COALITION FORMATION, BELIEFS AND ROLE IN THE PUBLIC POLICY PROCESS: EASTERN CAPE HEALTH CRISIS ACTION COALITION (ECHCAC) CASE STUDY

PSAM
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CONTENTS

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ACRONYMS

ACF - Advocacy Coalition Framework
CBO – Community Based Organisation
CSO – Civil Society Organisation
ECDoH – Eastern Cape Department of Health
ECHCAC - Eastern Cape Health Crisis Action Coalition
MEC- Member of Executive Council
MOU- Memorandum of Understanding
NGO – Non-Governmental Organisation
SSP - Stop Stockouts Project

EXECUTIVE SUMMARY

Introduction-The process of policy change has been a subject of interest for researchers for decades. Studies by Lasswell (1956) outline the various stages in the complex process of policy change, including studies on institutions and coalitions, that facilitate policy change. McKinley (2013) stated that South African history has shown broad coalitions to be the best vehicle for engaging and challenging abuse of power and the status quo and in defence of human rights. Yet there is still very limited literature devoted to understanding coalitions in South Africa. Therefore, this study explores one such entity known as the Eastern Cape Health Crisis Action Coalition (hereafter ECHCAC). Focusing on the ECHCAC structure, coalition members' beliefs systems, how those beliefs influence the public policy process and learning processes, within the context of coalitions.

Methodology - Various frameworks have been designed to explore the nature, dynamics, and linear and non-linear processes of coalitions. For this particular study, the Advocacy Coalition Framework (ACF) is one such framework used as a lens in assessing the dynamics surrounding the coalition. The study used a qualitative research method. Data collection processes included desk-based review of documents, and Skype and face-to-face interviews. Informants were secretariat and non-secretariat members of the coalition. The views and beliefs of the steering committee, also referred as the 'elite group' in this report, provided a unique picture, however another unique image emerged from other members of the coalition. Qualitative responses were transcribed and recurring themes were coded for easier analysis.

Findings – The study found that the ACF method can be used to analyse and interpret the subsystems within which the coalition operates, as well as the various factors such as the beliefs that influence the make-up of its structure, collaborations, and the role it plays in the policy process. The study found that it is crucial for the organizations aiming to form a coalition to learn and understand each other's' belief systems and those beliefs' influence on their actions. Although partners might have the same policy values, deep core and secondary beliefs should also be assessed as they might cause friction within the coalition when partners express dissatisfaction over a particular issue. The ECHCAC members had conflicting views on how the coalition should be run and that had a negative effect on the collaboration and coalition cohesion. The fundamental principle of ACF is that coalitions are the product of the belief system perpetuated by the policy actors desire to attain their goals. The study also showed that participants want to associate themselves with the actors perceived as powerful or those with political influence, otherwise they would not invest their time and energy if they think they have nothing to gain.

Furthermore, coalition members need to understand the various players they will be required to interact with and the different approaches they can use to ensure that their objectives are met. A substantial number of the members making up the ECHCAC were already working in the context/environment of promoting and advocating for the provision of better public health care in the Eastern Cape Province, therefore they understood the dynamics within the sector. In addition, coordinating and managing a coalition takes time and effort, and it can be burdensome for people expected to do it in addition to their full-time employment commitments. The ECHCAC appointed a coordinator based within the province to mitigate that challenge.

Lastly, learning forms an integral part of the ACF model, popularly known as policy-oriented learning. The ECHCAC was still fairly new, it was still trying to establish its voice and platform. ECHCAC members, however, expressed a need to communicate regularly about their expectations of the

coalition and explore innovative ideas to tackle challenges confronted both in its internal structures as well as the subsystem within which they work. They indicated the necessity to be constantly aware of the changes that could affect their cause, and not become passive policy actors, thus only leaving a few to carry the load.

To conclude, this study sought to explore the conception and functionality of a coalition using the ACF model. This model proved to be efficient in so far as assessing, analysing and understanding the ECHCAC. Through the model I was able to assess the formation and structure of the coalition, and the members' beliefs that influence the performance of the coalition within the subsystem. Lessons learnt include, but are not limited to: the importance of shared similar core and policy beliefs amongst members, and the need to associate with a coalition to gain access to spaces not easily accessible to the public. The ECHCAC has been a very active group within the Eastern Cape public health sector, and although they have not achieved all their intended objectives, they have had some sound returns so far.

INTRODUCTION

The process of policy change and coalitions concerned have been a subject of interest for many researchers for decades. Studies by Lasswell (1956) outline the various stages in the complex process of policy change. Throughout the years, various frameworks have been designed to explore the nature, dynamic, and processes (linear and non-linear) of coalitions. The Advocacy Coalition Framework is one such model that the current study will rely on for its analysis.

The Advocacy Coalition Framework was first designed by Sabatier in 1987 (Sabatier 1988). It tries to describe the intense public policy change process. According to the ACF, the process of policy change is pioneered by a variety of players collaborating and using socially-innovative, political and legal instruments to achieve their objectives over time. Sabatier (1988) believes that institutions and policy structures are the product of interventions fuelled by the beliefs of the pioneers of the advocacy interventions. Members of coalitions are comprised of policy participants who are individuals from various walks of life. For example, an education coalition may include teachers, parents and care-givers association, workers' unions, a student committee, the school board, NGOs focusing on education, the state department of education, journalists, lawyers, etc. What brings these players together are their deeply shared beliefs, principles and values regarding policy issues. The coalitions use instruments and tools that are most strategic and appropriate for the achievement of their policy goals.

Building on the work of Sabatier, various articles were published in response to ACF (Weible et al 2011). Henry (2010) argued that it is also crucial to acknowledge that coalitions are not only sustained by their shared beliefs, but also the shared patterns of collaboration. Nohrstedt & Weible (2010) stated the importance of assessing and understanding the behaviour and role of the coalition in the policy change process. Albright's (2011) research emphasizes the factors that influence policy-oriented learning and the occurrences leading to policy change as being fundamental in understanding the policy process.

One thing however, that these researchers agree on is that ACF is best used as a lens to explain and understand the beliefs and interactions of various stakeholders in conflicting contexts. Weible and Sabatier (2005) believe that these beliefs are expressed by the coalition within a subsystem, a space where the policy participants interact and the policy changes occur The territorial boundaries, which are known as the subject matter that bring different participants together such as health, education, agriculture, etc. are what define the subsystem. To ensure that subsystems achieve their goals, policy participants aim to influence the policy through active participation for long periods of time.

The coalitions generally aspire to participate directly in agency decisions, publish findings, exercise litigation, facilitate the replacement of unsuitable government officials, and interact with the budget and legislature structures (Ingold 2011). Most of these objectives take a significant amount of time to take effect on policy change and service delivery, however as these are longitudinal projects, this affords coalitions time to stabilise and reach a common understanding on the best methods of implementation to get the best results. Sabatier believes that it is the common beliefs shared by members and the members' assertiveness in driving their beliefs that fosters stability within a coalition.

McKinley (2013) stated that South African history has shown broad coalitions to be the best vehicle for engaging and challenging the abuse of power and the status quo, and in the defence of human rights. Yet there is still very limited literature devoted to understanding this entity in South Africa. Fyall

and McGuire (2015) pointed out that non-profits are generally studied at organisational level rather than as coalitions.

In June 2013 The Eastern Cape Health Crisis Action Coalition (ECHCAC) was formed by a group of organisations and individuals concerned and unsatisfied with the policy and services delivered by the Eastern Cape Department of Health (ECDoH). The poor state of health care provision was intensifying, resulting in morbidity, poor health outcomes, and in general a negligent violation of people's constitutional rights. The ECHCAC viewed this state of affairs to be a crisis. Klugman and Jassat (2016) recently conducted a study that investigated the processes shaping collaborative advocacy strategies within the health system in South Africa. Their research study focuses on a handful of members from the ECHCAC, who first and foremost belonged to a consortium called Stop Stockouts Project (SSP). The SSP developed informally as organisations funded by the same donor leaned on each other for support, information, and expertise. It was through these collaborations that the SSP was formed and following that, in September 2013 the ECHCAC was formed. The findings produced by Klugman and Jassat have been extremely helpful as a basis for this study. Their study focused on the nature of the collaborations that exist between the organisations that founded the ECHCAC coalition.

As Sabatier has argued, it is the beliefs of the advocacy practitioners that creates the systems and structures that will best serve them in executing their plans and reaching their intended goals. Klugman and Jassat's (2016) investigation of the SSP clearly outline that fact, and this study aims to use some of the material produced in that study to support the findings and argument here. This study focuses on the formation of the ECHCAC, the structure of its subsystem, as well as the influence on policy change and service delivery. Whilst Klugman and Jassat's (2016) paper looks at how the organisations came to work together, responding to their organisational needs, this study focusses on how the ECHCAC built and maintained their relationship, what has worked and has not worked in their structure, what and how they are learning from working together. Since Sabatier stated that the strongest factor in the policy advocacy process is the fundamental beliefs shared by members of the coalition, the study will further explore perceptions about the progress and direction of the coalition, motivating factors of its existence, and challenges faced so far and those that might be faced in the future.

The objectives of the study are to:

- Investigate the inception and formation of the ECHCAC;
- Assess and understand coalition members' beliefs systems, partnership development and collaboration;
- Assess the coalition's role and behaviour in the policy change and service delivery processes in the Eastern Cape;
- Assess what mechanisms are in place for coalition members to learn from;
- Document the challenges the members experience in influencing policy change.

METHODOLOGY

This qualitative research study was conducted in September 2015. Data was collected primarily through interviews with key informants from ECHAC representatives either through face-to-face

interviews or through Skype. The interviews were directed by the interview guide that informants received prior to the interview. Due to human resource and time constraints, purposive sampling was used when identifying informants. Members from 5 different organisations and the coalition coordinator were interviewed. The informants were representative of the coalition founding organisations and organisations that were invited to join the coalition.

The founding members of the ECHCAC are established organisations that have achieved success and recognition in their sector. They have been able to develop substantial systems to engage with and influence the Eastern Cape health subsystem. In addition to extensive financial and human resources, the founding organisations also have support from other players in the sector and a wide range of beneficiaries, benefactors and other stakeholders. The organisations that were invited to become members of the coalition are mostly smaller in size, age, scope, impact and have had limited reach. The members themselves are affected by the conditions they aim to address. Inequality and poor service delivery is the common factor that motivates coalition members in general to pursue the social activism path. This diversity of the organisations' profile and power structures was intended to provide the coalition with a holistic perspective of the interactions and operations occurring within the Eastern Cape health sector.

Four of the informants were based in the Eastern Cape and the other two based in Johannesburg. The questions in the interview guide (See Appendix 1) focused on the collaborations and values held by organisations and within the broader coalition, the structure, and the impact of the coalition in the policy change and service delivery process, as well as their perceived future as a coalition and within the subsystem. Data from interviews was captured in the form of interview notes and audio recordings. Qualitative responses were transcribed and recurring themes were coded for easier analysis. For confidentiality purposes, the names of the interviewees are not disclosed, instead, terms such as "Coalition member, or member of the Coalition" are used when quoting the interviewees.

In addition to interviews, a desk-based review of literature was conducted to learn what other researchers have produced on coalitions. The literature explored the coalition frameworks and structures, belief systems and influence on their subsystem. Project documents, such as the Memorandum of Understanding (MOU) between ECHCAC and the MEC, and other relevant documents relating to ECHCAC were analysed and assessed to understand the structure, mission and vision of the coalition, the work it's been involved in, their achievements and progress. The literature and project documents were needed to support the interviews, as well as to assist in understanding the coalition structures.

ADVOCACY COALITION FRAMEWORK

The Advocacy Coalition Framework is a policy making framework that was first designed by Sabatier and colleagues in 1987 (Sabatier 1988), to deal with the complex policy issues that occur within the system that prevent provision of quality services. The ACF was intended for researchers that didn't have advanced knowledge of the public policy and political systems but were interested in formally and informally critiquing, explaining and understanding the policy processes involved in these political systems. It was, however, received and taken up by researchers within and outside the field of policy processes. It's perceived as a lens that explores the interaction between actors within a given context regarding a particular matter. Sabatier and his colleagues indicate there are major and minor changes which occur within the broader social context and the three main factors that contribute towards policy change are explained below.

THREE MECHANISMS THAT FACILITATE POLICY CHANGE

1. EXTERNAL SHOCKS

The events that occur outside the subsystem that might shift resources and open avenues for renewed attention to policies and public decision makers. Weible and Sabatier (2005) denote that crisis is an event that occurs outside the subsystem but can affect the policy participants and their subsystem. Nohrstedt and Weible (2010, 3) corroborated this notion stating that "crises are periods of disorder in a seemingly normal development or human affairs perpetuating widespread questioning and discrediting of established policy practices".

The link between crises and policy change lies in the destabilisation of power, leading to changes in positions of power, redistribution of resources and learning through policy oriented learning (Albright 2011). Keeler (1993) stated that the subsystem and policy changes that occur after a crisis do not often have the power to make significant changes, however what they are able to do, is serve as a reminder of the issues still at hand and focus the attention to finding solutions. This rise in opposition within the subsystem is not enough to change policy, however these external shocks might cast doubt on the dominant coalition's ability to lead and provide for the citizens (Albright 2011). There are two main types of actors in the subsystem, the dominant actors who are policy implementers that comprise of the government or duty bearers, and the minor actors who are often the opposition or activists that are not satisfied with the policies implemented or services delivery. The minor actors require the subsystem to destabilise as it undermines the power and the status of the dominant coalition. Minor actors use the instability as evidence that the dominant actors are not effective in managing the people's resources.

2. ACCUMULATION OF INFORMATION AND EVIDENCE

With the availability of information, more and more people are becoming better informed about rights afforded to them and the purpose of policies. Citizens have grown more confident in challenging leaders who are responsible for the management of public resources and the policies they adhere to. The minor actors have access to policy avenues they previously didn't have access to; such as opportunities and platforms to access information that was previously not available to them (Ackerman 2005). The accumulated information and evidence is further utilized to motivate for the necessity of their agenda and to increase the actors influence on the policy process (Sabatier 1988).

3. HURTING STALEMATE

Only when both positions in question are dissatisfied with the situation can they compromise and negotiate a major policy change, because satisfied individuals have no reason to negotiate, they have nothing to gain by doing so (Weible & Sabatier 2005, 130). Members of the subsystem ought to display disapproval of the status quo or general situation, and aim to foster the needs of the collective. In situations where all actors are compromised and none of them desire the status quo, the policy participants cooperate with adversaries in an attempt to bridge the gap (Nohrstedt & Weible 2010).

POLICY MAKING PROCESS STRUCTURE

The policy making process occurs within a broader social context which Weible and Sabatier (2005) categorised into three components; the relatively stable parameters, external events, and subsystem

which are central elements in the process of policy making as depicted in Figure 1 below. The other two boxes in Figure 1 speak to the long term coalition opportunity structures that affect the resource and constraints of the policy actors. These opportunity and constraints indicators are crucial in determining the conditions that affect the performance of the policy actors. Within the broader social context, all these components create and assimilate the policy issues, therefore affecting and being affected by the policy making process.

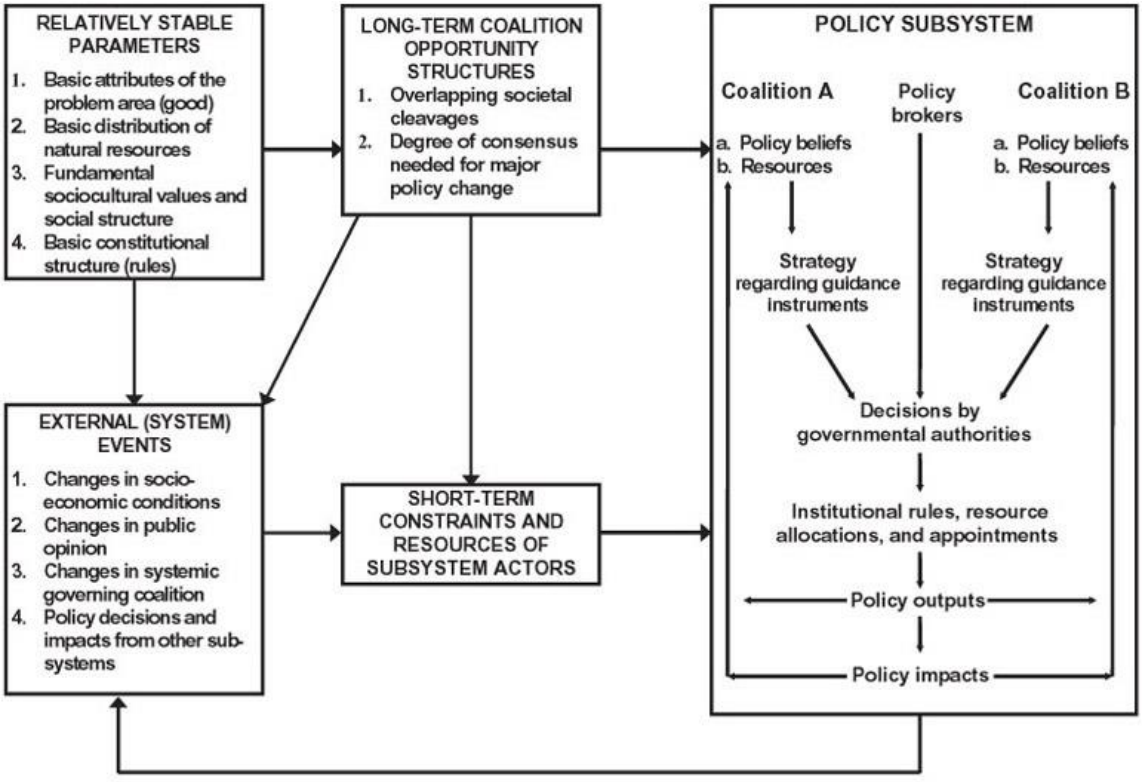

Figure 1: Advocacy Coalition Framework (Weible and Sabatier 2005)

RELATIVELY STABLE PARAMETERS

The stable parameters comprise of basic attributes of the problem, such as basic distribution of natural resources, fundamental socio-cultural values and social structure as well as the basic constitutional structure. These parameters which rarely change over long periods of time tend to create and structure the conditions, opportunities and spaces that necessitate policy change. These parameters establish the rules and procedures by which the policy process can be instrumented and values that guide towards collective decision. Because of their "resistance to change, these parameters are hardly ever challenged by the policy participants". (Weible & Sabatier 2005, 129). One example of relatively stable parameters is the social structure that says that disadvantaged people have to contend with poorly resourced public health facilities, whilst the privileged have access to private health facilities that are highly resourced.

EXTERNAL EVENTS

The external events that include changes in socio-economic, public opinion, systematic governing coalition, regime shift, revolutions, social movement activities, demographical, technological and macroeconomics and other policy systems [e.g health, education sector or public works] can prompt instability within the social context, leading to the policy change process. They can lead to minor or major policy changes. These changes can be sudden depending on the nature of the external event. As Nohrstedt and Weible (2010) denotes a crisis can call for immediate changes, whilst a slow increase of the affected population in the affected area can mean a decade of advocacy before the actual policy changes occur. External events play a crucial role as they influence public attention and sway it towards or away from the subsystem. It has an element of competition between actors as it can determine whose objectives are regarded as priority at the time therefore afforded resources and opportunities to execute their plans. The process and interplay of policy actors or participants occurs within a subsystem.

SUBSYSTEM AND PUBLIC POLICY CHANGE PROCESS

As Figure 1 illustrates, the subsystem represents the third component of the broader social structure (Weible & Sabatier, 2005). Sabatier and other researchers insist that policy changes occur within a subsystem (Sabatier & Jenkins-Smith 1993, Sabatier & Weible 2007, Nohrstedt & Weible 2010, Ingold 2011, Henry 2011). A subsystem is defined throughout the ACF as a policy domain such as a health care social, political, legal, economic and environment policy based on a particular geographic environment (Albright 2011, Henry 2011). Subsystems consist of various actors who form coalitions that include the government, research institutions, interested groups and the media, known as policy participants. All these groups have customised interests, beliefs, resources utilised in strategies that take advantage of opportunities within the system to support and influence policies to be agreeable to their cause (Albright 2011). They are also defined as policy networks that interact in relation to a particular policy context, such as education, health, immigration, etc. These various actors, each with their own agenda, cause instability within the subsystem, as Henry (2011) theorized, that highly fragmented or sparse networks tend to signal political instability and non-cooperation which then drives each player to advocate for their needs and goals.

FIVE PROPERTIES OF SUBSYSTEMS

In breaking down the complex entity known as the subsystem, Nohrstedt and Weible (2010; 7) identified five subsystem properties.

- Subsystems comprise of a number of components that interact in the same context whilst competing to achieve their goals related to their policy topic. These components can comprise of government officials, civil society organisations, research institutes or community interest groups.
- Subsystems demarcate the policy actors that are integrated and non-integrated given a specific policy topic. This distinction provides a profile of members that are actively challenging the policy process and those that might need to be mobilised for greater impact.
- Subsystems are inter-dependent; the boundaries are artificial. Although they provide the actor with some control over the subsystem and help a researcher to simplify the enquiry, other subsystems affect it and in turn are affected by each other's conducts.

- Subsystems need to have some authority to monitor, adopt, implement and enforce informal collective agreements and policies. Actors only invest when they expect certain outputs.
- Subsystems are dynamic over time and they undergo periods of stasis, incremental and major change. Only after at least a decade of existence do subsystems involve entrenched players inclusive of government officials and interest groups that interrogate the existing policies (Nohrstedt & Weible 2010).

ADVOCACY COALITION

"The success of policy participants depends upon their ability to translate their policy core beliefs [see below] to actual policy. To increase their chances of success, policy participants seek out allies with similar core policy beliefs and coordinate their actions with these allies in advocacy coalitions" (Weible & Sabatier 2006, 128). ACF as a model offers one fundamental insight: that beliefs are resistant to change, and tend to lean towards situations that promote forming coalitions with like-minded people to influence policy to enforce those beliefs. As Henry (2011, 367) postulated, "it is possible that ideological similarities and perceived influence interact with each other in a way that causes power-seeking to drive network structures among smaller subgroups". The identifying factor of the coalition is its core and policy beliefs that foster collaboration, as Sabatier (1988:133) defined coalitions as "people from various organisations who share a set of normative and causal beliefs and who often act in concert".

Nohrstedt and Weible (2010) further state that the presence of one coalition is enough to increase the pressure on government and make them interrogate their processes. In the case of a challenge, when the dominant coalition resists change and emphasize policy distance, which might entail tightening the law making it difficult for other participants to intervene. However, the actors' participation rests on the trust they have in the coalition that it lives to serve and manifest their ambitions. Henry (2011) stated that members will not associate themselves with initiatives unless they knew they were going to pay off, this is called policy entrepreneurship, where actors invest their time, energy and resources with the expectations of benefiting at the end. Furthermore, policy participants are known to leave coalitions that do divert from their interests, or when the participants' interests change. They tend to look for coalitions that will address their new found interests. Other reasons why members may leave the coalition include lack of support on advocacy initiatives or being driven by the desires to take advantage of the coalitions resources and benefit at the expense of the coalition (Nohrstedt & Weible 2010).

BELIEF SYSTEMS AND THEIR INFLUENCE ON THE SUBSYSTEM

The context in which the policy interaction occurs is an important factor in trying to understand policy changes and service delivery improvement processes, as it shapes the behaviour and beliefs of the policy participants (Nohrstedt & Weible 2010). Sabatier (1988) stated that coalitions are the product of the beliefs enforced by the policy practitioners. Pierce (2011) stated that beliefs create an illustration which maps out those in need and those that deserve to receive benefits, those that receive those benefits, and the dynamics between the destitute and the privileged. The belief system points out the causes and relative saliency of a problem whilst suggesting alternative responses and solutions. It is this process of enforcing beliefs that influences the selection of partners and the design of policy strategies. Henry (2011) stated that actors with different core beliefs have challenges working

together as their relationship is often plagued by distrust and non-collaboration. Therefore, understanding what types of beliefs are more prone to transformation and which are fundamental is necessary. Sabatier and Jenkins-Smith (1993) indicate that there is a *three-fold belief system* within the ACF that is central to the policy change process.

BELIEFS

1. The deep core - the least transformative and normative beliefs;
2. The policy core – strategies to achieve success in the policy subsystem;
3. Secondary aspects – instrumental systems necessary for making decisions and implementing non-incremental policy changes (Albright 2011).

Pierce (2011) explains that the hierarchical three-fold belief system consists of the deep core beliefs, which are least transferable, these beliefs are shared by all actors in a coalition or subsystem, such as quality health services, equality, solidarity etc. The second beliefs with a greater tangibility and transformative nature are policy core beliefs, which emphasize the values and principles that ensure the maintenance and continuity of core beliefs. The third beliefs are known as the secondary aspect and are the most transformative and tangible as they are the mechanism used to reach and enforce the core beliefs. These tend to depend on external factors and adapt according to those factors (Sabatier 1988). According to ACF, policy participants strive to translate components of their belief systems into actual policy before their opponents can do the same (Sabatier & Weible 2007, 196). The opponents in this case would refer to the private sector or the opposing party, other actors that have opposing policy agendas.

RESOURCES

As Henry (2011) clearly stated, it is important to integrate theory into the investigations and explanations for the reasons behind the formation, evolution and growth of policy networks (such as coalitions). Henry (2011) mentioned that in addition to the ACF, the researcher needs to also use the Resource Dependency Theory (RDT) to explore factors that motivate collaborations amongst actors. Whilst the ACF emphasizes that organisations associate and collaborate with those of similar standing, the RDT argues that individuals will always side with those who are in a position to serve their objectives. Henry (2011) combined these theories and comes out with ACF/RDT which argues that given a choice to stand with a partner with similar views but no influence and a partner with similar views and with influence, actors will most likely choose the partner that has influence and power to succeed. Albright (2011) corroborated by stating that being more successful in gathering financial and personal resources makes one visible and able to establish a reputation within the subsystem.

RDT posits that policy actors tend to associate themselves with actors that have access to resources that can help them pursue their goals. ACF together with RDT emphasizes that through collaborations, organisations gain access to political resources that are not accessible by one organisation (Henry 2011). Furthermore, appointing trainers to educate people about their rights and various strategies to fight for their policy change and improved service delivery is another way of distributing resources to empower people. As Nohrstedt and Weible (2010) stated that the redistribution of resources gives coalitions certain powers in the subsystem.

POLICY-ORIENTED LEARNING

Policy-oriented learning has also been included as an important factor to examine as it spawns from the needs to:

1. Understand the levels of conflict and/or cooperation between advocacy coalitions
2. Analyse the tractability of the policy problem
3. Investigate the occurrence of professional forums where coalitions convene (Albright 2011; 489)

The ACF model assumes that people's learning is limited by their beliefs, which makes them selective in their learning and often only approve that which supports their beliefs (Albright 2011). She perceives learning as an incremental process that occurs over time based on the accumulative knowledge the policy participant receives throughout the years of experience. Sabatier and Jenkins-Smith (1993) defined policy-oriented learning as alterations of behaviour and thoughts resulting from new information or experiences related to attaining policy objectives. In addition, Albright (2011) pointed out that the increasing volumes of publication and material being produced by practitioners contribute to arguments that advocate for policy change. The publications and material produced plays a major role in policy change as it provides evidence to support the policy participants' advocacy interventions, this is what is commonly known as evidence based advocacy.

Policy-orientated learning occurs amongst other ways, through informal social learning, professionalised forums and meetings where coalition members share their research findings and lessons learnt. "Consensus amongst members tends to define successful forums and ensure that coalitions reach their goals," Albright (2011, 490). For these forums to be successful;

- They require researcher, scientists and professionals within the subsystem to participate, regardless of their standing.
- The duration of the forums need to be long enough and frequent enough to build trust and mutual understanding within participants.
- The coalition involved requires adequate financial resources to carry forward the objectives of the forum and henceforth coalition.

Learning is not a linear process as it has been previously assumed. It has complexities that even those who have been in the sector tend to have difficulties communicating to newcomers (Sabatier 1988). Pierce (2011) further mentioned that in situations where there are conflicting core beliefs it takes over a decade for the subsystem to stabilise. Coalitions need to constantly make time to review and revise their belief systems.

This study uses the ACF to explore the formation and structure of the ECHCAC coalition within the health subsystem, their belief systems that motivate action, the impact in the public policy process, as well as their learning mechanism. This framework is most appropriate for this study as it provides a model to explore the mentioned objectives of the study. The study draws mainly on the subsystem component of the broader social context, as illustrated in the ACF model above, focusing on the coalition members as policy participants, exploring factors that attract and repel them to one another. The study explores their three-tier belief system and its influence on the coalition and subsystem. The study will further explore the impact of the coalition on the subsystem and the learning mechanism that the policy participants are adapting to further their cause.

STUDY FINDINGS

EASTERN CAPE HEALTH SUBSYSTEM

The subsystem is an arena where various policy participants interact to influence and shape policy. The Eastern Cape Health Sector is one such subsystem which includes policy actors such as the government officials, interest groups, NGOs, CSOs, CBOs, community members and political groups. All these groups have their vested interests in the subsystem policies and are using opportunities within the subsystem to support and influence policies to be agreeable to their cause. The policy actors are often self-organising bodies influenced by their respective institutional rules unique to their policy objectives.

South Africa is known for its history of struggles against apartheid. Since the majority of the population in South Africa were being discriminated against, there were obvious inequalities with regards to service delivery and human rights enforcement. With the change in regime after the fall of apartheid, the country's Constitution was revised and opportunities were afforded to organisations that were dedicated to elevating the previously disadvantaged by bridging the gap caused by the previous structurally violent regime. For example, the South African public health sector officials expressed commitment to provide equal and quality service to all South Africans regardless of status quo. The change in regime further opened opportunities for minor policy participants within the Eastern Cape health subsystem to receive financial and technical support from international funders. Funds from internal donors started pouring into South Africa encouraging minor policy participants to pursue their work, as the democratic regime was promoting the development and equalization of human rights.

Despite the change in regime, inequality and lack of services persisted in the Eastern Cape. The reality of poor service delivery and inequality within the Eastern Cape public health system motivated individuals to take action against the government to ensure policy change. There was a massive movement towards eradicating the past justices and the minor policy actors used the opportunities that opened to advocate for their policy agendas. Furthermore, there were policies in place that were not being implemented accordingly, therefore unable to achieve the desired results, the policy participants within the Eastern Cape health sector opted to translate these policies to lived experiences. There were a significant number of NGOs, CSOs, CBOs and other players that emerged during the past two decades of South Africa's democracy, with a focus on improving service delivery in health care and changing policies to empower previously disadvantaged communities. They challenge the government and other stakeholders whose interests were focused on profit in the expense of people's rights and improved quality of life in South Africa.

All the organisations that emerged to challenge the Eastern Cape health system were driven by their dissatisfaction with service delivery and the policies that were fostering inequality and poverty. The organisations that challenged the poor service delivery and demeaning policies took advantage of the avenues which were now open to them and persuaded others to join their cause. That is how coalitions were formed. The next section explores the formation of the Eastern Cape Health Crisis Action Coalition.

COALITION FOR ADVOCACY

The idea of the ECHCAC spawned from the existence of another joint project within the health sector in South Africa. The formation of ECHCAC was the direct result of the successful collaborations between certain organisations working the Eastern Cape health sector. We cannot mention the establishment of the ECHCAC without first talking about the project that led to its creation.

STOP STOCKOUT PROJECT (SSP)

The SSP was founded by five organisations that were already collaborating with each other. The SSP was established in response to the medicine stock outs that were occurring within the health sector in South Africa that put the lives of millions of people reliant on the public health system into jeopardy. Stock-outs refer to a situation whereby heath facilities run out of medical drugs, leaving patients without medication and thus worsening and further complicating critical illnesses such as HIV/AIDS. Through the SSP health care users, including patients and care workers, are encouraged to report stock outs of medicines which are then fed into a supply chain and resolution system that engages civil society and the relevant government officials. The organisations that founded SSP were funded by the same donors and therefore knew and understood each other's values, objectives and interventions. These organisations understood the necessity to partner to bring about the desired service delivery and public policy changes. They were linked through cooperation and knew the value each one brought to the table. The nature of their relationship was clearly mapped even before they started the network[1]. They were experts in their fields, with influence in various arenas. Members were on an equal standing, and one can go as far as saying they mutually and simultaneously decided to form the SSP. The organisations started with informal collaborations first, before they formally established the SSP. The figure below lists the organisations that are members of the SSP and the role they each play in the health sector.

Figure 2: Stop Stockout Project collaborations (Klugman and Jassat, 2016)

[1] See Klugman B and Jassat W. 2016. Enhancing funders' and advocates' effectiveness: The process shaping collaborative advocacy for Health System Accountability in South Africa. The Foundation Review. 8(1): 9-23

These organisations were thus recognised as the leading organisation within the Eastern Cape health policy subsystem. Perhaps it was that reason that made it possible for them to start the coalition. In light of their successful collaborations, the members who formed the SSP decided to expand the borders and invite other active players in the province who were dealing with health issues. The ECHCAC idea was thus born, as the product of the intentions of the change agents as per the ACF model. The establishment and model of the ECHCAC, however, proved to be different from the SSP. The section below goes into detail on how the ECHCAC was formed.

ECHCAC DEVELOPMENT

The Eastern Cape Health Crisis Action Coalition (ECHCAC) was established in June 2013. Various organisations that were already working in the Eastern Cape in the health sector, realised that working in isolation, especially when dealing with the same issues that affected all of them, was inefficient. ECHCAC's mission statement indicates that the coalition was established in response to the crisis that plagued the health sector in the Eastern Cape.

The ECHCAC establishment was spearheaded by a group of people who had already formed an elite[2] network, the SSP. As individual organisations, the SSP members had other networks and collaborations outside the SSP. The SSP then invited other organisations to join them in forming a coalition, where different organisations that work towards policy change and improved service delivery within the Eastern Cape province could better work together. These organisations included those whose work focused on service delivery, human rights, policy change, social accountability, trade unions, and associations of medical professionals – nurses, doctors, rehabilitation professionals among others. Box 1 below lists the organisations involved at the inception of ECHAC.

1. Association of Concerned Specialists of the PE Hospital Complex
2. Black Sash
3. Budget Expenditure Monitoring Forum
4. Council for the Advancement of South African Constitution
5. Democracy from Below
6. Democratic Nursing Organisation of South Africa
7. Hospersa
8. Igazi Foundation
9. Jubilee
10. Junior Doctors Association of South Africa
11. Keiskamma Trust
12. People's Health Movement
13. Professional Association of Clinical Associates in South Africa
14. Public Service Accountability Monitor

[2] The term "elite" has been used by various researchers to describe the policy participants with privileged backgrounds. Other researcher use the term 'privileged activists' to define the policy participants from privileged backgrounds, whose motivation is to improve the quality of the under-privileged versus the social activists that are driven to activism by the injustices impacting directly on their quality of life. The elite or privileged actors are often in positions to secure required resources for successful interventions, which is one of the major challenges for social activists from underprivileged groups.

15. Rural Doctors Association of South Africa
16. Rural Health Advocacy Project
17. Rural Rehabilitation South Africa
18. Section 27
19. Sonke Gender Justice
20. South African Medical Association
21. Treatment Action Campaign
22. World Aids Campaign

Box 1: Eastern Cape Health Crisis Action Coalition members

Those that were invited were informed about the intended objectives of the coalition, they were given the mission statement and if they agreed with it, they agreed to become members. The only criteria for membership was the common goal to see policy change and improved service delivery in health care delivery in the Eastern Cape.

Figure 2: SSP and ECHCAC Collaborations (Klugman and Jassat, 2016)

This foundation played a significant role in determining the structure of the coalition, the nature of collaborations that emanated from the coalition, their achievements, as well as the challenges that followed. Hence the significance of exploring coalition members' beliefs to understand the structures they create. As depicted by Figure 2, each organisation that is part of the SSP had a specific role to play within the system of policy change and service delivery. They knew which organisation would be best matched with a particular task and expertise, and it was that understanding that made their collaboration effective in dealing with issues that arose. However, with increased numbers in membership, came unforeseen challenges such as varied deep core and secondary aspect beliefs.

INFLUENCE OF MEMBER'S BELIEFS ON COALITION STRUCTURE

Due to their diverse backgrounds, the members of the ECHCAC were driven by varied beliefs causing certain problems within the coalition. Most of these invited partners were not on the same level as the elite group, some of them were very young and still finding their feet. They came with expectations, which were not only aligned with the operations of the coalition, but were not catered for by the steering committee. The invited members believed that coalitions should have financial benefits to those involved. ECHCAC experienced its first challenge caused by this lack of consensus regarding the benefits of the coalition.

> "*Members expected the coalition to provide them with resources to implement their projects. For some of them the coalition was a safe house, more than an asset*," as indicated by one of the interviewed members.

The new members believed that a partnership should have financial bearings, whilst the elite group didn't believe that coalitions are supposed to provide financial support to members, they are meant to be used as platforms to network with other organisation and create joint initiatives.

Furthermore, new members expected a coordinated structure with particular individuals solely responsible for the coordination of the coalition; they expected to be kept informed of coalition matters, and be called upon to participate in activities initiated by the coalition. They didn't, however, think the role of coordinating was the responsibility of all the members. They wanted a coordinator to keep the coalition operating effectively. This shows a lack of understanding of the structure of coalitions amongst the new organisations. Most of these new organisations came from a place of dependency and struggle, and these conditions influenced their core beliefs. The organisations were not cognizant of the fact that having different belief systems with partner organisations can create problems when collaborating.

The challenges that came from different beliefs caused certain tensions within the coalition. Although the interviewed coalition members did not want to go into detail regarding the tensions, there were a few that were mentioned. Some coalition members were not impressed by the lack of participation and enthusiasm to collaborate, whilst others expressed a lack of understanding on the role they were meant to play or how their organisations can benefit from the coalition in its current state. Some members indicated that they felt that there was an imbalance of power with certain coalition members having more power than others to an extent that their voice supersedes the voice of the collective. There were implications that those with resources were pushing their own agenda at the expense of the coalition and that is the reason why other members don't feel like the coalition structure is neutral and supportive to every member equally. Other members indicated that being part of the coalition means extra responsibility which demands extra resources which they didn't have, which made it difficult for them to participate. They indicated that they expected the coalition to at least assist them with resources to attend meetings and implement their interventions. Although some of these members stated that they wanted financial support, some of them expressed a dissatisfaction with the civil organisations' dependency on donors, as indicated by the coalition member below.

> *"How empowered are we, if we are still so dependent of donors? These organisations need to be self-funded organisations. Members can contribute to the envelop or look at national funding sources. Also those that do training can get their training courses accredited to be able to generate income from them and stop being depended on donors."*

Whilst the issue of finances was a prominent one, there were other issues related to the nature of the work the coalition was involved with. Some coalition members indicated that it can become discouraging to work on something for many years but not get the expected results. The members of ECHCAC have been working in the sector for a long time, without seeing significant changes, that has caused them to lose faith in their work and cause.

The concept of a coalition was very new to most of these organisations, they were used to partnerships where they were recipients of funds and instructions or direction on what to produce, collaborating innovatively was not a common concept. Furthermore, the public sector landscape where organisations competed over funding made collaborative networking difficult. Although the ecosystem has not changed much, organisations still compete for funding, however being part of a coalition assisted organisations to start seeing one another as partners fighting for the same things, instead of just competition. Nonetheless coming into unfamiliar territorycan be unsettling for other actors as indicated by a coalition member below.

> "*Health care workers have a culture of fear, because when they speak out they are punished by their superiors, therefore people refuse to participate or drift away from the coalition after being warned and told not to involve themselves in these matters."*

The members of the newer and smaller organisations indicated that they were constantly living in fear of job loss, as the sector is so volatile. Some members are also deeply entrenched in the issues they are dealing with, they are the direct victims of the conditions they are working to change. Some coalition members stated that their own socio-economic affairs are no different from those people they are trying to assist, therefore this work is very personal for them, it's not just about placards and screaming slogans. The coalition members' requirements to recruit a coordinator that will be remunerated implied that they were constantly thinking about creating jobs and improving one another's quality of life, regardless of the sector they worked in. These are their core beliefs, and it was clearly visible that these beliefs were not considered when the coalition was formed. The coalition mission statement emphasized core policy beliefs but neglected the very important deep core beliefs that determine the structure and the membership solidarity. Due to the fact that members were unclear about their role, the lack of cohesion and clarity regarding each other's core beliefs, their interaction with each other withered, as indicated by a coalition member;

> *"The coalition started stagnating because people were not participating. Some of them did not understand their role within the coalition and their expectations were not aligned with the coalitions"*

To mitigate the problem of coordinating a coalition, the elite[3] group recruited a coordinator based in the Eastern Cape in response to the members' concerns. The secondary aspect beliefs of the elite group evolved to accommodate the needs of the group. The coordinator who is employed by one of the elite organisations was tasked, as one of his responsibilities, to be the eyes and ears of the coalition in the province. That did not, however, solve the problem of stagnation within the coalition. Members started complaining that one person was inadequate for the task of coordinating the coalition.

[3] There is clear distinction between the role played by the elite group and the rest of the coalition members. The elite group seems to hold the power to make and implement decisions, regardless of consensus from other coalition members, as relayed by another coalition member.

"*The coalition operates without a team, and it's only recent that we deployed a coordinator. One person is not enough, teams make things better and would have been able to serve the real coordinating and collating of information duties."* Indicated a coalition member.

They posit that the elite group should recruit a team of people to be responsible for coordinating the coalition and all those people should be remunerated for their efforts. This further corroborates the assumption that the invited, new coalition members' core beliefs were strongly aligned with job creation, income generation and improved quality of life, regardless of sector. These varied beliefs on the nature of coalitions and operation persisted to create challenges for the coalition.

ECHCAC COLLABORATIONS AND BENEFITS

On a positive note, in response to the challenges of a lack of participation and stagnation, ECHCAC adopted a neutral approach that ensured each organisation is represented and heard. The coalition aims to promote the interests of each organisation, avoiding favouring others whilst neglecting others. Although organisations are part of the coalition, they could still manage their individual organisational mandates, and continue with those individual responsibilities. The organisations do not always work together, however being part of the ECHCAC provides them with access to other organisations who are also part of the coalition. Often, certain members from one organisation would be invited to participate in the work implemented by another organisation.

"A lot of bilateral partnerships have developed between members of the ECHCAC, organisations call on each other for support whenever necessary" stated a coalition member.

Other non-monetary benefits include providing organisations with exposure and allowing them to gain access to other organisations who can aid them in their quest to improve service delivery and influence policy change. Their knowledge base is expanding as they learn about the various policy change strategies and systems used by other organisations. Moreover, they have a space to discuss difficult issues that infringe not only on the rights of those they service, but on practitioners' rights as well. The benefits are beyond organisational, the members themselves are now able to raise issues previously unaddressed by the dominant policy players. There's now a space for those concerns to be heard by empathetic ears. In a world where every man is fighting for his own rights and quality of life, belonging to a coalition can relieve the weight of the world by proclaiming solidarity and common goals. They are now able to have a presence in spheres that some of them couldn't access before, as another coalition member's stated;

"*There are people who are not able to access the hospitals, the doctors did not know about them because there were limited platforms for the patients (community people) to communicate with the health professionals. However, being part of the Coalition, these groups have found a platform to meet and discuss issues that affect both of the professionals and patients alike. The Coalition afforded them opportunities to present their issues to a broader spectrum and work with a groups not politically affiliated"*

The development of these coalitions does not only indicate the direness of the situation, but also the fact that the socio-economic and political conditions of the country are changing, and with that change comes opportunities for policy actors to advocate for their cause. The flexibility of their donors made it possible for the elite organisations to recruit the coalition coordinator in an effort to strengthen their initiatives. These efforts might assist them to repair their relationships, or as in this case, make it apparent that the core beliefs are too different, therefore the possibility of long-term collaborations

seems feeble. These adjustments assist in mitigating the problems, however if the core beliefs are too different, it becomes difficult for the members to continue working together. Members can then decide to fracture the coalition bonds insinuating lack of support or misdirected efforts. For ECHCAC, it's development and future still remains to be seen.

ECHCAC'S ROLE IN THE POLICY PROCESS

ECHCAC members indicated that the issues raised were not new, they were reintroducing them and trying to open windows to deal with them, as their coalition objectives[4] below state:

- Mobilising a campaign around the right to health in the Eastern Cape and, if necessary, using the courts to ensure that a plan for the delivery of quality health care in the Eastern Cape is developed and implemented and that resources are made available to enable such plans;
- Strengthening heath care workers and their associations as well as community organisations acting in the interest of health and other Constitutional rights;
- Encouraging health care workers to exercise their right to speak out and defending health care workers from victimisation when they do so;
- Monitoring and enforcing the implementation of the plan and resource allocation described in Objective.

The realisation of these objectives is not meant to be of limited benefit enjoyed by the members of the Coalition only, but are meant to translate to the benefit of the general public. The ECHCAC interpreted the crisis in the delivery of health services in a way that best supported their discourse, intensifying the conflict through magnifying their policy core beliefs. One of the first tasks that ECHCAC embarked on when it was created was to compile a list of weaknesses they identified within the Eastern Cape health subsystem. This list was meant to show that the government officials, in this case the Eastern Cape Department of Health, was not effective in their service delivery tasks. The table below depicts the list of issues ECHCAC identified in their subsystem, which they presented to the MEC in September 2013.

Area	Issue
Facilities and infrastructure management	Some facilities were not operating according to required standard and the infrastructure was not proper to provide quality services to the public
The availability of medicine and supplies/ supply chain management	The medicine required for the patient's treatment was often unavailable, and the health facilities did not manage their supply chain properly

[4] Eastern Cape Health Crisis Action Coalition. 2013. Eastern Cape Health Crisis Action Coalition Update: Volume 2. Available on http://section27.org.za/wp-content/uploads/2013/11/ECHCAC-Update-Volume-2_-13-November-2013.pdf

Area	Issue
Human resource management	There was no organogram, therefore they had no way of knowing which staff members they needed to recruit. Health care workers were often not paid by the department although they were supposed to be remunerated for their efforts.
Management	Apart from the vacant positions in management, sometimes those in management positions did not have the required background to manage the health facilities, and were unable to make the appropriate decisions to ensure quality services were provided and that the staff members worked in conducive environments.
Patient Transport and Emergency Medical Services	People died because the province did not have adequate EMS and vehicles to transport patients who cannot manage to visit the health facilities on their own.
Equipment	There were facilities without the necessary equipment to provide quality services
Staff Accommodation	Health professionals who relocate to rural parts were not accommodated well, which caused a high turnover. Health workers had been subject to rape and robbery because the accommodation provided was not secure.
Rehabilitation, home based care and Preventative services	There were people who were not able to attend hospitals because of their conditions, and services for those people to access health care were limited or non-existent. Even doctors themselves did not seem to be aware that there were people in need of their services but unable to reach them.
Budgeting and expenditure management	Their budget and expenditure systems show discrepancies, such as planning to implement things they have no funds for in their budget.

Figure 3: List of challenges in the Eastern Cape Health Sector

The main reason ECHCAC found a need to engage their counterparts from government was because they knew that it is impossible to solve the issues on their own. The examples of the engagements are highlighted on figure 5. To make any progress in their respective goals, they need to engage other players. Mobilising the community and appointing trainers to educate people about their rights and various strategies to fight for policy change and improved service delivery is another way of improving public resources' management awareness and distributing resources to empower people. The crisis provided ECHCAC with a platform to advocate for changes in service delivery and people's rights to health through the channels mentioned below.

Approach	Activity
Formal and informal meetings	Meetings with various government department heads and government officials directly connected with the issue to be addressed
Letters directed to officials	Memorandum directed to the MEC detailing the 9 key areas that needed to be address was drafted and sent
Engagement and mobilisation of the public	Organising a march in Bhisho, from Bhisho stadium to the Eastern Cape Department of Health building in Dukumbana to raise awareness of the issues and to get the required attention from the officials
Media Engagement	Radio advert campaigns on local stations; press releases sent to the media. In addition the media often invite the Coalition to provide comments in the health sector and lastly the publication of written articles in print media.

Figure 4: Coalition Approaches to advocacy

The above mentioned initiatives are not easy and they come with their challenges. The coalition had been experiencing difficulties dealing with the government officials who refuse to engage them as they accuse them of working for the opposing political parties. One coalition member relayed;

> "*We made a mistake of thinking that the reports we produce and share with government regarding service delivery [lack of] will facilitate the necessary communication, but in reality, to some people it demonstrated negative connotations, as they felt like we were aiming to expose their corruption and cared for nothing else but shaming them*"

However, such developments only serve to reinforce the need for transparency and accountability. As the coalition and its members become known in the subsystem, its existence has been enough to put pressure on the government. Through the network of its various members, ECHCAC has been able to reach and capacitate a large number of citizens on their rights to information and health. Although they have not been able to organise the desired number of awareness campaigns due to a lack of financial and human resources. The attention promoted by the media on the salience of the policy has been encouraging attention towards the crisis. The information that ECHCAC has been distributing through the media regarding the crises has been powerful enough to bring about certain change. The tensions brought about by the general health crisis led to discussions between various players within the subsystem and the mobilisation of communities towards engagement and social accountability

Although ECHCAC has not been able to achieve the majority of the objectives they set out, they have been able to achieve certain goals. The list of achieved goals below is limited to events that occurred between September 2013 and August 2015. It does not include reports of recent events.

ACHIEVEMENTS OF THE ECHCAC

The achievements of the Coalition since its inception include:[5]

- Putting pressure on the department to appoint a superintendent general of the Department of Health and it was done;
- Analysing the budget and engaging the Department of Health about their budgeting has led to planning and budgeting improvements
- The efforts of the Coalition to hold the government accountable have led to improvements in supply chain management evidenced through the recently produced reports
- Inquiries into better health facilities provisioning has enabled the coalition to acquire the required medication those health facilities did not have;
- The Eastern Cape Department of Health has invited inputs from the Coalition when planning for issues that need to be resolved;
- The Coalition was invited to participate in the National Health Insurance Pilot project;
- The Coalition requested the Eastern Cape Department to produce an all-encompassing plan as to how they will address the issues raised by the Coalition as presented on the list they presented to the government, and the department agreed to produce the plan;
- Making use of and working with oversight offices of the state such as the South African Human Rights Commissions to investigate systemic challenges; Soliciting affidavits from community

[5] Reported by the Coalition members

members affected by the lack of medical emergency services, which led to a public hearing report being released;

- The Office of Health Standards Complaints sent its own investigators to assess the gaps in health services provided and recommend improvements;
- Together with the SAHRC health rights literacy workshops were conducted to targeting communities to empower them to stand up for their rights;
- Conducted a two-day workshop on public health advocacy at Rhodes University in affiliation with the Unemployed People's Movement. They managed to capacitate and mobilise community members to report health issues to the coalition and other relevant channels.

There are many more activities that the ECHCAC participated in that have not been listed above as indicated by coalition members. Conversely, they have not been able to reach their targets as manoeuvring the health subsystem is a massive task that require extensive work towards systemic changes, not just systematic changes.[6] Their work to ensure that people realise their health rights will take a long time as the coalition members stated, emphasizing the necessity for patience and persistence. Each initiative, however, takes the coalition closer to its goal, as coalition members expressed enthusiastically. The last objective to explore is the learning that occurs within coalitions. The next section focuses on learning over time and factors that enable or hinder learning.

LEARNING AND DEVELOPMENT

In exploring the learning formations within the ECHCAC, we found that it still has a long way to go before it can reach the level of stability necessary for successful collaborations. Policy oriented learning occurs as a result of an interaction and sharing ideas and discussing difficult issues, where researchers and practitioners in the subsystem present their findings and experiences. As one of the coalition members relayed;

> "*We need to constantly improve ourselves so that we will not find ourselves being redundant due to lack of necessary skills. I am now able to do things I was not able to three years ago, and I'm still studying to improve myself so that I can engage better with my colleagues and even donors*"

The desire to learn within the coalition is strong, and learning does not only happen in formal settings, but also through interaction with others and engaging in ones work.[7] When people commence their work in the sector, they are faced with various challenges that force them to seek an understanding beyond classroom education, leading them to employ better strategies, and adapt to their new environment, as explained by another coalition members.

> *"When I started I was fairly new in the sector, the induction I received was not nearly enough, and due to the fact that the position I resumed had been vacant for many months, partners*

[6] Halloran B. 2015. Strengthening Accountability Ecosystems: A Discussion Paper. Transparency and Accountability Initiative. Retrieved from http://www.transparency-initiative.org/reports/strengthening-accountability-ecosystems on the 11th of May 2015

[7] Wenger E, Trayner B, de Laat M. 2001. Promoting and assessing value creation in communities and network: a conceptual framework. Rapport 18 Ruud de Moor Centrum, Open University of Netherlands.

were not as forthcoming as expected, therefore I had to literally find my own way. There were people who were willing to assist, however, what gave me the confidence to carry on was learning that other people were experiencing the same things I was experiencing. That made me want to learn to deal with the conditions, but that was only the beginning, I still had no idea what I needed to do to be on the level I was expected to be on, so being part of a coalition gave me the support I needed."

There are various systems of learning that could be applied by coalitions. These systems include but are not limited to platforms/spaces such as meetings, sharing research findings, and holding forums.

ECHCAC has expert members who work for the organisations within the health sector. The knowledge they produce is supposed to be both informative and transformative, although it greatly depends on other factors, such as members' willingness to learn and transform. Members of the coalition have access to all the information produced by all the members. Most of these organisations have strategies on how they learn: they attend symposiums, conferences, hold reflection meetings and public hearings. What has not been happening, however, is systematic learning within the coalition, with defined guidelines and methods of learning applied by everyone. The interviewed members stated that at the time of data collection, they did not have mechanisms to track their interventions and learn from them. This has been attributed in part to the fact that the coalition is still fairly young. At the time of data collection, the structure had only been operational for two years.

Perhaps it is this very approach of individualized choices and preferences that has shaped the social accountability sector into being customised as it is. Members of the coalition clearly expressed that the work in the sector cannot be understood, let alone conducted, using standardized formulas.

"*There is a danger of losing sight of your work if you try to fit into a strait jacket. Autonomy and flexibility is important because our environment is volatile. Becoming an activist was my way of trying to reinforce my own self-worth, since the system that I was living within claimed that I was a degenerate. It took time to know that there was something wrong, but in learning that others were suffering as well, gave me the strength I needed to stand up and face it. You have to know your own value before you can be of value to others. Because our people have been cut off from indigenous knowledge. We need to remember our own power and understand that it doesn't rest with governments or donors, that we can still strive with or without them. That the power to save ourselves and lead fulfilling lives is in our hands*" said a Coalition member.

Even though there are courses, workshops and discussion forums that individuals can attend to understand the sector, coalition members stressed the importance for individuals to exhibit ownership of their work and apply their individual talents to have the desired impact. Learning the structure of the system and the roles of the people you need to engage with has not been the major challenge for ECHCAC members, however, connecting with those people and building functional relationships has not been an easy process, and it can be time consuming as the coalition members posit below.

"*When we learn that the people we were communicating with, who were our link to the duty bearers are no longer there, we have to start afresh and build a new relationship with new people, and that takes a lot of time and effort. Sometimes you find that the new people are not interested in working with you, which means you have to find other people or change your approach*."

Communicating and collaborating to strategize and discuss coalition related issues were other challenges experienced by the coalition. The meetings were not regular due to lack of resources.

Being a big group, ECHCAC meetings and gatherings required substantial funds. Not all members of the coalition could afford to transport themselves to a meeting venue, and as such, the ECHCAC needed to cater for those challenges. Furthermore, organising a meeting of 30 organisations is very different from organising events involving only 5 organisations. This type of work proved tiresome to the members of the coalition who also had their full-time organisational deliverables that demanded their time. In a space of two years, there have only been two meetings. Members expressed a need to have other platforms of communication such as the creation of a WhatsApp group that would allow for quicker notification to coalition members on important email communication of the coalition. In exploring the learning formations within the ECHCAC, there are many other issues that directly impact on this aspect, such as the coordination of the coalition and the differing belief systems of the coalition members. Addressing these factors will promote learning within the coalition, as it will demonstrate to the members that change is possible through learning and adapting. This process takes a long time, however, and should not be expected to occur over a few months.

DISCUSSION

Coalitions are bodies of conglomerate policy participants who collaborate their efforts to influence the policy process towards their respective policy goals. This section will discuss the findings in relation to the ACF theory to get a clear understanding of the ECHCAC advocacy coalition and the role they play in the policy process as well as explore their beliefs and how those beliefs influence or impact on their partnerships.

RELATIVELY STABLE PARAMETERS

Relatively stable parameters refer to inflexible conditions that often cause or promote the policy problems. Therefore, in discussing the formation of the ECHCAC, it's important to first mention the climate of the subsystem the ECHCAC was born into. Upon the advent of a democratic government in South Africa post 1994, the Eastern Cape province inherited and was faced with a number of development challenges such as poverty, unemployment, poor or no provision of infrastructure and a lack of human resource capacity (Folscher & Kruger 2013). Although one of the democratic government's objectives was to eliminate inequality in South Africa, improving conditions for the underprivileged proved more challenging than expected perhaps. The government was not able to make the necessary changes on their own, which called for the establishment of non-governmental developmental organisations whose role was to deal with issues that the government was not addressing. The development of these organisations did not only indicate the direness of the situation but also the fact that the climate was changing and civil society members were becoming actively involved in the management of their resources and improvement of their quality of life (Halloran 2015). The situation within the Eastern Cape health subsystem was no different, the changes that came with the new democratic government afforded civil society players to be more involved in policy issues to ensure the betterment of their quality of life.

MECHANISMS FACILITATING POLICY CHANGE WITHIN THE EASTERN CAPE HEALTH SUBSYSTEM

The ACF indicates that there are three main mechanisms to change including external events, accumulation of information and hurting stalemate. Looking at the Eastern Cape Health subsystem, it was mainly the first two factors that perpetuated change. The change of the regime came as an external shock that opened opportunities for other policy players to enter the policy arena. Furthermore, the crises of inequality and poor service delivery also encouraged and drove most of the study informants to actively become involved in policy changing processes. They started organisations, if not working as independent agencies towards improved services. Albright (2011) argues that organisations or policy participants need to employ 'skilful exploitation' which involves, although not exclusively, policy participants convincing other actors of their beliefs, commitment and soundness of their position for their needs to be attended to. Each of the ECHCAC members had a mandate that clearly articulated the significance of their agenda as developmental organisations, which they used to gain support from other players with the same interests.

Klugman and Jassat (2016) also implied that this change was due to flexible funders that allow organisations to implement projects as they see fit, instead of worrying about losing funds if they don't deliver on the agreed upon outputs. One can argue that these changes in the subsystem have liberated the organisations to be more transparent and cooperative in their endeavours. Some of the ECHCAC members indicated that they had flexibility to change their strategies to include the work of the coalition and partnerships with other organisations.

Although these changes offered great opportunities, McKinley (2013) argues that; "post 1994 crisis… domestic and foreign donor funding took a radical turn away from previous commitments to independent grassroots mobilisation and struggles; and towards state-directed 'developmental' programmes and state-sponsored social welfare 'partnerships'…the result was a 'development agenda' increasingly driven by state and donors and the slow death of independent organisations". This was apparent from the work conducted by the ECHCAC, the government and donors were perceived as entities that had power to direct the cause of the conversation and development. This is one of the reasons that propelled the urgency of the developmental organisations as they were realising that the direction that the government was taking in addressing the development issues was not effective in dealing with the challenges, they had to intervene.

The divergence of resources is another reasons why it became necessary for organisations to form coalitions. Some ECHCAC members were developmental organisations that were focusing on development programmes, however due to the changes occurring in the subsystem, it became necessary for them to turn their attention to the state. Due to the fact that not all organisations have adequate knowledge or capacity to engage the state, the collaborations became necessary.

ADVOCACY COALITION

Klugman and Jassat (2016, 10) stated in their article that "working alone as an organisation would be ineffective in bringing about the desired changes since the service delivery and public policy system are so complex". Figure 2 and 3 in the findings demonstrate the different roles that were played by the organisations which formed ECHCAC. From these figures, we can conclude that without the collaborations, it would have been extremely difficult for these individual organisations to reach their targets. Ingold (2011, 436) stated that the "ACF views the policy process as a competition between policy actors advocating for their needs". The process of policy change is too involved for any one organisation to grapple with alone. Since the Eastern Cape health policy participants were

experiencing challenges with government officials, who often play the role of the dominant uncompromising coalition officials, they needed interventions that will make their voices heard.

Ingold (2011, 441) stated, “members of a coalition should be linked though cooperation and set boundaries to members of other conflicting coalitions.” Since these individual organisations who later formed ECHCAC couldn’t achieve the desired impact working alone, forming or joining coalitions was their best bet. A study conducted by Albright (2011) reported similar findings, where organisations grouped themselves and formed coalitions in response to the floods in Hungary that were destroying their homelands. They found that with the voices of many, they were better able to gain a solid platform through which to address the policy challenges they faced. Klugman and Jassat (2016) provide a detailed account of how organisations working in the Eastern Cape within the health sector formed networks and collaborated towards policy change and improved service delivery.

The ECHCAC members were very aware of these advantages when they joined the coalition, the elite organisations were already recognised as well resourced and capable organisations. Collectively, these organisations believed that the strong alliance will not only make their individual voices strong, but provide other opportunities within the subsystem. Joining forces and being part of a coalition affords the organisation various opportunities to collaborate with other actors and gain access to political arenas where individual organisations may experience difficulty penetrating, as it was the case with ECHCAC.

The main drive for coalitions is to penetrate the spaces within the subsystem that are otherwise restricted to the general public, therefore gaining power to influence policy. All the studies reviewed on coalitions support this hypothesis (Sabatier & Jenkins-Smith 1999, Pierce 2011, Albright 2011). ECHCAC is no different - the study found that the formation exists within an environment which propels them to challenge the authorities and demand their rights. McKinley (2013) indicated that coalitions are a positive signifier to changes that will break the long standing divisions and different ideologies institutionalised by political and economic powers. Albright (2011) mentioned that a presence of one coalition is enough to put pressure on the dominant coalition, which in this context, it’s the government. The ECHCAC expressed difficulties in dealing with the government officials responsible for providing health services in Eastern Cape. There were instances where they would start working well with the government, but the internal systems or the subsystem will change and disrupt the progress or plans.

These challenges in working with the government made it extremely difficult for the coalition to achieve their goal. Birkland (1997) claims that in the midst of confusion or political unrest, the dominant policy participants (government) operating with political constraints may retract which may impede progress and development. When that happens, the situation often requires all policy actors, regardless of allegiance to compromise and find a solution. This is what Sabatier calls hurting stalemate. In this Eastern Cape case, the government started interacting with the coalition and its various actors, indicating that the challenges were affecting everyone, therefore, collaborations were necessary. The ECHCAC members posit that the government’s change towards willingness to cooperate was due to the pressure they were putting on them to account for the health sectors’ state of affairs. Furthermore, the government officials that worked with the coalition enthusiastically supported their cause and wanted to see the improved service delivery as well as indicated by the coalition members. These government officials also understood the importance of working with the public to ensure that they prioritise the public’s needs.

A study conducted in Hungary (Albright 2011) reported other findings that were similar to those found in the ECHCAC in relation to dealing with government officials in the policy changing process. They reported that they were able to establish relationships with two government officials that were willing

to listen to their interventions to mitigate the challenges they faced from the crisis (Albright 2011). However, their link was severed when those two government officials resigned from their posts. ECHCAC reported on similar challenges with the government; although they managed to build some relationships with government officials, there were other factors that jeopardize those efforts, such as change in government personnel. The newly appointed officials sometimes tend not to want to engage the coalition, which then translates into a breakdown in communication between the government and the coalition. There were instances where the government officials will refuse to engage ECHCAC in policy related matters as they believed they worked for their political rivals.

Regardless of the challenges they encountered, there were changes that ECHCAC witnessed, which they credited to their existence and interventions, which signified that their presence was felt. The ECHCAC members attributed these changes to their own persistence, perseverance and patience. Furthermore, their transparency regarding their policy agenda to improve service delivery and peoples' quality of life as well as direct engagement of the dominant coalition, i.e government, further contributed to some of their successes in fostering positive changes within the Eastern Cape health subsystem.

BELIEF SYSTEMS INFLUENCE

The previous paragraphs appear to paint a very bright picture of the ECHCAC, which might not necessarily be a true reflection of what is happening with the structure. According to ACF, policy participants strive to translate components of their belief systems into actual policy before their opponents can do the same (Sabatier & Weible 2007, 196). Therefore, it is not enough to merely look at the role of the coalition within the subsystem, but it is also important to understand the dynamics that affect the coalition functionality. Nohrstedt and Weible (2011), as well as Ingold (2011), corroborated this statement stating that it is not enough to only focus on the structure of the coalition, but it's important for one to also learn about the preferences and beliefs of the coalition, as that will help form a detailed and broader picture of the coalition. Her study on the Swiss Climate Policy process looked at the preferences as well as the structure of the coalition and found that the beliefs of the coalition are reflected amongst its actors (Ingold 2011). It became necessary therefore, to explore this aspect of the coalition when researching ECHCAC. Although the work they do within the subsystem was exemplary, the coalition members indicated certain challenges that were threatening the future of the ECHCAC.

POLICY CORE BELIEFS

Sabatier (1988) emphasizes that members who form a coalition should show consensus on the core and policy beliefs, this takes into consideration the fact that the coalition is a creation of various stakeholders with personal agendas. All the organisations that joined the ECHCAC were already working in the health sector in Eastern Cape, therefore they had the same policy core beliefs, that aimed to improve service delivery and influence policy towards the realization of people's rights. Which could also be the reason why they were able to achieve some of their objectives, they were very clear and agreed on their policy beliefs.

COALITION MEMBERS' CORE BELIEFS

What the ECHCAC members didn't consider however were the values and principles necessary for the coalition to strive within the subsystem. Sabatier (1988) stresses the need for partners to be of equal standing and share beliefs in order for the coalition to be successful. It is not enough for the organisations to join forces, they need to share the same beliefs regarding the coalition, the subsystem and the policy processes. The SSP members were independent and well developed organisations, which could be the reason why SSP coalition was a success[8], leading to its expansion to include other organisations and the creation or the formation of the ECHCAC. Members of the ECHCAC were not on the same standing, however, concerning either the coalition and policy processes. Most invited organisations comprised of individuals that were affected by the policy issues they were aiming to address, and the organisations themselves were still trying to build themselves and find niches within the sector. For some of them social activism was not a matter of reaching out to the poor and assisting to make the world a better place, but it was a matter of trying to improve their own conditions. Their motivations and beliefs were varied from those of the elite group, who were reaching out to change policy to improve the conditions of the poor, which did not affect them directly. Those elite activists are what Matthews[9] calls "the privileged". The privileged are those social activists who are not affected directly by the injustices, but work to improve conditions nonetheless. They tend to have access to resources and knowledge that the underprivileged do not have access to. Due to these divisions in standing, the coalition suffered lack of engagement and commitment.

The fundamental principle of ACF that members should have the same core beliefs were then compromised by the diversity of the coalition members. Members of the ECHCAC were left unsatisfied when their expectations were unmet, that includes both the privileged and the affected. ECHCAC members indicated that there were some tensions between the members of the organisation, although they did not want to go in-depth with it. The data shows that there appeared to be a lack of enthusiasm to partake, whilst others indicated that there was an imbalance of power, with certain individuals holding greater decision making power. These individuals' authority superseded everyone else's voices, including the collective. Some members expressed a feeling of neglect and lack of empathy from certain coalition members. These members felt that they were not understood. Whilst others felt that the lack of financial incentives and lack of tangible outcomes and impact in the sector is discouraging, making it difficult for them to commit wholeheartedly to the work. Other members indicated that sometimes it felt like it was every man for himself instead of collaborative efforts.

The elite members were unsatisfied with the participation or performance of some of the invited organisations, whilst some of the new organisations felt like their concerns were not being addressed and their needs left unmet by the coalition. This is a common challenge with coalitions and necessitates that coalition members make a deliberate attempt to ensure that they understand the core policy and core values of the coalition before making a commitment. One would wonder then how the coalition was able to achieve what they did with all these challenges brewing. Some ECHCAC members indicated that the achievements should be accredited to a certain number of organisations within the coalition working together, not all members working collectively. However,

[8] For more info on their successes, please read Klugman B and Jassat W. 2016. Enhancing funders' and advocates' effectiveness: The process shaping collaborative advocacy for Health System Accountability in South Africa. The Foundation Review. 8(1):9-23

[9] Sally Matthews produced a work in progress paper exploring relationships dynamics between social movements and what she calls "the Privileged", affluent social activists. The paper can be access on http://www.ru.ac.za/media/rhodesuniversity/content/sociology/documents/Sally%20Matthews.pdf

another study into the integral and non-integral actors within the coalition will need to be conducted to get an accurate account of how these achievements were reached and which organisations played what roles in doing so.

SECONDARY ASPECTS BELIEFS

Pierce's (2011) study on advocacy policy in the United States found that although the core beliefs do not change, other beliefs manifest over time as a result of the subsystem or eco-system. ECHCAC has only been operational for three years, which means they are still very young in the field, it's possible that as they grow, other beliefs will manifest, as it is already happening. When the coalition members realized that designating everyone with the responsibility to coordinate the coalition activities was not effective, they recruited a coordinator. It is a huge responsibility to manage and coordinate a coalition. It requires individuals who will be dedicated to it. ACF implies that coalitions operate within a broader subsystem that affects them as much as they affect it, therefore they need to maintain vigilance throughout the struggle. Other interesting findings were how the elite groups within the ECHCAC assumed a leadership role, taking on the responsibility of recruiting a coordinator. The elite groups secondary aspect beliefs, which are described as being slightly flexible methods used toward policy change, ended up changing to suit the needs of other coalition members. Nohrstedt and Weible (2010) claim that there are, however, beliefs that cannot be changed and when that happens members of the group leave to join other coalitions that are sensitive to their core beliefs.

RESOURCES

The issue of resources is a serious challenge for policy participants, as it was one of the reasons ECHCAC is struggling. Some of the new organisations that were invited to join the coalition were still struggling with resources and believed that they will receive financial support from the other well developed organisations. Of course, the reality was different, because coalitions offer support and guidance, but hardly ever resources, unless the collaboration clearly states this at the outset. This is still a challenge within ECHCAC and one of the greatest causes of participation stagnation. ACF implies that these policy participants compete for resources and power to influence the spaces that they work in, and some of the ECHCAC members indicated that they were struggling to secure adequate resources for their interventions, as there were a lot of other organisations that wanted funding from the same donors.

This is one of the reasons these organisations perceived joining ECHCAC as a progressive step, they believe that it will also open funding opportunities or help them push their agenda through organisations that had adequate resources to help them. The ECHCAC was a big enough coalition to have a presence in the Eastern Cape health subsystem. However, it is important to mention that, although some coalitions are often too small to gain enough power to take over the process of policy change, the ACF emphasizes the necessity for them to accumulate personal and financial resources to gain the reputation that will make the coalition visible and in a position of power to influence (Henry 2011). Although the ECHCAC has a presence in the sector, it still needs to find ways of accumulating financial resources to ensure smooth operations of the coalition. The Resource Dependency Theory claims that policy participants tend to align themselves with other policy members who are in a position of power, as was the case of the ECHCAC members. This exercise was meant to bring about the desired results, which is why some members were unsatisfied with the outcome of the events. Having access to resources is an attractive attribute to other policy actors, as it signifies power and

capacity, therefore if they are not getting the power and support they needed, things can turn a bit ugly, or as in the ECHCAC case, members stop participating and the coalition becomes stagnant.

LEARNING

Learning and growing is an integral part of the policy development process. It is what Albright (2011) calls policy-oriented learning. Learning poses a challenge when conditions to learn are restrictive and members do not share their experiences and findings to inform improved initiatives. ACF implies that policy-oriented learning can be challenging, however, participants need to constantly share information through publications, meetings and other communication channels in order to identify challenges and provide recommendations towards improved interventions (Albright 2011, Nohrstedt & Weible 2010). Sharing information is not enough, however, members need to be receptive and sensitive to one another, because without a trusting relationship, they will not understand each other and the coalition, and their stand on the policy change process will waiver.

To conclude, the ECHCAC members of the new, invited organisations were facing challenges that were fundamental to their quality of life. They were not just working with community people, they were community people, living and trying to survive in very unstable socio-economic and politically unjust environments. These were their core beliefs, everything else was secondary, if these core beliefs were to be expressed, acknowledged, understood and taken into consideration when strategizing, a more respectful and transparent relationship might exist between the coalition members, which might promote receptiveness to learning and adapting. It's the core beliefs that make it difficult for the participants to learn, because each one of them fights to defend, instead of addressing, those beliefs, which creates divisions and lack of collaboration between members (Sabatier 1988). For members to learn, it's important for participants to reach a position of knowing that learning will benefit them and to also learn how to use what they learn to benefit from it. Since the elite, who are members of the coalition who are professionally engaged and specialise to some degree in policy related issues, tend to possess deep knowledge, they would do well to share with others their experiences, as well guide other members towards successful collaborations so that everyone of the coalition members can benefit. The process of creating a stable subsystem is a lengthy process. Participants need to constantly review their interventions to keep relevant, otherwise they might integrate and not be able to influence policy as a unified coalition.

KEY FINDINGS AND RECOMMENDATIONS

The purpose of this case study was to explore the dynamics of the Eastern Cape Health Crisis Action Coalition (ECHCAC), which entails the conceptualisation, establishment and coordination of ECHCAC, their motivations and beliefs, activities and approaches as well as the outcome of their work. The challenges and suggested solutions have been discussed as well, to provide a clearer picture of the conditions the ECHCAC operates within. This section highlights the key findings and the recommendations.

EASTERN CAPE SUBSYSTEM

The Eastern Cape Department of Health has been experiencing a crisis which included inappropriate health facilities and equipment, insufficient medication, unavailability of patient transports and emergency medical services, improper accommodation for health professionals, and inadequate management of the health facilities amongst other things. The various organisations that have been working within the sector realised the need to work together to engage the government to address these crises with a belief that there is strength in numbers. However, certain issues arose from forming the coalition which were not initially conceived, such as the benefits of joining the coalition, the requirements of maintaining it and the image it portrays to others.

Recommendations

- It's important to first gather as much information as possible on the nature of work you intend to embark on, be very clear on the objectives of the coalition from the very beginning and ensure that the members core beliefs are aligned. This will assist in mitigating issues with the partners regarding certain expectations, as well as prevent the government officials from assuming that the coalition works for opposing parties instead of working towards the realisation of people's needs.

- It's necessary for coalition members to clearly understand the structure of a coalition and the various roles they can play in it so that they will not be any confusion and frustration regarding benefits

ECHCAC ESTABLISHMENT AND COORDINATION

Since these organisations worked together in the Eastern Cape, it was not difficult for them to come together to form a coalition. Most of them were in consensus regarding the crisis that the health sector was faced with and knew that on their own, they didn't have as much power as they would have when united. What was not easy to foresee at its inception however was the time that would need to be invested to implement and coordinate the coalition and its activities. Coalitions are powerful bodies but are not easy to sustain.

Recommendations

- Selecting a steering committee and a coordinator is something that the coalition needs to do at the inception to ensure that everyone understands the role they ought to play. Those selected

individuals need to include the work of the coalition as part of their organisational key performance areas to be able to dedicate the necessary time to the coordination of the coalition.

- Clear communication is integral to the longevity of the coalition and should not be limited to the use of emails and circulated minutes after meetings. Making use of other forms of communication such as WhatsApp and other instant messaging platforms as a notification platform for members to access their coalition information may promote the culture of improved communication between members.

- There is a need to constantly strengthen the cause of the coalition through organising collective campaign of awareness, or any other activities that require the involvement of a large number of members of the coalition, the targeted communities and state actors.

- The coalition is to review whether all members of the group benefit equally from it, and if not, what can be done, if anything, to ensure that there is significant satisfaction of as many of the members as possible.

ADVOCACY AND SERVICE DELIVERY

There are various methods adopted by the coalition to mitigate the challenges faced within the health sector. These include engaging the state, mobilising the public to participate, and involving the media in important matters, amongst others. It's often difficult to get cooperation from the government as the coalition is viewed upon with suspicion. Some government members accuse them of working for the opposition and although they are some government official that agree with the coalitions agenda, they often don't have the power to influence policy. Mobilising the public to participate in policy change is a strenuous process that demands effort and patience. Furthermore, the media has a tendency of using the information provided by these policy participants for their own agenda, often promoting ideals that are not often aligned with the coalitions goals.

Recommendations

- There need to be clear guidelines that government officials and the public alike know and understand that entail the roles, responsibilities and relationship of the government with the public. It is important for these guidelines to be in place, especially since the government officials tend to change over a period of time. When the new person comes in, they are usually not aware of the relationships built, which delay any plans and falter progress. Therefore, the systematic approach of having guidelines will assist with staff turnover issues, as the people that will be replacing those that have left will understand from the very beginning that it is one of their responsibilities to engage the public with certain matters.

- There is a need for coalitions to establish relationships with relevant duty bearers that will be willing to listen and incorporate the public's opinions and concerns into their plans and strategies. Of course the process is not a linear one, being creative and applying ones' individual traits is necessary for the collaborations to succeed. Once the relationship has been built, it should be maintained by not only the individual members but the organisations and coalitions as well. Building trust is fundamental in all these relationships.

- The public needs to be included from the inception of the intervention to the end, and there should be systems in place that will allow the coalition to provide feedback to the communities.

People should be empowered to demand their rights on their own, even when the coalition no longer exists.

- The coalition needs to be clear on what they want to release via media before inviting the media to report, and they should adopt a media strategy that will advance the cause of the coalition.

- The coalition needs to understand the ever-changing nature of the subsystem and be ready to adapt and re-strategize when the status quo changes.

LEARNING AND DEVELOPMENT

Learning can be a long involved process with various elements that need understanding. From the inception of the initiative, those involved learn about their partners, their objectives and the various methods they can use to deal with issues they encounter. It is an important process for individuals and the organisations they work with, and it can be a collective effort or a personal endeavour. However, without the right mechanisms in place, what is learnt can be lost if not shared or integrated into the work.

Recommendations

- There should be learning, knowledge and skills transference mechanisms in place that will ensure that the knowledge from previous employees, coalition members or those that have extensive field experience is transferred to newcomers and other less knowledgeable colleagues.

- The coalition needs to promote documenting and reflecting amongst its members. It is necessary to have a culture of documenting and reflecting to be able to review the work, assess where it works, its shortfalls and allow room for change and adaptation towards intended objectives.

- Development and progress are long-term initiatives, therefore patience, perseverance and commitment are crucial traits to have. This will aid the coalition members to maintain their enthusiasm and fight against demotivation and lack of participation, especially when their expected results are delaying.

STUDY LIMITATIONS

Due to lack of human resources and time constraints I started the investigation to this study using a grounded theory approach. Although entering the field with assumptions about what constitutes a coalition was not too different from the framework indicators, I believe that starting your study guided by a theory helps to structure the argument being made from inception. In that way you are able to focus your interview questions to the key areas. This process saves time and the work produced is more refined and profound. It would have been beneficial to spend more time unpacking the belief systems of the various coalition members to determine its sustainability. Furthermore, the power and ability acquired by the coalition as it grows is another aspect of coalition constructions that needs to be explored, perhaps in another paper.

CONCLUSION

The study sought to explore concepts of a coalition using the ACF model which proved to be an efficient way to analyse policy processes and related mechanisms. Through the model I was able to assess the formation and structure of the ECHCAC, the motivating beliefs, and preferences that influence the performance of the coalition within the subsystem. Lessons learnt include, but are not limited to, the importance of establishing binding core and policy beliefs amongst members. The need to associate with a coalition to gain access to spaces that are otherwise restricted to the public is also an important factor within the policy process.

The actors also have innate desires to only invest their time and resources to coalitions they trust to be capable of addressing their issues. If they believe that you are not capable of assisting them in their struggles, they will not entertain you at all. For the coalition to grow to a degree that it is influential and can contribute towards policy changes that are favourable to them, long term commitment from members is necessary. Lastly, the study found that various actors learn from the policy process and through interacting with others. There is a desire to have information related to the subsystem circulated and made available to everyone in the field.

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APPENDIX 1- INFORMANTS INTERVIEW GUIDE

COALITION MEMBERS' INTERVIEW GUIDE

- What were the motivating factors behind the coalition?
- Please explain the process involved in starting the coalition?
- Who were the main drivers of the initiative and what were their responsibilities?
- Please explain PSAM's involvement in the process and their role in the coalition.
- What are the objectives of the coalition and how many of those objectives has it been able to achieve, how and why?
- What are the challenges encountered by the coalition and the possible solutions?
- How does the coalition engage the government? Please provide me with a list of activities it has been involved in, since its inception in 2013.
- How does the coalition engage the public? Please provide me with a list of activities it has been involved in since its inception in 2013.
- How does the coalition engage the media, if at all?
- What progress has been noted in the sector due to the coalition interventions?
- How do you monitor and measure the work of the coalition?
- How does the coalition handle staff turnover? Does it impact on the work, considering that the nature of the work involves forging relationships based on trust?
- What are the most important lessons you've learnt since the inception of the coalitions in relation to:
    - Establishing and maintaining partnership,
    - Effectiveness of interventions,
    - Growth and development of members
    - Growth and development of coalition
- What is your vision for the future of health services in Eastern Cape?
- How is the coalition funded? Is it sustainable? Does that impact on the quality and level of work it does?
- What is the timeframe of the coalition, realistically? Is there a system in place that will ensure that the interventions continue even if the coalition disintegrates?
- What advice to give to others who are interested in forming coalitions?
- Any other comments or suggestions?

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