

The Role of Policy Networks in Self-Build Housing

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ABSTRACT

In 2009 South Africa's enhanced People's Housing Process (ePHP) through which self-build housing would be implemented, was introduced. This article summarises the purposes and results of a research project undertaken to determine what role good policy network practices played in the attainment of ePHP policy objectives. The Clark Policy Network model served as a heuristic device in analysing the relationship between network characteristics, the Masizakhele Project as a case study and the attainment of policy outcomes in the project. The analysis revealed that project operations exhibited many of the indicators of the characteristics contained in the Clark Policy Network model, and that the operationalised policy outcomes associated thereto were fully attained. Generalisable observations developed during the analysis allowed the researcher to propose a network theory of policy implementation, that policy networks aimed at attaining developmental objectives must incorporate strategies to both attract and retain resources within the network.

INTRODUCTION

The research project investigated the role of policy networks in the enhanced People's Housing Process (ePHP), through which government-subsidised housing is provided to indigent households in South Africa. The 1994 White Paper: *A New Housing Policy and Strategy for South Africa* did not include a self-build housing strategy (NDOH 1994:28; Marais *et al.* 2008:7). It prioritised strategies that could immediately be implemented at scale and fast-tracked in order to eliminate the considerable existing housing backlog. The 1998 *White Paper on Housing* stated

that” Government is under a duty to take steps and create conditions which will lead to an effective right to housing for all”. The process of delivering ‘housing for all’ could, however, not be attained as fast as envisioned (Dawson & McLaren 2014:18; Visser 2004:12). The 1998 White Paper: *Supporting the People’s Housing Process* introduced self-build housing. In a progressive approach, within which self-build housing falls, households are first provided with a serviced site and then with a house in a separate phase. In the conventional approach households are provided with a serviced site and house in one phase (Marais *et al.* 2003:348). The 1998 policy’s objective is to “encourage and support individuals and communities in their efforts to fulfil their own housing needs by assisting them in accessing land, services and technical assistance in a way that leads to the transfer of skills to, and empowerment of the community” (NDOH 1998:1).

The 1998 policy is the guiding policy for the ePHP, although the manner in which the housing programme should be implemented has been revised in the 2009 Housing Code. The Housing Code details the underlying policy principles, guidelines, norms and standards applicable to the housing process, and contains the various housing programmes through which the provision of the socio-economic right to housing is to be progressively realised (Patal 2015:2738; WCDOHS 2015:17). The ePHP is defined as “a housing delivery mechanism whereby beneficiary households build, or organise between themselves, the building of their own homes, make a ‘sweat equity’ contribution through their labour and exercise a greater choice in the application of their housing subsidy through their direct involvement in the entire process” (NDOH 2005:7).

This research utilised a policy network approach to determine what role policy networks play in the implementation of the ePHP. Clark’s 2017 Policy Network model (the Clark Model) was utilised as a heuristic device to explore the relationship between network characteristics contained within the model, the Masizakhele Five ePHP Project (the Masizakhele Project) and the attainment of ePHP policy outcomes.

THEORETICAL APPROACH

Policy Network Analysis

Policy Network Analysis emerged during the 1950s under theories of interest intermediation, aimed at capturing the role that non-governmental actors played in policy processes (Skogstad 2005:1). Contributors such as Wilks and Wright (1987) developed a descriptive model (a disaggregation of policy functions and levels) for cross-sectoral and cross-national policy comparison. The Rhodes and Marsh (1992) descriptive model was developed based on a comparative analysis

undertaken of nine policy areas within the British government, spanning central-local government and industrial-government relations (Rhodes & Marsh 1992:181). This model distinguished between a policy community and issue network using characteristics of its membership, integration, resources and power distribution (Rhodes 1997:44). The period between the 1950s up to the mid-1990s essentially witnessed a proliferation of descriptive policy network typologies. The policy network literature continued to develop so as to use policy network models as analytical tools. The Marsh and Smith model (2000) highlights shortfalls in the rational choice, personal choice, formal network analysis and structural approach to policy network theory building. Their paper examines three types of dialectical relationships (*an iterative relationship between two variables in which each affects the other in a continuing, iterative way*) which they argue affect policy outcomes (Marsh & Smith 2000:4). These relationships are between the network and the agents involved in the network, the context within which the network operates, and the policy outcome (Marsh & Smith 2000:4).

African contributions to the policy network literature emerged in the late 2000s, starting with a focus on education policies (Fataar 2006; Evoh 2007; Johnson *et al.* 2011; Moyo & Modiba 2013). In applying the policy network concept to HIV/AIDS policy in Botswana, Kaboyakgosi and Mpule utilised policy network analysis to provide an alternative to traditional theories of public administration that were unable to account for contexts in which the state was not the decisive role player in policy formulation. They found that within the network, dominant coalitions (constituted of both government and health sector practitioners) defined the network problems and devised the manner in which network resources would be utilised (Kaboyakgosi & Mpule 2008:301:305). In a change of policy focus area, Koronteng and Mpule (2008:301:305) apply the Rhodes and Marsh (1992) model referred to above to describe the formulation of decentralisation policies in Ghana. Like the majority of African contributions, they applied the policy network concept to the policy formulation stage and concluded that varied interests were represented at, and in turn influenced the development of, decentralisation policies. Omenya (2006:38) utilises a comparative case study approach to compare how different network types access resources during the implementation of self-build housing in Kenya and South Africa. He does this by incorporating policy network analysis into relational attributes and political economy analysis.

The Clark Policy Network Model

Skogstad proposed that to move beyond descriptive typologies towards a theory with explanatory power, three requirements had to be met. First, the attributes of the network and not the actor would have to be the unit of analysis. Second, the policy structure had to be linked to broader contextual factors; and third,

there had to be recognition of the role of actor agency (Walker 2004:8; Skogstad 2005:5). Clark undertakes a literature review of the democratic developmental state as a theory for understanding contextual factors at a macro-level and social capital theories to understand actor agency at the micro-level. The policy network literature was reviewed to understand the meso-level network dimensions of linkages, actors and boundary management. Dowding critiqued attempts to utilise policy network typologies to develop a policy network theory by arguing that the independent variables were in fact not network characteristics but

Table 1: Clark Policy Network Model

	Mediating Influence on Social Capital Dimensions	Mediating Influence on Developmental State Dimensions
Characteristics	Diverse actors linked in a differentiated manner	Presence of mechanisms to legitimise Government presence within the network
Indicators	<ul style="list-style-type: none"> ■ Diversity of membership and actors from the commencement of the ePHP project. ■ Actor roles and responsibilities determine resources contributions to the network. ■ Rewards and incentives associated with the presence of diverse actor linkages and membership type. 	<ul style="list-style-type: none"> ■ Government actors viewed as legitimate by network actors. ■ Government in non-hierarchical relationships with other ePHP project network actors. ■ Presence of conflict resolution platform when government presence is no longer viewed as legitimate. ■ Rewards and sanctions associated with the legitimacy of government's presence.
Characteristics	Simultaneous maintenance of formal and informal linkages between actors.	Government actors across government spheres act as coherent actors.
Indicators	<ul style="list-style-type: none"> ■ Difference in the nature of formal and informal linkages between members. ■ Presence of conflict resolution platforms for both formal and informal linkages. ■ Rewards and sanctions associated with the maintenance of formal and informal linkages. 	<ul style="list-style-type: none"> ■ Government acts coherently through non-hierarchical relationships. ■ Presence of platform to allow the resolution of conflict that emerges between government actors. ■ Rewards and sanctions associated with government acting as a coherent actor. ■ Government has long-term and synchronised approach to development planning. ■ Government undertakes Strength, Weakness, Opportunity and Threats (SWOT) analyses of ePHP policy implementation.

	Mediating Influence on Social Capital Dimensions	Mediating Influence on Developmental State Dimensions
Characteristics	Differentiated flow of resources.	Developmental elite led by developmentalist ideology.
Indicators	<ul style="list-style-type: none"> ■ Linkages allow for the receipt of and the differentiated flow of resources. ■ Presence of conflict resolution measures when resources are prevented from flowing through the network. ■ Rewards and sanctions associated with the differentiated flow of resources. ■ All relevant government spheres exchange resources within the network. 	<ul style="list-style-type: none"> ■ Government plays a role in increasing the capacity of civil society. ■ Presence of conflict resolution mechanisms when government does not play a capacity-building role. ■ Rewards and sanctions associated with government's role to increase the capacity of civil society. ■ Implementation of the policy prioritised by the developmental elite. ■ Politicians facilitate political settlement.
Characteristics	Simultaneous maintenance of bridging, bonding and linking social capital.	
Indicators	<ul style="list-style-type: none"> ■ Presence of bridging, bonding and linking social capital. ■ Presence of both expressive and instrumental action. ■ Presence of conflict resolution platforms when bridging, bonding and linking social capital cannot be maintained. ■ Rewards and sanctions associated with the use of horizontal and/or vertical linkages. ■ Presence of social norms that facilitate the attainment of network objectives. 	
Characteristics	Differentiated linkages with other networks that affect the primary network.	
Indicators	Network actors engage with other actors that affect the network. Network not in conflict with the community in which it operates.	

Source: Clark, 2017, Towards a Network Theory of Policy Implementation. Unpublished PhD thesis, University of Johannesburg.

rather characteristics of components within the network (Dowding 1995:137). In responding to this critique, the Clark Model contains characteristics that would theoretically be the result of the manner in which the project characteristics at a micro- meso- and macro-level interact with and mediate each other (Clark 2017:88-96). Table 1 presents the outcomes of such a theoretical process.

The next section summarises how the Clark Model was used to explore the role of policy network characteristics in the selected case study.

RESULTS: APPLYING THE CLARK POLICY NETWORK MODEL TO THE MASIZAKHELE PROJECT

The Masizakhele Project is located in Wallacedene, Kraaifontein, approximately 40 km from the centre of Cape Town. The Masizakhele Group was established as a community-based organisation (CBO) in 2004, and in 2006 construction of the first houses as part of Masizakhele PHP One commenced. The project business plan for the Masizakhele Project was submitted to the relevant municipality in 2013, gained its support for the project in 2014, and the municipality undertook to earmark funding for the project during the 2014/2015 financial year. The Western Cape Department of Human Settlements (WCDOHS) approved the project in 2014 and one year later construction of 400 houses commenced. For this research project implementation was separated into a group formation and business plan development phase, project approval and construction phase and close-out phase.

The first step in the analysis was to restate (operationalise) the ePHP objectives as positive outcomes of generally accepted good policy network characteristics. For each of the Clark Model characteristics, an analysis was then undertaken of the extent to which relevant policies encouraged ePHP projects to take on network characteristics. This approach was important as it confirmed that any implementation gap (that is, concerning the attainment of policy objectives) identified could not be as a result of a mismatch between policy design and policy implementation.

Diverse Actors Linked in a Differentiated Manner

The roles set out for the various actors within the Project Social Compact Assessment Report identified the differentiated manner in which they were to be linked. ePHP support measures compel the inclusion of at least beneficiaries, the National Home Builders Registration Council (NHBR), the relevant municipality and the Provincial Department responsible for Human Settlements (PDHS) into the network. Beyond this, the involvement of as wide a range of actors that

can make a contribution to the housing process including, among others, Non-Government Organisation (NGO), CBO and Faith-Based Organisation (FBO) sectors are encouraged. In addition, provision is made for actors to take on more than one role. A facilitator could, for example, play the role of developer, while the Housing Support Committee (HSC) also plays the role of the Housing Support Organisation (HSO). The requirements (for example, being married) potential beneficiaries have to meet, as stipulated in the Housing Code, act as a justified form of boundary management (NDOHS 2009:7:22).

ePHP support measures also link differentiation and responsiveness as evidenced by the fact that the 2011 WCDOHS ePHP framework undertook to institute systems and procedures that would ensure that the considerations of ePHP beneficiary applications are dealt with in a fair manner (WCDOHS 2011:5). The 2009 Housing Code, also has a focus on the incorporation of women, youth and disabled persons (who require modifications to their homes) into projects (NDOHS 2009:10). The operationalised policy outcome related to this Clark Model characteristic is therefore 'responsiveness', both to the needs of beneficiaries and the willingness of different actors to contribute to the housing process.

The Masizakhele Project operations exhibited many of the indicators related to this Clark Model characteristic. There was a high degree of actor differentiation from the government, private and CBO sector, as well as linkage differentiation which was sustained throughout the implementation phases. The linkages through which resources flowed were simultaneously in operation alongside each other. An illustration of this is the example of beneficiaries who legitimised and added social capital to the Masizakhele Group (for example, volunteering to serve on the HSC) while they themselves received financial resources in the form of subsidies from government. Beneficiaries reported that they shared in decision-making during all phases of the project and that they had direct linkages to all other actors within the project. It was therefore not necessary to go through a gatekeeper to speak to, for example, the NHBRC or the provincial officials.

During the group formation and business plan development phase government is seen as a separate network that the Masizakhele Group wanted to penetrate to access resources. In representing the project actors, the Provan and Milward (2001) categorisation of principals, agents and/or clients can be utilised. Agents are actors working with aspects of the network as administrators and service-level professionals. For the Masizakhele Project the contractor/supplier, NHBRC, construction controller and facilitator played the role of agents. Principals are actors that monitor and fund network activities, and for the Masizakhele Project the WCDOHS and relevant municipality played the role of principals. Clients are actors that receive services through the network, but are also intricately involved in the provision of these services. This role was played by beneficiaries who offered their time, commitment and leadership to the project.

There were avenues for further differentiation which were not utilised in the project. These included the inclusion of volunteer actors, the ward councillor and linkages to government projects and programmes (beyond the EPWP). The network, that included resources-poor (or vulnerable) beneficiaries, would have benefited from the help of volunteers or from the resources that partnership through learning exchanges, for example, could have brought to the network. Actor differentiation was, however, broad enough to say that the operationalised policy outcome of 'responsiveness' was attained and one can generalise that 'linkage differentiation provided actors with the resources required to respond to a limited set of needs'.

Simultaneous Maintenance of Formal and Informal Linkages between Actors

In stating that the review process allowed the NDOHS to 'properly accommodate support for other community driven housing initiatives', there is an understanding that synergy would not come about as a result of some 'hidden hand', and that it would have to be formalised within ePHP support measures (NDOHS 2009:7). Conflict resolution processes were formalised through the requirement that dispute resolution procedures would be facilitated with duly elected representatives (WCDOHS 2011:5). The linkage between the proposed ePHP project and other municipal projects was also formalised through the requirement that the identification and approval of ePHP projects has to be linked to existing strategic development plans (WCDOHS 2011:5).

There is in effect very little opportunity to make use of informal networks, including social capital networks, to attract resources, without formalising such linkages. This formalisation would occur through verification and accreditation before service providers and suppliers are placed on the supplier database. Although this was not a requirement under the PHP, contractors and suppliers are now required to be registered with the NHBC and will therefore be subject to compulsory inspections. Furthermore, service providers are to be appointed by the PDHS or relevant municipality in accordance with government Supply Chain Management (SCM) procedures and processes (WCDOHS 2011:6-7). Finally, service contracts are to be concluded between the WCDOHS, relevant municipality and service provider (WCDOHS 2011:4).

ePHP support measures make provision for both voluntary and compulsory linkages. In the formalisation of previously informal processes, the nature of these linkages has also become compulsory. The use of private Accounts Administrators (AAs), for example, will no longer be allowed, and the relevant municipality must be the AA for all projects within its jurisdiction. The involvement of municipalities has in this manner become compulsory (WCDOHS 2011:6). The operationalised

policy outcome related to this Clark Model characteristic is therefore ‘synchronised planning’.

The Masizakhele Project operations exhibited many of the indicators related to this Clark Model characteristic. The HSO for this project was registered as a legal entity and the facilitator was selected from the Provincial Supplier Database. The relevant municipality ensured that the project was aligned to other strategic municipal plans, including the Integrated Development Plan (IDP), and it also initiated the process of registering the project by submitting it to the NHBRC. It also ensured that the approval of projects in the area did not result in the over-commitment of its budget. Despite the provisions of the WCDOHS guidelines, the Provincial Supplier Database was, however, not linked to the Municipal Supplier Databases. Furthermore, the appointment of service providers (facilitator, contractor, supplier and construction controller during the next phase) did not take place in accordance with government SCM regulations as the HSC in each instance approached a single service provider. A process of competitive bidding was not utilised. Furthermore, the service contract was only signed between the respective service providers and the HSC, and not with the relevant municipality or PDHS.

The NHBRC conducted inspections as required and they did not have to impose any sanctions as all houses met the technical requirements. Beneficiary involvement occurred through compulsory (for example, submission of housing subsidy applications forms), voluntary (for example, serving on the HSC), formal (for example, HSC formation) and informal (neighbours looking after each other’s houses during construction) linkages. The various linkages and actor roles made it possible for actors to resolve network issues informally, often via telephone calls. The operationalised policy outcome of ‘synchronised planning’ was therefore attained and in relation thereto one can generalise that ‘informal linkages were formalised with the aim of ensuring that synchronised planning takes place’.

Differentiated Flow of Resources

The ePHP is described by government as being “a mechanism to facilitate the flow of resources from Government to resource-poor groups” (NDOHS 2009:15). The primary conduits in this regard are the Human Settlements Development Grant (HSDG) and the Urban Settlement Development Grant (USDG). The first of these is a transfer to the PDHS which then allocates these funds to municipalities upon approval of a business plan. Once the HSDG funding is allocated to the project, it is further differentiated into an establishment grant, facilitation grant and the top structure subsidy. The Housing Code also makes provision for a geotechnical variance amount to be added to the subsidy amount, dependent on the geological conditions of the settlement.

Depending on its ability to undertake synchronised planning, it is possible for provinces to receive additional or lose funds. As provided for in Section 19 of the Division of Revenue Acts published annually, provinces may lose funds if municipalities within their jurisdiction are not able to implement their projects according to schedule. The USDG is a transfer directly from National Treasury to municipalities and is utilised in *greenfields* projects or projects which require improvements to infrastructure (bulk services such as sewage systems and internal services such as connections from the electricity grid to households).

ePHP support measures recognise various forms of capital as listed in the 2009 Housing Code. These include capital funding (housing subsidy, special conditions/enhancements to the capital subsidy, municipal funding and funding with which to purchase land), capacity building funding and bridging finance (NDOHS 2009:29-32). In a departure from the policy provisions for the ePHP, “Access to the establishment grant will now have to be motivated for and approved separately to the top structure housing subsidy” (WCDOHS 2011:6). For projects that are in effect a continuation of other phases there might not be a need for an establishment grant as a number of the costs associated with establishment would already have been incurred during previous phases. This includes, for example, the costs associated with registering the CBO as a legal entity or the construction or purchase of a site office. The establishment grant for the Masizakhele Project was utilised to pay for a security officer, stipends for the chairperson and secretary, and fencing and containers for the site office. The project also received a geotechnical variance after a report undertaken by an independent company undertook an assessment of the settlement.

Concerning the flow of resources within the network, the focus is on “community contributions, partnerships and leveraging of additional resources through partnerships” (NDOHS 2009:13). During the group formation stage, social capital is the primary resource community members use to form the group and give of their time, leadership and commitment to the group. The transfer of skills throughout the network is also another way to leverage resources.

The network is also a conduit for the flow of resources to the community in which it is located, primarily through the utilisation of the housing process to promote local economic development (NDOHS 2009:9). By creating a local multiplier effect, skills, goods and/or services of the local community, if not the immediate beneficiaries, are utilised for the project. This is in contrast to projects where all the income generated through the project accrues to private developers. The operationalised policy outcome related to this Clark Model characteristic is therefore ‘maximising available resources’.

The Masizakhele Project operations did exhibit a few of the indicators related to this Clark Model characteristic. The preceding four phases allowed the Masizakhele Group to incorporate considerable social capital into the project

from the community by the time that the Masizakhele Five Project was initiated. During all of the phases the beneficiaries provided their support by taking ownership of the project, giving their buy-in in the form of attendance at workshops and meetings, and ensuring that they were kept up to date with developments in the project. Community members also contributed social capital by 'looking after' housing units while the beneficiaries had not yet occupied the units, as houses are often vandalised during the construction phase.

The maintenance of the Provincial Supplier Database is a manner in which the resources of the Provincial Department, required to undertake probity processes (for example, undertaking credit checks and ensuring that potential service providers have tax clearance certificates), are at the disposal of HSO and beneficiaries. The relevant municipality, as AA, made payments to the contractor in accordance with the completion of various stages (floor, wall plate, roof and completion stage) of the construction process. The NHBRC and municipal and WCDOHS certifiers and construction controller also added their technical expertise through the inspection of constructed houses.

Some policy provisions were, however, not implemented; the first being that persons employed to construct the houses were not selected from among the beneficiaries, and the contractor employed people from outside the area. As a result, construction could not be utilised as a cost saving measure and none of the beneficiaries received technical training related to construction. The contractor and material supplier selected were also not from the Wallacedene area, and the local multiplier effect could therefore not be fully attained. The EPWP programme linked to the project did not bring any additional resources into the network. It only requires of a municipality and the WCDOHS to document and report on the number of job opportunities created through a government-funded project. Beneficiaries also reported that no recycled materials were utilised during construction and they indicated that they have a strong preference for the utilisation of new material. The operationalised policy outcome of 'maximising available resources' was therefore not fully attained. In relation to this objective one can therefore generalise that resource contributions of beneficiaries were limited to taking ownership of the project as only compulsory avenues to incorporate resources into the project were utilised.

Simultaneous Maintenance of Bridging, Bonding and Linking Social Capital

ePHP policy provisions have attempted to formalise certain conducive social norms in the form of compulsory community contributions. These contributions are defined as time, leadership, participation, ownership of the project and attracting community volunteers into the project (NDOHS 2009:31).

In stating that the review process will allow government “to work with communities in a way that Social Capital is built upon rather than destroyed”, there is an understanding that the social norms that enable especially bridging (ties between actors within the same community who do not share many demographic characteristics) and bonding (ties between similar actors within the same community that share demographic characteristics) social capital are network resources (TPC 2003:18; NDOHS 2009:7). Concerning both bonding and bridging social capital, ePHP support measures, in line with the Breaking New Ground (BNG) (officially named the Comprehensive Plan for the Development of Sustainable Human Settlements) policy and the People’s Contract, call for the mobilisation of communities. BNG, introduced in 2004, embodied a shift from a private developer-driven approach towards a more local government-centred and government-driven housing delivery process.

The People’s Contract envisages partnerships between government and interested actors, which facilitates bottom-up decision-making (NDOHS 2009:7, 9, 15). Partnerships are mechanisms for increasing vertical (linking) social capital. Linking social capital refers to ties between less privileged actors and actors in positions of authority (Grootaert *et al.* 2004:4; TPC 2003:18). Bridging and linking social capital is a necessity in instances where communities are undertaking instrumental action, that is, action intended to improve access to resources. Bonding social capital, on the other hand, is more closely related to expressive action, that is, action aimed at maintaining resources within the network (Son & Lin 2008:333; Adler & Kwon 2002:24). The operationalised policy outcome related to this Clark Model characteristic is therefore ‘enhancing sustainable livelihoods’.

The Masizakhele Project operations exhibited only a few of the indicators related to this Clark Model characteristic. Although there was an existing social capital network when the project commenced, it was arguably not fully utilised as a result of the fact that many of the linkages within the project were formalised. Expressive action ended once the business plan was approved and the grant funding released to the project. Furthermore, the limited subsequent expressive action is arguably as a result of the fact that avenues through which resources could be retained within the network (for example, through the local economic multiplier effect) were not explored by the network. During the close-out phase there were no examples of instrumental action, only expressive action in the form of homeowner and consumer education that was offered to provide beneficiaries with sufficient knowledge and skills to maintain their houses.

The operationalised project objective of ‘enhancing sustainable livelihoods’ was not fully attained, and in relation to this objective one can generalise that instrumental action undertaken through bridging social capital contributed predetermined resources to the network and without measures to improve bonding and linking social capital, these resources could not be enhanced.

Differentiated Linkages with Other Networks that Affect the Primary Network

ePHP support measures do make provision for differentiated linkages with other networks that affect the primary network. ePHP support measures particularly encourage conducive relationships between networks where government actors are involved. Many ePHP projects operate alongside the housing micro-financing sector which allows beneficiaries to save sufficient money to be able to cover the start-up costs required to complete construction phases. In such an approach there is greater incentive for beneficiaries to institute cost saving mechanisms, and government has undertaken to support this approach by assisting NGOs who facilitate such micro-financing schemes (NDOHS 2009:14). PHP projects which are not developer- and profit-driven still operate in this manner, and the flow of resources through projects has been facilitated by such savings schemes (DAG 2003:5; Manie 2004:6). The operationalised policy outcome related to this Clark Model characteristic is therefore 'maximising available resources'.

The Masizakhele Project operations exhibited only a few of the indicators related to this Clark Model characteristic, with the focus being on resources contributed by government. When the business plan was submitted to the relevant municipality for consideration, it was assessed in light of the available budget, given allocations that had already been made to other housing projects. Other housing projects are in effect other networks that are competing for resources and government instituted measures to ensure that there was no conflict between these networks. These measures include ensuring that beneficiaries are not included in more than one project, and that there is not an 'oversubscription' of projects in a particular area. The absence of linkages with the micro-financing sector is as a result of the fact that beneficiaries did not have to secure start-up capital, as this cost was absorbed by the contractor.

Throughout the various phases, the project was implemented alongside other ePHP projects in the area, one such example being the Masipatisane project. Beneficiaries reported that the Masipatisane project progressed slower than the Masizakhele Project and as a result beneficiaries in the other project attempted to 'migrate' their subsidies to the Masizakhele Project. The new WCDOHS guidelines, however, stipulate that such migrations are no longer allowed, and these guidelines acted as a boundary management measure. In further justified boundary management, the network had to institute measures to insulate itself from criminal networks operating in the area. The establishment grant was utilised to pay for a security guard to prevent the site office being burgled or building material and supplies being stolen.

When read together with the discussion above on a differentiated flow of resources to the network, the analysis of this Clark Model characteristic finds that the

operationalised policy outcome of ‘maximising available resources’ was not fully attained. One can generalise that instrumental action within the network ceased once predetermined government resources were incorporated into the network.

Mechanisms to Legitimise Government Presence within the Network

Beneficiary involvement and decision-making legitimises the actions taken by government as a result of such decisions, reducing the chances of beneficiaries rejecting the actions taken by government on behalf of the network. Measures for legitimising the presence of government within the network can be described as being either resource- or assurance-based mechanisms. Concerning assurance-based mechanisms, at a macro-level the WCDOHS developed and maintained the policy framework that creates an environment that is conducive to the implementation of the ePHP. The framework indicates that administrators should apply a “fair and consistent approach in the registration, evaluation and approval of projects that is based on sound, credible criteria and principles of fair allocation across districts” (WCDOHS 2011:5). The vetting process that government undertakes before placing potential service providers on the Provincial Supplier Database is another assurance-based mechanism for legitimising its involvement in the selection process.

The credibility of the housing demand database is also an assurance-based form of legitimacy. The municipal Housing Demand Database (HDD) details persons who have applied to receive government-subsidised housing, and is utilised as a reference for the housing backlog within a municipality. The municipal HDD is populated by municipalities, in turn consolidated into the provincial HDD and finally consolidated into the national HDD. The operationalised policy outcome related to this Clark Model characteristic is therefore ‘responsiveness’.

The Masizakhele Project operations exhibited many of the indicators related to this Clark Model characteristic. This includes the steps the relevant municipality took to ensure alignment between potential projects and its strategic plans. The relevant municipality has, however, indicated that it would want to be involved during the group formation stage, earlier than is currently required. It argues that its involvement would be legitimate because it would allow the relevant municipality, in what is essentially boundary management, to inform potential groups that there is either no budget for a particular period or that the project is not in line with its strategic direction.

The only resource-based mechanism for legitimising government’s presence was the disbursement of the allocated subsidy amount to the project. The Consideration Committee, convened by the WCDOHS, provided assurance that the various aspects of the project, for example, the social and technical aspects,

were sound. Government also continued the assurance-based mechanism of ensuring that only vetted service providers are utilised in projects. Through the work of the municipal quality assurers and monitoring and evaluation processes, government monitored the project against the project schedule and required standards. The relevant municipality was also the AA for this project and in this manner ensured the correct disbursement of project funding. Government also ensured that all beneficiaries were listed on the HDD and that they were eligible for the consolidation subsidy. The operationalised policy outcome of ‘responsiveness’ was therefore attained, and in relation thereto one can generalise that assurance-based forms of legitimacy were all aimed at ensuring that the resources continued by government remained within the network.

Government Actors across Government Spheres Act as a Coherent Actor

In stating that the review process allowed the NDOHS to “align the programme with existing NDOH initiatives, strategies and partnerships” there is an attempt to incorporate departments across the three spheres of government into the delivery of the ePHP programme (NDOHS 2009:7,13). It is also an illustration of measures to ensure that departments do not undertake silo planning, but rather take on a strategic and integrated approach to development planning. Finally, the maintenance and cascading of the HDD from the municipal to the national database also requires government across spheres to act coherently to ensure that the database is credible.

Support measures also contain provisions to ensure that government undertakes a SWOT analysis of the policy as a whole as well as its implementation in individual projects. The broader shift from the PHP to the ePHP was none other than the outcomes of a SWOT analysis that government undertook together with sector partners. For individual projects, SWOT analysis takes the form of monitoring and evaluation, and ePHP support measures place the primary responsibility of monitoring and evaluation with PDHS that must, among other things, prepare, monitor and manage contracts (NDOHS 2009:37). In addition, the department, relevant municipality and HSO are required to jointly assess the performance of the appointed service providers on at least a quarterly basis (WCDOHS 2011:7). The operationalised policy outcome related to this Clark Model characteristic is therefore ‘synchronised planning’.

The Masizakhele Project operations exhibited many of the indicators related to this Clark Model characteristic. The exception, the inconsistency concerning the interpretation of the National Housing Code provisions that relate to the ePHP, was a result of the absence of implementation guidelines. The potential negative impact was mitigated by the WCDOHS ePHP implementation framework

which was developed based on its experience in policy implementation. This is again an example of reflective learning that has resulted in changes to policy implementation.

Once the housing units were handed over to beneficiaries and title deeds were issued, the relevant municipality ensured that the HSS was updated to reflect that project beneficiaries are no longer eligible to receive further government housing. There is a probation on beneficiaries selling government subsidised houses within eight years of taking ownership (Sisulu 2015). The operationalised policy outcome of 'synchronised planning' was attained and in relation to this outcome one can generalise that project (meso-) level implementation provided administrators with the opportunity to address macro-level policy deficiencies.

CONCLUSIONS: POLICY UNDERPINNED BY A DEVELOPMENTALIST IDEOLOGY

The final Clark Model characteristic serves as a useful point for drawing conclusions about the study findings. Because of the fact that a developmentalist ideology should underpin all ePhP support measures, all of the operationalised policy outcomes should link back to it.

The developmentalist ideology underpinning ePhP support measures is evident in various policy provisions. The underpinnings of the social transformation programme together with the People's Contract resulted in a paradigm shift from the delivery of houses as an end in itself, to the delivery of sustainable human settlements and the attainment of broader developmental objectives (DOHS 2009:7; 9). The implementation process was designed in such a manner that beneficiaries would be empowered individually as well as collectively (NDOHS 2009:7,10,13). To ensure that the broader developmentalist policy intent is met, monitoring measures would be put in place concerning minimum standards for community participation and empowerment (NDOHS 2009:7,19).

The ePhP specifically makes provision for capacity building funding for, among other things, pre-project consumer education funding and project-specific capacity building and facilitation funding (NDOHS 2009:30). Government is in effect accepting that it will provide funding for facilitation processes that might not result in a project being approved. Even if the project does not progress past the application stage, the capacity that communities build (for example, development of a business plan and learning about meeting procedures) during the facilitation process, can still be utilised in future community-driven projects.

The Masizakhele Project operations exhibited a number of the indicators related to this Clark Model characteristic, although a number of shortcomings were

identified. There was an absence of partnerships with private and NGO actors through which additional resources could enter the network. It has also already been illustrated that avenues to empowerment such as training, attaining a local multiplier effect and utilising recycled material were not utilised. In addition, while the project was in line with the municipal and WCDOHS incremental housing strategy, it was not aligned to national policy through any other government initiatives, programmes or partnerships beyond the ePHP.

The requirement that monitoring measures would be put in place concerning minimum standards for community participation and empowerment is not yet at an advanced stage. Presently municipalities can meet this requirement by providing beneficiary attendance, at meetings or training sessions such as the consumer education training, by way of attendance registers. The content of the discussion and the nature of decision-making are not yet being evaluated.

Beneficiaries (who included members of the HSC), for example, reported that they were not involved in the selection of the contractor and did not consider this to be part of their responsibility. Knowing that you have a choice is an important component of beneficiary decision-making, as you would otherwise not know when trade-offs are to be made. The broader developmental objective of the policy was therefore not fully attained and one can generalise as follows: broader developmental objectives were jeopardised because the network did not explore all decisions related to trade-offs, and the incorporation of all possible actors and resources into the network.

Where the project therefore exhibited few of the indicators of the Clark Model, the related operationalised policy outcomes of 'Maximising Available Resources', 'Enhancing Sustainable Livelihoods' and 'Broader Developmental Objectives', all policy outcomes aimed at instrumental action, were not fully attained. The non-compliance of the project operations with such network practices can therefore explain the lower levels of success or the failure of the project to achieve the related outcomes. The attainment of instrumental action requires of the network to challenge itself to go beyond the minimum requirements of linkage creation and resource attainment. A working network theory of policy implementation is therefore proposed, that policy networks aimed at attaining developmental objectives must incorporate strategies to both attract and retain resources within the network.

NOTE

- * This article comprises an extract from Clark (2017) completed by the first author in 2017 in the Department of Public Management and Governance at the University of Johannesburg under the supervision of the second author.

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Leadership Accountability and the Development of Administrative Staff at Prominent Hospitals in the Mangaung Metropolitan Health Area

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ABSTRACT

The development of administrative staff in the Mangaung Metropolitan health area, an important asset, is often overlooked. The development of this cohort directly impacts the services rendered to communities. It is for this reason that effective, efficient, and costly human resource development (HRD), as a tool to enhance the skills, knowledge, and abilities of administrative staff, comes under investigation.

The study aimed to determine the HRD challenges that the administrative staff of the National District, Pelonomi Regional, and Universitas Academic Hospitals face in their mandate to provide efficient, effective, and economical service delivery. The question this article aimed to answer was: what are typical HRD challenges concerning the development of administrative staff working in the Free State public health sector?

The abovementioned hospitals have been under increasing pressure to stay within their annual budget allocation without reducing the quality of health services rendered. It appears as if budget allocations are often shifted to the training of specialists, medical practitioners, professional nurses, and pharmacists, rather than that of administrative staff (salary levels 6 and 8). These financial challenges moved the Free State Provincial Treasury to take control over the Free State Department of Health in 2014.

The study employed a qualitative research approach. Focus group discussions were conducted with administrative staff and semi-structured interviews with staff responsible for the management of HRD in the Mangaung Metropolitan health area.

INTRODUCTION

The Free State Department of Health (FSDoH), the largest of the 11 Free State provincial departments, is responsible for the delivery of health services within the province. The quality and capacity of its human resources is the decisive factor in its ability to adhere to its constitutional mandate (section 197) in the provision of quality health services. Within this department, the Mangaung Metropolitan health area, the focus of this study, consists of the National District, Pelonomi Regional and Universitas Academic Hospitals and administers the functions of providing primary and secondary healthcare services in this area.

The National District, Pelonomi Regional, and Universitas Academic Hospitals respectively have recently received much attention concerning poor service delivery. Media headings such as the following were among publications confirming that the Mangaung Metropolitan health area struggles to render efficient, effective, and economical services to the communities: “Extent of poor security at Pelonomi hospital revealed as student doctors return” (Times Live 2019); “UFS advises intern doctors not to report for duty at dangerous Pelonomi Hospital” (Coetzee and Dlodlo 2019); “Illegible handwriting and other prescription errors on prescriptions at National District Hospital” (Brits, Botha, Niksch, Terblanché, Venter, and Joubert 2017); “Child deaths at National District Hospital, Free State: One a month is better than one a week” (Brits 2017); “Crisis looms at Bloemfontein academic hospital” (News24 2014); “Universitas Hospital: From best to the worst” (Choane and Dlodlo 2016); and “Free State healthcare system has collapsed, says DA” (African News Agency 2019). According to the latest report by the Office of Health Standards Compliance (2016:35), out of 10 academic hospitals in the country, Universitas Hospital has fallen to the last place. In previous years, Universitas Academic Hospital had a 90% compliance rate but, according to the latest findings, it now has a compliance rate of only 62%. This state of affairs increased complaints, adverse events, and litigations (captured in the Public Service Commission Report 2015) and raises serious concerns.

It further appears that the management of the National District, Pelonomi Regional and Universitas Academic Hospitals respectively has neglected implementing basic management processes (including improvement in the planning,

budgeting, and quality measurement, and the training and development of administrative staff) (Public Service Commission 2015:27). Therefore, these hospitals have been under increasing pressure to stay within their annual budget allocation without reducing the quality of health services rendered. To keep rendering services, the shifting of funds between various programmes and economic items became the order of the day (Free State Department of Health 2017). This situation resulted in their budgetary functions being taken over by the provincial treasury due to a severe financial crisis that has had a direct impact on efficient, effective, and economical service delivery to communities since 2014.

These predicaments also had a direct influence on the development of administrative staff, whose development, according to the Public Service Commission (2015:10), was neglected. It appears as if budget allocations are often shifted to the training of specialists, medical practitioners, professional nurses, and pharmacists, rather than that of administrative staff (salary levels 6 and 8). It is further noted that basic job descriptions (defining the nature of the job content, the environment, and the conditions of employment) and job specifications (stipulating the minimum expectable characteristics a jobholder must possess to perform the job) (Van der Westhuizen 2016:4) are not updated and in some cases do not even exist (Public Service Commission 2015:10). Not having a clear job description and specification will lead to the appointment of unskilled staff who will not be trained in the area of their capability and will therefore not be in a position to deliver effective and efficient services at the lowest possible cost. Other obvious HRD challenges faced by the mentioned hospitals include, among other things, that training expenditures are not properly monitored, that little attention is given to the link between training and performance, and that HRD policies are rarely honoured and implemented.

Against these looming challenges, the study aimed to determine the HRD challenges that the administrative staff of the National District, Pelonomi Regional and Universitas Academic Hospitals face in their mandate to provide efficient, effective, and economical service delivery. Administrative staff performing a staff function is defined by Van der Westhuizen (2016:7) as an agency established to ensure the effective administration of government functions. First, the article conceptualises the concepts of HRD, service delivery, and service delivery challenges. Second, the Mangaung Metropolitan health area is introduced. The remainder of the article focuses on recommendations towards addressing the HRD challenges.

CONCEPTUALISING THE CONCEPTS HRD AND SERVICE DELIVERY AND CHALLENGES

The origins of HRD are widely disputed among researchers and across geographic and cultural boundaries. It has been suggested that the concept of HRD was

introduced by the ancient Greeks and Babylonians through the apprenticeship system (Werner and DeSimone 2012:5) or that it evolved during the beginning of the Industrial Revolution in 1800 (Jacobs 2017:13), but that the roots of HRD lie in the 1900s when Ford started training its workers in mass production of cars in the assembly line (Haslinda 2009). The 19th century saw even greater changes affecting the HRD field by a tremendous influx of workers to the manufacturing industry (Nasreen and Rao 2015). However, it could be argued that technology, which boomed in the 1980s, brought about a shift from the primarily Socratic-based instructional delivery method (a moral education on how one ought to live) to webinars (an educational presentation is made available online, usually as either a video or audio) and e-learning (the use of electronic technologies to access educational information to equip oneself) (Erasmus, Loedolff, Mda, and Nel 2013:25).

It is not only the origins of HRD that are extensively debated but also the attempts to define the concept. HRD is seen as a process: it is implemented either over a short or long term (Werner 2014:128; Harris 2015:35), aims at acquiring new knowledge continuously and making human resources self-reliant (Singh 2012), develops human capabilities through organisation development as well as personnel training (Andries 2017), and involves the acquiring of work-based knowledge and expertise aimed at enhancing productivity and satisfaction (Schlebusch and Kgati 2016:25). The *Oxford English Dictionary* (2020) defines HRD as the framework for helping employees develop their personal and organisational skills, knowledge, and abilities.

Taking cognisance of the enormous number of variables within the HRD process (time, skills, knowledge, abilities, capability, productivity, to name a few), for the purpose of this article, two concepts need to be clarified, although neither is seen as superior to the other. These are training and development. Similarities between both concepts of training and development are that they are systematic (Nassazi 2013:55; Kum, Cowden, and Karodia 2014:73), planned (Kum *et al.* 2014:74), and are processes linked to time (Singh 2012:120; DeSimone and Werner 2012). By applying both concepts in an organisational environment, the aim is to change the current state of readiness of the human resources of that environment (Mampane and Ababio 2010:176-177), improve employee performance (Kum *et al.* 2014:73; Van der Westhuizen 2016:211), and increase organisational productivity (Nassazi 2013:55; Nel, Werner, Du Plessis, Ngalo, Poisat, Sono, Van Hoek, and Botha 2014). Such an aim can be achieved by addressing the knowledge and skills of employees (Abdullah 2014; Amare 2014; Van der Westhuizen 2016:78; Al-Mustapha 2017:19) as well as their future readiness (Nosizo 2016:31). The activities that are typically used to achieve such an aim are (i) career counselling, (ii) mentoring, and (iii) coaching (Grobler and Warnich 2016:714). The Department of Public Service and Administration (2016) has demarcated HRD

as a necessary aspect for South Africa to attain its developmental goals and as having to be dealt with as a matter of urgency.

Aswegen (2017:108) defines development as more about providing ongoing learning opportunities, that is, preparing employees for future work responsibilities, increasing capacities, and helping them perform their current job. Employee development focuses on providing opportunities for employees to be able to learn in their work situation (Nel *et al.* 2013). Furthermore, as Nosizo (2016:32) notes, development is broad, which means an ongoing set of training activities that intend to raise someone to another threshold of performance level within the organisation. For this discussion, the concept “development” is seen as a holistic approach, initiated by either the employer or employee and undertaken by employees to improve their current position regarding knowledge, skills, and work-related output. In the public service domain, this “output” is directly linked to the provision of service delivery. The Constitution (1996), the White Paper on Transforming Public Service Delivery (1997), and the Public Finance Management Act, 1 of 1999 call for an efficient (doing things the right way), effective (doing the right things), and economical (at the lowest possible cost) administration of social services.

The performance of the public service and its human resources (public servants) is to a large extent achieved through the effective training of employees. It is objectively assumed that public servants who undergo training interventions are developed for the main purpose of rendering efficient, effective, and economical services.

HRD, SERVICE DELIVERY AND THE MANGAUNG METROPOLITAN HEALTH AREA

The Mangaung Metropolitan health area, consisting of the National District, Pelonomi Regional, and Universitas Academic hospitals and which is the focus of this study, administers the functions of primary and secondary healthcare services in the Free State Province. The National Health Act, 61 of 2003, states that regional hospitals (such as Pelonomi) must, on a 24-hour basis, provide health services in the fields of internal medicine, paediatrics and gynaecology, and general surgery. Regional hospitals receive referrals from several district hospitals, have between 200 and 800 beds, and receive outreach and support from tertiary hospitals. The National Health Act, 61 of 2003, further elaborates that tertiary hospitals (such as Universitas Academic Hospital) provide specialist-level services and receive referrals from regional hospitals not limited to provincial boundaries. Tertiary hospitals have between 400 and 800 beds and may provide training for healthcare service providers (National Health Act, 61 of 2003).

The National District Hospital receives referrals from local clinics, private doctors, correctional services, South African police, Southern Free State towns, and open, regulated, and controlled frontiers. The National District Hospital provides a comprehensive healthcare service, which includes treatment, care, and support services related to maternity, HIV, AIDS, and TB. Their staff compilation includes administrative staff, specialists, medical practitioners, professional nurses, and pharmacists. The National District Hospital renders a package of services to a population of 500 000 in its catchment area, which is constantly growing (Britz 2017).

The Pelonomi Regional Hospital is a specialist hospital that also provides training of health professionals. Access to the hospital is mostly by referral from other institutions, although there is a casualty department providing for acute emergencies. The staff compilation consists of administrative staff, medical officers, medical specialists, dentists, professional nurses, staff nurses, nursing assistants, pharmacists, allied health professionals, executive management, radiographers, and technical support (Pelonomi Hospital 2017:3). Orthopaedic surgery, psychiatry, anaesthetics, diagnostic radiology, trauma, and emergency services are the health specialties provided by the regional hospitals (National Health Act, 61 of 2003).

Universitas Academic Hospital's vision is to render quality level III and IV hospital services to the Free State community and to the specifically designated cross-border geographic areas. These services are to be accessible, affordable, and equitable within a given financial framework and are to support education/training and development of healthcare professionals and research (Public Service Commission 2017:20). Their staff compilation includes administrative staff, specialists, medical practitioners, professional nurses, and pharmacists. A tertiary hospital provides intensive care services under the supervision of a specialist or specialist intensivist (National Health Act, 61 of 2003). Universitas Academic Hospital provides some care as well, for example, for urology and neurosurgery patients.

The activities of the National District, Pelonomi Regional and Universitas Academic Hospitals are closely linked in that Pelonomi is supported by the Universitas Academic Hospital when it does not have enough available resources to assist the society. Regional hospitals thus receive outreach and support from tertiary hospitals. The National District Hospital in turn gets support from the Pelonomi Hospital in that it receives outreach and support from general specialists based at regional hospitals. These hospitals further serve as a referral centre for outside the province. The Universitas Academic Hospital provides a substantial part of its tertiary services to the Northern Cape and even hospitals in neighbouring countries such as Lesotho.

These three hospitals provide a training platform for medical practitioners, medical students, interns, and registrars within the Free State region. It is further

noted that the Pelonomi Regional Hospital only provides training for medical interns, registrars, and medical practitioners. The training of the administrative staff, who provide administrative assistance to the health workers as well as members of society, is not attended to by these hospitals. The Free State Training and Development Institute (FSTDI) and the skills development unit within the FSDoH are responsible for the training of all administrative staff in the FSDoH.

METHODOLOGY

For this study, a qualitative research approach was used to investigate the influence of HRD challenges in public health service delivery, focusing on the three hospitals, namely National District, Pelonomi Regional, and Universitas Academic. Two methods of data collection were used: focus group discussions and semi-structured interviews. The information collected via the aforementioned methodology was supported by a comprehensive literature review. Non-probability sampling was used for the selection of respondents. In this study, the sample was made up of administrative staff in the three hospitals identified.

Focus group discussions were used to obtain information from a sample comprising 71 respondents consisting of 28 Pelonomi Regional, 22 National District, and 21 Universitas Academic administrative staff. As a second method of data collection, semi-structured interviews were conducted with six staff members directly responsible for the management of HRD (director of FSTDI, deputy director of the National School of Government (NSG), director of the Mangaung Department of Health (DoH), CEO of Pelonomi, CEO of National, and assistant director of Universitas).

Open-ended questions were used to prompt responses to address the two research questions. The first was: what are the HRD challenges that administrative staff in the National District, Pelonomi Regional, and Universitas Academic Hospitals respectively face in their mandate to provide quality service delivery? The second question was: what recommendations can be made towards addressing the HRD challenges? The respective interview schedules were divided into three sections (Section A covered biographic information, Section B focused on the training received so far by the administrative staff, and Section C covered HRD challenges facing administrative staff in the Mangaung DoH). The 11 questions were formulated to address the four research questions.

The researcher facilitated the discussions and made observational notes during the interview process. Thereafter, descriptive statements were made and rearranged under various thematic contexts that were interpreted to form conclusions and recommendations. Focus group interviews, semi-structured interviews, and reflective journal material were transcribed. The researcher obtained a general

sense of the information gathered by reading and rereading the responses. This assisted with the initial data analysis process and coding of the aforementioned transcribed material. Next, the researcher combined the codes into themes and subthemes and entered into a formal discussion of the themes. The data was interpreted by drawing on the theoretical framework of the study.

FINDINGS

The study first determined the demographic characteristics of the 77 respondents to determine the suitability of the respondents for providing the required information for the validity of the study.

It was found that 45 (58%) respondents were female (Table 1). The age category with the highest response rate (n = 34) was between 40 years and 49 years (Table 1). In terms of educational qualifications, measured by the different levels of the National Qualifications Framework (NQF), 17 respondents held at least a matric/grade 12 (NQF 4); 12 respondents a certificate/advanced certificate (NQF 5); 27 respondents a National Diploma (NQF 6); 13 respondents a BTech/bachelor's degree (NQF 7); 1 respondent a postgraduate diploma/honours degree (NQF 8); 3 respondents a master's degree (NQF 9); and 2 respondents a doctoral degree (NQF 10). It can be deduced, based on the highest level of education in focus group discussions and semi-structured interviews, that the majority of the administrative staff, as well as those staff responsible for HRD, have qualifications that support their duties and responsibilities.

Table 1: Biographical profile

Hospitals	Male	Female	18–29	30–39	40–49	50<
Pelononi Regional	16	12	2	10	13	3
National District	9	13	1	8	8	5
Universitas Academic	4	17	-	5	10	6
HRD management (all hospitals)	3	3		1	3	2
Total	32	45	3	24	34	16

The majority of the respondents had been with their respective institutions for 10 years or longer (Figure 1). It appears that the minority of all the respondents had been in their current position for five years or less. It was expected, due to the high level of unemployment in South Africa, that people tended to occupy a position for as long as they can even though it could not be concluded that they

Figure 1: Number of years in the current position

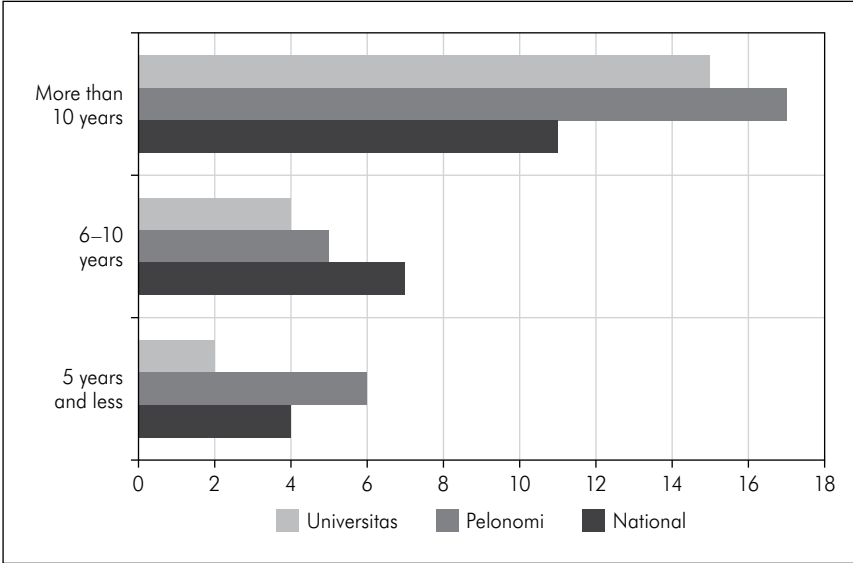
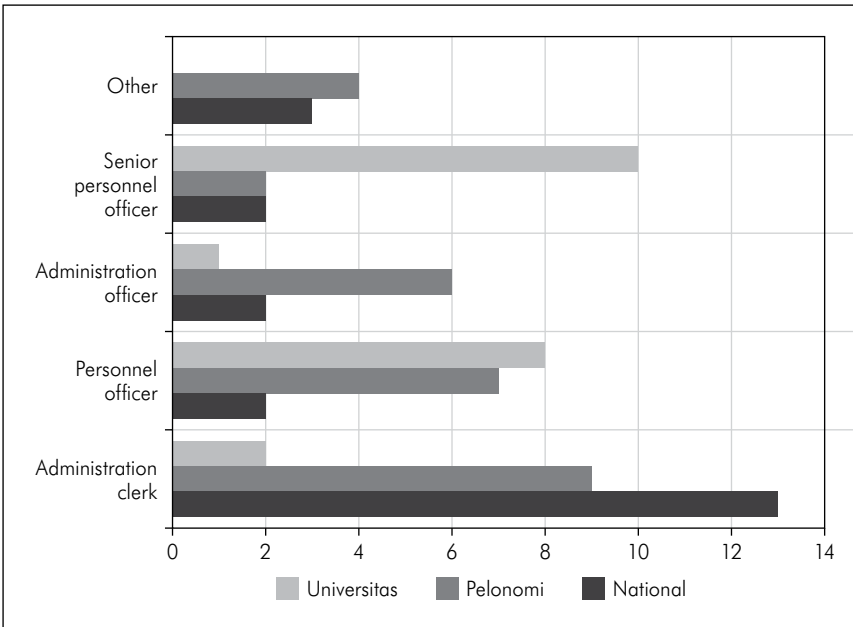


Figure 2: Position occupied at present



are content in that institution or position. The respondents' salaries varied from levels 6 to 8 (from the focus group responses) and levels 9 and above for the six semi-structured interview responses (data not shown).

At the Pelonomi Regional Hospital, nine respondents were administration clerks, seven were personnel officers, six were administration officers, two were in senior personnel positions, and four were in other positions. At the National District Hospital, the majority of the respondents (n = 13) were administration clerks; two were personnel officers, two were administration officers, two were in senior personnel positions, and three respondents indicated that they were in other positions. At the Universitas Academic Hospital, 10 respondents held senior personnel positions followed by eight personnel officers, two administration clerks, and one administration officer (Figure 2). In terms of semi-structured interviews, two respondents indicated that they occupied chief executive positions, two were directors, one was a deputy director, and one was an assistant director.

Discussion: Focusing on the training received

In this section of the interview schedule, questions posed focused on the content, quality, and service providers of the training received.

Many of the respondents indicated that they went through a formal introduction to the public service, which was facilitated by the FSTDI. They also found the content of this training relevant. The content of the training focused on general information about administrative matters of different systems (such as recordkeeping, payroll information, etc.) used within the public service. It was mentioned that newly recruited employees received Compulsory Induction Programme training that is facilitated by the NSG. However, because it takes quite some time before this training can be completed, new appointees are often already familiar with the functioning of the particular department.

Specialised training on the Personnel and Salary Administration System (PERSAL), the Logistical Information System (Logis), the Basic Accounting System (BAS), and the Integrated Financial Management System (IFMS) was also offered, but only provided to staff members or management officials who have access to financial transactions within their unit. Specialised training is offered in-house by supply chain staff of the Free State Department of Treasury. It was mentioned that the BAS system is an old system that is still in use by the FSDoH. Also mentioned was that the IFMS system is not yet used regularly as the department has not yet migrated to the new system. Other in-house training focused on policies, regulations, and Acts, which respondents found "irrelevant and a waste of time". The reasons appeared to be that these trainings are conducted by colleagues who often tell training attendees "to download the documents and read it on their own time".

Concerning credit-bearing short courses, the majority of the respondents mentioned that these training opportunities are normally attended by senior staff, unless there is no “certificate of some sort, then a junior staff will be asked to attend on [their] behalf”. The question was asked whether the respondents have received any kind of mentorship or learnership from the department. The respondents indicated that no formal mentorships or learnerships are currently offered within their respective units. As far as some of the respondents could recall, they had not received any training for the past six years and more. This contradicts the requirement that, at the beginning of each year, staff members have to complete skills development forms to state what kind of training the staff need.

Finally, it was mentioned that most of the training done focused on medical practitioners, under specific themes such as HIV, TB, cancer and other related medical training that should be provided to the medical practitioners, not the administrative staff who are basically “hanging in the middle”. Again, the administrative staff members are only trained for a particular task at the moment when it is needed and relevant to the job at hand.

The question was posed to what extent the FSDoH rates the quality of the training offered by the service providers (i.e. complies with the required standards of learning and assessment services set forward by the Department of Education). Five response categories were put forward: training facilitated by the (i) NSG, (ii) FSTDI, (iii) FSDoH (in-house), (iv) skills development unit within the FSDoH, or (v) other training providers.

The NSG, through the facilitation of its Monitoring and Evaluation Unit, complies with the required standards of learning and assessment services set forward by the Department of Education (Mokgoro 2013). The quality (content) of the training offered by these service providers was also acknowledged by the respondents. However, it appears that for some respondents the content of the training offered by FSTDI is “not always relevant as it did not meet their expectations” and it “... was relevant then, five years back but not at present”. The quality of the training offered by the FSDoH (in-house) and the skills development unit within the FSDoH is considered to be “a waste of resources and time”. It appears as if the content of these training sessions, often facilitated by a peer or colleague, does not contribute to enhancing staff’s current knowledge and skills.

HRD challenges facing the administrative staff in the FSDoH

In this section, the aim was to determine HRD challenges that the administrative staff face in addition to the mentioned (i) regular budget shifts taking place, (ii) absence of basic job descriptions and job specifications for administrative staff, and (iii) training expenditures that are not monitored.

The issue of budget allocation, cost, and the availability of funds was found to be the biggest challenge facing the administrative staff as a consequence of the budgetary functions being taken over by the provincial treasury since 2014. As a result, there is little transparency and openness in how the HRD is allocated for administrative staff and medical practitioners' training programmes.

The shortage of staff in the skills development unit who are responsible for offering training was also identified as a challenge. At the time, the skills development unit was managed by no more than two people in each of the three respective hospitals. Due to limited resources (e.g. money, trainers), the respective skills development units rely heavily on the FSDoH, which is also under-capacitated (only two appointed staff members to serve the whole province).

It appeared as if managers within the respective hospitals do not view HRD as a priority. The respondents' opinions were based on (i) the lack of engagement between management and staff regarding personal development plans; (ii) a lack of communication between lower, middle, and top management (salary levels 5-11); (iii) senior staff failing to release their employees for training; and (iv) inadequate monitoring and evaluation to identify employee weaknesses. This challenge was mostly due to the culture of learning not being encouraged. The reasons given are that, while attending the training, the workload of the staff member upsurges and there is no one else to stand in for the responsibilities of that staff member during this time. This predicament is caused by the high number of vacancies of administrative positions, which are not filled due to the unavailability of funds.

The fear of the department to invest in technology to enhance the administrative functions within the FSDoH was identified as a further challenge. It was mentioned that the department still makes use of a manual leave application system, still relies on landlines to communicate with the public, and shares office equipment such as laptops and printers.

RECOMMENDATIONS TOWARDS ADDRESSING THE HRD CHALLENGES

It was argued that the FSDoH needs to invest in conducting a valid skills audit among all administrative staff in all three hospitals. It was emphasised that there is an urgent need to “strategically restructure and reposition the hospitals to a position that will render quality services”, hence the suggestion of conducting a skills audit. The results of a valid skills audit will not only enable the FSDoH to account for the correct number of administrative vacancies that exist but also (i) to become aware of the skills gaps that exist among administrative staff, and (ii) to identify and plan HRD interventions to address skills gaps.

Recommendations: Focusing on the type of training interventions

Outdated systems, such as BAS, need to be replaced with systems that are efficient, effective, and economical. Apart from outdated systems it was also apparent that the mismanagement of finances within hospitals is prevalent. To combat criminal activities and financial maladministration, it is imperative to invest in the training of administrative staff in financial management systems, including supply chain management. It is often at a staff function level that early warning signs can be detected and reported.

In addition, training should be fast-tracked on new systems such as IFMS to address administrative staff's fear of the unknown and allow them to become familiar with the application of technology. There is a dire need for "tech-savvy managers and employees", according to Price Waterhouse Coopers (2019), especially in the health profession and amid the Covid-19 pandemic. In other words, at the administration level of the FSDoH, officials are needed who can use innovative thinking to apply the systems and tools that best fit the needs of the client. According to Price Waterhouse Coopers (2019), it is only then that a department can really maximise the productivity benefits of technology.

The responses that in-house training was often seen as "irrelevant and a waste of time" were worrying. It is recommended that hospital management and the FSDoH should start to engage with stakeholders (such as local Further Education and Training colleges, universities, consultants, and Technical and Vocational Education and Training colleges) on credit-bearing development of administrative staff in their respective roles. The skills development unit within the FSDoH and the FSTDI should invest in using service providers that provide credit-bearing courses that can lead to a formal higher education (NQF) qualification for the administrative staff. Hospitals often function in silos and do not collaborate effectively with other government structures and stakeholders in terms of the preparation of assessment documents and the content of the training administrative staff should receive. It is therefore recommended that the skills development unit within the FSDoH and the FSTDI should engage in deliberately planned partnerships with different stakeholders such as tertiary institutions to assist with structuring and implementation of training and development of administrative staff.

Such a planned initiative and making a deliberate effort to support training and development of administrative staff by the management echelon will establish a culture of lifelong learning. It is of the utmost importance to create a learning society where no one should be excluded from learning (Van der Westhuizen 2016:213), where different types and forms of teaching and learning approaches should be available (Irina 2018:2), and where service delivery is in line with the specific outcomes that societies consider important (Jarvis 2017:343). It must be

emphasised that FSDoH management support in establishing a culture of lifelong learning will probably be the decisive element in guaranteeing success.

Recommendations: Focusing on the quality of training interventions

The current service providers (the NSG, FSTDI, and skills development unit within the FSDoH) need to align or re-align training and development objectives with the strategic priorities of the FSDoH (supported by Narain and Ofrin 2016:124), especially amid the Covid-19 pandemic. In this regard, to merely have a strategic plan and demarcated priorities is not enough in a volatile, uncertain, complex, and ambiguous environment. The success of this initiative lies in that the administrative staff must participate in this strategic alignment within their respective hospitals. They know best what the shortfalls and challenges are when it comes to the provision of efficient, effective, and economical service delivery. It is anticipated that involving the administrative staff in aligning their training and development needs with the strategic priorities of the FSDoH will ensure quality training interventions that comply with the required standards of learning and assessment services set forward by the Department of Education.

Vinesh (2014:213) echoes this recommendation by stating that putting in place strategies for motivating and encouraging employees to commit to the aspirations and ideals of the organisation poses a major challenge in most organisations, including how to turn these aspirations and ideals into improved performances and productivity in the organisation's human resources. Nosizo (2016:63) states that there is a good HRD strategy in place for proper health services, but the main problem has always been the support from management to implement HRD. Sarode and Shirsath (2014:2736) mention that an unfavourable working environment negatively affects employees physiologically, emotionally, cognitively, and behaviourally, which then leads to poor organisational productivity. The importance of the working conditions of staff was captured in the study by Pillay (2009:7). The study confirms that nursing staff in the South African private healthcare sector were more satisfied with their salary, workload, working environment, and resource available than those working in the public healthcare domain.

It is further recommended that the FSDoH should keep up with current technological developments. Although it is well known that technology is developing at a fast speed and guarantees to improve the rendering of services, technology is only as good as the managers who identify its opportunities, the technologists who deliver it, and the people who work with it every day (Price Waterhouse Coopers 2019). The e-government platform, including the following four programmes, is acknowledged: (i) government-to-government programmes focusing on the interaction between different spheres and levels of