

INTERGOVERNMENTAL RELATIONS AND COOPERATIVE GOVERNANCE: A CASE
STUDY OF THE KWAZULU-NATAL DEPARTMENT OF HEALTH

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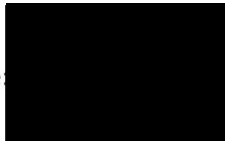
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DEDICATION

This is dedicated to my family, who supported me throughout my studies.

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ABBREVIATIONS AND ACRONYMS

CO	Cooperative Governance
COGTA	Department of Cooperative Governance
DOH	Department of Health
DG	Director General
DPLG	Department of Provincial and Local Government
FOSAD	Forum of South African Director-General
ICT	Information and communication technology
IGR	Intergovernmental Relations
IGRF	Intergovernmental Relations Framework
KZN DoH	KwaZulu-Natal Department of Health
MEC	Member of the executive
NDoH	National Department of Health
NDP	National Development Plan
NHI	National Health Insurance
PCC	President Coordination Council
PCF	Premier Committee Forum
PHC	Primary Health Care
SA	South Africa
SALGA	South African Local Government Association
WHO	World Health Organization

ABSTRACT

This study explored and evaluated the effectiveness of intergovernmental relations and cooperative governance in enhancing service delivery using the KwaZulu-Natal Department of Health. The research used selected concepts from theories of intergovernmental relations and cooperative governance to construct a conceptual framework. The information derived from the literature review and case study was then analysed according to the concepts in the analytical framework.

The research found that the KZN Department of Health has adopted measures to tackle resource constraints, such as establishing alliances with communities, NGOs, and sectoral collaborations. "Operation Sukuma Sakhe" is implemented to facilitate the coordination of service delivery among stakeholders. The revival of district health councils is underway, with the provincial department actively involving municipalities through COGTA. The primary objective of extra-IGR is to enhance societal well-being and foster optimal health. Nevertheless, inadequate synchronisation of policy implementation throughout government spheres results in substandard care and restricted devolution of authority.

The 1996 Constitution advocates for equitable involvement, but the National Health Department frequently regards itself as the dominant authority, leading to fragmented planning, budgeting, implementation, and subpar performance. The IGR Framework Act 13 of 2005 delineates each government level's specific functions and obligations; however, resource constraints may hinder adherence. Inadequate collaboration among governmental entities can result in substandard service provision and the breakdown of social order. The purpose of a consultation is to synchronise efforts and prevent avoidable conflicts and unproductive expenses. The findings indicate that the existing procedures for intergovernmental relations are ineffective. The areas that require attention include the distribution of responsibilities between districts and provinces, the appropriate delegation of authority between these two spheres, and the assurance of proper allocation of resources.

INTRODUCTION

1.1 OVERVIEW OF THE RESEARCH TOPIC

This dissertation examines Intergovernmental Relations (IGR) and cooperative governance (CG) challenges in the Kwa-Zulu Natal Department of Health. The underlying motivation for selecting this topic is that IGR and CG are important in service delivery provision. This is particularly important in the public health sector in developing countries like South Africa. Quality health service delivery in South Africa is a concurrent responsibility of all government spheres (national, provincial, and local). Efficient service delivery of health resources depends on effective policy implementation and proper coordination between the three spheres. IGR is important here because both aspects are supposed “to promote and facilitate cooperative governance (CG) and decision-making by ensuring that policies and activities across all spheres encourage service delivery to meet the needs of the citizens.” Edward (2008: 66)

The role of government is very broad and entails legal, fiscal, political, programmatic, and administrative arrangements for all interactions among the spheres. IGR is supposed to be one of the more effective strategies because it allows for complicated governmental issues, ensures effective use of resources, and involves citizens and the community in matters that directly impact their lives (Phakathi, 2016: 1). Intergovernmental relations are a very complex operational system that involves coordination, cooperation, interaction, communication, information sharing, policy implementation, protocols, and adherence to laws and regulations (Fowler, 2018: 206). Decisions that are made or undertaken in all three spheres of government.

However, in South Africa, these types of collaborative attempts among the three spheres of government have proven to be rather difficult to execute, although the government remains optimistic about them (Phakathi, 2016: 1). Another challenge that has emerged is that many decisions undertaken in all three spheres of government have the potential to impact the quality of service delivery. This research sought to identify the main issues or problems experienced in this regard.

This chapter introduces the topic and then provides an overview of the research's structure. It breaks down and discusses the main research problem, broad research objectives, and key

research questions. It also outlines the rationale of the review and the steps undertaken. It further articulates the basis on which the study was formed.

1.2 BACKGROUND AND RATIONALE FOR THE STUDY

This research aims to assess the effectiveness of intergovernmental relations on cooperative governance and the performance of the Department of Health. Prior to 1994, South Africa (SA) had a centralised decision-making system and an administrative system fragmented along racial lines. In the post-1994 period, South Africa established a democratic government system embedded within a solid democratic constitutional mechanism. The SA's democratic government existed to serve the needs of the citizens and, therefore, meant that effective service delivery would require efficiency and effectiveness at all three levels of government (national, provincial, and local).

According to Ile (2001, p. 51), South Africa's constitution has been praised as "a masterpiece" that was expected to be a tool for advancing the accomplishments of the government's goals and objectives through intergovernmental relations. This was expected to improve coordination of government activities. It is therefore important to study these relationships, their effect on public policy implementation, and the challenges and problems that impede service delivery. Research on the KZN Department of Health shows that resources and skills are generally limited (Brauns 2016, p. 72), undermining the capacity to implement new policies. Policymakers and bureaucrats are often unaware of the unintended consequences of policies, such as labour unrest, long patient waiting times, and gross staff absenteeism; these hamper the implementation of policies. Another problem with these levels is that they lack structured communication technology, marked by network challenges and the availability of resources such as computers, as well as appropriate systems responsible for linking the levels of government, such as effective communication channels and basic infrastructure, to host information and communication technology (ICT) (Chakwizira *et al.*, 2010).

These challenges are not just isolated to the three levels of government in Kwa-Zulu Natal. Some problems occur between the hospitals and district health services (i.e. organs). This results in deteriorating service delivery, a lack of accountability, and failing relationships between government institutions and directorates.

Intergovernmental relations (IGR) and cooperative governance (CG) have been extensively studied over the years, both in developing and developed countries. The literature that exists shows that various authors have similar views of IGR. Opeskins (1998, p. 11) defines IGR as relations between the national, provincial, and local governments that facilitate the achievement of common socioeconomic goals. The Pair Institute of South Africa states that IGR refers to the fiscal and administrative processes by which the levels of government share revenue and other resources. The DPLG (2012, p.2) ascertains that IGR is all about complex and interdependent relations among the three levels of government and the coordination of public policies among national, provincial, and local governments. The White Paper on Local Government in South Africa (1998) states that IGR is a set of multiple formal and informal processes, channels, structures, and institutional arrangements of bilateral and multilateral interaction within and between levels of government. Chapter 3 of the Constitution describes the three levels of government as distinctive, interdependent, and interrelated. It further outlines the IGR framework and CG principles within which the three levels must conduct their activities; these include cooperating in mutual trust and good faith (Government, 1996, p. 21). However, for years, the provincial government has been at the mercy of the national government, as there has been little integration, coordination, and consultation concerning policy matters (De Villiers 1997, p. 198).

The applications of IGR concepts differ from country to country, and they are defined as the activities that occur between government units at all levels within a governmental system. Thus, cooperation is essential to ensure coordination and complete administration within these levels of government (Sindane, 2011, p.1). The main purpose of IGR is to ensure that government activities, through efficiency and effectiveness in service delivery, sustain democracy and strengthen delivery capacity across all levels of government to achieve a common goal (Ile, 2010, p. 53). The powers and functions of these three levels are interrelated. However, each sphere exists in its own right, and it is the final decision-maker on specific functions and is accountable for such decisions (Koope 2016,p.60). These levels provide effective, efficient, transparent, accountable, and coherent government to ensure the progressive realisation of the constitutional rights of South African citizens (Ile, 2010, p.53).

Beland et al. (2014) argue that the IGR structure has increased political conflict over its implementation by distributing governing authorities, creating difficulties in health policy rollout in the United States. The Institute of IGR at Queen's University states that fiscal imbalances between the three levels of health are one of the challenges (2002. P.12). In South Africa, poor service delivery, a lack of capacity to fulfil its mandate, and a lack of coordination between the North West Department of Health (NW DoH) and the National Department of Health (DoH) have led the cabinet to place the NW DoH under administration (Mail & Guardian, April 26 2018).

Mismanagement, lack of accountability, and poor service delivery are growing concerns in South Africa. Healthcare and the Minister of Health have committed to addressing the problem. This led to the creation of the National Core Standards (NCS). However, according to Mail & Guardian (July 22, 2011), Mr. van der Heever of the Wits University School of Public and Development Management stated that increasing public health funds through NHI doesn't guarantee improved health outcomes and that the problem is administrative. IGR and CG at the KZN DoH exist between the three levels of government and within its internal organs, such as hospitals, district health (including primary health care), and the province. These administrative problems are, therefore, complex and affect all these organs.

1.3 RESEARCH PROBLEM AND RESEARCH QUESTIONS/ OBJECTIVES

1.3.1 Statement of the Problem

According to the National Development Plan (NDP) 2030 (2012, 330), South Africa's health challenges are far beyond medical. The document claims that behaviour and lifestyle contribute to ill health. Health promotion and wellness are crucial to managing and preventing lifestyle diseases and improving the quality of health. Non-communicable diseases are perceived to become a major threat in the next twenty to thirty years, limiting the life span of South Africans.

It should be noted that the environment in which people live, are born, and work can negatively affect their health. This includes but is not limited to, exposure to a polluted environment, inadequate houses, and poor sanitation. The efficiency and effectiveness of the health system can determine the success of the treatment of disorders and the quality of life of people. (NDP, 2012, p.330)

As stated in the NDP (2012, p. 330), health stakeholders are invited to collaborate with the government and with each other to achieve the desired health outcomes and put the patient first. The health sector or department seeks greater intersectoral and inter-ministerial collaboration to ensure and promote health in South Africa. This indicates a need for functional intergovernmental relations and cooperative governance systems.

Collaboration across sectors means that linkages between policies on human settlements, urban planning and design, transport, basic services, education, energy, trade, agriculture, and food security are necessary as they impact health and the well-being of the people. The health department should engage with all partners, including non-governmental organisations, stakeholders, and other departments, to ensure their policies do not negatively impact health outcomes. (NDP, 2012, p.330)

Social science studies people—communities, society, and individuals. It seeks to understand people's behaviours and how they interact with each other within their natural environment. According to the Academy of Social Science, it “seeks to understand the evolving human systems... and how the planet can be more sustainably managed.” (Cooper, 2023) Health, on the other hand, is not just the absence of disease but the complete well-being of a person. The environment in which a person lives and their way of life impact this. This means that efficient systems, proper coordination of intergovernmental relations, and cooperative governance in the Department of Health largely impact the general well-being of society. This research, therefore, gives insight into how IGR and CG influence and affect service delivery, which is paramount to sustaining good governance and a healthy society.

1.3.2 Research problems and objectives: Key IGR and cooperative governance questions to be asked.

To explore intergovernmental relations and cooperative governance, the study aims to answer the following questions:

1. What are the IGRs within the national DoH and with other provincial health departments?

2. What, if any, is the nature of cooperative governance between the KZN DoH and the national DoH, municipal health departments (district health services), and other provincial DoHs and what activities occur between these institutions?
3. What are the statutory and non-statutory bodies at the KZN DoH?
4. What are the challenges that the Department of Health faces in each sphere of government?

1.4 AIM OF THE STUDY

The broader research questions relate to IGR and cooperative governance concepts and how they are utilised in South Africa.

1.5 OBJECTIVES OF THE STUDY

Research problems and objectives: Broader issues to be investigated:

The broader research questions relate to the concept of IGR and cooperative governance and how it is utilised in the South African context.

- The first broad research objective was to investigate what IGR is and how it works.
- The second broad research objective was to examine the rationale for establishing IGR and how this relates to cooperative governance.
- The third broad research objective was to investigate the challenges and problems associated with successfully establishing IGR and cooperative governance.
- The fourth broad research objective was determining what policies and legislation guide IGR.
- The fifth broad research objective examines how IGR and cooperative governance affect policy implementation.

1.6 IMPORTANCE OF THE STUDY

This study will contribute to the literature by investigating IGR and CG in the KwaZulu-Natal Department of Health, as little information is available about this department. At the same time, the existing literature shows that IGR and CG can substantially impact performance and efficient service delivery. Few studies have been conducted from this perspective on the KZN Provincial Department of Health. Furthermore, the study may assist policymakers in developing strategies that effectively implement government mandates and protocols.

1.7 THEORIES UTILISED IN THE STUDY

This study looked at theories that deal with the manner in which the government carries out its activities to achieve its mandate, which must be open to public scrutiny (Phakathi, 2016; 31); hence, the issue of good governance is intertwined with IGR. It employed theories dealing with IGR and good governance. Intergovernmental relations is a system adopted by the South African government to promote and facilitate cooperative governance and decision-making by ensuring that policies and all other government activities are channelled towards meeting the community's needs (Phakathi, 2016, p. 2).

Van der Walddt and Du Toit (1997, p. 167) define IGR as mutual relations and interactions between government departments or institutions at both horizontal and vertical levels. As defined by the Cooperative Governance and Traditional Affairs (Cogta) of the Republic of South Africa (2007; 1), IGR refers to the relationship between the organs of states and how they conduct their affairs. This means that IGR refers to the activities between the three levels of government. Ile (2010;53) states that the statutory and non-statutory bodies, such as committees and boards, are critical to this relationship, which enhances the efficiency or coordination of IGR, which is important in decision-making. Ile (2010;53) also explains that the IGR framework is composed of facilitative systems and relationships that allow for effective participation within government units, allowing them to carry out their mandate. Therefore, it seeks to achieve common goals through mutual relationships.

Governance is important as it refers to how all public affairs are conducted, and good governance primarily depends on the extent to which the citizens perceive a government to be committed to improving their welfare (Diamond, 2005).

The United Nations Development Programme's (UNDP) definition of governance is "the exercise of economic, political, and administrative authority to manage a country's affairs at all levels." (Abdellatif, 2003). It comprises mechanisms, processes, and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations, and mediate their differences. (Abdellatif, 2003). Diamond (1999) outlines these eight elements as the characteristics of good governance: "*commitment to the public good, the capacity of the state to function, accountability, transparency, the rule of law, conflict resolution, and social capital.*"

Good governance ensures that political, social, and economic priorities are based on broad societal consensus. The poorest and most vulnerable voices are heard when allocating development resources. Its primary purpose is to empower people. Cooperative governance (CG) refers to a partnership between the three levels of government; therefore, it requires that their roles be defined and fulfilled. CG means that all three levels work together to provide the citizens with a full-quality service (Maluleke, 2016, p. 21). The South African constitution states that the three levels must support and assist each other; they must share information and coordinate their efforts (Education and Training Unit 2005, p. 1). Hence, CG fosters effective and efficient service delivery by promoting good relations and coordination within the levels of government and with IGR while enforcing principles of good governance. These theoretical debates will be examined in greater detail and form the study's basis.

1.8 METHODOLOGY

A qualitative desktop analysis was used to address the study questions and objectives. This study consisted of a thorough literature review of intergovernmental relations (IGR) and its relation to cooperative governance and a case study of the KwaZulu-Natal Department of Health (KZN DoH). There were several reasons why a case study approach was selected for this research. This was the most suitable approach because it offered a comprehensive and in-depth method that allowed the researcher to explore the complicated nature of IGR within the KZN DoH. A case study approach is most suitable when research requires a nuanced examination of the dynamics at play. IGR involves complex and multifaceted activities between national, provincial, and local government departments, and a case study approach

allows for a more in-depth understanding of the subtle dynamics at play. Focusing on one province and selecting the healthcare sector in KZN allowed the researcher to probe into the challenges, institutional arrangements, and legislative frameworks that influence intergovernmental cooperation and governance.

Legislation and policy documents were reviewed and analysed to help establish the official framework. Newspaper articles, blogs, and journal articles provided insights into discussions, opinions, and debates around the challenges facing IGR and CG.

The primary sources were selected based on the research questions and the objectives of the research these included newspapers, various reports by government departments (such as the Health Department, the Premier, and the Government Gazette), press releases, reports and circulars explaining stakeholder involvement in ensuring corporate governance, and other theses from academic institutions. Secondary sources, such as published books, were used. The case study data collection tools also included KZN DoH annual reports on performance, newspaper articles, press releases, other theses, ministerial reports to the cabinet, and internal circulars on KZN DoH's state of affairs. These data sources contained content that were interesting and were seen as critical in addressing the research questions and the specific research objectives.

The study explores and analyses the legislative and policy framework of IGR and cooperative governance in South Africa. It is exploratory and descriptive. According to Babbie and Mouton (2001), exploratory and descriptive studies provide new information and describe events or situations, while exploratory studies generally tell why certain events occur (Chiwela, 2015, p. 6).

A thematic analysis approach was used to analyse the results of this study. A qualitative analytic method for “identifying, analysing, and reporting patterns (themes) within data, however, goes further than this as it interprets various aspects of the research topic.” (Braun and Clarke, 2006, p. 79). This method does not follow a specific theoretical perspective, it is therefore considered to be a very flexible method in learning and teaching research and scholarship. (Maguire & Delahunt, 2017, p.3353)

According to Braun and Clark (2008) the most commonly used thematic analysis follows these six basic processes;

- The researcher becomes familiar with data
- Researcher generates initial coding
- Search for themes
- Review the themes
- Define the themes
- Write up or reporting

The primary goal of thematic analysis is to identify patterns in the data that are of interest and are critical to addressing the research. Maguire and Delahunt (2017, p. 3353) argues that a good thematic analysis does not only interprets data but makes sense of it.

1.9 SCOPE AND LIMITATION

Scope, as defined, pertains to the "extent of activities... to examine, particularly for assessment" (Merriam-Webster, 2023). The study examined the Kwa-Zulu Natal Department of Health, analysing its accomplishments, difficulties, and shortcomings. It aimed to identify any operational intergovernmental relations platforms facilitating collaborative governance between the department and external stakeholders.

Limitations refer to inherent shortcomings or external circumstances beyond the researcher's control that restrict the implementation of a certain study or research (Simon, 2011:42). The research study found a scarcity of published research on the Kwa-Zulu National Agency of Health. However, the agency does possess an internal database of media releases and yearly reports that partially address the subject of intergovernmental relations (IGR). A lack of research has been undertaken on the selected subject. This constraint hampers the investigation process and potentially introduces bias into the study. Nevertheless, the execution of policies has been thoroughly examined in both media and academic research.

OUTLINE OF THE DISSERTATION

Chapter 1: Introduction

This chapter presents the introduction to the study. It describes the research methodology, the structure of the research, and what each chapter will consist of. The research objectives will also be presented.

Chapter 2: Conceptual Framework

This chapter discusses the theories and key concepts of cooperative governance and intergovernmental relations. It will provide a rich definition of IGR, its premises or conditions, benefits, and challenges. It will examine the governance and corporate governance concepts to establish a conceptual framework for analysing IGR and cooperative governance. It will also examine inter-organisational policy implementation, the different stakeholders, and their roles.

Chapter 3: Intergovernmental Relations and Cooperative Governance in South Africa

This chapter will conduct a literature review on IGR and CG in South Africa pre- and post-1994. It will also provide the legislative framework for IGR and CG, specifically referencing national healthcare systems.

Chapter 4: Case Study: KZN DoH

This chapter will establish the legislative framework in which the KZN DoH operates. It will also present a detailed discussion on IGR and cooperative governance in the KZN Department of Health by identifying the different government departments with which it works and the IGR and cooperative governance issues facing the KZN DoH. It will also present the overall findings and analysis of the research.

Chapter 5: Conclusion and Recommendations

This chapter will present the main findings and recommendations regarding the research results.

1.10 CONCLUSION

This chapter gave a brief background of the research study, a clear outline of the research problem, and a brief design and methodology. The transitioning process from an apartheid regime to a democratic state in South Africa brought about a magnitude of challenges. These include ensuring that policy and legislative systems support cooperative government and intergovernmental relations and that the three spheres of government indeed operate in mutual respect.

The following chapter will detail the conceptual framework employed in the study.

CHAPTER 2

ANALYTICAL FRAMEWORK

2.1 INTRODUCTION

This research used a conceptual framework drawn primarily from theories concerning intergovernmental relations (IGR). The discussion here will focus on those concepts of IGR, which are employed as analytical lenses for this study. This chapter introduces the concepts which form the analytical framework for this chapter and then indicates how these concepts apply to IGR within the South African government in order to contextualise the theoretical discussion. It starts exploring concepts of Intergovernmental Relations, its premises or conditions, benefits, and challenges. It then examines the main IGR approaches to intergovernmental relations, which are democratic, constitutional and financial. The chapter then discusses the different classifications of IGR before looking at Cooperative Governance (CG) theories and their relationship to governance, good governance and democratic government. It then briefly examines some of the challenges that emerge in CG and the proposed policy solutions. The chapter then discusses federal and unitary states, decentralisation, and centralisation. Finally, the chapter discusses the link between IGR and realising successful policies by discussing the relationship between inter-organisational policy implementation, the different stakeholders, and their roles.

2.2 THE CONCEPT OF INTERGOVERNMENTAL RELATIONS

Many different definitions of IGR have been proposed by researchers and academics whose competence rests within the topic of IGR. Intergovernmental relations (IGR) are defined by Anderson (1960, 3) as "an important body of activities or interactions occurring between

governmental units of all types and levels within a political system." This definition describes a situation where all levels of government were required to collaborate in a structured manner, which could only be accomplished by establishing intergovernmental relations. According to Phakathi (2016, 15), situations in which the breadth of the problem is too large for an organisation to tackle are the ones in which the domains of government are most likely to collaborate. Kahn et al. (2011) explain that the term "intergovernmental relations" (IGR) is commonly understood to refer to how the three levels of government—national, provincial, and local—relate to one another (Phakathi, 2016, 15).

IGR's primary goals are to foster cooperation and coordination among its participants. Some of the more wide-ranging aspects or points of view include the following: direction, intervention, control by a high level of government, shared decision-making, and consultation among all levels or spheres of government. According to Kahn et al. (2011), these components have both a positive and a negative impact on the success of IGR. They can encourage the subjection of one level of government to another or depend on the other level of government. There are, however, ongoing obstacles that IGR and cooperative governance must contend with. These challenges include inadequate coordination and integration across the many domains of government. According to Everatt and Gwagwa (2011), in addition to fragmented planning, budgeting, and implementation, these difficulties also present themselves in various ways, including poor performance management and accountability. This, as stated by Ramogayane (2018), is detrimental to the normative principles and ideals of cooperative government that are inscribed in the Constitution since it undermines them.

Three main approaches to intergovernmental relations are *constitutional, democratic, and financial*.

2.2.1 The Democratic Approach

The *democratic approach* to international governance (IGR) contends that the connections between the various levels of governance ought to be guided by democratic ideals, such as participation and accountability. It places an emphasis on the significance of considerations such as citizen participation, inclusive decision-making, and transparency in the context of intergovernmental cooperation and coordination (Sokhela, 2006). In addition, this strategy makes an effort to guarantee that decisions made in the public interest are taken in a manner that considers the requirements and rights of the civilian population. As a result, the strategy

suggests that government acts should be accessible to examination and transparent. In the same vein, there ought to be some level of responsibility and monitoring of the government by the people chosen to represent them and the general public. In the context of South Africa, the democratic values that form the basis of the country's political system are enshrined in the constitution of the country, and the approach taken by the South African government emphasises the significance of participatory democracy and governance. When it comes to the study of intergovernmental relations, the democratic approach emphasises the right of the provincial and municipal governments to exercise self-determination to the extent that these governmental units operate as independent institutions (Zulu, 2014).

This approach to IGR emphasises the right of the two lower governmental spheres to autonomy. Both local and provincial governments have the right to self-determination. The focus is a move from centralised authority through decentralisation of power to local and regional institutions (Phakathi, 2016, 19). The primary objective is for both provincial and local authorities to be autonomous, independent of any influence from higher authority. Phakathi (2016, 20) perceives the democratic approach as "separatist in nature." Thus, he argues that the democratic approach can potentially cause chaos (resulting in anarchy) in many states, particularly where there are numerous competing ethnic groups. Such actions can undermine efforts aimed at achieving national unity.

However, the democratic approach should not be rendered irrelevant because the opposition to the centralisation of power continues to be reflected in the struggles experienced between local and national governments over the extent of authority assigned to local and provincial governments. Hatting (1998) contends that the democratic approach's emphasis on autonomy is too constrictive to produce a comprehensive view of IGR. (Kahn et al., 2011).

2.2.2 The Constitutional Approach to IGR

The *constitutional approach* to IGR focuses on and emphasises the importance of the legislation and the institutional frameworks that govern or regulate the relations between different levels of government. In the 18th and 19th centuries, the existing hierarchy of government was accepted in the constitutions of the United States of America (Roux, 1997). The Constitution itself was viewed as a means of achieving harmony and the basis for determining IGR. This approach views the distribution of powers and responsibilities outlined

in a country's constitution as the bedrock of international cooperation and coordination (Mutafov, 2021). This approach provides mechanisms for resolving disputes, coordinating policies, and encouraging cooperation between governments (Fenna & Wanna, 2012, Mathebula). It emphasises the importance of adhering to legal principles, ensuring that jurisdictional boundaries are respected and upheld, promoting cooperative governance to facilitate effective service delivery, and realising and protecting democratic governance and citizens' rights. It is sometimes criticised because it accepts information contained in the legislation as accurate and constant until new evidence is presented and new legislation is developed. This approach has also been criticised for failing to explain the dynamics of relations among various government bodies and people working within them (Phakathi, 2016, 20).

2.2.3 The Financial Approach to IGR

The *financial approach* to IGR is based upon principles concerning fiscal federalism and public finance theory. This approach argues that fiscal autonomy, decentralisation, and efficient and equitable resource allocation are paramount for effective IGR between different levels of government (Smoke, 2015). The main focus of this approach is on the role that different fiscal instruments and mechanisms play in shaping intergovernmental relations. Theories concerning the financial approach to IGR also emphasise the significance of governance arrangements, institutions, and fiscal or financial rules for promoting strong oversight, accountability, and fiscal discipline (Pholo, 2020). The main principles of Financial GFR are decentralisation and financial autonomy, equity and equalisation, transparency and accountability in financial transfers, efficient resource allocation and utilisation, and financial sustainability and intergovernmental fiscal relations (Ter-Minassian, 1997). These aspects are crucial for achieving the outcomes of those intergovernmental fiscal policies and interventions to enhance cooperation and efficiency in fiscal federalism.

According to Phakathi (2016, 20), the concept of financial approach has been employed in the Republic of South Africa (RSA) since 1900. This was when specific commissions were founded, and they were responsible for probing the financial relationships between the three branches of government. Per the Constitution of the Republic of South Africa (RSA), an Act of Parliament must be adopted to ensure that the three branches of government receive an equitable share of the revenue. IFRA was enacted due to the Intergovernmental Fiscal Relations

Act No. 97 of 1997, which was enacted as a result of Section 214, Subsection 1 of the Constitution of the Republic of South Africa in 1996. South Africa's national, provincial, and local levels of government are all subject to the Intergovernmental Fiscal Relations Act No. 97 of 1997, which plays a significant part in ensuring that money is distributed equitably and justly. It sets methods and processes for establishing how the equitable distribution of resources collected at the national level should be distributed among the various levels of government (Ngumbela, 2022). Ultimately, this contributes to successful governance and service delivery across the country by fostering cooperation and coordination between the three realms of government. The Act also provides for the establishment of budget councils and forums. Intergovernmental fiscal relations seek to address the issues and importance of finance and resources. (Kahn *et al.*, 2011, 7).

2.3 CLASSIFICATION OF IGR

IGR can be categorised into intergovernmental, intra-governmental, extra-governmental, and interstate or international relations. This study will examine the three former concepts in more detail. The concept of interstate or international relations is not examined in depth, as it does not directly relate to the topic. Understanding the dynamics of IGR is crucial for effective governance and decision-making at various levels of government, and it is, therefore, imperative to study these relations (Phakathi, 2016, p. 23). This is because studying these relations helps identify potential challenges and find ways to address them, ultimately leading to better coordination and cooperation among government entities. In South Africa, the terms of IGR are stipulated in the 1996 RSA Constitution, and the legal framework is clearly defined. Thus, the Constitution promotes IGR, which must be followed and adhered to by all three spheres of government and government bodies.

IGR can be further categorised into vertical and horizontal relations (Watts, 2001; Phakathi, 2016, p.23). The following sections briefly outline vertical, horizontal, intra and extra-governmental relations¹.

2.3.1 Vertical Intergovernmental Relations

Vertical IGR refers to the hierarchy of government authority, which is national, provincial, and local. In this type of IGR, the concept of power is extremely important; the national sphere of government holds more power than both the provincial and local spheres of government. The dependence of these lower spheres on the national sphere of government can be observed in resource allocation, which is often based on achieving the objectives and goals of the government. Since the national sphere sets the government mandate, the lower spheres do not often decide which goals to pursue, so they have limited allocation. According to Hattingh (1998, p. 23), this type of relationship creates a form of interdependence, which affords the lower authority some power to negotiate. Policies are formulated at the national level and expected to be implemented locally; thus, collaboration is paramount as the national can hold both provincial and local spheres to account.

2.3.2 Horizontal Intergovernmental Relations

Horizontal intergovernmental relations refer to relations between governmental authorities in the same sphere of government, such as between government departments that operate at the same level, such as provincial departments, district offices, etc. There is no formal concept of power in the horizontal intergovernmental relationship; the relationship is mainly based on negotiating dominance as the parties involved have equal proportions of resources (Reddy,

¹ Note that intergovernmental relations has already been defined and discussed, and interstate and international relations are not applicable to this topic.

2001). Horizontal intergovernmental relations mainly focus on information sharing and physical assistance.

2.3.3 Intra-Government Relations

Intra-governmental relations refers to the coordination, interaction and engagement or collaboration of different government departments, directorates or entities within a single government level, where the organisational structure's primary purpose is to achieve the institution's goals (Phakathi, 2016, p. 25). These relationships are a crucial component of any functioning democracy because they significantly shape the policy-making process and policy outcomes because of their impact on service delivery and resource allocation (Ditlhage, 2022). This type of relationship involves sharing expert knowledge, resources, and information to improve the effectiveness and efficiency of government decision-making processes, address and solve multifaceted issues, and achieve shared goals. They also facilitate the coordination of policies and projects across and between different government departments or sectors to achieve consistency and coherence in government activities. There is, therefore, a big emphasis on the need for effective communication, consistency and cooperation when it comes to government activities. These mechanisms are crucial for coordinating different government departments to promote equitable development and ensure efficient service delivery (Kgomo, 2021).

In South Africa, the Constitution (1996) provides a broad spectrum for establishing internal structures for government entities in all spheres of government. These structures operate within the bounds set by these guidelines. To a certain extent, this allows the government structures to use their discretion to establish extra-internal institutions as they deem necessary (Sithole, 2021, 19). The KwaZulu-Natal Department of Health (KZN DoH) has internal governance committees, including MANCO (Management Committee) and PPTC (Programme and Project Technical Committee). All managers from the different directorates and departments must be members of these structures and actively participate in them. These forums discuss important topics related to the department's operations, and managers are then expected to share the results (KZN DoH, 2018).

2.3.4 Extra-Government Relations

The primary purpose of extra-governmental relations is to achieve the goal of government, which is to promote and advance the general welfare of society. Extra-government relations require that the government possess the ability to recognise the needs of society. Therefore, the government must have a relationship with the community (Phakathi, 2016). Extra-governmental relations aim to facilitate, coordinate, and encourage public participation (Sithole, 2021). The citizens want their voices heard and their views respected by people in power, even though their primary need is efficient service delivery. Extra-governmental relations are one way of achieving this through consultation with all the relevant stakeholders. (Phakathi, 2016, p.26). ‘War rooms’ are one example of extra-governmental relations. These are forums that the department utilises to engage the community and various other stakeholders who may be affected by health outcomes. In South Africa, War rooms have various representatives, including ward counsellors, officials from the Department of Education, social services, etc.

Extra-governmental relations aim to facilitate, coordinate, and encourage public participation (Sithole, 2021, 20). The citizens want their voices to be heard and their views respected by people in power, even though their primary need is efficient service delivery. Extra-governmental relations are one way of achieving this through consultation with all the relevant stakeholders. (Phakathi, 2016, 26)

2.4 COOPERATIVE GOVERNANCE

Cooperative governance (CG) can be defined as a partnership between the three government spheres, requiring each sphere of government to fulfil its specific role Milan (2005, 229). It refers to the participatory and collaborative approaches adopted at different levels of government to address common issues, promote shared responsibility for effective service delivery, and attain common goals. These types of government systems are characterised by ongoing negotiations between the three spheres of government (Mark, 1993: 392). Theories of cooperative governance are rooted in the broader debates and approaches concerning network and cooperative governance (Wright, 2009). This approach is supposed to operate in a way that should not undermine the differences in approach and perceptions between the different spheres. The principles underpinning CG emphasise consensus-building and mutual respect

amongst stakeholders, citizens and government. The premise of CG is that it must encourage healthy debate during consultation to achieve the national mandate's common goals and address the needs of the people. Defines CG as a system of ongoing negotiation between the three spheres of government (Wright, 2009).

In the RSA, cooperative governance provides concurrent powers for national and provincial government spheres. These powers determine the nature of the relationship between the spheres of government. Maluleke (2015, p. 22) argues that the provincial government's operations are critical in enhancing the efficiency of government in delivering services to different parts of the country and meeting the different needs of the community. However, several challenges are often faced when trying to ensure that the principles of CG inform activities. Table 2.1 provides a brief overview of these challenges and the policy measures that have been proposed as solutions.

Table 2.1: Summary of challenges and policy proposal relating to Cooperative Governance.

CHALLENGES	POLICY PROPOSALS
<p><i>Policy and Planning</i></p> <ul style="list-style-type: none"> • How to create synergy in the planning process • Definition of a clear mandate for the IGR task team • IGR programmes and projects should be included in the individual departments. 	<ul style="list-style-type: none"> • Greater clarity about the respective planning powers and functions of the three spheres • Coherent strategy across all three spheres for the national development plan • Develop a long-term national strategic plan to act as a central force in IGR planning and CG systems.
<p><i>Distribution of powers and functions</i></p> <ul style="list-style-type: none"> • Powers and functions in the Constitution are not defined by precise meaning or related obligations. • Some functions, such as primary health care, are not adequately defined in relevant sectors. • Functions can be transferred with no implications for municipalities. 	<ul style="list-style-type: none"> • The national government will embark on a systematic process of reviewing functions and making proposals for clarification. • To create a governance model to control, manage, and monitor how functions are distributed and assigned. • The system for functional assignment to become integrated into supervision procedures and protocols to enhance accountability
<p><i>Monitoring, support, and intervention</i></p> <ul style="list-style-type: none"> • No compliance with statutory requirements for nation-wide and province-wide reports on the status of local government • No obligation on the province to provide a state of the province report to the national government. • No early warning and response systems for provincial or local failure. 	<ul style="list-style-type: none"> • Publication of a bi-annual state of local government report to Parliament • Introduction of the state of the province report to the national government • National government to define provincial monitoring responsibilities about local government
<p><i>Clarifying the role of provinces</i></p> <ul style="list-style-type: none"> • Effectiveness of the provincial government in its current form • Effectiveness of provincial legislatures and quality of provincial accountability 	<ul style="list-style-type: none"> • Retaining provincial governments with several reforms—fewer provinces • Abolishing the provincial legislature

<ul style="list-style-type: none"> • Provinces are seen as governments in name only, without fiscal discretion. 	<ul style="list-style-type: none"> • Constitute provincial legislature differently—super district—ward representation
<p><i>Complex local government systems</i></p> <ul style="list-style-type: none"> • The system creates four layers of government that must be funded. • Nearly half of the district is entirely funded by the national government; the distributive role is no longer valid. • Shared functions are confusing and lead to cost and productivity inefficiencies. 	<ul style="list-style-type: none"> • Retain and restructure districts as shared administrative and service centres for locals, managed externally or by the national government. • Break down dysfunctional municipalities into smaller, simplified administrations with national government support.
<p><i>Relevant body to initiate major policy and institutional reforms.</i></p> <ul style="list-style-type: none"> • Departments responsible for sphere-wide regulation have little influence over sector policies. • Coordination of co-leadership arrangements and reconciliation of competing policy objectives. 	<ul style="list-style-type: none"> • A special cabinet committee will be established to scrutinise all policies and legislation impacting the provincial and local spheres before they go to cabinet. • Coordinating departments to review and institutionalise the forms required to improve core national government functions

Source: adapted from Malan, LP. 2012, Intergovernmental Relations in South Africa

It should be noted that none of the spheres of government can function effectively and efficiently without cooperating with the others. This is due to the interdependency and interrelatedness of some government functions, a lack of resources, and poor economic and social conditions. (De Villiers, 1994, p. 430) The interdependency compels these spheres to cooperate and align their activities to maximise resource use and improve service delivery quality. CG is, therefore, essential to government philosophy because it is about partnership. It determines all aspects and activities of delivering quality service (Maluleki, 2015, p. 23).

According to Maluleki (2015), CG facilitates the coexistence of both shared and self-rule aspects within the system of government in RSA. Shared governance is founded on collaboration and a comprehensive approach to resolving problems and developing policies.

Simultaneously, self-rule refers to each sector's independence in making decisions within its defined boundaries as specified by the Constitution.

The cooperative government between the spheres of government demands clear guidelines, effective communication, and close cooperation to achieve standard objectives. Any form of governance seeks to achieve the general welfare of the community by ensuring that their needs are met (Ismail *et al.*, 1997, p.137). Cooperative governance may be best explained using the following modes of government: federalism, unitary state, quasi-federalism, and decentralisation (Maluleka, 2015, 1).

2.4.1 Federal States

Federalism divides powers to enable a state's general and regional authorities within a specific sphere to act in a coordinated manner yet be independent. The federal system is presumed to have at least two tiers of authority governing the same state, with each level of authority having at least one functional area of capacity in which it is autonomous, and a guarantee exists that each authority can act autonomously within its sphere of activity. (Kriek *et al.*, 1992) The distinct nature of the sub-units in a federal state is protected and guaranteed. These sub-units have the executive authority to make and implement key policy decisions and legislate on issues that pertain to their sphere and scope of governance. (Maluleke, 2015, p.31)

Elazar (1987, 531), cited in Maluleke, 2015, p.33, identified three basic characteristics and operational principles common in federal systems to be a written constitution: as it defines the relationship between the various levels of government and determines the functions and powers of each level of government; non-centralisation: as it allows for administrative flexibility to accommodate the contextual conditions of the local units during the policy implementation process; and a real division of power: as articulated by Burgess and Gagnon (1993, 26), policy roles and responsibilities of the different spheres of government are integrated and concurrent and not distinct and separate; thus, proper guidelines to deal with any grey areas to avoid are essential. Quasi-federalism on the other hand possesses some characteristics of a federal state as well as some unitary state features. The distribution of power among the central government and the states are unequal.

2.4.2 Unitary States

Ile (2007, p. 1) defines a unitary government system as one that seeks to concentrate governing power on the central government. The unitary government may de-concentrate power on other subunits of government for various reasons; these units, however, become mere extensions of the central government. They continue to exist as long as they perform the duties delegated by the central government to their satisfaction. They exist primarily to carry out the central government's mandate (Maluleke, 2015). According to Zulu (2014), these subunits may make and implement policy within the boundaries as determined by the central government.

Phakathi (2016, 28) claims that in modern times, unitary governments' power is centralised at the national level, leaving the lower levels of government with little or no authority. Asmal and de Ville (1994) ascertain that the central or national government holds all authority in a unitary government system. The limits of this power are only brought about by the Bill of Rights contained in the Constitution. According to Phakathi (2016, 28), the Republic of South Africa has a unitary system of government because of the establishment of the Constitution in 1961.

In 1996, a new Constitution was passed. Section 2 of the 1996 Constitution states that the Constitution is the supreme law of the Republic and that any law inconsistent with it is invalid. Section 83(a) of the Constitution places the president at the helm of government programmes; according to Phakathi (2016, 29), the president of the Republic of South Africa should be the commander of intergovernmental relations in the Republic of South Africa.

2.4.3 Decentralisation

Decentralisation transfers planning functions, resources, decision-making, and administrative authority from national to local levels. The design of a decentralised cooperative governance system is essential to policy design and implementation. The decentralised role and responsibility in this context require the various spheres of government to cooperate. (Narsee, 2006,p.30 and; Utomo, 2009, 2)

The intention and practice of decentralised cooperative governance impose a common national purpose on the various spheres of government. This common purpose ensures that the national government's plan and priorities influence and characterise the interests and operations of lower spheres of government (Plaatjies, 2008, 58).

The concept of decentralisation expresses how functions and administrative authority are shared between the spheres of government. It is, therefore, important when describing the relationships between the operations of the spheres of government within the context of cooperative governance.

2.5 GOVERNANCE

Various scholars have presented a diverse array of interpretations about governance. Nevertheless, there is a general agreement that governance primarily pertains to the processes inside a system rather than focusing on the outcomes. It pertains to how all matters of public concern are managed. The United Nations Development Programme (UNDP) defines governance as using economic, political, and administrative power to oversee a nation's affairs at all levels. The World Bank defines it as how authority is exerted to administer a nation's economic and social resources for advancement. It simplifies it to a dedication to effective and responsible governance (Zulu, 2014, p. 23). The concept encompasses the mechanisms, procedures, and establishments by which individuals and groups express their interests, exercise their lawful entitlements, fulfil their responsibilities, and resolve conflicts (Abdellatif, 2003, 4).

The state, private sector, and civil society are involved in governance and considered critical for sustainable human development. Thus, governance is a concept that recognises these stakeholders' interdependence. (Zulu, 2014) The state's role is to create a political and legal environment conducive to sustained development. On the other hand, civil society institutions and organisations facilitate political and social interaction and mobilise groups to participate in economic, social, and political activities (Diamond, 2005). Pyone *et al.* (2016) explain how governance was introduced to health in the World Health Report in 2000, where the World Health Organization (WHO) defined ‘stewardship’ and called for strategic policy frameworks and effective oversight, regulation, incentives and accountability. This is because health systems can be influenced by transparent rules governed by effective oversight and accountability. Governance is perceived to be essential for poverty alleviation and development. Health, or a state of well-being, is grossly affected by the condition an individual or person resides in; this illustrates the importance of governance in health. Pyone *et al.* (2016, 721) argue that no absolute principles can define governance; it is a “diffuse concept that cuts across disciplines and borrows from a range of social science theories.”

2.5.1 Good Governance

Good governance relates to the political and institutional processes and outcomes necessary to achieve set development goals. Good governance ensures that political, social, and economic priorities are based on broad societal consensus. And the poorest and most vulnerable voices are heard in decision-making over allocating development resources. (UNESCAP, 2009, p.1)

Good governance primarily depends on the extent to which citizens perceive a government to be committed to improving their welfare. (Diamond,2005) Good governance has eight major characteristics, which are:

- (i) **Participatory:** This refers to the opportunity for everyone to voice their opinions.
- (ii) **Consensus-oriented:** The decision undertaken must not cause harm and be acceptable to everyone.
- (iii) **Accountability:** all institutions involved in good governance have full responsibility to the public to improve society's quality.
- (iv) **Transparent:** every policy undertaken by the government must be carried out under existing regulations.
- (v) **Responsive:** good governance needs institutions and processes to serve all stakeholders within a reasonable timeframe.
- (vi) **Effective and efficient:** the decisions produced must meet the community's needs, and the community resources must be optimally utilised.
- (vii) **Equitable and inclusive:** good governance ensures justice for the community; everyone has the same opportunity to maintain and improve their welfare.
- (viii) **the rule of law:** the legal framework in the country must be enforced impartially, especially concerning human rights law.

Source: United Cities and Local Governments Asia-Pacific (2018)

Good governance aims to ensure that corruption is minimised, the views of minorities are heard, and the voices of the oppressed are heard in decision-making processes, as well as an effective response to the community's needs (UNESCAP, 2009, p. 2).

The core values and principles of the Kwa-Zulu Natal Department of Health are embedded in these good governance principles. These are found encrypted on the walls of most government health institutions. The patient rights charter and Bato Pele principles are also founded on these (DoH,2018).

2.5.2 DEMOCRATIC GOVERNANCE

Democratic governance, similar to good governance, refers to governance that promotes human development. However, it differs from good governance because it recognises that political and civil freedoms, as well as participation, have a basic value in promoting development in themselves and are not just for providing means for achieving socio-economic progress (UNDP, 2002). Democracy and governance seek efficient institutions, a predictable economic and political environment necessary for economic growth, and the effective functioning of public services. It is concerned with political freedom, human rights, and removing discrimination. (Abdellatif, 2003)

Democracies allow populations to peacefully and regularly expel inefficient, corrupt government officials. While allowing people to stay more efficient, successful regimes tend to make the quality of governance higher on average in the long run. Conversely, authoritarian regimes may randomly provide high-quality governance. However, if they don't, the only way to change them is by force, which could take years or even longer than under democratic institutions. (Abdellatif, 2003) The multiplication of interest groups lobbying for power or rents under democratic institutions may lead to policy deadlock and prevent the major decisions necessary in the development process. Also, the great variability that electoral democracies display in effectively promoting grassroots, participatory decision-making is an issue. The fact that electoral rates can be bought may allow wealthy individuals and parties to control the electoral process like an openly authoritarian regime would. "Box-labelled democracy outside, but authoritarian system inside." (Diamond, 2005)

Consequently, effective governance does not necessarily depend on democracy, as it is possible to have poor governance even within well-established democratic systems. Democracy upholds the belief that the presence of free and fair, competitive elections enables the replacement of ineffective or corrupt political leaders. Liberal democracy, thus, promotes leaders to allocate resources more efficiently for the benefit of the people. Liberal democracy empowers citizens,

including associations, movements, and the media, to effectively oversee authorities and actively formulate policies and decisions that directly impact their lives. (Abdellatif, 2003)

Furthermore, leaders in democracy have a greater need (and more institutional means and obligations) to explain and justify their decisions and to consult a broad range of constituencies before making decisions. Such participation and deliberation give the public a stronger sense of policy ownership, and as a result, policies are more sustainable, and the government is more legitimate. For these reasons, it is strongly in the interest of development assistance agencies to promote democracy and good governance. (Diamond, 2005)

Democracy and governance therefore have a mutual re-enforcing effect: when they develop together, resources are used to advance the public good; accountability: the public's instructions are carried out as instructed or intended; social consensus supports and stabilises the system of government; disputes are settled peacefully; and investment flows into the country, attracted by the low transaction cost associated with government transparency and legitimacy and the rule of law (also because of low risk under stable governments); and most importantly, society sees their government as legitimate. (Diamond, 2005)

Under these conditions, economies experience growth, human well-being advances, commerce flourishes, political stability and capability strengthen, and countries evolve into more accountable and adept participants in the global community. In contrast, when governance is poor, non-democratic, or only nominally democratic, the resulting development issues necessarily have regional and global ramifications—the persistence results from improper resource allocation due to corruption and misdirected investment.

Persistent fiscal deficits deplete and ultimately repel international resources. The lack of adherence to the rule of law and poverty contribute to intentional environmental degradation and the decline of biodiversity, posing a threat to global ecological equilibrium and hindering the discovery of new medicinal and agricultural advancements (Abdellatif, 2003, p. 6). If democracy is linked to enhanced governance, it will result in expedited innovation and growth. Human development, including enhanced democracy at all decision-making levels, is a prerequisite for achieving sustainable economic growth (Abdellatif, 2003, p. 3).

The next section discusses policy implementation and the link between successful policies and strong IGR.

2.6 POLICY IMPLEMENTATION AND IGR

Public policies are required in South Africa to inform society of the vision and intentions of the government. The policies ensure that the government's intentions respond to societal challenges and that the rule of law and democratic values are upheld, maintained, and respected. (Government, 2020, p. 10) Public policy is a “purposeful, goal-oriented action” undertaken by the government to address societal problems. As a result, it involves numerous participants, both public actors (executives and legislative branches) and private actors (interest groups and citizens). (Zulu, 2014, p. 31) This brings about development, alleviates poverty, and promotes and ensures a good quality of life.

Policymaking is complex; it involves four distinct processes: formulation, adoption, implementation, and evaluation. (Government, 2020, p. 10) This research focuses only on implementation, as it demands cooperation and coordination from the three spheres of government.

Mthethwa (2012, p. 37) describes policy implementation “as the mechanisms, resources, and relationships that link policies to programme action.” He further alludes to the fact that understanding the nature of policy implementation is essential, as experience shows that policies, once adopted, are not often implemented as envisioned and do not always achieve the desired result. Implementation can be seen as a process of carrying out and accomplishing a policy; thus, policy implementation can be viewed as a linear process that proceeds directly from the predictions and prescriptions given by an official to policymakers and then to the policy outcome.

Policy implementation is not a logical, continuous process; it is often fragmented and interrupted, so implementation problems are no longer perceived as management problems restricted only to relations between a subordinate, supervisor, or manager or even to processes within an institution. Public policy implementation is diverse; it stretches across all three spheres of government and may involve different stakeholders and other government agents, from legislative to executive. This is typically evident in South Africa’s health system, as the

current debate is on implementing National Health Insurance. Even though the bill has been passed by parliament and the health department has in part been preparing for its full implementation, various stakeholders, including myself, have openly criticised it, describing it as “unworkable, unimplementable, and unfordable, but also unconstitutional both on substantive and procedural grounds.” (Bateman, 2023)

Bressers (2004, p. 290) states that motivation, the flow of information, the balance of power, and resources among stakeholders greatly influence policy implementation. Generally, "policy-making is a matter of conflict" (Zulu, 2004, p. 32). Both the top-down approach and the bottom-up approach have implications for intergovernmental relations and cooperative governance, as they demand full consultation, proper stakeholder involvement, and taking the current social, political, and economic context into account (Mthethwa, 2012, p. 40). Top –down approach mainly focuses on empowering senior management officials of institutions to make policies or decisions, thus rules and regulations that governs the institutions are made by the people at the top-level. While in the bottom-up approach the context is extremely important as it plays a major role. Implementation involves negotiating between players rather than control by higher powers. This approach promotes transparency and “it aims to encourage a process of local participation.” (Leader 11 dossier, 1997, p. IV5) Proper communication is essential to the success of the policy. Policies fail due to poor stakeholder involvement and planning processes. (Weel *et al.*, 2016, p. 1) They determined that poor planning and low investment in health resulted in poor implementation of primary healthcare policy in the South Asia region.

2.7 CONCLUSION

This chapter set out the conceptual framework developed as an analytical lens for this research. The discussion set out the broad intergovernmental relations and cooperative governance concepts utilised for this investigation. It also highlights how these concepts apply within the context of South Africa’s government and its approach to IGR. It started by outlining the concepts, including *constitutional, democratic, and financial* IGR. It then looked at the classification of IGR, and concepts such as *vertical, horizontal, intergovernmental, intra-governmental, extra-governmental*, and *interstate* or *international relations* briefly explained the influence these different forms of government have on IGR. It was noted in the chapter that the discussion was confined to the first 5, as the last concept was not relevant to the study. The discussion then shifted to examine concepts such as *cooperative governance, governance,*

good governance, and democratic governance, as well as explore challenges and proposed solutions to CG in SA. It was noted that, according to literature, *coordination and cooperation* are the main objectives of IGR; however, these two elements remain a challenge yet to be achieved in South Africa, which often undermines the quality of service delivery. The chapter then discussed concepts concerning *federal* and *unitary* states, as well as *decentralisation* and *centralisation*. The chapter concluded by analysing the connections between inter-organisational policy implementation, the many stakeholders, and their roles. This was done to investigate the connection between IGR and the successful implementation of policies.

The following literature review chapter will focus on the inception of intergovernmental relations. It will give a broad descriptive background on IGR and cooperative governance in South Africa.

CHAPTER 3

INTERGOVERNMENTAL RELATIONS AND COOPERATIVE GOVERNANCE IN SOUTH AFRICA

3.1 INTRODUCTION

This chapter consists of a review of the relevant literature concerning IGR and CG, the relations between the three spheres of government, and the parameters within which they ought to function as stipulated in Chapter 3 of the 1996 Constitution of the Republic. It starts by providing a descriptive discussion of the systems of government employed in three different countries, namely Canada, Brazil, and Nigeria. The chapter discusses how, even though SA appears to be a unitary state, the country in its present state has elements of a federal system; however, the apartheid state was purely unitary with three spheres of government. Power was de-concentrated rather than decentralised, and this was so because the government of the day could ensure that the apartheid system was uniformly implemented. This makes it necessary for this research study to discuss the evolution of IGR from pre-1994 to post-democracy. Thus, the chapter will cover the importance of IGR and CG within the context of governance in SA.

This discussion will outline state departments' legislative framework and structures facilitating IGR and CG. Thus, the chapter provides a broad descriptive background on IGR and CG in South Africa pre- and post-1994. It will also provide the legislative framework and structures related to IGR and CG.

3.2 COMPARATIVE ANALYSIS OF INTERGOVERNMENTAL RELATIONS

This section provides a comparative analysis of IGR in three different settings of federal systems, namely Canada, Brazil and Nigeria. South Africa, although a unitary, the country bears some elements of a federal state. Thus comparing the IGR systems allowed the researcher to study similar and different trends.

3.2.1 Intergovernmental Relations in a federal system: Canada

Canada is a vast nation characterised by a very modest population. Canada is a diverse country with a diversified population that includes Europeans, Asians, Africans, and indigenous Canadians. The country is the largest federation in the world, (Herperger, 1991, p. 1, cited in Ile, 2007, p. 93). According to Ile (2007, p. 94), this country's "form of government can be classified as a decentralised federal parliamentary democracy."

The Canadian government consists of the federal government, which is the centre, as well as ten provinces and two northern territories. The House of Commons and the Senate constitute the two legislative chambers, with a prime minister leading the executive branch of government. The Canadian Federation is the initial endeavour to merge federalism with a parliamentary system that is accountable and responsive. Policies are formulated at higher levels, while implementation is executed at lower levels or tiers of government. The country requires significant improvement in internal government revenue (IGR) and collaborative governance (Hague & Harrop 2001, p. 207).

3.2.2 Intergovernmental Relations in a Federal System: Brazil

Brazil is one of the largest countries in South America. It has a federal government comprising 26 states, one federal district, and 5000 municipalities. These institutions enjoy federative status and political, administrative, and financial autonomy. One of the strategies used to regulate the intergovernmental decentralisation process and integrate health policies was the establishment of the Tripartite Committee. This is where the three spheres of government meet and are equally represented. (Miranda, 2005, p. 188)

In 1991, IGR forums for health were established, mainly the Tripartite Committee, in which the three spheres of government are equally represented, and between 1995 and 1996, a Bipartite Committee was established. This committee included 26 members of the Joint Health Management Committee. Unfortunately, no legislation governs the Joint Health Management Committee's function; the minister is in charge of it. The primary objective of the committee is to regulate the operational aspects of the health policy decentralisation process. Meetings are held monthly in which all spheres of government discuss, negotiate, and agree on matters of relevance. The aim is to promote and manage intergovernmental integration, decentralisation, and the Unified Health Services (UHS) operations. According to Miranda (2005, p. 188), these

government representatives have developed, discussed, negotiated, and decided on administrative and operational regulations to establish Brazil's UHS.

The success of the initiatives promoted by the federal government in Brazil depends largely on the adhesion of municipalities. The structure of the IGR is critical to the success of all public policies implemented in the central or national sphere. In a federal system of government, the local governments have the autonomy to formulate policies according to their priorities and capacities. Their participation in federal government programmes is voluntary. Neves (2012, p. 146) found that Brazil sharply demands intergovernmental cooperation.

3.2.3 Intergovernmental relation in a federal system: Nigeria

Nigeria is one of the powerhouses in Africa, and the country has shown and demonstrated leadership in various ways, including supporting the economic community of the West African States Monitoring Group. Nigeria is rich in natural resources; it prides itself on having large oil reserves, natural gas reserves, and a broad agricultural base. Therefore, it is sometimes called an economic hub of Africa, hence the term “powerhouse.” (Inonvebere & Vanghan, 1995, p. 72; and Ile, 2007, p. 105.)

Nigeria is a very diverse nation, with many cultures and religions, and has a federal system of government. Since its independence, Nigeria has undergone many political transitions, including democratic, authoritarian, and military regimes. Two distinct administrative cultures and attitudes serve the people of Nigeria. The Northern culture has a strong religious influence, while the Southern culture depicts a more participatory system of government. This makes it imperative for the country to employ strong intergovernmental relations systems. (Ile, 2007, p. 105)

The country has a tripartite IGR that operates and manifests in the political, administrative, constitutional, legal, economic, and fiscal domains. Nigeria's central government remains powerful in raising and distributing revenue (Ile, 2007, p. 105). Due to a lack of resources, the local sphere of government frequently performs below par and is undercut by the national or central sphere. The powers of the federal, state, and local governments are stipulated in the 1979 Constitution. However, in 1999, the Nigerian government introduced a 1999 constitution

within six months and without public consultation. It is presumed that this action gave way to many ambiguities, including a lack of recognition by the local government. Enemuoh (1999) states, "The central government is the legally recognised custodian of national sovereignty and serves as a source of authority for local government and all other government units and agencies. The local government operates under a tripartite relationship with the central constitution, which is the major determinant of the system. The 1999 constitution, according to Yushau (2020, p. 76), emphasised "vertical interaction among the three spheres of government rather than the horizontal relation," which may result in undesired effects such as dependency." He further proclaims that there is a need for an effective regulatory body for IGR in Nigeria. Olajide (2019, p. 13) argues that "due to the delicate nature of federalism, IGR comes in for stabilising and steady centrifugal forces in the system."

According to Ile (2007, p. 114), Nigeria has the following intergovernmental relations forums:

- National Council of IGR
- National Association of Local Government
- The Council of States and
- Federal Character Commission

Nigeria also has a local government service board, or commission, established in all federal states, and its primary function is to recruit government staff into senior positions.

To some degree, the South African Constitution of 1996 has adopted the Canadian Constitution. (Ile, 2007, p. 93). The next section discusses intergovernmental relations in South Africa.

3.3 INTERGOVERNMENTAL RELATIONS IN SOUTH AFRICA (SA)

3.3.1 Intergovernmental Relation during Union of SA

The establishment of a refreshment outpost by the Dutch East India Company (VOC) in the Cape of Good Hope in 1652, which marked the beginning of European colonisation in SA, also set the stage for the future development of IGR in the country and region. This was a rest point for settlers' travels from Europe to India. According to Spilhaus (1966) (cited in Phakathi 2016, p. 34), the outpost had a limited administrative structure. In the 18th century, the settlement

grew to over one hundred per square mile, and at the time, the colony was under Dutch authority. As the VOC expanded its settlements and the colony began to grow, the European settlers were brought into constant contact and interacted with indigenous peoples and other colonial powers. These interactions required some form of governance and cooperation that allowed the different government entities to engage smoothly with minimum interference, thus laying the foundation for the evolution of the complex nature of IGR in SA today (Dye & La Croix, 2020). A review of the historical development of the different political systems and governments in SA demonstrates clearly how the past has significantly shaped the structures and processes developed for collaboration, decision-making, and negotiation amongst the different levels of government.

After the British Empire seized the Cape Colony in 1806, they changed the current system to their preferred version, which was also introduced into Natal after British settlers extended their territory there (Wilson and Thompson, 1969). At this time, all the British territories used a "Westminster System of Government," which consisted of central government and local elected municipalities. The Dutch settlers, who had originally been located in the Cape Colony and disagreed with British rule of law, migrated to the North and formed Boer Republics in the Orange Free State and the Transvaal (Kahn et al., 2011, p. 48; Wilson and Thompson, 1969).

According to Kahn (2011, p. 48), the Boer Republics did not initially have a formal municipal government or authority system. Intergovernmental interactions were centralised during this period, and local authorities were used as agents of the central government. This arrangement merely extended the jurisdiction of the central government authority within the country (Tapscott, 1998). Welsh (1999) (as cited by Phakathi, 2016, p. 35) explains that intergovernmental connections were established in 1910 when the Boer Republics and the British Empire came together to form the Union of South Africa. Immediately following the conclusion of the Anglo-Boer War on May 31, the Union of South Africa Act was enacted, ending this. Provincial councils were to be constituted in the four provinces established under the Act. By this Act, the provinces were not considered sovereign bodies; they were to conduct themselves as national legislation (Phakathi, 2016, p. 36). Until 1962, when South Africa withdrew from the British Commonwealth of Nations, the country was a part of the British

Empire. As a result, Britain exerted a significant amount of influence over the Union of South Africa.

The Union of South Africa Act of 1910 created three spheres of government: central, provincial, and local. Where the lower spheres had limited powers. South Africa has adopted a unitary system of government with some federal characteristics since the merger of the British Empire and the Boer Republics (Kahn, 2011, p. 51). During this period, the Union of South Africa delegated some powers to the provinces to achieve unity, reduce rivalry, and avoid conflict from within. The provinces were, however, still subjected to the national government; they had some autonomy to pass regulations.

Kahn *et al.* (2016) explain that appointing an administrative representative of the Union government in the provincial and local spheres allowed the national government almost complete or total control over provinces. The administrator symbolises the centralisation of IGR during this era. The administrator was an appointee of the Union government and a provincial executive committee member. This meant they had vast powers and oversight as chief executive officers (Phakathi, 2016, p.37). One method of central government control over provinces was the administration's control over revenue and decision-making processes. The provincial councils had no control or power over the administrator, meaning provinces had no legitimate legislative power (Tapscott, 1998). 1970 the central government (the union) controlled over 80% of the provincial budget. The municipality forms the third sphere of government; its existence depended on the provincial administrator, and its bylaws were subject to approval. (Devenport, 1991).

3.3.2 Intergovernmental relations during the apartheid era

The latter part of the apartheid saw a significant change to IGR structures in South Africa, possibly due to widespread protest actions (Kahn et al., 2011, p. 59). The tribal authorities had little or no autonomy as they were viewed as apartheid government agents. The rise of liberal movements opposing the current government during this time weakened many municipalities. Such events persuaded the apartheid government to implement reforms to transform the political system, thereby changing how intergovernmental relations were conducted in this country (Phakathi, 2016, p. 41).

The office of the Senate was dismantled, and plans to create a new constitution were in place, which included Coloured people and Indians in the political sphere (Kahn et al. 2011:59). Phakathi (2016:41) explains that such reforms were intended to appease the black native community while maintaining white colonist supremacy. This was followed by a new 1983 constitution, which established a 'tri-cameral parliament'; three houses of Parliament were formed: the House of Assembly for the white elite, the House of Representatives for the Coloured, and the House of Delegates for Indians. The composition of the houses was maintained at 4:2:1 respectively. These changes still excluded the majority population group (Phakathi, 2016, p. 41).

Apartheid was a unitary state with three spheres of government. Power or autonomy rested with the national government. As mentioned before, there was no decentralisation of power; provinces were an extension to advance the national governments' agendas. According to Tapscott (2022, p. 2), the objective was to ensure uniform implementation of the principles and agenda of apartheid. The local government had no authority; they operated on what was prescribed for them.

When the United Democratic Front was formed, it attempted to persuade the apartheid government to withdraw its current constitutional process and urge the government to incorporate the homelands under one South Africa (Kahn, 2011, p.61) due to excessive pressure from the liberation movements and sanctions from the international communities during the late 1980s and early 1990s. The apartheid government proved to be unsustainable. This resulted in unbanning major opposition groups, such as the African National Congress. The tri-cameral Parliament adopted a new constitution in 1993 after the Convention for a Democratic South Africa emerged in search of a new governing structure, ushering in a completely new system of intergovernmental relations. (Phakathi, 2016, p.42).

3.4 INTERGOVERNMENTAL RELATIONS POST-DEMOCRACY

The new structure of government post-1994 provided a window of opportunity to promote democracy and enhance service delivery by changing the structure of intergovernmental relations. Several legislative frameworks were introduced to enhance intergovernmental

relations processes and systems to ensure efficiency and effectiveness. Informal forums were also introduced to supplement the formal forums of IGR. (Sokhela,2006) IGR is influenced by political interest because it deals with the distribution of power. Due to the state of affairs in the previous regime, the Presidential Review Commission insisted that the IGR system in the democratic era be reviewed. (Tapscott, 2022, p. 2) This was an attempt to decentralise and de-racialize the system. The 1996 constitution promoted equal participation within all spheres of government. (Kanyane, 2016, p. 92) The following sections discuss the legislative framework of intergovernmental relations and forums created to facilitate IGR in South Africa.

3.4.1 Legislative framework within healthcare systems

As a result of the Health Act No. 61 of 2003, which establishes a framework for a structured and uniform health system across the nation, the Department of Health is legally responsible for its operations. According to the Government Gazette (2004), "The Act considers all of the obligations imposed by the Constitution and other laws on national, provincial, and local government regarding health services." There is a correlation between the socioeconomic level of the nation and the varied health outcomes. The Department of Health does not offer services or impose its mandate in isolation. As a result of the fact that intergovernmental relations procedures are about effectively coordinated processes that are put in place to accomplish a desired objective, laws must allow the role player to work in good faith and confidence. This is of the utmost importance. For instance, during the COVID-19 pandemic, the government could easily construct an integrated and coordinated response to COVID-19 within a short period due to the existing IGR systems. This was accomplished in a short amount of time (Mubangizi, 2022, p.3).

3.4.2 Constitution of the Republic of South Africa

According to Ile (2010, p.51), "the 1996 South African Constitution has been hailed as a masterpiece that sought to advance service delivery through intergovernmental relations, which would ensure coordinated and aligned government activities." Chapter three of the Constitution outlines the principles of cooperative government; it clearly states that the national, provincial, and local governments must function in executing government policies and plans.

Section 40(1) of the Constitution states that South Africa is one sovereign democratic state; it also creates three spheres of government: national, provincial, and local. These spheres are

distinct, interdependent, and interrelated. The subsection also briefly describes the principal areas of responsibility for each sphere.

- Distinctive

Distinctive, by definition, means a characteristic of a thing that serves to distinguish itself from others (Britannica, N.D). In terms of the Constitution refers to the allocation of certain specific functions and decision-making powers to each sphere of government. Each sphere, therefore, enjoys a certain measure of autonomy. For example, the National Department of Health is responsible for procuring medicines, allocating tenders, bidding processes, and contract management. In contrast, the provincial government is responsible for procurement processes and supplier monitoring.

Section 41(1) of the Constitution states that "all spheres of government and all organs of states within each sphere must not assume any power or function except those conferred on them in terms of the Constitution. All spheres must respect the constitutional status, institution, power, and functions of government in the other spheres and exercise their power and perform their functions in a manner that does not encroach on the geographical, functional, or institutional integrity of government in another sphere."

- Interrelated

Interrelated means to relate to or connect (Sithole, 2021p. 22). In terms of the Constitution, this relates to cooperation through joint planning, making approachable relations, and avoiding conflict. The three spheres are part of a holistic system of government. Section 49(a) states that the three spheres must "preserve peace, national unity, and the indivisibility of the Republic through the provision of effective, transparent, accountable, and coherent government." This suggests that each sphere is an important part of the whole and is necessary to achieve the goals and objectives of the government. They are to function in good faith and relate amicably to each other. (Ile, 2010,p.55). Sithole (2021, p.22) explains that "interrelationships reflect that the national and provincial spheres of government have a responsibility to empower and play an oversight role in the activities of the local government sphere."

- Interdependent

The Practitioners Guide to the Intergovernmental Relations System of South Africa (2007) defines interdependence in terms of government spheres as each sphere exercising its autonomy for the country's common good by cooperating with other spheres. Mdilwa (2012, p.43) concurs, stating that all spheres of government are required to work in partnership for the government to implement its priorities and address socioeconomic challenges effectively. He further argues that most of the challenges of integrated governance are met through cooperation. According to the Practitioner's Guide to the Intergovernmental Relations System of South Africa (2007:64–65), cooperation is "aligning and integrating governance across spheres to ensure coherence. It differs from supervising in that it occurs in a context of equality: each participating sphere is an equal partner."

The term interdependent means no sphere operates in isolation; all spheres are interdependent, mutually dependent, and supportive of each other. (Phakathi. 2016, p.22). For example, the success of the COVID-19 vaccination programme depended on the cooperation of all three spheres of government.

Section 100, subsection 1 of the constitution makes provisions for the intervention of a higher sphere of government in the affairs of a lower sphere, which depicts unsatisfactory performance.

- “When a province cannot or does not fulfil an executive obligation in terms of the Constitution or legislature, the national executive may intervene by taking appropriate steps to ensure fulfilment of that obligation.”

This oversight became evident when the North-West Department of Health was placed under administration due to maladministration and poor service delivery. (Mail&Guardian, April 26 2018)

3.4.3 Relevant Acts/Laws and Regulations

The framework of IGR in the constitution is supplemented by policies, laws, and regulations intended to facilitate IGR in South Africa. According to Mello and Maseramule (2010) (cited in Phakathi, 2016:44), “these regulations are enacted in line with Section 41(2) of the

constitution, which prescribes that an Act of Parliament must be promulgated to establish structures and institutions to promote and facilitate intergovernmental relations. Table 3.1 gives briefly summarises these policies and regulations.

Table 3.1: Policy Environment for Intergovernmental Relations

POLICY	INTERGOVERNMENTAL RELATION IMPLICATIONS
The White Paper on Reconstruction and Development, 1994	The paper noted the importance of a participatory local government system to encourage provincial-local intergovernmental relations.
The Development Facilitation Act 67 of 1995	This provides a basis for a logical framework for land development according to a set of binding principles and also the promotion of intergovernmental relations among all spheres of government and stakeholders in the process of land development.
The Auditor-General Act 12 of 1995; the South African Qualification Framework; Housing Act 107 of 1997; The National Water Services Act 108 of 1997; The Rural Development Strategy, The White Paper on Transforming Public Service Delivery 1997; The National Environmental Management Act 107 of 1998; The Skills Development Act 97 of 1998; White Paper on Municipal Service Partnership of 2000	These encompass the principles of cooperation, integration and the promotion of governmental relations about development, planning and service delivery issues.

Constitution of the Republic of South Africa 108 of 1996	Chapter three of the Constitution outlines the principles of cooperation and intergovernmental relation
Organised Local Government Act 52 of 1997	The Act seeks to formalise the relationship between provinces and municipalities. It establishes a platform where monitoring, supervision and intervention mechanisms can be carried out.
Financial Fiscal Relation Commission Act 99 of 1997 and Intergovernmental Fiscal Relations 97 of 1999	This Act makes provision for establishing and determining fiscal intergovernmental relations within the spheres of government.
White Paper on Local Government 1998	This legislation encourages provincial governments to support promoting and maintaining intergovernmental relations.
Intergovernmental Relations Framework Act 13 of 2005	This act provides for establishing intergovernmental relations structures. The Act also seeks to provide clarity and certainty on core aspects of intergovernmental relations at the executive level of government.
Municipal Demarcation Act 27 of 1998; Local Government Municipal Structures Act 117 of 1998, and Municipal Systems Act 32 of 2000	This legislation formalises the various roles of provincial governments applicable to provincial-local intergovernmental relations.
Municipal Finance Management Act 56 of 2003 and Public Finance Management Act 1 of 1999	The purpose of this act is to modernise the financial management system and to ensure accountability. It also defines the relationship between the spheres of government.

Source: Adapted from Thornhill, Odendaal, Malan, Smith, van Dijk, Holtzhausen, Crous, and Mello (2003, 13-20)

3.4.4 Intergovernmental Structures/Forums

It is stated in Section 41(2) of the Constitution that Parliament is required to establish processes, structures, and institutions to provide and facilitate intergovernmental relations, as well as appropriate mechanisms and procedures to facilitate IGR dispute settlements. As a result, these forums were established to create an environment conducive to consultation and joint decision-making (Phakathi. 2016, p.47).

3.4.4.1. Intergovernmental Forums

According to Phakathi (2016, p.47), this forum was formed to create an environment whereby the premiers and national ministers can come together and discuss current affairs. They are also important because of their role in encouraging and ensuring the development and maintenance of cooperative relations between national and provincial governments. Du Toit (1998, p. 253, quoted in Phakathi 2016, p. 48) claims that the main purpose of this forum was to "coordinate the intergovernmental policy framework, multi-sectorial policy issues, finance, and matters of constitutional concern."

Notably, the intergovernmental forum played an important role in coordinating and integrating the policy activities of the ministers of the cabinet and members of the provincial executive council. The forum had much criticism, ranging from their long, tedious agenda, which included matters beyond their scope. Due to its challenges, the President's Coordinating Council replaced the intergovernmental forum in 1999.

However, Section 23 of the Intergovernmental Relations Act 13 of 2005 provides for forming district intergovernmental relations forums, which are mandated to promote and facilitate intergovernmental relations between the district municipality and the local municipality within the district. The district's mayor formulates these forums; in the absence of a mayor, a designated councillor by the municipality takes on that function. The chairperson convenes the forum by the Act (13 of 2005), setting the agenda for the forum meeting. The forum should sit at least once a year with all the necessary stakeholders to interrogate matters concerning development in the district and coordinate the effective planning and provision of services within the district.

It is outlined in the Act that these forums exist "to serve as a consultative forum for district municipalities and local municipalities in the district to discuss and consult each other on matters of mutual interest" (IGR Act 13: 2005, p. 26).

3.4.4.2. *The President's Coordination Council (PCC)*

According to the Dullah Omar Institute (2023), the PCC is a consultative platform for the President that includes senior officials from all levels of government. This forum allows the President to discuss important national issues with provincial governments and organised local governments. The discussions focus on implementing national policies and laws and coordinating and aligning priorities, objectives, and strategies among the three levels of government. As Kahn et al. (2011) stated, the PCC, formed in 1999, consists of the President, the Premiers of all provinces, the head of the South African Local Government Association, and several ministers. The forum is particularly significant in coordinating and integrating the implementation of national policies and programmes at the provincial level. It is a consultation forum for the president (IGR Framework Bill, 2005p. 7).

The IGR Act 13 of 2005 states that the President is the council's chairperson and determines the meeting's agenda. The PCC was primarily established to promote intergovernmental relations and support the expansion of connections between government institutions and structures (Malan, 2005, p.232). National policy and constitutional principles of cooperative governance guide the topics discussed at the PCC.

3.4.4.3. *Ministers of cabinet and Members of Provincial Executive Council (MinMEC)*

MinNECs are forums that provide opportunities for interaction between the ministers, provincial executive councils, and the South African Local Government Association (SALGA). The intention is to improve the coordination of activities within the specific sectors (Ndiliva, 2012, p.64).

The MinNECs each are responsible for specific fields. The Presidential Review Commission (1998; 38) states that MinMEC is responsible for the "harmonisation of legislation within a given sector; the division and deployment of financial resources; the harmonisation of programmes on a national basis; consultation and negotiation on national norms and standards;

the formulation of joint programmes and projects; the sharing of sectorial information; and the assignment of roles and responsibilities between spheres of government.

According to Seno Amadi (2014, p.58), this council exists in all sectors where responsibilities overlap at the national, provincial, and local levels of government. Therefore, it forms an important part of intergovernmental relations.

3.4.4.4. The Forum of South African Director-General (FOSAD)

The Forum of South African Director-General (FOSAD) was established in 1998 to coordinate policy, facilitate intergovernmental cooperation, improve the government's agenda, and implement strategic priorities. It comprises the highest-ranking administrative government officials and the director generals (DGs) of the provincial and national government spheres. It is a non-statutory organ of the state that seeks to create an atmosphere where director generals can express themselves freely without any political influence. In this forum, the DGs share their best practices and experience in policy formulation and implementation. (Phakathi, 2016, p. 50; and National Policy Framework 2020, p. 23).

The chairperson of the forum is the national DG in the presidency. Meetings are held regularly or quarterly to discuss issues of current concern. The forum's main priority is accounting for operational matters and implementing government resolutions. (Kahn *et al.*, 2011, p. 81) However, according to Khanyile (2022, p. 41), establishing the Presidential Coordinating Council has weakened the forum's effectiveness and role in government.

3.4.4.5. Municipal Intergovernmental Forums

This IGR forum is intended to promote and facilitate IGR between the district municipality and local municipalities. It consists of the district's mayors and the local municipalities' mayors. Its primary role is to serve as a consultative forum for the district to discuss matters of mutual interest. (IGR framework, 2005, p.11)

3.4.4.6. South African Local Government Association (SALGA)

SALGA was born from the Organised Local Government Act 52 of 1997, whose intention was to provide for the recognition of national and provincial organisations representing the distinct categories of municipalities. Its primary role is to represent the local government in legislative

processes in all spheres of government (Phakathi, 2016, p. 51). SALGA participates in informal and formal intergovernmental relations forums such as the National Council of Provinces and the Financial and Fiscal Commission, among others, thus influencing policy.

3.4.4.7. National Council of Provinces (NCOP)

The Republic of South Africa's 1996 Constitution established the NCOP to link the two levels of government—national and provincial—to a bicameral system. Therefore, it is central to intergovernmental relations in South Africa. One of the council's primary functions is to oversee the executive branch, participate in the Judicial Review Commission, and review actions that affect the different spheres. (Phakathi, 2016, p.52)

The NCOP is a chamber of Parliament and a structure that participates in the national law-making processes. It is vital to the IGR forum; each province is represented in the house. The members present issues that affect provinces and the national government (Khanyile, 2022, p. 40). According to DPLG's Understanding Intergovernmental Relations, NCOP's purpose is to ensure that the national sphere of government acknowledges all provincial interests through participation in the national legislative process.

3.4.4.8. Premiers Forum (PF)

Section 16 of the Intergovernmental Relations Framework Act 13 of 2005 established the forum to foster and facilitate intergovernmental relations between the provincial and local spheres of government. District mayors, designated councillors, and the premier nominees are among the other executive committee members (MEC) in charge of local government, which also serves as its chair (Phakathi, 2016, p.53)

3.5 INTERGOVERNMENTAL RELATIONS: SOLUTIONS

Inadequate institutional governance and coordination are linked to ineffective management and a capability deficiency rather than inadequate governance frameworks and processes. Consequently, a dearth of skills, capacity, and competence frequently leads to subpar service provision (Kanyane, 2016, p. 96). According to Kanyane (2016, p. 96), Holness (2011) emphasises that communities express their discontent, annoyance, and concerns in community forums. When their efforts go unnoticed, they turn to protest acts. The community forums

developed in KwaZulu-Natal are commonly referred to as war rooms. These war rooms are ward base, and managers of health facilities within a given ward are active participants. The source of this information is the KwaZulu-Natal Department of Health for the year 2018. Kanyane (2016, p. 96) emphasises that prioritising the deployment and development of qualified and competent individuals, rather than relying on cadre deployment, is crucial for effective service delivery. Section 195 of the 1996 Constitution mandates that democratic norms and principles must govern public administration across all levels of government. Consequently, it can be inferred that excellent governance is crucial for ensuring high-quality service delivery and revealing the incompetence of management.

South Africa has a well-functioning IGR system, but the national sphere dominates. This, however, is typical of the unitary system of government. According to Edward (2008), this arrangement results in the local sphere being overwhelmed with challenges and deprived of the necessary resources for efficient service delivery. In South Africa, local governments are expected to raise their revenue through rates and levies; this is not always possible in rural communities, which are often impoverished and depend on social grants. Some community members cannot even afford to pay for healthcare services, which results in health institutions being overburdened without resources. What should be taken from these authors is that effective and efficient IGR systems require dedication, appropriate skills, and competency to achieve desired outcomes.

3.6 CONCLUSION

This chapter outlines the background of intergovernmental relations and cooperative governance in South Africa. It explored the setting of IGR and the legislative framework, which demands that each sphere be independent yet interrelated. In response to the broader research objectives, this chapter outlined the relevance of IGR and CG in government and detailed the evolution of IGR in SA. It also compared the systems of government employed in three different economies: two developing economies and one advanced economy.

The following chapter will focus on the KwaZulu-Natal Department of Health case study.

CHAPTER 4

CASE STUDY: KWAZULU-NATAL DEPARTMENT OF HEALTH

4 INTRODUCTION

This chapter sets out the case study of the KwaZulu-Natal Department of Health. The chapter starts by providing an overview of the Department of Health and then analyses the information according to the selected IGR concepts discussed in Chapter 2. The chapter will also unpack the legislative framework guiding and governing the Department of Health. This information is then used to address the broad research objectives and attempt to answer the key research objectives set out in this dissertation's introductory chapter. IGR is one of the bedrock of governance in most contemporary societies, and in SA, it reflects the complex interaction between the different levels of government. The KZN DoH was selected as a case study for this research because it operates within this intricate statutory framework and provides a compelling example that brings to light the challenges associated with IGR in the health sector and the dynamics at play.

Access to healthcare is a human right, so healthcare provision should be of acceptable quality. According to Pyone et al. (p.711), efficient implementation of governance principles can make a difference in the functioning of healthcare facilities. The NDP (2012, p. 337) states that

“functional competence and commitment to quality service need to be a priority. Communication and coordination mechanisms within the departmental spheres and across clusters must be improved—intergovernmental relations foster cooperation, coexistence, and friendship among the spheres of government. The constitutional mandate of the three spheres of government is to work together to ensure that they all perform accordingly, putting people first and their concerns as their main priority. They have a constitutional responsibility to ensure the broad delivery of basic services of the right quality and standard to the people while promoting good governance, transparency, accountability, institutional resilience, and administrative capacity (Makoti and Odeku, 2021, p. 45). However, the current case study will demonstrate that realising and providing good healthcare is challenging.

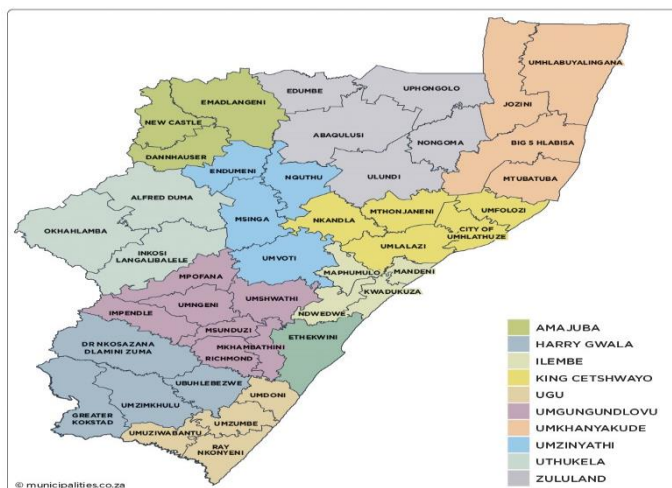
Operating in a South African province with a high population density, the KZN Department of Health faces numerous significant challenges due to the region's historical disadvantages and notable socioeconomic inequalities. At the same time, it strives to provide a fair and equal provision of services. However, resolving some problems may require a more holistic approach, sometimes requiring coordinated intra- and intergovernmental cooperation. The South African government built a legislative framework in anticipation of these concerns, supporting intergovernmental relations (IGR) and cooperative governance (CG). Both IGR and CG are considered the most suitable means for addressing problems. IGR is the glue that holds the different levels of government together. The government's responsibility is to render basic services to the people, which requires all spheres of government and other stakeholders to cooperate and ensure good governance. Lack of cooperation can produce anarchy and poor service delivery, among other undesirable things (Makoti and Odeku, 2021, p. 43).

4.1. THE KWAZULU-NATAL DEPARTMENT OF HEALTH, PRE-1994

South Africa has had one of the best healthcare systems in Africa; however, the system was fragmented, inequitable, curative-structured rather than preventative, and racially segregated.

The entire system was characterised by racial, geographical, and economic inequality. The country had fourteen health departments (National Health Plan for SA, 1994).

KwaZulu-Natal is one of the nine provinces of South Africa, situated along the south coast of Africa. The province has ten municipalities, one metropolitan municipality, and fifty-four local municipalities and is home to 12,423,907 people. Only 51.8% of the population has access to piped water, while 58.9% have access to flush connections to sewerage. The province contributes approximately 16% to the GDP of the Republic. The intensity of poverty is estimated to be 42.5%. (StatsSA, 2022) The environment in which people live and work, as well as societal risk factors like polluted areas, subpar housing, poor sanitation, unemployment, poverty, racial and gender discrimination, destruction, and violence, all have an impact on health. (N, D, H, 2019). **Figure 4.1** shows the municipality map of KwaZulu-Natal. The province has forty-three municipalities and ten districts, namely Amajuba, Harry Gwala, Ilembe, King Cetshwayo, UGU, Umgungundlovu, Umkhanyakude, Umzinyathi, Uthukela and Zululand. Each district has its management teams reporting to the provincial health department.



The vision of the department is “Optimal health for all persons in KwaZulu-Natal”, and the mission statement is “to develop and implement a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care approach through

the District Health System, to ensure universal access to health care”. The core values are an expression of good governance principles, which are *Trustworthiness, honesty and integrity, open communication, transparency and consultation, professionalism, accountability and commitment to excellence, loyalty and compassion, continuous learning, amenable to change, innovation and respect* (KZN DoH, 2022).

The primary purpose of a healthcare system is to deliver accessible, equitable and good-quality health services responsive to community demands and based on the principle of intersectoral collaboration (Health Sector Reforms in SA, 2011,p. 2). The services provided by the department can be divided into the following segments:

Community-based services, Primary Health Care (PHC) services, Hospital Services, Emergency Medical Services (EMS) and Patient Transport Services (PTS) Services, Forensic Pathology Services and Clinical Forensic Medicine.

4.3.1: Community-Based Services

Community-based services refer to non-acute health services delivered at the community and home level. Teams from ward-based outreach programmes, school health programmes, TB surveillance, multi-drug-resistant tuberculosis teams, community care providers, and health professionals provide these services. The services provided encompass health promotion and education, health condition screening, referral to appropriate health facilities, patient follow-up and support during treatment, home-based care, school health services, including the implementation of health-promoting schools, management of MDR-TB patients at the household level, and mental health and chronic care. Phila Mntwana Centres, connected to Operation Sukuma Sakhe (OSS) War Rooms, offer children promotional and preventive health treatments. Open Source Software (OSS) serves as a means to integrate intergovernmental services at the community level, specifically targeting the social factors that influence health, such as poverty alleviation, access to sanitation, water, electricity, and waste management" (KZN DoH, 2022). In addition to these initiatives, the centralised Chronic Medication Dispensing and Distribution (CCMDD) plan ensures that chronic medication is conveniently accessible to patients within their local communities, near their residences or workplaces. This plan aims to alleviate overcrowding in healthcare facilities, reduce expenses and travel durations for patients, and minimise waiting periods at health facilities. Outreach services are offered at places like truck stops, taxi stands, factories, and other places with a high risk of

health problems. This is done to make it easier for people to get basic and necessary services like HIV and TB testing, as well as help with other long-term health problems. These services aim to make it more likely that people will be quickly referred to the right facilities for treatment (KZN DoH, 2022).

4.3.2: Primary Health Care (PHC) services

PHC services are nurse-driven and are provided at fixed (clinics and CHCs) and mobile clinics, covering a wide range of curative, preventative, rehabilitative, and palliative services. These sites provide services for minor ailments: maternal, child, and women's health; communicable and non-communicable diseases and conditions; oral and dental health; environmental health; and nutrition. Mobile services improve access in sparsely populated areas or areas with poor access to fixed facilities. Outreach services from district hospitals and services rendered by private practitioners increase access to clinical services at the entry point (KZN DoH, 2022).

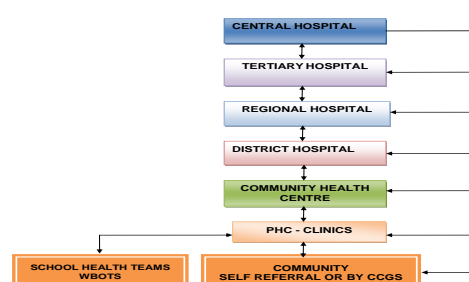
4.3.3: Hospital Services

According to the minister's report (2022), "Inpatient and outpatient services are rendered at district, regional, specialised, tertiary, and central hospitals. District hospitals form part of the District Health System and include services at the general practitioner level, with varying degrees of general specialist services to improve access, especially in rural areas. Regional hospitals render services at the Specialist level and serve as referrals for District Hospitals. All regional hospitals render a significant proportion of level-one services, mainly due to the demographic distribution of households and the location of hospitals" (KZN DoH, 2022).

The department has some specialised care services rendered by specific hospitals, such as mother and child services, eye care, specialised TB, and psychiatric hospitals, which provide acute and sub-acute services for the two clinical disciplines. While step-down or sub-acute hospitals provide step-down care, The department has tertiary hospitals and one central hospital providing highly specialised tertiary and quaternary services. Due to the structure of this health system, intra-governmental relations are critical to ensuring the continuity of patient care. Such governance forums meet at least once a quarter and when necessary (KZN DoH, 2018). Access to healthcare currently follows the pathway depicted below:

Figure 4.2 illustrates the KwaZulu-Natal Department of Health referral pathway—patients present at the lowest level of care, Primary Health Care or Community Health Centre. When necessary, the patients are referred to a higher level of health care per policy. For the system to work cost-effectively and efficiently, all relevant stakeholders must be properly engaged at all levels. The access to healthcare currently follows the following referral pathway:

Figure 4.2: KZN DoH Referral Pathway



Source: KwaZulu-Natal Parliament, 2018

Although all may seem good and well, the department has experienced its fair share of challenges, including, to date, the inability to attract and retain medical specialists and poor implementation of clinical outreach programmes, especially in rural areas. (KZN DoH, 2022).

4.4: THE LEGISLATIVE FRAMEWORK

The KwaZulu-Natal Department of Health operates under the primary responsibilities outlined in the 1996 constitution of the Republic of South Africa, the National Health Act 61 of 2003, and the KwaZulu-Natal Department of Health Act 01 of 2009, as seen in the 2021 annual report. Several more laws relevant to the province's healthcare delivery also function as a framework for the provincial health system. The department aims to establish and execute a durable, harmonised, unified, and all-encompassing healthcare system grounded in the primary healthcare approach, incorporating various services, including curative, rehabilitative, supportive, and promotional care. The purpose is effectively conveyed to all stakeholders and staff within the KZN Department of Health (KZN DoH, 2022). The Republic of South Africa's 1996 Constitution, among other things, directs the Department in the following sections and schedules:

A. “THE CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA, 1996.

This places obligations on the state to progressively realise socio-economic rights, including access to *affordable and quality* health care.

- **Schedule 4 of the Constitution** reflects health services as a concurrent national and provincial legislative competence.
- **Section 9 of the Constitution** states that everyone has equal rights, including access to health care services. This means that individuals should not be unfairly excluded from the provision of health care.
- People also have the right to access information if it is required to exercise or protect a right.
- This may arise about accessing one’s medical records from a health facility to lodge a complaint or give consent for medical treatment and
- This right also enables people to exercise their autonomy in decisions related to their health, an important part of the right to human dignity and bodily integrity in sections 9 and 12 of the Constitution, respectively.
- **Section 27 of the Constitution states as follows:** with regards to health care, food, water, and social security:
 - (1) Everyone has the right to have access to:
 - (a) health care services, including reproductive health care.
 - (b) sufficient food and water, and
 - (c) Social security, including appropriate social assistance, if they cannot support themselves and their dependents.
 - (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights; and
 - (3) No one may be refused emergency medical treatment.
- **Section 28 of the Constitution** provides that every child has the right to ‘basic nutrition, shelter, basic health care services, and social services’.

B. NATIONAL HEALTH ACT, 2003 (ACT NO. 61 OF 2003)

The National Health Act of 2003 “provides a framework for a structured health system within the Republic, considering the obligations imposed by the Constitution and other laws on the national, provincial, and local governments about health services. The objectives of the National Health Act (NHA) are to:

- Unite the various elements of the national health system with a common goal to actively promote and improve the national health system in South Africa.
- Provide for a cooperative governance system and management of health services within national guidelines, norms, and standards in which each province, municipality, and health district must deliver quality health care services.
- Establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognised research standards, and a spirit of inquiry and advocacy that encourages participation.
- Promote a spirit of cooperation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial, and district health plans and
- Create the foundation of the health care system and understand it alongside other laws and policies that relate to health in South Africa. In Chapter 1 of the NHA, the objects of the Act are to regulate national health and to provide uniformity in respect of health services across the nation by protecting, respecting, promoting, and fulfilling the rights of (among other groups) vulnerable groups such as women, children, older persons, and persons with disabilities.

- **Medicines and Related Substances Act, 1965 (Act No. 101 of 1965):** This provides for the registration of medicines and other medicinal products to ensure their safety, quality, efficacy and transparency in the pricing of medicines.
- **The Hazardous Substances Act, 1973 (Act No. 15 of 1973) provides** for the control of hazardous substances, in particular those emitting radiation.
- **Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973): This** provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.
- **Pharmacy Act, 1974 (Act No. 53 of 1974): This** Regulates the pharmacy profession, including community service by pharmacists.
- **Health Professions Act, 1974 (Act No. 56 of 1974):** This provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists, and other related health professions, including community service by these professionals.
- **The Dental Technicians Act, 1979 (Act No. 19 of 1979):** This regulates dental technicians and establishes a council to regulate the profession.
- **Allied Health Professions Act, 1982 (Act No. 63 of 1982):** This provides for the regulation of health practitioners such as chiropractors, homoeopaths, etc., and for the establishment of a council to regulate these professions.
- **The SA Medical Research Council Act, 1991 (Act No. 58 of 1991)** establishes the South African Medical Research Council and its role in health research.
- **The Academic Health Centres Act, 86 of 1993 provides** for establishing, managing, and operating academic health centres.

- **Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996):** This provides a legal framework for terminating pregnancies based on choice under certain circumstances.
- **The Sterilisation Act, 1998 (Act No. 44 of 1998):** This provides a legal framework for sterilisations, including for persons with mental health challenges.
- **Medical Schemes Act, 1998 (Act No. 131 of 1998):** This provides for regulating the medical scheme industry to ensure consonance with national health objectives.
- **The Council for Medical Schemes Levy Act, 2000 (Act 58 of 2000).** This provides a legal framework for the Council to charge medical schemes certain fees.
- **Tobacco Products Control Amendment Act, 1999 (Act No. 12 of 1999):** This provides for the control of tobacco products, prohibition of smoking in public places, and advertisements of tobacco products, as well as the sponsorship of events by the tobacco industry.
- **Mental Health Care 2002 (Act No. 17 of 2002):** This provides a legal framework for mental health in the Republic and, in particular, the admission and discharge of mental health patients in mental health institutions, emphasising human rights for mentally ill patients.
- **The National Health Laboratory Service Act, 2000 (Act No. 37 of 2000).** This provides for a statutory body that offers laboratory services to the public health sector.
- **The Nursing Act, 2005 (Act No. 33 of 2005).** This provides for the regulation of the nursing profession and for the establishment of a council to regulate these professionals, including community service by these professionals.
- **The Higher Education Act (Act No. 101 of 1997), as amended:** This provides for the regulation of higher education institutions and their registration, including the formation of governance structures guiding education and the training of students.

- **The National Qualifications Act (Act No. 67 of 2008)** provides for a single integrated system comprising three coordinated qualifications. Sub-Frameworks
- **The Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007)** establishes the Interim Traditional Health Practitioners Council and the Republic's registration, training, and practices of traditional health practitioners.
- **Foodstuffs, Cosmetics, and Disinfectants Act, 1972 (Act No. 54 of 1972):** This provides for the regulation of foodstuffs, cosmetics, and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items.
- **KwaZulu-Natal Health Act (Act No. 1 of 2009) and Regulations:** This provides for a transformed provincial health system within the framework of the National Health Act 2003.
- **Public Service Act No. 64 of 1994:** This act provides for the organisation and administration of the public service of the Republic, the regulation of the conditions of employment, terms of office, discipline, retirement, and discharge of members of the public service, and matters connected in addition to that.
- **Disaster Management Act: Classification of a National Disaster: COVID-19 (coronavirus).** This Notice is based on the classification of the COVID-19 pandemic as a national disaster based on the potential magnitude and severity of the COVID-19 pandemic on March 15, 2020.
- **South Africa's National Strategic Plan for HIV, TB, and STIs (2017-2022):** The Fourth National Strategic Plan (NSP) that South Africa has adopted to guide its response to HIV, tuberculosis, and sexually transmitted infections”

C. OTHER LEGISLATION APPLICABLE TO THE KZN DEPARTMENT OF HEALTH

The following is a list and brief description of the other relevant legislation which applies to the KZN Department of Health.

- **The “Criminal Procedure Act, 1977 (Act No. 51 of 1977), Sections 212 4(a) and 212 8(a)** provide for establishing the cause of non-natural deaths.
- **Children's Act, 2005 (Act No. 38 of 2005):** The Act gives effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children; to define parental responsibilities and rights; and to make further provisions regarding children's courts.
- **The Occupational Health and Safety Act of 1993 (Act No. 85 of 1993)** provides the requirements that employers must comply with to create a safe working environment for employees.
- **Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993):** This compensates for disablement caused by occupational injuries or diseases sustained or contracted by employees during their employment and for death resulting from such injuries or diseases.
- **The National Roads Traffic Act, 1996 (Act No. 93 of 1996)** provides for the testing and analysis of drunk drivers.
- **Employment Equity Act, 1998 (Act No. 55 of 1998):** This provides for the measures that must be implemented in the workplace to eliminate discrimination and promote affirmative action.

- **State Information Technology Act, 1998 (Act No. 88 of 1998):** This provides for creating and administrating an institution responsible for the state's information technology system.
- **Skills Development Act, 1998 (Act No. 97 of 1998):** This provides for the measures employers must take to improve employees' workplace skills.
- **The Public Finance Management Act, 1999 (Act No. 1 of 1999)** provides for the administration of state funds by functionaries, their responsibilities, and incidental matters.
- **Promotion of Access to Information Act, 2000 (Act No. 2 of 2000):** This amplifies the constitutional provision about accessing information under the control of various bodies.
- **Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000):** This codifies the constitutional provisions of administrative law.
- **Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000):** This further amplifies the constitutional principles of equality and the elimination of unfair discrimination.
- **Public Service Act, 1994, as amended:** This provides for the organisation and administration of the public service of the Republic, the regulation of the conditions of employment, terms of office, discipline, retirement, and discharge of members of the public service, and matters connected in addition to that.
- **The Division of Revenue Act (Act No. 7 of 2003)** explains how revenue generated may be disbursed.

- **Broad-based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003):** This promotes black economic empowerment in the manner that the state awards contracts for services to be rendered and incidental matters.
- **The Labour Relations Act, 1995 (Act No. 66 of 1995)** establishes a framework to regulate key aspects of the *relationship* between employer and employee at the individual and collective level.
- **The Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997)** prescribes the basic or minimum conditions of employment that an employer must provide for employees covered by the Act.
- **The Military Veterans Act, 2011 (Act No. 18 of 2011)** provides for principles recognised by the state as governing military veterans' affairs and policy objectives in this regard.”

The mandate of the department is also found in the following guidelines:

- The National Development Plan 2030 (whose primary focus is to promote a long and healthy life for all in South Africa)
- Vision of the department (optimal health for all)
- The Provincial Growth and Development Plan (PGDP), which emphasises enhancing the health of communities and citizens,
- **South Africa's National Policy Framework for Women's Empowerment and Gender Equality** (outlines South Africa’s vision for gender equality and how it intends to realise this ideal)
- **The National Strategic Plan on Gender-Based Violence and Femicide** sets out to provide a cohesive strategic framework to guide the national response to the hyper-endemic GBVF crisis in South Africa.

4.5: INTERGOVERNMENTAL RELATIONS IN THE KWAZULU-NATAL DEPARTMENT OF HEALTH

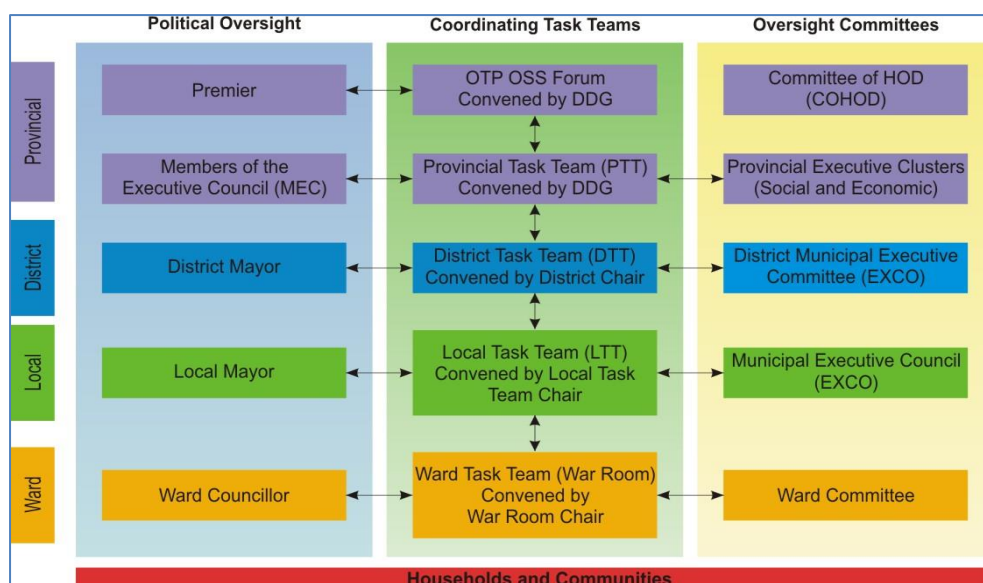
Access to government services is a cornerstone of any well-functioning society. The KZN DoH 2022 report highlighted that the department's greatest concern was the lack of resources; thus, to mitigate this, the department sought to establish well-functioning clinic and hospital board committees and ensure active participation. The district health councils were also revived, and the provincial government engaged municipalities through COGTA to enforce their role in district councils. (KZN DoH, 2022)

The department has municipality-ward-based teams that assist with ensuring service delivery to people in fifty impoverished wards. It is also in partnership with the Department of Safety and Security to deal with security issues concerning its resources. (KZN DoH, 2022) According to statistics for South Africa 2023, public health clinic utilisation was 19% in KZN.

Intergovernmental relations and cooperative governance are evident through the Operation Sukuma Sakhe (OSS) initiative, of which the province is part. Sakuma Sakhe encourages the coordination of comprehensive service among government departments, state-owned enterprises, and civil society, and it sees service delivery as a collective responsibility. The programme OSS was re-launched in 2011. The desired outcome of the programme's implementation model document is "the implementation of a comprehensive, efficient, effective, quality service delivery system that contributes to a self-reliant society in a sustainable manner." It is, therefore, imperative that society be an active participant. The department also partners with the community through community caretakers who are members of the war rooms. Thus, the department provides services by ensuring active participation in war rooms. (KZN Treasury, 2023)

Figure 4.3 shows the different structures of Operation Sukuma Sakhe (OSS) operating in the province. OSS is a programme implemented to ensure efficient and effective service delivery to the people. As the diagram indicates, stakeholders engage in different forums within the province. The programme ensures political oversight, government departmental task teams consisting of deputy director generals, and oversight committees. These structures are important for advancing IGR in the province.

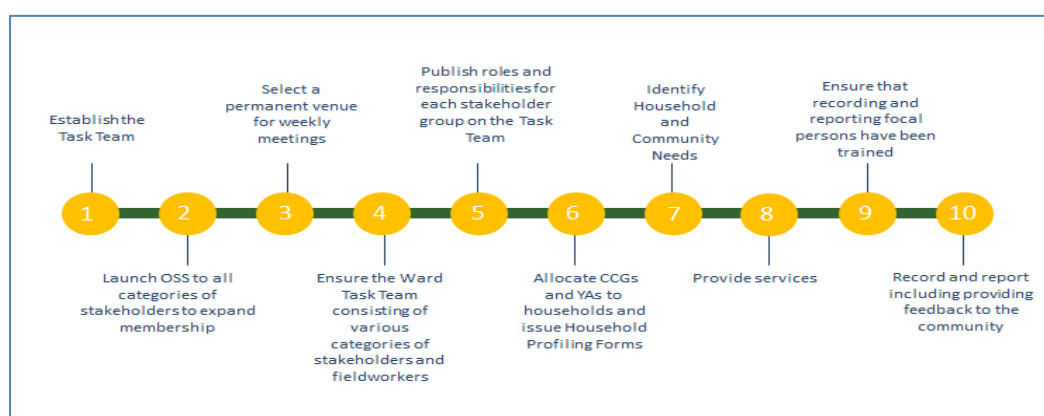
Figure 4.3: Operation Sukuma Sakhe structures



Source: KwaZulu-Natal Parliament, 2018

Figure 4.4 gives a breakdown of how to create a successful war room. As indicated before, war rooms are another method to advance IGR agendas in the province. It is to ensure quality and sustainable service delivery. Ten steps are demonstrated in the diagram.

Figure 4.4: Ten Steps to Having a Successful War Room



Source: KZN DoH, 2018

Another programme launched to advance service delivery is Operation Phakisa, established in November 2014 to ensure rapid scale-up of the Ideal Clinic Realisation Model (ICRM) across all PHC facilities. The programme improved oversight of all clinics and motivated healthcare workers to improve facility status and service delivery, among others (DoH, 2018, p. IV).

4.6: ACHIEVEMENTS

The primary goal of the KwaZulu-Natal Department of Health is “increased life expectancy.” To achieve this, the department focused on the following three key outcomes:

- a) Universal Health Coverage
- b) Improved Client Experience of Care
- c) Reduced morbidity and mortality

4.6.1: National Health Insurance (NHI):

The NHI Bill was passed on June 12, 2023, bringing the country closer to successfully implementing National Health Insurance (NHI). Through this bill, the current government seeks to provide universal access to health care services for all in the country through the National Health Insurance White Paper and the Constitution of South Africa. The bill envisages the establishment of a National Health Insurance Fund and sets out its powers, functions, and governance structures. It aims to provide universal health coverage, ensuring equitable access to healthcare services for all citizens, regardless of their financial status. NHI seeks to establish and promote preventive care and primary healthcare, improve the population's overall health, and reduce the burden of chronic diseases. It is believed that centralised planning and management of NHI will ultimately lead to better coordination and allocation of resources; however, this requires commitment from all spheres of government to ensure efficient IGR and CG to enhance the quality of care provided. Through collective risk pooling, NHI ensures that everyone contributes to and benefits from the healthcare system when needed. The department strongly believes that NHI has the potential to transform South Africa's healthcare system and improve the health and well-being of its citizens (KwaZulu-Natal, 2022).

The department has conducted various stakeholder training and workshops on NHI, and audits are undertaken occasionally to ascertain the state of readiness. Various forums have tackled discussions on perceived challenges and shortcomings and how to mitigate them. Every healthcare worker in the department is expected to provide support (Kwa-Zulu Natal, 2022).

4.6.2: Fighting diseases: reducing morbidity and mortality

KZN DoH recognises that health issues require a united, collective effort. All stakeholders, such as parents, community leaders, civil society, the social services department, and the

education department, come together to fight disease and teenage pregnancy and reduce morbidity and mortality due to non-communicable diseases and sexually transmitted infections. Through collaboration, the health MEC believes it can create an environment that fosters good health and well-being at the grassroots level (KZN DoH, 2022).

4.6.3: Establishment of Forums.

Forums are crucial as they provide spaces for consultation and joint decision-making; they also forge relationships and encourage cooperation. Table 4.1 summarises all the various stakeholders the KwaZulu-Natal Department of Health engages with. It also shows the consultative mechanisms employed in pursuing cooperative governance.

Table 4.1: IGR Partnership and Cooperative Governance Consultative Processes.

CUSTER AND STAKEHOLDERS	CONSULTATION MECHANISM
Citizens and or Patients	<ul style="list-style-type: none"> • Sectoral Parliaments • Taking legislature to the people • Oversight visits by the health portfolio committee and legislature • Hospital boards and clinic committees • Community events and health programmes • Ombudsperson • Community events and health programmes • Provincial health operations centre • Public relations network • Provincial health consultative forum • Meetings, forums and other platforms
Departmental Personnel	<ul style="list-style-type: none"> • Meetings and forums • Circulars/ directives/ newsletters • Internet and intranet • Brochures and leaflets • Staff focus events • Employee wellness programmes
Other Identified Stakeholders such as: <ul style="list-style-type: none"> • Tertiary Academic Institutions 	<ul style="list-style-type: none"> • meetings • Forums

<ul style="list-style-type: none"> • NGO's, FBO and CBO's • Other national and provincial departments • Mayor's and local government • Provincial legislature • Traditional healers • Office of the health standard compliance (OHSC) • Private sector organisations • Office of the Auditor-General • Health Portfolio Committee • Finance Portfolio Committee • Standing Committee on Public Accounts • Organize labour • Civil society 	<ul style="list-style-type: none"> • Written and formal communication • Formal hearing and presentations • Internet and intranet • Tel- and video conferencing • Various intergovernmental forums • Provincial Consultative Health Forum (PCHF) • Provincial Health Council (PHC) meeting
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Source: Adopted from the Service Commitment Charter 2020/21 of KZN DoH

4.7: CHALLENGES AND THE SHORTCOMINGS

The Department of Health has achieved much since the dawn of democracy, and the KZN DoH continues to experience major challenges. These include, but are not limited to, the following: "Poor quality of care, illustrated by persistent complaints and evidence from patients, civil society, and the media about services provided at health facilities, persistent health inequities, and spiralling costs of care in the private health sector. Limited progress has been made with the implementation of the district health system. Operational management weaknesses Declining levels of community participation, high maternal mortality ratio, a rising burden of non-communicable diseases, violence, and injuries, unaddressed social determinants of health, instability of the health leadership" (KZN DoH, 2022 & KZN DoH, 2018).

Reports of maladministration, tales of corruption, and poor service, among others. Further, the COVID-19 pandemic increased demand for Emergency Medical Services (EMS), particularly in urban areas. According to the Health Ministers Report (2022), these challenges have numerous root causes. Which are:

“South Africa has a dual and fragmented health system, which has given rise to major health inequalities. The private sector serves only 17.9% of the population, and the public sector serves 82.2% (51,943 million people). The private sector has the majority of medical specialists, including doctors, pharmacists, and dentists, but it remains accessible to only a segment of the population that can afford medical aid. Although health care delivery is a concurrent function between the national and provincial spheres of government, while local government is responsible for municipal health services, coordination of policy implementation between the three spheres has not been optimal.

The inability of the health sector to implement a well-functioning District Health System (DHS) as a vehicle for the delivery of primary health care (PHC) is a case in point. Whereas the country has been restricted to 52 health districts and district managers appointed, there has been limited delegation of powers by provinces to district and facility health management. Community participation in health issues has also diminished over the years.

Gross financial mismanagement also exists and has, for instance, led to the Department of Health in Limpopo Province being placed under national administration, the North-West Department of Health, and several senior government officials being subjected to disciplinary processes for financial misconduct. Efforts to combat such unethical behaviour in the public health sector must be escalated. The health sector in most countries has weak operational management capacity at sub-national levels. This is evidenced by poor financial management reflected in the reports of the Auditor-General of South Africa.” (KZN DoH, 2022)

4.9: FINDINGS AND ANALYSIS

According to Hess (2004), discussing the research findings aims to explain the study's results. It includes the major findings, the significance of the findings, and how the findings relate to those of similar studies. Leedy and Ormrod (2005) argue that discussing and interpreting data means linking the findings to the research problem, specific research objectives and questions, the literature, and identified theories. It is worth mentioning that the Department of Health is a unique ministry, so much so that internal operations are not readily available in public spaces;

thus, this study relies on and limits itself largely to government publications such as circulars, internal documents, press releases, and newsletters.

This section will now provide an analysis of the case study material of the KwaZulu–Natal Department of Health and an interpretation of the findings according to the selected concepts from theories on intergovernmental relations and cooperative governance. It will also present the research questions as highlighted above.

4.9.1: Question one (Q1) of this study sought to find out, “What are intergovernmental relations (IGR) within the NDoH and other with the provincial health department?”

Through literature, the researcher has observed that IGR structures do exist and are effective within the National Department of Health. The department is firmly established in all categories of IGR, including intra-governmental relations, extra-governmental relations and international relations. Collaboration across sectors means that there should be linkages between policies that impact the health of society. For example, according to Mubangizi (2020,p1), the successful response to the COVID-19 pandemic was a collective effort and collaboration from all the relevant sectors owing to an array of pre-existing IGR structures, which not only ended with the Department of Health but was inclusive of other sectors such as the department of corporative government and traditional affairs.

Pakhathi (2016, p. 15) is of the view that governments are most likely to work together when the scope of a problem is too big for just one sector to resolve; he further articulates that governments use IGR to maintain good and coordination among vertical and horizontal and sectorial parties. The National Development Plan (2012,p.330) invites all stakeholders of health stakeholders to collaborate with the government and with each other to achieve the desired health outcome and put the patients first, which are the citizens.

. The Department of Health in KZN is grossly affected by a lack of resources, however several strategies have been employed to mitigate these shortcomings. These include forming private

and public partnerships with communities, non-governmental organisations, and other sectoral collaborations such as COGTA, SASSA, etc. The department also has a fully functioning “Operation Sukuma Sakhe,” which encourages coordination of comprehensive service delivery among all stakeholders. This is to ensure continuous service delivery. The department has also produced a document with a list of stakeholders it requires to meet its citizens' health demands. In that document, the consultation mechanism is clearly stated.

In her 2022 annual report, the MEC stated that the district health councils were being revived and that the provincial department was engaging the municipalities through COGTA.

As alluded to in Chapter 2, Sithole (2021, p. 26) argues that IGR aims to facilitate, coordinate, and encourage public participation, as citizens want their voices to be heard and their views respected. Pakhathi (2016, p. 26) believes one way to achieve this is through consultation with all the relevant stakeholders. The primary purpose of extra-IGR is to promote and advance the well-being of society. In health, such ensures the sustainability of a good, healthy life in society as envisioned in the NDP (2012).

4.9.2: Question Three (Q3) of this study sought to find out, “What, if any, is the nature of cooperative governance and what activities occur between the KZN DoH, municipality/ district health services and other provincial DoH?”

It was observed from the MEC report (2022) that coordination of policy implementation between the three spheres of government has not been optimal. For example, the department failed to implement a well-functioning district health service programme to drive primary healthcare service delivery. Numerous patient complaints and unfavourable social media reports highlight the department's poor quality of care. There has been limited delegation of power from province to district. This may happen due to a lack of respect between the two spheres of government, which can undermine or denigrate the lower level and cause it to rebel.

Ramogayane (2018, p. 145) claims that the “sphere” used in the 1996 Constitution represents a paradigm shift from a hierarchic to one of equality. Coordination and cooperation are the main objectives of IGR; however, cooperative governance and IGR face changes that include, but are not limited to, poor coordination and integration between the spheres of government. These challenges manifest in different ways, such as fragmented planning, budgeting, implementation, and poor performance. (Everatt and Gwagwa, 2011, p. 268)

According to Kanyane (2016, p. 92), the 1996 Constitution promotes equal participation within all spheres of government. However, the researcher has observed that this is usually not the case because the national health department is often perceived as the higher authority.

The department though engages with various stakeholders in numerous IGR forums. The cascading of information and giving instructions usually occurs through internal circulars and newsletters. The provincial department is expected to implement various mandates and directives from the national department through the district health services. KZN DoH appears rooted in compliance, i.e., they always desire to comply; however, this is not always possible due to a lack of resources. Table 3 outlines the breakdown of the different stakeholders the provincial governments engage with from time to time and the consultation mechanism.

The IGR Framework Act 13 of 2005 clearly outlines the roles and responsibilities of each sphere of government. This was extremely instrumental during the COVID-19 pandemic, as their roles and responsibilities were clearly defined to effectively deal with the disaster (Mubangizi, 2020, p. 1). The National Department of Health had a National Coronavirus Command Council, as did the province and district. Facilities had war rooms where protocols and challenges were discussed and reported to districts. Maluleke (2016, p. 21) believes that the three spheres must cooperate and work together to provide the citizens with full-quality service. They are expected to support each other, share information, and coordinate their efforts for the benefit of society at large. (Education & Training Unit 2005, p. 1) To a certain degree, KZN DoH is not seen to be enjoying these benefits of IGR. Anderson (1960, p. 3) argues that IGR is “an important body of activities or interactions occurring between governmental units of all types and levels within a political system.” All spheres of government had to work together to achieve the same goal in a coordinated manner. The government faces numerous complex challenges, issues, and demands occasionally, so cooperating with other entities cannot be overemphasised.

4.9.3: Question Four (Q4) of this study sought to find out, “What are the statutory and non-statutory bodies at KZN DoH?”

A notable finding was that the KZN Department of Health adheres to multiple legislations for delivering healthcare services. The department employs many categories of health professionals. Various statutory authorities regulate these, including the South African Nurses Council, the Health Professions Council of South Africa, the South African Pharmacy Council, etc. Several legal frameworks have been implemented to improve intergovernmental revenue (IGR) systems. The provincial department likewise adheres to these guidelines to guarantee optimal efficiency and effectiveness. In addition to this, the legislative framework encompasses the provisions outlined in Chapter 3, which facilitate intergovernmental relations (IGR) in South Africa.

4.9.4: Question Six (Q6) of this study sought to find out, “What challenges does DoH face in each sphere of government?”

In response to this question, the researcher observed from the MEC’s report that there is a lack of communication and collaboration between the provincial health department and district health services. In addition, there is a limited delegation of power, which one can attribute to issues relating to trust and the possible superiority complex. District health services have experienced significant challenges regarding resources, including human resources, yet they are still expected to deliver quality services to the community. Facilities have high staff turnovers; in extreme cases, only critical posts are authorised to be filled. Even though financial delegation has been handed to the institutions’ chief executive officers and finance managers, the budget has been cut, thus making it impossible to meet the needs and demands of the facility, let alone enjoy a full staff complement. As the auditor's report reflects, the provincial health department has been tainted with maladministration and financial mismanagement reports. However, in 2022/2023, the provincial department of health enjoyed a massive turnaround as the department received an unqualified audit report.

According to Makoti and Odeku (2021, p. 43), a lack of cooperation between the spheres of government can produce anarchy and poor service delivery. They should cooperate and render basic services to society. While Kanyane (2016, p. 92) imposes that each sphere must consider the circumstances, material interests, and budget of the department as a whole when exercising their legislative right or function, the purpose of the consultation is to coordinate actions when implementing policy while avoiding unnecessary disputes and fruitless expenditures.

4.9: CONCLUSION

Cohesive IGR allows for sharing limited resources, which is important in an impoverished country like South Africa, marked by challenges and resource constraints in the public health sector. (Muthathi, 2021, p.4) The intergovernmental system is continually changing. Thus, better approaches to cooperative governance emerge, and ways of resolving particular problems are identified. This chapter identified the aspects of IGR and CG in KZN DoH and established the legislative framework for providing Healthcare services in KwaZulu-Natal. The National Development Plan encourages collaboration among health stakeholders to achieve desired outcomes and prioritise patients. The KZN Department of Health has implemented strategies to address resource limitations, including partnerships with communities, NGOs, and sectoral collaborations. They have an "Operation Sukuma Sakhe" to coordinate service delivery among stakeholders. District health councils are being revived, and the provincial department engages municipalities through COGTA. Extra-IGR aims to promote societal well-being and a healthy life.

However, poor coordination of policy implementation between government spheres leads to poor quality of care and limited delegation of power. The 1996 Constitution promotes equal participation, but the National Health Department often perceives it as the higher authority, resulting in fragmented planning, budgeting, implementation, and poor performance. The IGR Framework Act 13 of 2005 outlines the roles and responsibilities of each sphere of government, but compliance is not always possible due to limited resources. The lack of cooperation between government spheres can lead to poor service delivery and anarchy. Consultation aims to coordinate actions and avoid unnecessary disputes and fruitless expenditures. The findings demonstrate that the current intergovernmental relations processes are inefficient and that areas

that should be addressed are the allocation of functions between district and province, proper delegation of power between these two spheres and ensuring proper allocation of resources.

CHAPTER 5

LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS

5.1. INTRODUCTION

Intergovernmental relations and cooperative governance systems in South Africa aim to promote and improve collaboration among different levels of government. The objective is to enhance service delivery by establishing a reliable and efficient system of governance. Despite implementing the IGR Framework Act of 2005, Malan (2005, p. 241) identified two primary shortcomings in the South African intergovernmental relations (IGR) systems. Milan believes many organisations and processes lack clearly defined roles and duties, leading to unclear connections. The province is responsible for distributing medicines to the populace, whereas the national government is responsible for allocating medical tenders. This chapter provides a concise overview of the constraints and examination of the research. Additionally, it encompasses the suggested actions and final remarks of the study.

5.2. LIMITATIONS OF THE STUDY

This was a desktop study; thus, all research data was sourced from journals, other dissertations, departmental reports and circulars, MEC's annual statements, and media releases. Very little information on intergovernmental relations and cooperative governance in the KZN DoH is available. This, therefore, limits the value and credibility of the research.

5.3. ANALYSIS

The following recommendations were made based on the results of the case study:

5.3.1. Data Collection Method

A qualitative and quantitative data collection method is recommended. This method would provide detailed research and offer firsthand experience and exposure to the true nature of intergovernmental relations within the department. According to the MEC report, there is very little coordination between the different spheres of government, particularly between the district and province. This is mainly due to the lack of autonomy in the lower spheres of government. This may be interpreted as a lack of trust and respect within these spheres of government.

5.1.2. Case Study Findings

Even though KZN DoH appears to strive for excellence in service delivery, the department has experienced gross challenges resulting from corruption, maladministration, lack of resources, and litigation due to poor staff attitude resulting from burnt-out and overworked employees. There is poor policy coordination, a lack of cooperation between the different spheres of government, and inefficient intergovernmental relations. However, it was indicated in the 2020–2021 report that these forums will be revived, although there is no specific time frame. The department continuously seeks innovative methods to motivate the staff, improve the patient care experience, and maintain quality service delivery through monthly and quarterly audits and peer reviews.

5.1.3. Analysis of Results.

The following information was derived from the analysis of the case study findings for each of the Key Research Questions:

- **(Q1) “What are intergovernmental relations (IGR) within the NDoH and what is IGR with other Provincial Health Department?”**

The National Department of Health has effective IGR structures in intra-governmental, extra-governmental, and international relations. Collaboration across sectors is crucial for societal health impact. The successful COVID-19 response was a collective effort involving pre-existing IGR structures from various sectors, including the Department of Health.

Governments collaborate to address large-scale problems using IGR to maintain coordination among vertical, horizontal, and sectoral parties. The National Development Plan encourages health stakeholders to collaborate for desired outcomes and prioritise patients.

Access to healthcare is a fundamental right in the Constitution's Bill of Rights. KZN's Department of Health has implemented strategies to address resource limitations, including partnerships with communities, NGOs, and sectoral collaborations. They have an "Operation Sukuma Sakhe" to coordinate service delivery among stakeholders. District health councils are being revived, and the provincial department engages municipalities through COGTA. Extra-IGR aims to promote societal well-being and a healthy life.

- **(Q2) “What, if any, is the nature of cooperative governance and activities that occur between the KZN DoH, municipality/ district health services and other provincial DoH?”**

The MEC report (2022) reveals poor coordination of policy implementation between government spheres, leading to poor quality of care and limited delegation of power. This lack of respect between the two spheres can undermine the lower level and cause rebellion. The 1996 Constitution promotes equal participation, but the National Health Department often perceives it as the higher authority, resulting in fragmented planning, budgeting, implementation, and poor performance.

The KZN DoH engages with various stakeholders in IGR forums, implementing directives from the national department through district health services. However, compliance is not always possible due to limited resources. The IGR Framework Act 13 of 2005 clearly outlines the roles and responsibilities of each sphere of government, which was instrumental during the COVID-19 pandemic. The National Department of Health, province, and district have a National Coronavirus Command Council, and facilities have war rooms for discussing protocols and challenges. Maluleke believes that the three spheres must cooperate to provide citizens with quality service. KZN DoH is not fully benefiting from IGR benefits. This demonstrates the importance of cooperation between all spheres of government to achieve the same goal in a coordinated manner.

- **(Q3) “What are the statutory and non-statutory bodies at KZN DoH?”**

The KZN Department of Health adheres to various legislations for healthcare services, employing various health professionals and implementing legal frameworks to improve intergovernmental revenue systems. This ensures optimal efficiency and effectiveness and facilitates intergovernmental relations in South Africa.

- **(Q4) “What challenges does DoH face in each sphere of government?”**

The researcher found a lack of communication and collaboration between the provincial health department and district health services and limited delegation of power due to trust issues and potential superiority complexes. District health services face resource challenges, staff turnover, and budget cuts, making meeting needs and maintaining a full staff complement difficult. The provincial health department has been criticised for maladministration and financial mismanagement, but in 2022/2023, it experienced a significant turnaround. The lack

of cooperation between government spheres can lead to poor service delivery and anarchy. Cooperation between departments is crucial, considering their circumstances, interests, and budgets. Consultation aims to coordinate actions and avoid unnecessary disputes and fruitless expenditures.

5.4. RECOMMENDATIONS

There should be more collaboration and cooperation among the three spheres of government; the working relationship should not mimic that of Big Brother but of equal partners. The role and responsibilities of institutions and facilities at the grass-roots level must be clearly defined, and these institutions must be afforded a certain degree of accountability and autonomy. However, strategies must be in place to ensure guidance and technical support by higher-level government.

Furthermore, the NDP (2012, p. 337) states that “governance and management frameworks from national to local levels need to be effective, with an emphasis on accountability to communities.” The researcher fully concurs with this statement as there is seen to be a lack of documented community involvement. The researcher therefore recommends that the community’s role emphasised and be clearly defined such can be communicated through ward counsellors, hospital boards and clinic committees. Recently, on social media, there was a video of a young person complaining about the government's health priority on HIV/AIDS while they were sitting at home without jobs. He asked if he should take his medicine on an empty stomach if he were found to be HIV positive. (Tik tok SA, 2023)

5.5 CONCLUSION

The aim of IGR and CG systems in South Africa is to facilitate and ensure greater engagement between the three spheres of government. This is to promote a stable and responsive system of governance that enhances the values and principles of public administration. Even though the IGR framework exists, as well as the IGR structures, the department is engulfed in numerous challenges. (Malan, 2012, p.123) The KwaZulu-Natal Department of Health has enjoyed numerous successes over the years; however, due to a lack of cooperative governance, policy

coordination, and intergovernmental relations, as outlined in the MECs' report, the department has fallen short in achieving its mandate and effectively meeting the needs of its community. This is evident in the number of complaints they receive from their clients and the litigation cases. (KZN DoH, 2022)

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Appendix 1: RIG Clearance certificate

Ms Akhona Fynn (217063116)
School Of Social Sciences
Pietermaritzburg

Dear Ms Akhona Fynn,

Original application number: 00022115

Project title: Intergovernmental relations and cooperative governance: A Case Study of the KwaZulu-Natal Department of Health

Exemption from Ethics Review

In response to your application received on 25 October 2023, your school has indicated that the protocol has been granted **EXEMPTION FROM ETHICS REVIEW**.

Any alteration/s to the exempted research protocol, e.g., Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through an amendment/modification prior to its implementation. The original exemption number must be cited.

For any changes that could result in potential risk, an ethics application including the proposed amendments must be submitted to the relevant UKZN Research Ethics Committee. The original exemption number must be cited.

In case you have further queries, please quote the above reference number.

PLEASE NOTE:

Research data should be securely stored in the discipline/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours sincerely,



Prof Joram Ndlovu
Academic Leader Research
School Of Social Sciences

Postal Address: Private Bag X54001, Durban 4000
Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

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