause's Food and Nutrition Therapy. (12th ed) Philadelphia. Elsevier Saunders. 2008

52. Fortuny C, Deya-Martinez A, Chiappini E et al. Metabolic and Renal Adverse Effects of Antiretroviral Therapy in HIV-infected Children and Adolescents. *Pediatr Infect Dis J*. 2015; 34
53. Statistics South Africa. Millennium Development Goals 4: Reduce Child Mortality, 2015. Pretoria; 2015.
54. Coutsooudis A, Coovadia H, Wilfert C. HIV, Infant feeding and more perils for poor people: New WHO guidelines encourage review of formula milk policies. *Bulletin of the World Health Organization* 2008;86:210-214
55. Constitution of the Republic of South Africa. Act 108 of 1996 of the Republic of South Africa. Pretoria: Government Printer. 1996 2;27:15.
56. United Nations Treaty Collection. International Covenant on Economic, Social, and Cultural Rights [Internet] New York. 1966. Available at: https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-3&chapter=4&clang=en
57. Constitution of the Republic of South Africa [Internet]. Constitution of the Republic of South Africa. Act 108 of 1996 of the Republic of South Africa. Pretoria: Government Printer. 1996.
58. South African Government. The National Health Act No 61 of 2003 [Internet]. Government Gazette 2004:1–94. Available from: http://www.nsw.gov.au/sites/default/files/Government_Gazette_2_December.pdf#page=15
59. South African Human Rights Commission. South Africa's Children: A Review of Equity and Child Rights. SAHRC, UNICEF. 2011:65.
60. South African Department of Health. Infant and Young Child Feeding Policy. Pretoria: Department of Health, Republic of South Africa; 2007:34.
61. Achievements Past Present Challenges and Young Child Feeding. Innocenti declaration: On the protection, promotion and support of breastfeeding. *Ecology of Food and Nutrition* 1991; 26:271-273
62. Republic of South Africa: Department of Health. Infant and Young Child Feeding Policy [Internet]. Pretoria; 2013 Available from: <https://www.health-e.org.za/2013/09/20/infant-young-child-feed-policy-2013/>
63. Department of Health. Amendment of the 2013 Infant and Young Child Feeding Policy. Circular Minute No. 3 of 2017/18 HIV/AIDS, TB & MCWH South Africa; 2017.

64. UNDESA. SDGs & Topics: Sustainable Development Knowledge Platform [Internet]. United Nations Department of Economic and Social Affairs. 2015. [Access date: January 2018] Available from: <https://sustainabledevelopment.un.org/topics>
65. President Cyril Ramaphosa. State of the Nation Address South Africa 2018. 2018. [Access date June 2018] Available from: <http://www.thepresidency.gov.za/state-of-the-nation-address/state-nation-address-president-republic-south-africa%2C-mr-cyril-ramaphosa>
66. Gauteng Department of Health. Gauteng Annual Performance Plan 2016/17-2018/19. Gauteng; 2016.
67. African Union. Agenda 2063: The Africa We Want. Addis Ababa. African Union Commission. 2015
68. Gauteng City-Region Observatory [Internet]. Statistics. [Access date: December 2017]. Available from: <http://www.gcro.ac.za/>
69. Statistics South Africa. Census 2011: Metadata. Stat South Africa (Stats SA). 2012;1–67.
70. Ruel MT, Alderman H. Maternal and Child Nutrition Series. Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? *Lancet*. 2013. 382(9891):536-551
71. WHO (World Health Organization), UNICEF (United Nations Children’s Fund). Global Strategy for Infant and Young Child Feeding. *World Heal Organ* [Internet] [Access date: December 2016] 2003;1–30. Available from: http://www.paho.org/english/ad/fch/ca/GSIYCF_infantfeeding_eng.pdf
72. Bhutta ZA, Das JK, Rizvi A, Gaffey MF, et al. Evidence-based interventions for improvement of maternal and child nutrition: What can be done and at what cost? *Lancet*. 2013; 382(9890):452-477
73. Haddad L, Zaidi S, Gazdar H. Investing in Nutrition: The foundation for development – an investment framework to reach the global nutrition targets. World Bank Group. Washington, DC. 2013; 1(1)
74. UNICEF. Strategy for Improved Nutrition of Children and Women in Developing Countries. New York: UNICEF 1990 [Internet] Available from: http://www.ceecis.org/iodine/01_global/01_pl/01_01_other_1992_unicef.pdf
75. UNICEF. Multi-sectoral Approaches to Nutrition: Nutrition-specific and Nutrition-Sensitive Interventions to Accelerate Progress, five part series. 2013.1-4. [Access date: February 2017] Available at: www.unicef.org/eu/devaid_nutrition.html

76. Bvenura C, Afolayan AJ. The role of wild vegetables in household food security in South Africa: A review. *Food Research International*. 2015;76: 1001–11.
77. Scaling up Nutrition (SUN) website. Scaling Up Nutrition (SUN): a Framework for Action. Imp Coll London. [Access date: October 2016] 2011;1:7–10. Available from: https://scalingupnutrition.org/wp-content/uploads/2013/05/SUN_Framework.pdf
78. UNICEF. Multi-sectoral Approaches to Nutrition: The Case for Investment by Agriculture. 2013;1–4. [Access date: February 2017] Available at: www.unicef.org/eu/devaid_nutrition.html
79. UNICEF. Multi-sectoral Approaches to Nutrition: The Case for Investment by Education Programmes. 2013;1–4. [Access date: February 2017] Available at: www.unicef.org/eu/devaid_nutrition.html
80. Department of Basic Education. Health Promotion [Internet] [Access date: April 2018] Available from: <https://www.education.gov.za/Programmes/HealthPromotion.aspx>
81. Department of Social Development. National Integrated Early Childhood Development Policy 2015. Pretoria: Government Printers. 2015;1–140.
82. Rasella D. Impact of Conditional Cash Transfer Programs and Primary Health Care Programs on childhood mortality: evidence from Brazil. UNICEF policy Strateg. 2013 [Access date: November 2017] Available at: https://www.unicef.org/socialpolicy/files/Child_Poverty_Insights_September_2013.pdf
83. Beard TC, Redmond S. Declaration of Alma-Ata. *Lancet*. 1979. 313;217–8
84. Horton R. Maternal and child undernutrition: an urgent opportunity. *Lancet* 2008. 371;179.
85. Bhutta ZA, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, et al. What works? Interventions for maternal and child undernutrition and survival. *Lancet*. 2008. 371;417–40.
86. Commission for Gender Equality. The Implementation of the Beijing Platform for Implementation in South Africa. 2014
87. Garrett J, Bassett L, Levinson FJ. Principles and a Conceptual Model for Working Multisectorally. In: Working Multisectorally in Nutrition Principles, Practices and Case Studies. 2011:20–47
88. Levinson FJ, Balarajan Y. Addressing Malnutrition: What have we learned from recent international experience? UNICEF Nutrition Working Paper, UNICEF and MDG Achievement Fund, New York, August 2013;1–64. [Access date: July 2017] Available from: http://www.mdgfund.org/sites/default/files/Addressing_malnutrition_multisectorally-FINAL-submitted.pdf

89. Executive Summary of The Lancet Maternal and Child Nutrition Series. Lancet. 2013;5(1):1–11.
90. Black RE, Alderman H, Bhutta ZA. The Lancet, Maternal and Child Nutrition. Lancet [Internet]. figure 1: Framework for actions to achieve optimum fetal and child nutrition and development. 2013:2.
91. Baatjies R, Steytler N. District Intergovernmental Forums : A preliminary assessment of institutional compliance with the Intergovernmental Relations Framework Act. Cape Town; 2006
92. Hoey L, Pelletier DL. Bolivia’s multisectoral Zero Malnutrition Program: Insights on commitment, collaboration, and capacities. Food Nutr Bull. 2011;32.
93. Pearson BL, Ljungqvist B. REACH: An effective catalyst for scaling up priority nutrition interventions at the country level. Food Nutr Bull. 2011;32.
94. Republic of South Africa. Intergovernmental Relations Framework Act 13 of 2005 [Internet]. 2005: 1–19. Available from: <http://www.polity.org.za/article/intergovernmental-regulations-framework-act-no-13-of-2005-2005-01-01>
95. Versteeg M, Hall W, May A, Maredi M, de Visser J. South African Local Government Association. Position Paper on the Provincialisation of Personal Primary Health Care Services June 2009 Provincialisation of Personal PHC. 2009.
96. Intergovernmental Fiscal Relations Act. Act 97 of 1997 of the Republic of South Africa. Cape Town. 1997.
97. Republic of South Africa. Department of Provincial and Local Government. 15 Year Review Report On The State Of Intergovernmental Relations In South Africa. 2008.
98. The Department of Provincial and Local Government. Intergovernmental Relations Framework Act (13/2005): Implementation Protocol Guidelines and Guidelines for Managing Joint Programmes. Government Gazette; 2007: 2–21.
99. Gauteng Province. Gauteng Intergovernmental Relations Framework. Gauteng. 2010.
100. Gauteng Provincial. Government. Gauteng Office of the Premier Annual Report 2015/2016. Johannesburg; 2016.
101. City of Tshwane. Tshwane Vision 2055 - Remaking South Africa’s Capital City. City of Tshwane, Republic of South Africa; 2013
102. South African Department of Health. Annual Report 2014-15. Pretoria; 2014.

103. The United Nations. United Nations Millennium Development Goals. The United Nations. 2000
104. The World Bank. Improving nutrition through multisectoral approaches. 2013;1–172. Available from: <http://documents.worldbank.org/curated/en/2013/01/17211210/improving-nutrition-through-multisectoral-approaches>
105. Atlas ti.8 Data Analysis Software Programme. Scientific Software Development. 2016.
106. Terre Blanche M, Durrheim K, Painter J et al. Research in Practice: applied methods for social sciences. UCT Press. 2006
107. City of Tshwane IDP 2016/21: The culmination of the first decade of game-changing of Tshwane Vision 2055. City of Tshwane. May 2016
108. City of Johannesburg Draft Integrated Development Plan 2018/19 Review. City of Johannesburg. May 2018
109. IDP and Budget 2018/19-2020/21, Annexure A: City of Ekurhuleni Integrated Development Plan 2016-2021, 2018-2019 Review. City of Ekurhuleni. 2018
110. Reddy, P.S., 'The politics of service delivery in South Africa: The local government sphere in context', The Journal for Transdisciplinary Research in Southern Africa 2016;12(1), a337
111. Balarajan Y, Reich MR. Political economy challenges in nutrition. Global Health. 2016;12(1).
112. Francis J. What does it take to sustain Scaling Up Nutrition? A Zambia Case Study. 03. Create a movement. Scaling Up Nutr. 2016
113. Maluleke J, Sehoole C, Weber E. The dilemmas of cooperative governance in the Department of Basic Education in South Africa. Department of Basic Education, University of Pretoria. Southern African Review of Education with Education with Production October 2017;23: 37–51
114. Development Initiatives, 2017. Global Nutrition Report 2017: Nourishing the SDGs. Bristol UK. 2017.
115. Pelletier DL, Menon P, Ngo T, Frongillo EA, Frongillo D. The nutrition policy process: The role of strategic capacity in advancing national nutrition agendas. Food Nutr Bull. 2011;32
116. Francis J. What does it take to sustain Scaling Up Nutrition? A Zambia Case Study. 01. Innovate and be bold. Scaling Up Nutr. 2016;
117. Hill R, Gonzalez W, Pelletier DL. The formulation of consensus on nutrition policy:

Policy actors' perspectives on good process. Food Nutr Bull. 2011;32.

118.SANAC. South African National AIDS Council Trust Annual Report 2016/2017 [Internet]. Pretoria; 2017. Available from: www.sanac.org.za

ADDENDUM 1



UNIVERSITEIT • STELLENBOSCH-UNIVERSITY
Jou kennisvennoot • your knowledge partner

Approval Notice
Response to Modifications- (New Application)

17-May-2017
Van de Venter, Anz?le A

Ethics Reference #: S17/03/050

Title: Assessing the Use of Intergovernmental Forums in the Gauteng Province as a Means to Leverage Infant and Young Child Nutrition Agendas

Dear Ms Anz?le Van de Venter,

The **Response to Modifications - (New Application)** received on 10-May-2017, was reviewed by members of **Health Research Ethics Committee 1** via Expedited review procedures on 15-May-2017 and was approved.
Please note the following information about your approved research protocol:

Protocol Approval Period: 17-May-2017 -16-May-2018

Please remember to use your **protocol number** (S17/03/050) on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:

Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372
Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Helene Visser at City Health (Helene.Visser@capetown.gov.za Tel:

ADDENDUM 2



Enquiries: Dr. Selio Mokoena
Tel: (011) 3557855
File no.: 2/9/09

MS ANZELL VAN DER VENTER

Dear Ms Anzelle van der Venter

RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application on the research on "Assessing the Use of Intergovernmental Forums in the Gauteng Province as a Means to Leverage Infant and Young Child Nutrition Agendas" has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission. The approval is subject to the Department's terms and conditions as endorsed on the 30th of August 2017. In order for the department to learn and draw from the findings and recommendations of your study, please note that you are requested to provide the department with a copy of your dissertation/thesis once your study has been completed.

May I take this opportunity to wish you well on the journey you are about to embark on.

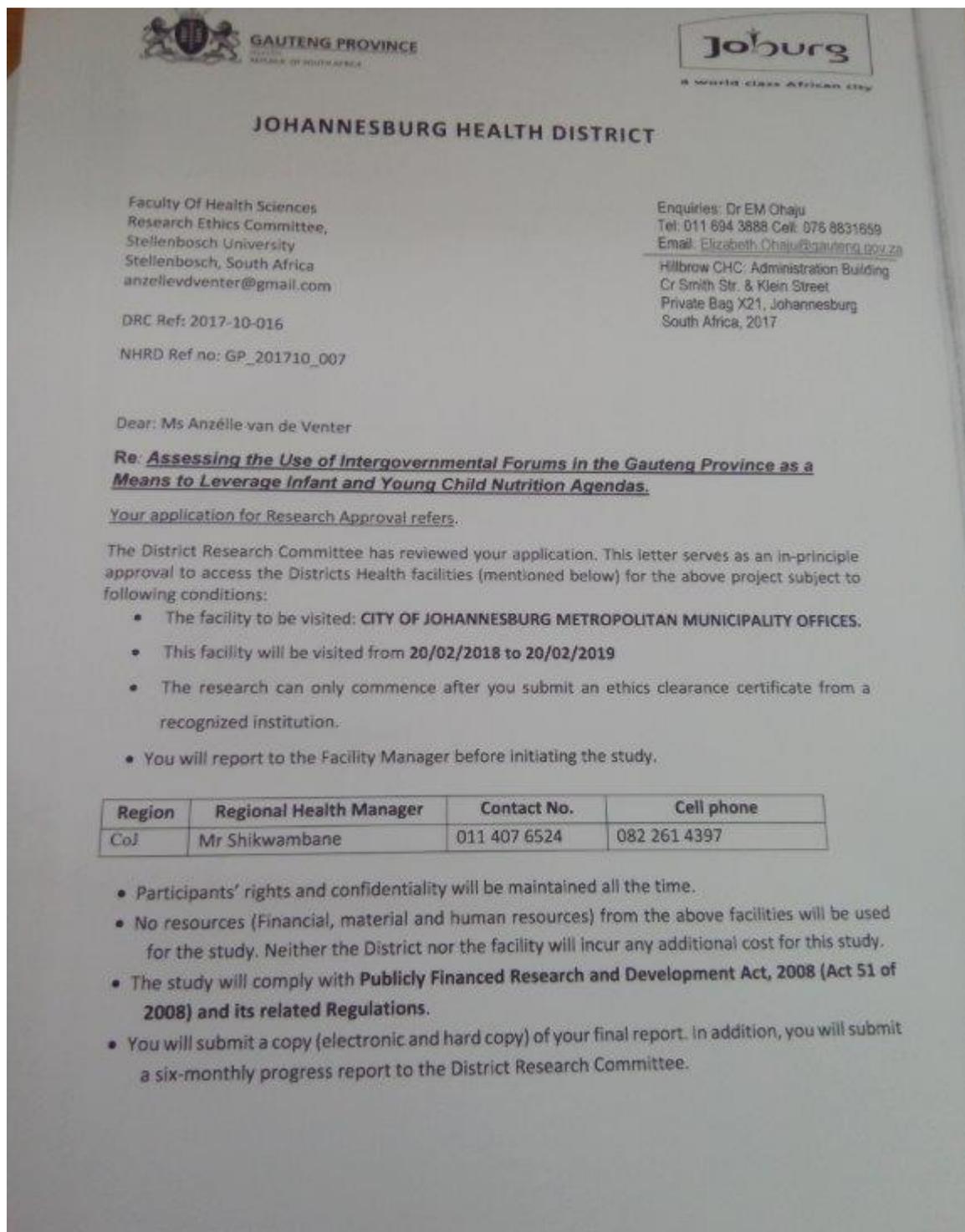
We look forward to a value adding research and a fruitful co-operation.

With thanks


Mr M MAMPURU
Acting Head of Department

Date: 2017/09/21

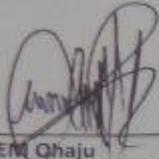
ADDENDUM 3



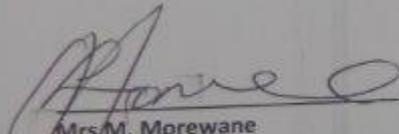
- Your supervisor and University of Cape town will ensure that these reports are being submitted timeously to the District Research Committee.
- The District must be acknowledged in all the reports/publications generated from the research and a copy of these reports/publications must be submitted to the District Research Committee.

We reserve our right to withdraw our approval, if you breach any of the conditions mentioned above.
Please feel free to contact us, if you have any further queries. On behalf of the District Research Committee, we would like to thank you for choosing our District to conduct such an important study.

Regards,

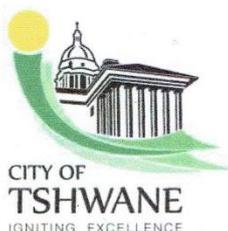


Dr E.M. Qhaju
Chairperson: District Research Committee
Johannesburg Health District
Date 27/02/2018



Mrs. M. Morewane
Chief Director
Johannesburg Health District
Date: 27/02/2018

ADDENDUM 4



Health Department

Health Department | 2nd Floor | Room H2058 | FF Riberio Clinic | Sammy Marks |
Corner Madiba and Sisulu Street | Pretoria | PO Box 440 | 0001 | www.tshwane.gov.za
Tel: 012 358 3461 | Cell: 083 448 9473 | Email: sakkieD2@tshwane.gov.za

My ref: MMC
Your ref:
Contact person: Cllr du Plooy
Section/unit

Tel: 012 358 3461
Email: Sallyke2@tshwane.gov.za

Ms. Anzelle Van de Venter
Tygerberg
Cape Town

Dear Ms Van de Venter,

Request to Conduct Research in City of Tshwane Municipality

This letter serves to retrospectively give approval to conduct research on the study topic:
Assessing the Use of Intergovernmental Forums in the Gauteng Province as a Means to Leverage Infant and Young Child Nutrition Agendas.

Since the Municipality may be able to benefit from the results and findings of your research assignment, it would be greatly appreciated if you could avail a copy of the final report, once the study is completed.

It is trusted that the contribution by the City of Tshwane would add value to your research.

Wishing you the very best in your future endeavours.

Sincerely,

Cllr I.P. du Plooy

MMC: Health

ADDENDUM 5

Dear Mr. / Mrs. XXX

This serves to kindly invite you to participate in a research project in the form of an in-depth interview on policies related to intergovernmental relations and national priorities.

As a Master's of Nutrition student from the University of Stellenbosch, my study focuses mainly on aspects such as infant and young child nutrition. In this regard I wish to determine your understanding of intergovernmental structures, as well as to assess the success and challenges thereof as a medium for accelerating provincial priorities (such as nutrition).

It is expected that the interview will take a maximum of one hour and it would be appreciated if a meeting could be scheduled at your earliest convenience. Kindly advise the most suitable date and time.

It should be mentioned that the study has been approved by the Human Research Ethics Council as well as the Ethics Committee of Stellenbosch University. All data will be handled securely and anonymously.

Your inputs would certainly contribute to a greater understanding of ways to address the challenges of infant/child health and nutrition in South Africa.

Thank you in advance for your participation.

Yours sincerely,

Anz elle van de Venter

(+27) 71 079 7322

ADDENDUM 6

STUDY INFORMATION LEAFLET

TITLE OF THE RESEARCH PROJECT:

Assessing the Use of Intergovernmental Forums in the Gauteng Province as a Means to Leverage Infant and Young Child Nutrition Agendas.

REFERENCE NUMBER: 517/03/050

PRINCIPAL INVESTIGATOR: Anz lle van de Venter

ADDRESS: Francie Van Zijl Drive, Tygerberg,
Cape Town, South Africa

CONTACT NUMBER: +27 71 079 7322

EMAIL: anzellevdventer@gmail.com

CONTACT INFORMATION HEALTH RESEARCH ETHICS COMMITTEE:

CONTACT NUMBER: +27 21 938 9819

EMAIL: ethics@sun.ac.za

My name is Anz lle van de Venter and I am a Masters student from the University of Stellenbosch. You are invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project and contact me if you require any further information or clarification on any aspect of the study. Your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you or your governing body negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Health Research Ethics Committee at Stellenbosch University and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki of 2011.

What is this research study all about?

The aim of the study is to investigate the use of Intergovernmental Forums suggested in the Intergovernmental Relations Framework Act (13 of 2005) to promote provincial priorities, in particular for infant and young child health and nutrition. The study will investigate the challenges and successes regarding the use of these forums as well as infant nutrition as a topic for the forum agendas.

Potential participants have been identified depending either on their responsibility in the specific authoritative body, or their perceived expertise on the topic. The study entails an

ADDENDUM 6

interview of approximately 1 hour with each participant regarding the given topic. The information will be used for Master's degree purposes.

Why have you been invited to participate?

You have been invited since you attend or potentially attend an Intergovernmental Forum, or are knowledgeable about Intergovernmental forums in the Gauteng area.

Will you benefit from taking part in this research?

Participants will not benefit from this research directly, and there are no personal benefits for you as a participant. However, the findings of the research investigation will hopefully aid local and provincial government in the use of the Intergovernmental Relations Framework Act for priority matters and also advocate for infant health and nutrition on provincial and national agendas.

How will your anonymity be secured?

Neither your name nor your professional title will be used in any typed documentation or in the final report and thesis.

Who will have access to the interview?

The interview will be done by the principal investigator (Anz elle van de Venter), and the recorded interview will be available to the study supervisors, as well as the data transcriber. The transcribed (typed) documents and the original audio tape recording will be stored separately and will be password protected.

Where will the information and reports be published?

The compiled report will be used for Master's degree purposes with the potential of articles being published in an appropriate peer reviewed journal. Reports can be sent to respective governing bodies if they wish to have it.

Will you be paid to take part in this study and are there any costs involved?

You will not be paid to take part in the study and there will be no costs involved for you, if you do take part.

You will receive a copy of this information and consent form for your own records.

ADDENDUM 7

Declaration by Participant

By signing below, I agree to take part in a research study entitled *Assessing the Use of Intergovernmental Forums in the Gauteng Province as a Means to Leverage Infant and Young Child Nutrition Agendas*.

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 2017.

.....
Signature of participant

.....
Signature of witness

ADDENDUM 8

Informed Consent for Interview Recording

I..... hereby give consent for the interview to be recorded.

- The purpose of the interview and the use and final destruction of the recordings have been explained to me.
- I have had a chance to ask questions related to the procedure of the recordings, and all my questions have been adequately answered.
- I understand the explanation
- I have been given a copy of this form for my own records

Signed at (*place*) on (*date*) 2017.

.....
Signature of investigator

.....
Signature of witness

.....
Signature of Participant

ADDENDUM 9

Declaration by Investigator

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did not use an interpreter.

Signed at (*place*) on (*date*) 2017.

.....
Signature of investigator

.....
Signature of witness

ADDENDUM 10

Confidentiality Agreement for use with Transcription Services

- I, Azke de Plessis..... Transcriptionist, agree to maintain full confidentiality for all research data received from the researcher related to the research study: *Assessing the Use of Intergovernmental Forums in the Gauteng Province as a Means to Leverage Infant and Young Child Nutrition Agendas in National Policy*.
- I will hold in strictest confidence the identity of any individual that may be revealed during the transcription of interviews or in any associated documents.
- I will not provide research data to any third parties.
- All data provided or created for the purposes of this agreement, including back-up records will be returned to the researcher or deleted permanently once the transcription work has been performed satisfactorily.

Signed at (place) Johannesburg..... on (date) 12 September December 2017.

Azke de Plessis
.....
Signature of Transcriber

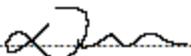
[Signature]
.....
Signature of witness

ADDENDUM 10

Confidentiality Agreement for use with Transcription Services

- I, Deidré Duvenage Transcriptionist, agree to maintain full confidentiality for all research data received from the researcher related to the research study: *Assessing the Use of Intergovernmental Forums in the Gauteng Province as a Means to Leverage Infant and Young Child Nutrition Agendas in National Policy*.
- I will hold in strictest confidence the identity of any individual that may be revealed during the transcription of interviews or in any associated documents.
- I will not provide research data to any third parties.
- All data provided or created for the purposes of this agreement, including back-up records will be returned to the researcher or deleted permanently once the transcription work has been performed satisfactorily.

Signed at (*place*) Stellenbosch on (*date*) 25 October 2017.


.....
Signature of Transcriber


.....
Signature of witness

ADDENDUM 11

Baseline questions

Are you part of an intergovernmental forum or inter-sectoral forum?

How long have you served on such forum?

Are you familiar with the IGRFA?

- a) To determine the level to which various members of the IGF feel the IGRFA is adhered to, based on the IGRFA criteria.

The IGRFA has set guidelines and for how the forum should operate, to what extent do you feel that the Act is being adhered to?

- b) To describe the challenges experienced by members of the various IGF with regard to the forum

As a member of these forums what do you find challenging about being part of the forum?

What challenges do you think the forum experiences in operating fully?

- c) To describe the successes experienced by members of the various IGF with regard to the forum

What do you think the forum has managed to achieve successfully?

- d) To determine forum member's opinion regarding the representation/attendees on the forum.

How are forum attendees for a meeting selected/ invited?

Have you ever felt that there wasn't adequate representation at the forum meeting regarding the topic being discussed? Someone else should have also attended or not attended? Explain an incidence?

Do you think the representation of attendees on the forum is usually adequate for the topic? Why?

ADDENDUM 11

Nutrition Agenda

- e) To determine a members' opinion of how topics reach the forum agenda for discussion and the adequacy thereof

How do topics reach the agenda for a meeting?

How do you feel about the topics discussed at the forum meetings?

- f) To determine how often nutrition related topics reach the agenda

Are you aware of a child health and nutrition ever being part of the agenda of the PCF?

- g) To describe forum members' understanding regarding IYCN as a multi-sectoral topic

Who do you see at the main sectors involved in nutrition related issues when it comes to infants and young children?

Do you think infant and young child health and nutrition is a topic that can or should be discussed on a forum such as this?

ADDENDUM 12

Intergovernmental Relations Framework Act (Act no.13 of 2005)