



Institute of Social Studies

THE ROLE OF PUBLIC BUREAUCRACY IN POLICY IMPLEMENTATION: THE CASE OF THE BRUNEI NATIONAL HOUSING SCHEME

A Research Paper presented by

Dyg Hajah Sainah Binte Haji Saim

(Brunei Darussalam)

In Partial Fulfilment of the Requirements for Obtaining the Degree of
MASTER OF ARTS IN DEVELOPMENT STUDIES

Members of the Examining Committee

Dr. V. Moharir
Dr. D. Gaper
Dr. F. Sheriff
Dr. W. Boelman

The Hague, December 1995

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I N S T I T U T E O F S O C I A L S T U D I E S

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MASTER OF ARTS IN DEVELOPMENT STUDIES
(Public Policy and Administration)

Members of the Examining Committee:

Dr V V Moharir

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The Hague, November 1994

Dedicated
to
my beloved parents
Haji Saim Abu
and
Hajjah Halimah Baki,
and
nephew Abu Bakar As-Siddiq
at
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ABSTRACT

This study is an analysis of the implementation of the Brunei Darussalam National Housing Scheme as translated in the role and activities of the Brunei Darussalam Housing Development Department.

This is an attempt to find out the success or failure of the scheme implementation as carried out by the Housing Development Department as its implementing agency. The Government through the department has acted as provider of housing in most aspects of the country's development. This study is mainly based on secondary data and personal interviews, and this collection was carried out within a limited time of a couple of months.

The Brunei Darussalam case is an atypical one because there was no financial and land problem. In fact, there was no income tax. The housing policy is a "distributive" policy, and so are most other policies introduced in the country. Being one of the largest housing projects in the country, the National Housing Scheme is one result of the public sector involvement in attaining the housing policy objectives. It is therefore necessary to find out the problems which delay the implementation process of the programme. It appears that the 1980 applications have not been completely satisfied.

The main problem lies in the implementing bureaucracy. To clearly understand where the problems lie, the case is analysed in two parts. Firstly, Grindle's implementation model is used to analyze the implementation process. To supplement this model, specific components of the bureaucracy are looked into, and, in relation to these components, the role played by the bureaucracy, whether as a class in itself, an agent of the ruling class or as a structure, in the implementation process.

The Grindle's model helps to clarify the content and context of the programme. It was found that the context and content were favourable to its implementation but the main problems were more intrinsic in the implementing agency, in terms of its administrative processes and procedures. The analysis on the role of the Housing Development Department shows that the department's role as a bureaucratic structure had slowed the scheme implementation process.

Hjh Sainah Hj Saim

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ABBREVIATIONS

AFS	-	Administration and Finance Section
AS	-	Application Section
BG	-	Brunei Government
BJCE	-	Brunei Junior Certificate of Education
BSB	-	Bandar Seri Begawan
DO	-	District Office
EMS	-	Estate Management Section
ESD	-	Electrical Services Department
GCE	-	General Certificate of Education
GDP	-	Gross Domestic Product
GNP	-	Gross National Product
ha	-	hectare
HDD	-	Housing Development Department
HNC	-	Higher National Certificate
HND	-	Higher National Diploma
KB	-	Kuala Belait
Kg.	-	Kampong (village)
km.	-	kilometre(s)
LCS	-	Landless Citizen's Scheme
LD	-	Land Department
m.	-	metre(s)
MIB	-	Melayu Islam Beraja (Malay Islamic Monarchy)
MoD	-	Ministry of Development
NBD	-	Negara Brunei Darussalam
NDP	-	National Development Plan
NHDP	-	National Housing Development Programme
NHS	-	National Housing Scheme
OND	-	Ordinary National Diploma
PCE	-	Primary Certificate of Education
PWD	-	Public Works Department
PSC	-	Public Service Commission
SD	-	Survey Department
Sg.	-	Sungai (river)
sq.	-	square
TCPD	-	Town and Country Planning Department
TOL	-	Temporary Occupancy Lease
TS	-	Technical Section
%	-	percentage/percent
B\$	-	Brunei Dollar
S\$	-	Singapore Dollar
US\$	-	United States Dollar

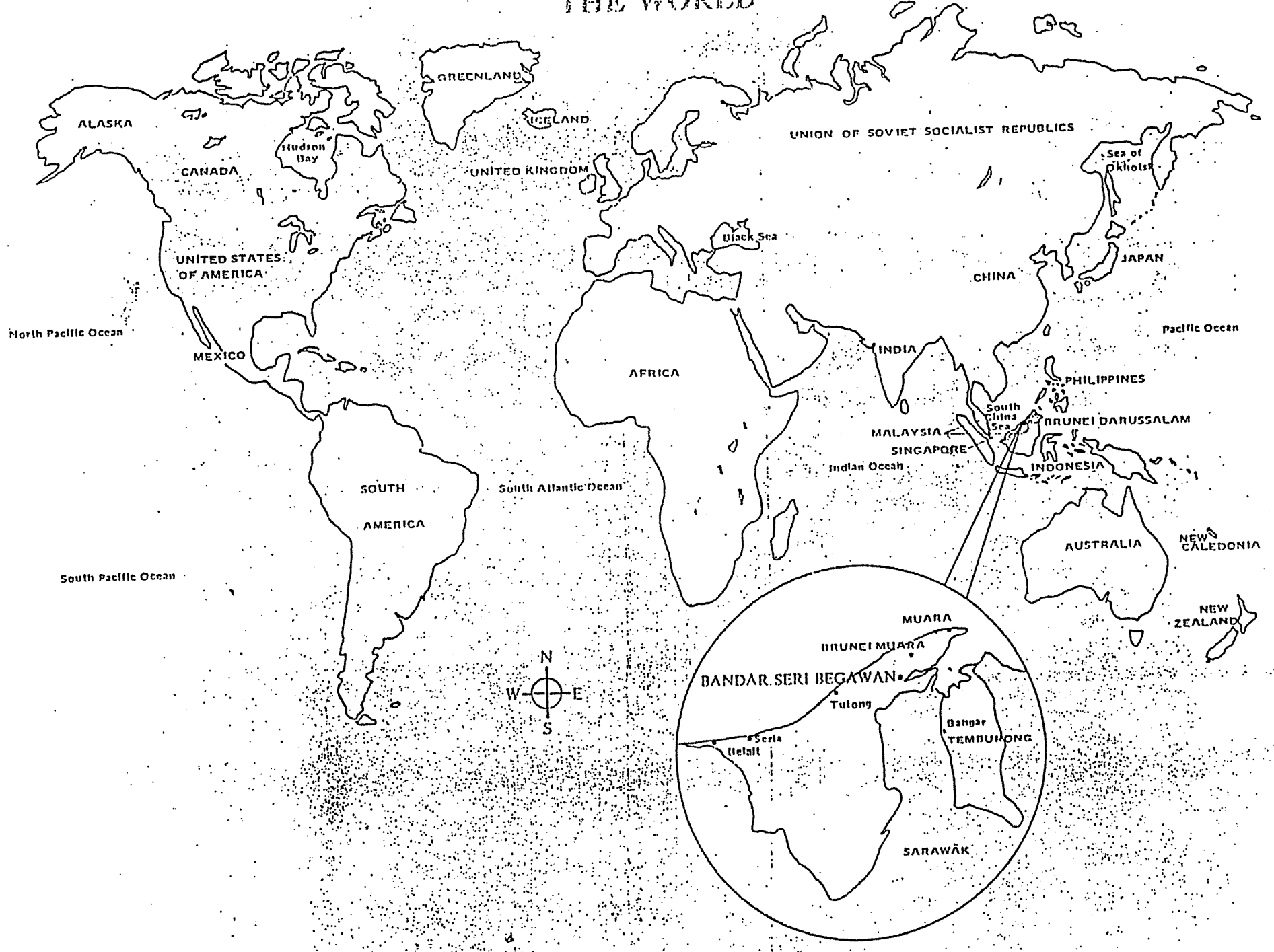
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US\$1.00 = B\$1.50

Note:

All English versions are not originals but translated specially for this research. The original versions are in the Malay language.

THE WORLD



Chapter One: General Introduction

This is a study of implementation of housing policy in Brunei Darussalam, emphasizing the role of the implementing bureaucracy. Housing policy refers to the range of activities that government and private institutions jointly undertake to provide housing services for a population. The role that government assumes in the housing sector is the dominant aspect of a national housing policy. Government takes an active role, intervening directly, or a passive one, deferring to private market forces and individual consumer demand, to establish the level of production and prices. A multiplicity of patterns of national housing policies and programmes exists around the globe, as revealed by the ways in which governments have either intervened or refrained from intervention in the housing sector. There are many complex reasons for the government intervention. The prominent ones are to cure housing shortage, to aid the poor, to improve general housing conditions, to ease the affordability burden and to stabilize production [McGuire, 1981]. In order to attain these objectives, policies and programmes are introduced and implemented.

The same applies to the Government of Brunei Darussalam. Effectiveness of any development plan depends on its implementation. Projects are one of the ways through which plans and policies are translated into action. Our purpose is to concentrate attention in our research at the implementation level and especially on the role of bureaucracy. As the available literature does not provide a full insight into the implementation process, our research will concentrate on this phase and highlight the problems and issues encountered. But we believe that problems and issues at implementation stage cannot be understood without a critical examination of the policy formulation process as well.

1.1 Statement of the Problem

Generally, housing policy is an example of a "redistributive" policy in the sense that the total supply is often limited in relation to the total demand and there is a political process involved by different groups in getting a higher housing allocation to them. Also wherever there are subsidies for housing, different groups also try to get these subsidies for their benefit. Housing is considered to be a commodity compared to the other social services such as education and health. It is a basic need of great political sensitivity because it normally involves issues such as land, capital and labour. However, this is not the case in Brunei Darussalam where, in a comparative sense, resources (especially financial) constraints are not severe. Here the main constraint may be the administrative capability in various government agencies to use the available resources in achieving the stated objectives of housing policy.

Housing policy in Brunei is different from other developing countries in another aspect, namely, the dominant position of the government in housing policy and housing provision. This dominance gives the government bureaucracy and the particular agencies involved a considerable leverage in formulation and implementation of housing policy. Because of limited capacity of agencies

concerned, targets and objectives of housing policy could not be realized. This raises both the policy and implementation issues.

Policy issues relate to the adoption of a particular strategy, the respective roles of public and private sector in housing production and the extent of subsidizing. Since the public sector has not been able to use available resources effectively in the past to realize objectives of housing policy, should the roles of public and private sectors be different in future? In other words, should public sector restrict itself only to the formulation of housing policy, laying down housing priorities, ensure provision of finances, and so forth, and leave actual production and distribution of housing to be decentralized to private sector and voluntary sector? A related policy issue is about housing finance.

Government employees and those with some savings and land in possession do not have many problems getting finance at reasonable rates but the low income category people, specially from Kampong Ayer, do not fulfil the existing requirements. The issue here is the ownership of land.

Another issue is that of mix of different types of houses to meet the needs of different groups of clients and specially the low income groups. The designers of the Housing Department have mostly designed high cost big houses costing considerable amount of money. The private sector had also not shown much interest in building houses for the low income groups.

At the implementation stage, the issues relate to both the socio-political context of implementation as well as the issues of administrative capability of various government agencies to realize priorities and specific objectives of housing policy. Here the problems are that of support to policy from different groups in the society and of lack of coordination between various agencies, between planning and budgeting, lack of monitoring capability in different organizations, inability (or unwillingness) of bureaucracy to identify different target groups and design different types of housing services to different clientele groups. The existing staffing and personnel management practices also influence performance here.

This study is not testing any particular single hypothesis of cause and effect. Our main concern is to examine how the stated goals and objectives of the national housing scheme are operationalized and translated into actual practice and whether that is in conformity with the policy intentions. To the extent where there is a gap between policy promises and actual realization, we try to find the reasons. In order to do this, we examine the policy implementation from the perspectives of applicants, occupants and the staff of the housing agencies. The study mainly focuses on the implementation process as revealed by specific activities of the Housing Development Department (HDD) through which the National Housing Scheme (NHS) take shape.

1.2 Purpose and Scope of Study

This paper is an analysis of implementation or non-implementation of an important public policy in Brunei Darussalam. The case of the NHS is used to

show the success or failure of the implementation process. The NHS is solely handled by the HDD. Study of the latter provides the picture of how the bureaucracy implements the scheme. The main emphasis is on the examination of the HDD and its role and significance in the delivery of housing but analysis of the formulation and the possible impact of the programme through its implementation process, by using existing materials and gathered information from the relevant departments concerned, is also done to identify the necessary changes for improvement in future programme performance.

1.3 Research Questions

Based on the above description of the research problem, here we are trying to find answers to the following types of questions:

- 1.3.1 How and when was the housing policy formulated in Brunei Darussalam?
What was the involvement of bureaucracy in this process?
- 1.3.2 How did the policy design approach the problem of implementation? In the design was there any specification of who is going to implement the policy and how; anticipation of support or opposition from various groups; or any indication of resources to be used, and incentives and sanctions to get the expected policy response? Were the objectives, priorities between them and the targets for them specified and were they feasible keeping in view the political and administrative context?
- 1.3.3 How was the policy "operationalised" and by whom? Was this operationalization in line with the expectations at the formulation stage? If not, what explains the distortions?
- 1.3.4 What are the interrelationships between various government agencies and different client groups? Are these relationships conducive for realizing policy objectives? What strategies are used by different client groups to get access to resources?
- 1.3.5 What is the task allocation and responsibility distribution between various implementing agencies for implementation of this policy? What is their administrative profile? Have they been able to realize the objectives, if not, why not? What coordinating mechanisms are used by the HDD as the lead agency to ensure proper implementation?
- 1.3.6 Is lack of policy impact due to reasons of political support or administrative capability or both or bad formulation, or adverse environmental changes? How could some of these obstacles be removed? What should be the profile of housing policy in future? What implementation mechanisms can be introduced to increase effectiveness?
- 1.3.7 What is the actual role of bureaucracy in policy implementation? Has the bureaucracy acted as an agent of the ruling class or concentrated on benefits to itself and does the analysis of bureaucratic structures and process explain the impact of the housing policy?

1.4 Methodology and Limitation of Study

This study is aimed to establish the implementation performance of the policy as well as the role of public bureaucracy involved and to analyze the factors that affect the achievement of its objectives.

Most of the theories and literatures are drawn from the field of Public Policy and Administration, as applied to developing countries. The study is done in a limited time perspective and is primarily based on secondary data on contemporary public sector housing provision, the Brunei Darussalam Government documents and the Brunei National Housing Scheme. Additional data and information on the administration of the scheme, which is only available in the Housing Development Department, are collected and used.

The use of secondary data is supplemented by personal experience, and experience of those who worked in the HDD, as the main agency involved in implementation of the housing scheme, and information on the socio-economic background of implementors and successful/unsuccessful applicants, where possible, while identifying and analysing the factors responsible for the slow implementation of the projects. The identified causes are analyzed in the context of their sources, severity, manageability, and so on.

Literature on implementation theories on the role of public bureaucracy in policy making are also drawn upon. Library research is carried out at the Institute of Social Studies at the Hague as well as the Institute of Housing Studies at Rotterdam. Relevant elements and variables from these models are selected to establish an analytical framework for this study.

1.5 Justification of Study

This study is justified because the success of the programme concerns a lot of people especially those who have no other opportunities for acquiring or owning housing. The government agencies, i.e. the HDD and other housing agencies, also have an interest in making the programmes successful because they are directly involved in the implementation. Success means a big boost to their public image as well as a motivation for government staff to work harder. Most of all, the programmes are considered vital by the Government of Brunei Darussalam in the delivery of basic need of housing to all her citizens. Moreover, this study hopefully highlights problem areas in programme implementation, otherwise overlooked, and thus will improve working of the existing public housing bureaucracy.

1.6 Organization of Paper

This paper is divided into five chapters. Chapter One is the **introduction** chapter which has provided the statement of the research problem in which this research is based, the methodology used and the limitation of the research.

Chapter Two is the **theoretical framework** chapter, where the basis of analysis is put forward, while Chapter Three provides the **descriptive narration** of the case under study: the profile of the Brunei Darussalam public bureaucracy, the housing programmes and the housing agencies involved.

Chapter Four consists of **analysis** of the case. This chapter analyses the implementation of the national housing scheme and the role of the Housing Development Department based on the suggested framework of analysis.

Chapter Five comprises the **conclusion**. This chapter gives the conclusion of the analysis, the success or the failure of the implementation and lessons from this analysis. Suggestions and recommendations are also given.

Chapter Two: Theoretical Framework

Housing policies in developing countries, specially for the low-income group, have been analyzed using different frameworks, ranging from economic analysis of supply and demand for housing, political economy frameworks emphasizing interest group politics or technical frameworks analyzing costs, building materials, design of houses, etc., or using bureaucratic decision-making frameworks [Amos, 1984; Drakakis-Smith, 1980; Maclennan 1982; McGuire, 1981].

While each one of them is equally valid, our preference in this study is in the last named framework. Hence the literature study and concepts are influenced by this preference.

This chapter is basically on this framework and is divided into three parts. The first part deals with the definitions and clarification of concepts. The second part mainly concentrates on the literature review. The third and the final part relates to the framework for analysis.

2.1 Definitions and Conceptualizations

Before proceeding further, it is necessary to define three terms here, viz., "public policy/programme", "policy implementation", and "public bureaucracy".

2.1.1 Public Policy/Programme

Generally, the word "policy", according to John Zadrozny [1959], can be understood as "the standard procedure for accomplishing something according to prescribed methods and principles". Different definitions are given by different people. Thomas Dye [1978] defines public policy as "whatever governments choose to do or not to do." M.S. Grindle [1980] states that it is "a broad statement of goals, objectives and means." Harold Lasswell [1956; in Dye, 1978] refers to it as "a projected programme of goal values and practices." Quah [1984] defines it as "a set of major guidelines which are directed toward the future and provide ... leaders with a framework for making decisions in response to perceived societal problems and within the context of several constraints such as normative and resource constraints and uncertainty." However, Brunei Darussalam does not face severe resource constraints or uncertainty. Therefore, whatever the word refers to, for the purposes of this paper, "public policy" is simply "a set of major guidelines which are drawn up by the Government and directed toward the future."

In this paper, the study is focused on a programme. Programme is part of public policy. It is more specific in nature and a plan of what is (intended) to be done. As policy is a set of major guidelines, programmes are sets of plans to be carried out, with their individual objectives, to meet the policy objectives. Others like Lyden Johnson state that it is "a set of related activities with a common objective". In fact, the NHS is one of the many programmes carried out by the Government of Brunei Darussalam to meet its national development objectives to raise the standard of living of the people and to ensure they live in a healthy and clean environment.

No policy can be a policy without implementation. The existence of a policy can only be seen through implementation.

2.1.2 Policy Implementation

According to Oxford Advanced Learner's Dictionary, to "implement" a policy or programme is to put it into effect or carry it out. More precisely, it is a move towards achieving the objectives set out in the policy or programme. According to Walter Williams [1980], the verb "to implement" has two principal meanings: "to provide or equip with the means of carrying into effect" and "to carry into effect", thus indicating that implementation has to do with 'inputs' as well as 'outputs'. Implementation, therefore, constitutes both means and ends.

Rondinelli and Cheema [1983] define "implementation" as the execution or carrying out of a programme or project aimed at achieving specific policy objectives. It is also considered as a process of interaction between the setting of goals and actions geared to achieving them [Pressman and Wildavsky, 1973].

Policy implementation has been defined as "the process of carrying out public policy directives" [Nakamura and Smallwood, 1980:1]. According to Van Meter and Van Horn [1975:447] policy implementation refers to "those actions by public and private individuals (or groups) that are directed at the achievement of objectives set forth in prior policy decisions." Policy implementation can thus be defined as "those actions taken by public organizations and their members in order to attain the goals identified by the policy-makers during the policy formulation stage" [Quah, 1984:118]. Of course, in implementation of policies responses and behaviour change on the part of people are also involved. More specifically, policy implementation involves four activities: (1) the identification of the implementing agencies and implementors; (2) the allocation of responsibilities and resources among the various implementing agencies; (3) the use of those powers; and (4) the monitoring of the activities of both the implementing agencies and implementors. The Grindle's model as discussed later provides a similar type of analysis of the implementation process.

2.1.3 Public Bureaucracy

The third concept of importance here is "bureaucracy". The word bureaucracy is derived from the French word *bureau*, meaning desk or office. Since Max Weber, a German sociologist, used it to describe a particular type of organizational structure (discussed later), it has gained existence and common usage. Perrow [1970 p.50] gives a pejorative meaning:

"Bureaucracy" is a dirty word ... It suggests rigid rules and regulations ... impersonality, resistance to change. Yet every organization of any significant size is bureaucratized to some degree or, to put it differently, exhibits more or less stable patterns of behaviour based upon a structure of roles and specialized tasks.

Jan-Erik Lane [1990] in Bureaucracy and Public Choice explores the theoretical concepts of bureaucracy. He acknowledges the peculiar tension between the denotation and the connotation of the concept. However, for the purpose of

this paper, we take the meaning of public bureaucracy as the government in general. This includes political executive and bureaucracy. However, since there are no political parties in Brunei Darussalam, the term denotes the governmental ministries, departments or agencies. In this case, it mainly refers to the implementing agencies involved in the housing programmes.

2.2 Literature Review

This part deals mainly with theories on implementation and bureaucracy. Firstly, implementation models are discussed before coming up to a model flexible enough to contain the elements to be used in the final theoretical framework for analysis. Secondly, the role of public bureaucracy is looked into. In order to analyze the role, the elements of public bureaucracy are specified in terms of substantive variables.

2.2.1 Implementation Theories

An analysis of the various literature on implementation studies indicates that such studies are, for the most part, culture-bound because the bulk of them focus on the United States and the Western Europe. Beginning with the seminal work by Pressman and Wildavsky [1973], issues of implementation entered policy debates. Only a handful of studies, however, have been on implementation in Third World countries. For example, in his review of "Top-down and Bottom-up Approaches to Implementation Research", Paul A. Sabatier [1986] refers to studies in the United States and Western Europe. A similar bias can be detected in the work of Linder and Peters [1987; in Quah, 1987], who divide implementation studies into two major approaches: the "horrors of war" (or "nothing works") approach and the "search for theory" approach.

Literature on implementation theories emerged generally from policy studies stream and earlier on from development planning, programme and projects in developing countries. Most of the conceptualizations are based on case studies as can be found in the work of Grindle [1980], Mazamanian and Sabatier [1983], Iglesias [1976], and Samuel Paul [1982], Honadle [1979], and others. Today, the focus of implementation studies is on the "design" perspective such as the works of Ingraham and Bobrow and Dryzek [1987].

To understand "implementation", an understanding of formulation is a must. And it is the "implementation" which creates "impact". But impact is influenced by factors other than implementing actions only. Hence "implementation analysis" involves a three stage analysis: (1) ex ante (how the implementation was viewed at formulation stage - scrutiny of policy design - its clarity, consistency, precision, reasonableness, etc..) (2) implementation assessment (mid-stream examination of what is actually happening) (3) ex-post facto evaluation of implementation (relationship between impact and implementing actions and identification of what has happened.)

All conceptualizations are characterized by linking formulation to implementation and impact, including analysis of both internal and external variables. The very important factor for implementation is the ability of public bureaucrats to identify all the variables that affect the achievement

of the objectives [Mazmanian and Sabatier, 1983:21; Pressman and Wildavsky, 1973]. Most common variables stressed are: nature of the policy itself, implementing organization(s), target group(s) and the environment. The analytical part is weaker as compared to the behavioural part. Most conceptualizations are based on empirical studies such as those of Grindle, Sabatier, and Iglesias while some are not such as that of Smith. Most case studies are of failures. One exception is the work of Samuel Paul [1982], on the management of development projects, the lessons of success and the application of principles of strategic management to public organizations.

Scholars attribute the problems of implementation to a myriad of causes. One is the scarcity of local resources -- fund and skilled planners and managers -- for supporting or maintaining projects [Rondinelli, 1979; Milne, 1972]. This is further aggravated by the presence of ambitions and expectations which are disproportionate to the available resources. Another cause is the low level of administrative capacity of organizations charged with the task of planning and managing projects [Moharir, 1992; Iglesias, 1976] such as indicated in Iglesias work with the adoption of an approach examining "the dynamics and the environmental and historical contexts impinging on the implementation process" especially the role of such factors as "structure, leadership, support, resources and technology". Failure of most development plans is also caused by deficiencies in the planning process [Moharir, 1992], such as overemphasis on economic consideration and neglect of the social, political and administrative aspects. Still, another factor is the degree of political support and commitment to the plan [Grindle, 1980], from the experiences of successful programmes -- where resources, and political support and commitment were not the problems -- Samuel Paul [1982] found that innovative management and institutional interventions are crucial in overcoming problems related to the strategies, structures and processes.

Variables as mentioned above are found to be important in case studies and literature. Some specific variables/factors are peculiar to the Third World countries but most do not figure prominently in literature. These are the impact of charismatic leadership, extreme degree of resource constraints, treatment of qualitative uncertainty in the environment, use of non monetary compliance strategies, inter-organizational coordination (both vertical and horizontal) in implementation, and private sector and Non-Government Organizational sector compliance of public policies.

From the discussion above, we conceptualize implementation both as a socio-political and a bureaucratic process and an on-going process linking the policy formulation and evaluation. The success of a policy depends upon the availability and utilization of the variables. This coincides with the view provided by Grindle.

2.2.1.1 Grindle's Implementation Model

The theory of implementation given by Grindle [1980] highlights the variables considered crucial to explain implementation success or failure. She sees implementation as both a political and an administrative process and

implementation process as central to politics in developing countries. Her model is applicable in the various cases of the Third world context. However, the interrelationships and interdependencies among the variables she mentioned are not well discussed such as that of "resources committed", its interaction and effect on implementation, or that of "sites of decision making", its level and implication. Despite its drawbacks, the model improves our understanding of the complexities involved during policy implementation.

Attention is given to linking salient features of policies or programmes to their subsequent implementation, and to relating implementation problems to the policy process. The model addresses two questions; namely, what influence the content of the policy or programme has on its implementation and how the policy or programme context of administrative action affects its implementation.

2.2.1.1.1 Content Variables

The policy content refers to the substance of the policy. The variables given by Grindle are interest affected, type of benefits, extent of change envisioned, sites of decision making, programme implementors and resources.

Interests affected includes individuals and groups who are affected either positively or negatively by the policy or programme. Those whose interests are threatened react with opposition and those who benefit from it support the policy or programme. Still there are others who neither gain or lose and these people react indifferently. The policy studied here affects different groups, civil servants, low income people, and so on, but this has not resulted in open conflict.

Type of benefit refers to the benefits that are provided by the policy. These can be either collective, shared by many people, or divisible, separate or felt by certain groups. Policies with collective benefits are easier to implement compared to those with divisible benefits, which may exacerbate conflict and competition among those seeking to benefit from them. Divisible and long term benefits are involved in this study.

Extent of change envisioned is the degree of behavioural change that the policy expects or requires from the intended beneficiaries. It follows that policies with long term objectives that require lots of behavioural changes among beneficiaries such as family planning are more difficult to implement than the execution of policies with immediate benefits that require none or little change on the part of beneficiaries such as distribution of residential lot titles/houses to squatters in urban areas.

Sites of decision making include all decision channels, both geographically and organizationally dispersed, that are involved in the implementation of the policies. Policies that require large number of sites of decision making will be more difficult to implement than as expected. The content of policy dictates sites of implementation. Power position of such decision-site will also influence the outcome. In the case of Brunei housing, although different agencies are involved, decision making is essentially

within the government and not societal [not much participation of all groups involved].

Programme Implementors includes national level planners; national, regional and local politicians; economic and elite groups, especially at the local level; beneficiaries or recipients; and bureaucratic implementors at middle and lower levels. [Those implementors within the public bureaucracy are discussed further under the section on the role of bureaucracy]. Many of them are called upon to make choices about specific allocation of public resources while others may attempt to influence decisions.

Resources are funds, personnel, materials and equipment, and information required for the implementation of policies. As stated in the introduction, finance and general political support are not a constraint in this case.

2.2.1.1.2 Context Variables

The policy context refers to all those aspects of the country's socio-political environment which influence the formulation, implementation, and evaluation of public policies. Perhaps the most thorough definition of "policy context" is provided by Leichter [1979:41-42; in Quah, 1987] who defines "policy context" in terms of the interaction between those situational, structural, cultural, and environmental factors which influence the public policy-making process. The contextual variables given by Grindle, which have real or potential impact on a given social, political and economic setting, are: the power, interests and strategies of actors involved and their compliance and responsiveness in achieving policy goals.

Implementation involves many actors whose interests and goals may be in direct conflict with each other. The result of that conflict and 'who gets what' can be explained by the interests, strategies used and power position of actors involved. What is implemented may be the result of a political calculus of interests and groups competing for scarce resources, or the response interacting in a given institutional context. Assessing the 'power capabilities' of actors, their interests and strategies for achieving them, and the characteristics of the regime in which they interact may, therefore, provide the basis for determining the potential for effectively achieving policy goals. In this study, those actors within the public bureaucracy and their interests are looked into in depth under the section on the role of bureaucracy.

Compliance and responsiveness are two subordinate problems faced by political executives and implementors in achieving policy goals. Political executives need to elicit the support of all actors involved -- which may mean much bargaining, much accommodation and much conflict -- to ensure effective implementation. At the same time, implementors or officials must ensure an adequate amount of responsiveness to the needs of beneficiaries or target groups in order to obtain their feedback, support and flexibility for successful implementation.

All of these variables are involved in the three stage analysis suggested by Grindle, namely, (a) analysis of the policy formulation process -

- implementation analysis at policy design stage; (b) analysis of the implementation strategy and its realization through specific actions, allocation of resources, etc.; and (c) analysis of organizational decision-making with a view to see who are the beneficiaries of administrative decisions and whether they are the same as intended beneficiaries. Figure 2-1 shows the diagram of the model. In this study, the variables which concern the public bureaucracy are analyzed separately.

2.2.2 Role of Public Bureaucracy

For a public policy to be formulated, implemented or evaluated, an institution or organization is required. A public policy often requires a public institution or organization or bureaucracy to see it through, especially in a developing context. As such, the latter has a crucial role to play. What is this role?

There has been considerable literature and theories on the actual and proper role of bureaucracy in policymaking. This literature can be categorized into three main explanations of this role. Firstly, bureaucracy as a class states that the role played by bureaucracy in policymaking is to enrich itself and safeguard its own class interests. Secondly, bureaucracy as an agent of the ruling class states that in every society, the ruling class or elites control the bureaucracy and bureaucracy interprets all policies in the interest of members of these elites/class. Finally, in addition to being a social class or an agent, bureaucracy is also a particular kind of organization characterized by hierarchy, rigid task allocation, procedure, rule orientation, and so on. This Weberian structure of bureaucracy was conceptualized in earlier times when task of government was limited, there was separation between politics and administration and the process of democratization was limited. This same structure now has to deal with the complex issues of policy formulation and implementation which now involves many organizations and groups inside and outside the government; policy environment is often uncertain and resource constraint considerable. Therefore, there is often a lack of fit between innovative needs of policies and static nature of bureaucratic structures.

Although one can look at all the three approaches, in this study we are concentrating on the third approach. Our main interest is to understand how the government bureaucracy implements a policy like the housing policy. Since resource constraint in Brunei Darussalam is relatively less severe than in other developing countries, main problems in implementation may be of bureaucratic limitations. We can see to what extent the implementation process is in line with policy objectives and strategies and if not what changes are needed.

Various theories on the role played by bureaucracy have been developed from or in reaction to the classical ideal-type Weberian concept of a legal, rational bureaucracy. Weber saw bureaucrats as the largely instrumental tools of a political elite who are a value neutral, hierarchically organized body of rule applicators responsible for carrying out the administrative functions of

the state. He described the characteristics of bureaucracy to be standardized rules and regulations directing behaviour, prescribed official duties accruing to official positions, stable hierarchical chains of command, security of tenure and advancement strictly on the basis of merit and training.

The perspective of the role of bureaucracy as a structure highlights the institutional capacity and administrative capability, i.e., administrative procedure and process which occur within the bureaucracy. However, more attention is given to bureaucracy as a structure of interrelationships, task allocations, hierarchy, and so on, and its impact on policy making and implementation. In other words, emphasis is on the analysis of structures and processes of decision-making, implementation and monitoring in ministries, departments, education and training of civil servants, strategies of decision making and implementation used by the bureaucrats. The writings of Dror [1973] and Thompson [1969] are two examples illustrating this view.

The substances of public bureaucracy in this study are hierarchy, task allocation and description, superior-subordinate relation, strategies of operation, rules and regulations, processes and procedures, training, reward system and coordination. These basic elements act as guidelines in our analysis of the role of public bureaucracy.

Hierarchy refers to a device to coordinate the activities of a number of people working together on a task [ibid.]. From this technical viewpoint, as a hierarchy is ascended, each successive level takes a more encompassing view of the organization but possesses less detail of the activities of the lower levels. A number of prescriptions for the running of hierarchies handed down through the Scientific Management tradition [Koontz and O'Donnell 1959; in Butler, 1991] may be summarized into the principles of unity of command, accountability and span of control. Unity of command states that a subordinate should only report to one boss, accountability states that there should be a clear reporting relationship through which individuals can be required to answer for their actions, and limited span of control states that a boss can only manage a limited number of subordinates, a number of approximately six usually being suggested. The shape of a hierarchy can therefore be measured by the three variables: span of control, levels, and total number of participants.

The normal principle in bureaucratic organization is to allocate tasks in a clear way so that there is no duplication and overlapping. **Task allocation and description** refers to the clarification of the activities and functions of the organization. This may lead to the efficiency of the organization in preventing wastage of resources at lower levels. However, logically, this principle can create problems for innovation in policymaking. Firstly, the various ministries and departments in government take task allocations too seriously and always safeguard their own spheres. In defining problems and finding solutions, they will keep the interests of their own departments in view rather than looking at the problem from the point of view of government as a whole.

Superior-subordinate relationship is the working relationship between the upper and lower level personnel. As mentioned earlier, implementation involves many **actors** whose **interests** and goals may be in direct conflict with each other. Superiors and subordinates are non-exclusive. The result can be explained by the **interests, strategies used and power position of actors** involved. Seniority-juniority relationship is also looked at in this matter. Both kinds of relationship indicate the potential success of the policy.

Bureaucratic organizations encourage the style of incremental decision making or "muddling through" or what Simon calls "satisficing" style of decision making in which bureaucrats indulge themselves in defining problems with little difference from the *status quo* and develop alternatives also differing slightly from the past. They do not like uncertainty and rules and regulations are one method of tackling uncertainty, and this is the main **strategy of operation** in many organizations.

In relation to the above, **rules and regulations** pertaining to the public bureaucracy, the implementation of the policy and those specifically on the policy programmes are included in this category.

Process and procedures refer to the normal activities carried out in the government, by bureaucrats and bureaucratic implementors, outside the government, where applicable, by contractors, and the beneficiaries of the policy. This includes the time and activity schedule from the data collection e.g. application form is issued, the distribution of the policy output e.g. houses, and evaluation.

Although **training** of civil servants has received considerable attention and support, it is not related to improving policy making. Many top-post administrators are given a short duration training, and concentrated on training in rules and regulations or lower level management techniques rather than policy analysis, policy evaluation and in the design of implementation systems. **Training** here refers to related academic qualifications, experience, and all type of policy related training.

The **reward system** of a public bureaucracy is normally seen as a total package with a number of components. These components can be defined as: pay (the salary or wage), fringe benefits (pension scheme or provident fund scheme, medical insurance, holiday entitlement, etc.), career prospects, and social needs (the ability to make friends, to chat, and to organize out-of work activities) [Butler, 1991]. Policy objectives can be realized better if rewards for senior officials are related to their achievement.

For all of these above variables, there is a need to coordinate and integrate the different tasks. As a public sector, the government requires **coordination** of activities between the various ministries and departments or between the top and lower levels within its dominion. Coordinating mechanisms such as the direct supervision, mutual adjustment or standardization may be used to link up the tasks and the environment.

2.3 Theoretical Framework

In view of the above, we have come to a general framework for our research analysis based mainly on the implementation model provided by M.S. Grindle [1980]. The model provides a general view of the implementation process. On the variables which touch on the bureaucrats as actors and public bureaucracy as the implementing agencies, a separate section deals entirely on their role. In this way, the role is related to the implementation process. This, indeed, is "an attempt to simplify reality in order for us to captivate it more clearly and understand its relationship in the real world" [Dye, 1978]. The variables within the framework of the analysis are therefore as follows:

A. Context of NHS Implementation

1. Power, Interests, and Strategies of Actors involved
2. Institution and Regime Characteristic
3. Compliance and Responsiveness

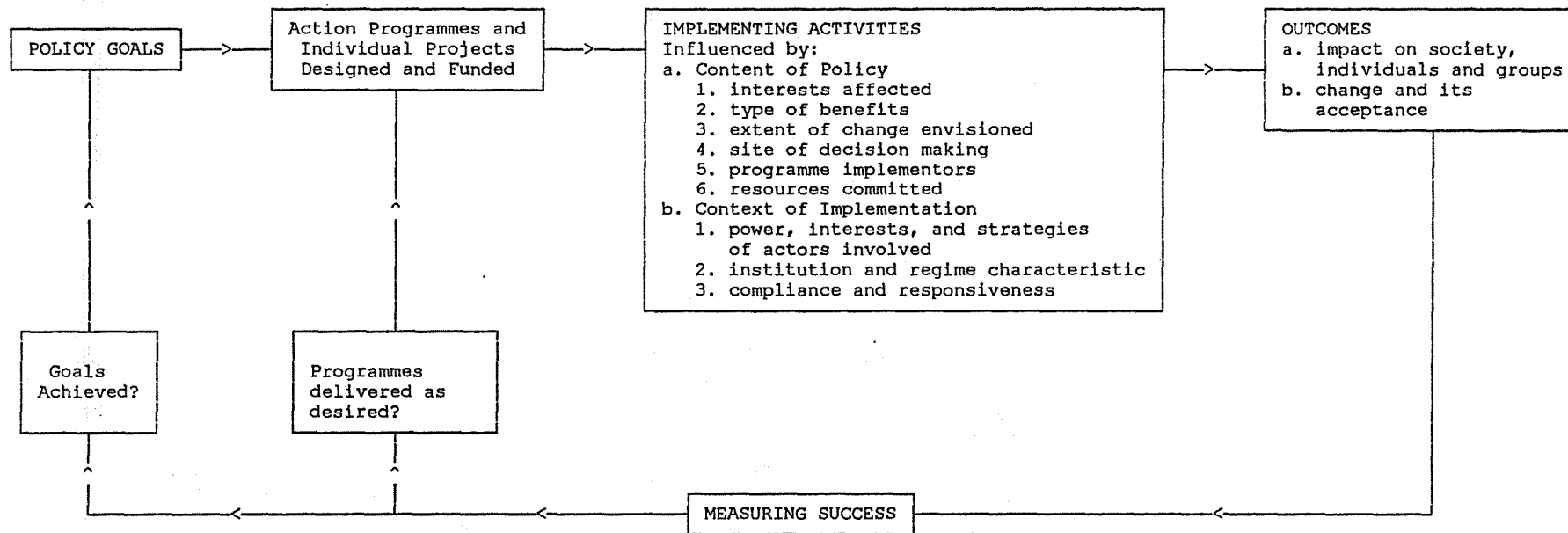
B. Content of NHS

1. Interests Affected
2. Type of Benefit
3. Extent of Change Envisioned
4. Sites of Decision-making
5. Programme implementor
6. Resources Committed

C. Substantive Elements in Bureaucracy

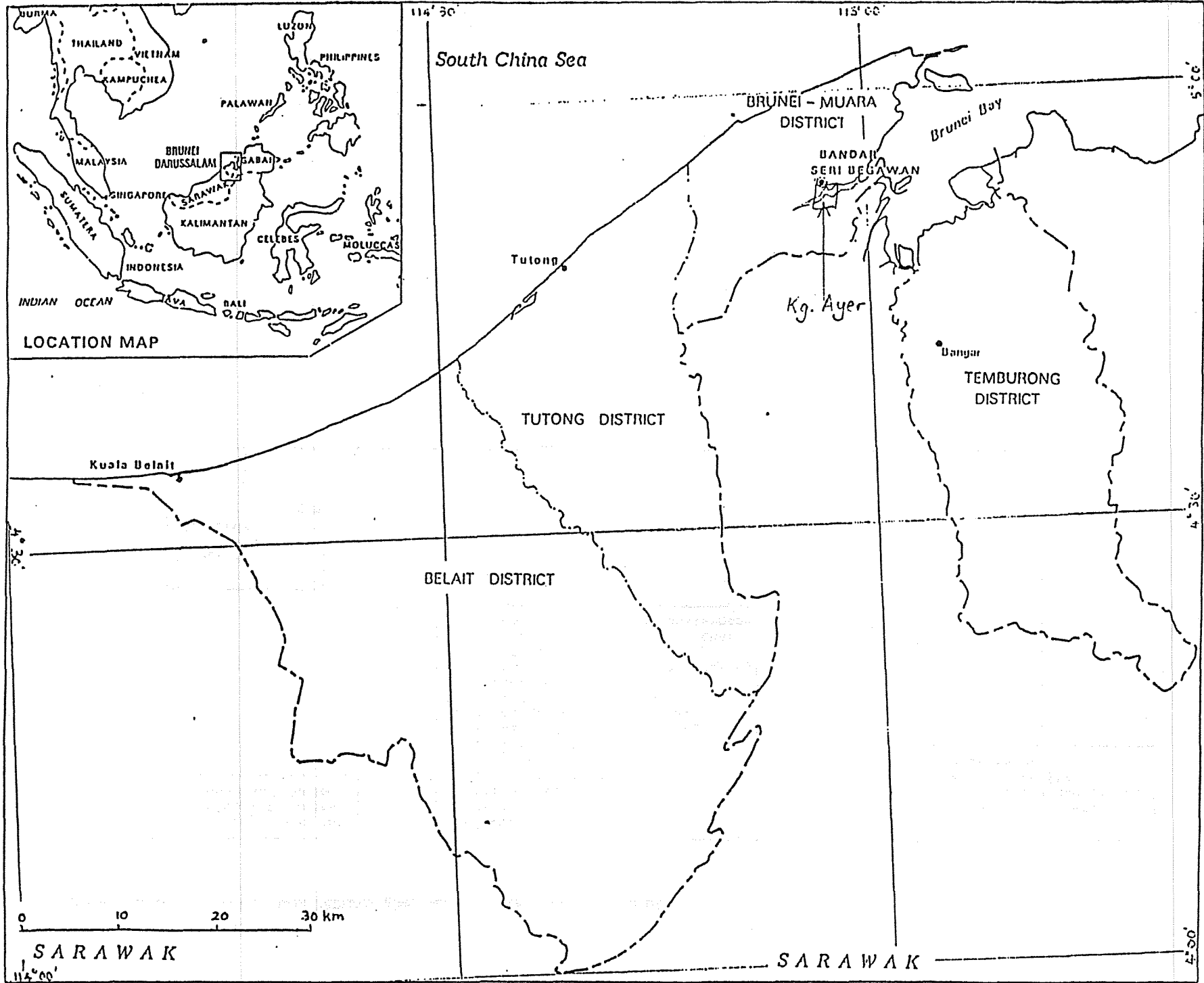
1. Hierarchy
2. Task Allocation and Description
3. Superior-subordinate Relation
4. Strategies of Operation: rules and regulations
5. Processes and Procedures
6. Training
7. Reward System
8. Coordination

FIGURE 2-1. IMPLEMENTATION AS A POLITICAL AND ADMINISTRATIVE PROCESS



Source: Grindle [1980] p.11

FIGURE 3-1 MAP OF BRUNEI DARUSSALAM



Chapter Three: Evolution of the National Housing Scheme and the Role of Housing Development Department therein

This chapter comprises the background of the case under study and is divided into four parts. The first part provides the general background of Brunei Darussalam in terms of its geography, its political system, its economy and its population. The second part gives the background to the housing in the country before going into the public sector housing and focusing on the National Housing Scheme. The third part provides the general background of the Brunei Darussalam public bureaucracy, the housing agencies and the Housing Development Department (HDD). The fourth and last part deals with the HDD in the implementation of the National Housing Scheme (NHS).

3.1 General Background of Brunei Darussalam

Brunei Darussalam, a Malay Muslim Sultanate, is situated on the northwest coast of the island of Borneo, 422 kilometres north of the Equator. It is surrounded and split into two parts by the East Malaysian State of Sarawak with the South China Sea to the north. The western part consists of the Brunei-Muara, Tutong and Belait districts while the eastern part is the district of Temburong [See Figure 3-1]. The total land area is about 5765 square kilometres with 80% covered by tropical rainforest and a population of 260,482 (1991). The capital and main centre of population (about 20%) is Bandar Seri Begawan (BSB) about 15 kilometres from the mouth of Sg. Brunei. Other principal towns are Kuala Belait (KB), Seria, Pekan Tutong and Bangar.

The political system of Brunei Darussalam is based on absolute monarchy with ministerial system. This means that the Sultan has absolute power in the State. He is the King, the Head of State, the Head of Government, the Prime Minister, and the Minister of Defence. The government comprises thirteen ministries including the Prime Minister's Office. The Ministers are appointed by the Sultan and answerable to him.

There is no income tax in Brunei Darussalam. Her economy depends a great deal on oil and gas exports, equivalent to 99% of the total export which contributes to about 75 per cent of the country's GDP, and is responsible for over 90% of all government revenue. Her economic growth averages 3.0 per cent per annum and her per capita GNP (nominal) stands at US\$18,500 [Asiaweek, 1994]. Her currency is at par with the Singapore Dollar. Apart from oil and gas, its agricultural and industrial sectors are less developed.

She is relatively a small nation. The recent 1991 census recorded a population of 260,482 while the 1981 census recorded 192,832. The figures include Brunei citizens of about 65% (171,099 and 127,676 for 1991 and 1981 respectively), and about 35% of Permanent Residents (18,857 and 20,185, respectively) and Temporary Residents (70,526 and 44,971, respectively). The figures represent an annual average growth rate of 3 per cent over the

period. The annual average growth rate of population increase has generally declined over the last four decades as shown in Table 3-1.

Table 3-1 BRUNEI DARUSSALAM POPULATION GROWTH 1911-1991

Census Year	Total Population	Increase	% Increase	Annual Rate of Increase
1911	21,718	-	-	-
1921	25,451	3,733	17.2	1.6
1931	30,135	4,684	18.4	1.7
1947	40,657	10,522	34.9	1.9
1960	83,877	43,220	106.3	5.7
1971	136,256	52,379	62.4	4.5
1981	192,832	56,379	41.5	3.5
1991	260,482	67,650	35.1	3.1

Source: NBD Summary Tables of the Population Census 1981 and 1991.

The largest group is Malay including the indigenous groups constitutes about 73%, Chinese, 15%, and the rest are others. The Brunei-Muara District has the largest population of about 65%, Belait District 20.5%, Tutong 11.5% and Temburong with the smallest of about 3%. The population density in BSB, including Kampong Ayer (Kg Ayer), decreased slightly from 3,839 (8.1%) persons per square kilometre in 1981 to 3,528 in 1991 while that of the Brunei-Muara District doubled from 115 to 223 (93% increase) as a result of the housing projects (see Table 3-2).

Table 3-2 BRUNEI DARUSSALAM: AREA, POPULATION AND POPULATION DENSITY 1981 AND 1991

Census District	Area (sq. km.)	1981		1991		% difference in population
		Population (%)	Density (Persons /sq.km.)	Population (%)	Density (Persons /sq.km.)	
BSB	13	49,902 (25.9)	3,839	45,867 (17.6)	3,528	-8.1
Brunei/Muara	557	64,329 (33.4)	115	124,240 (47.7)	223	93.1
Belait	2,724	50,768 (26.3)	19	52,957 (20.3)	19	4.3
Tutong	1,166	21,615 (11.2)	19	29,730 (11.4)	25	37.5
Temburong	1,304	6,218 (3.2)	5	7,688 (2.9)	6	23.6
Brunei Darussalam	5,765	192,832 (100.0)	33	260,482 (100.0)	45	35.1

Source: NBD Summary Tables of the Population Census 1991

3.2 Housing in Brunei Darussalam

Despite the size of the country and her small population, housing problems in Brunei Darussalam, to a certain extent, are similar to those faced by other developing countries caused by high level of overcrowding, housing

congestion and poor housing conditions. However, these housing problems in Brunei Darussalam are relatively new caused by rapid urbanization associated with dramatic rate of economic development. These factors are however less in magnitude of scale compared to many other developing countries.

Table 3-3 BRUNEI DARUSSALAM: URBANIZATION AND URBAN GROWTH 1960-1991

Census Year	Total Population	Urban		Rural	
		Persons	%	Persons	%
1991	260,482	173,411	66.6	87,071	33.4
1981	192,832	114,504	59.4	78,328	40.6
1971	136,256	86,703	63.6	49,553	36.4
1961	83,877	36,530	43.5	47,347	56.4

Source: NBD Summary Tables of the Population Census 1971, p.32; 1981, p.46; 1991 pp.70-71

Table 3-3 shows the increase in urbanization and the urban growth over the years between 1960 and 1991. This depends on the definition of urban areas provided by the Census Board. In the 1971 Census, urban areas were defined as "all those areas within the municipalities and all those outside which were heavily populated and dependent on the town for employment, education, entertainment and other facilities. There were clearly four areas which could be considered urban, namely, the municipalities of BSB, KB and Tutong Town and their outgrowths, the villages in the vicinity of these municipalities. Hence BSB Census District was wholly urban while Temburong Census District was wholly rural and in each of the other three census districts there was a small urban area." In addition to this description, the 1981 Census states "urban areas consist of areas within the municipal boundaries or BSB, Seria, KB and Tutong, Kg Ayer, Brunei Shell Petroleum residential areas of Seria and KB and some areas outside the municipal boundaries but within specified distance of the town centre.

Clearly, with the rapid development, many areas can be included as urban, for example, Temburong Census District was wholly rural in 1971 but at the current situation, it is different and the same applies to other areas in the Brunei-Muara District, for example, the National Housing Scheme areas of Lambak Kanan with its self-contained design, can to a certain extent, be considered urban. The trend of rural growth is reversed from 56.4% in 1960 to 40.6% in 1981, indicating an internal migration from rural to the urban areas which could be explained by the existence of job opportunities, better social amenities, housing, etc., which could be found in the urban areas [Hajah Masna, 1992].

The houses in Brunei Darussalam are produced by the private and public sectors as shown in Table 3-4. Those built by the private sector are either privately built individual houses, apartments, etc., or houses built by big private companies like the Brunei Shell Company for their staff or

houses built by private developers. These housing are either rented out or on sale in the home market. The Sultan Haji Hassanal Bolkiah Foundation, which is a non-government agency, is recently established for multipurpose activities and, in relation to housing production, it has played a role in provide housing for emergency purposes such as for fire victims.

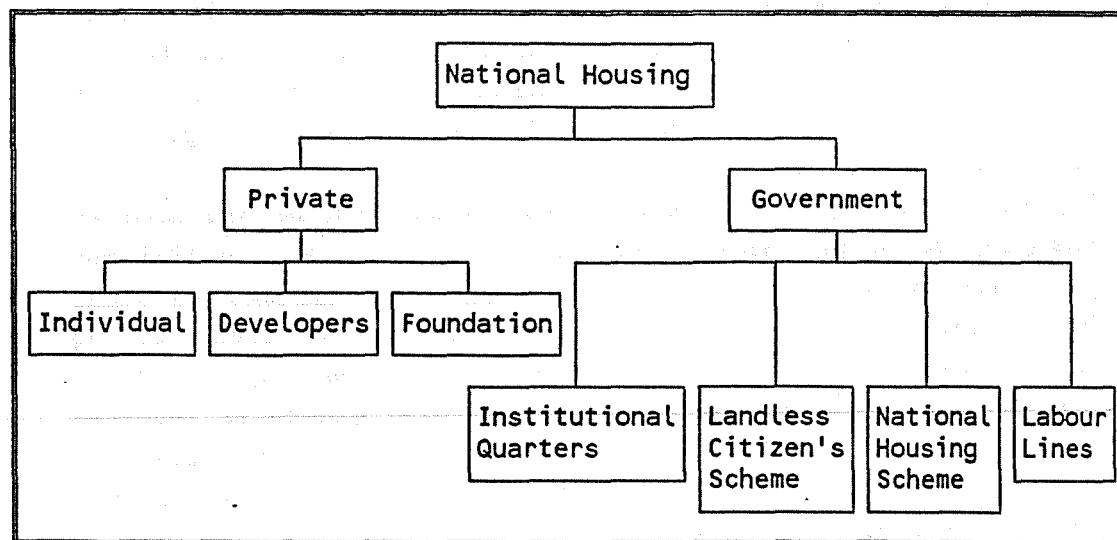
Figure 3-2 shows diagrammatically the institutions responsible for providing housing in the country. The houses built by the public sector are institutional quarters rented out to expatriate and permanent government employees at minimum rate set by the Government, the housing for labour lines primarily intended for immigrant labourers employed by contractors on government projects, and houses for purchase by the landless citizens through the Landless Citizen's Scheme (LCS) and the National Housing Scheme (NHS).

Table 3-4 BRUNEI DARUSSALAM: HOUSING PRODUCTION

Contributors	Type of Occupation	Target Groups
Private Sector	Rental, home ownership, for sale	Government employees, public, permanent residents, and foreigners
Government Institutional Housing	Rental	Government employees
Government Landless Scheme	Home ownership	Malay indigenous people of Brunei Darussalam
Government National Housing Scheme	Home ownership	All citizens of Brunei Darussalam

Source: HDD, 1990.

Figure 3-2 BRUNEI DARUSSALAM: INSTITUTIONS RESPONSIBLE FOR PROVIDING HOUSING



Source: HDD, 1990; Pelita Brunei, 1994.

The case here is on house ownership. The houses for ownership are normally either self-built in stages when the need and money arise, built

by engaging a construction company and payment in stages after inspection by the financing persons, or built by private developer of housing estate and purchased through government or bank loans. This last category is normally handled by private housing agencies and the prices of houses are according to prevailing market prices. The current housing market price ranges, depending on accessibility to infrastructure such as road, location and number of rooms, between B\$350,000 and B\$650,000 for a double-storey house, and between B\$200,000 and B\$500,000 for a bungalow [Borneo Bulletin, 1994]. These prices are high even for those with annual income between B\$12,000 and B\$36,000 (the prices are 10-30 times) and let alone those with annual income of below B\$6,000, the house prices are about 60-110 times their salary.

3.2.1 Future Housing Needs

In 1985, the total number of houses in the country was found to be 35,000 units, of which 67% belonged to private owners and 33% to the Government and the Brunei Shell Petroleum Company [Brunei Government (BG), 1986]. In addition, more than ninety percent of the country is State land. With the market price for houses mentioned above and the limited land supply, there would be limited number of house ownership in the future. Calculated based on an average household size of 5.82 persons, the ratio of dwelling units to household is 1:1.15. And based on the annual rate of increase between 1971 and 1981, and the total population in 1985 of 221,000, the projected population for the year 2005 would be about 370,000. The total housing need by the year 2005 for this population including necessary replacement to the existing stock and resettlement of squatters will be about 55,120 dwelling units [Haji Othman, 1988; BG, 1986]. With 40,351 units existing in 1991, about 15,000 (37%) additional units would be needed by 2005.

Table 3-5 shows the differences in population, dwelling units and occupancy by districts for 1991 and 1981 respectively. In 1981 alone, there were 28,860 dwelling units and about ten percent was in Kg Ayer compared to 1991 with 40,351 units, of which about seven percent was in Kg Ayer. The reduction in dwelling units in Kg Ayer was mainly due to fires, and areas near the capital taken over by government projects. Even though Table 3-6 shows that the average household size for Kg Ayer has increased over the decade, the household size is expected to decrease in future as the number of houses provided by the Government increases.

In view of the availability of limited private land and the high prices of houses on sale due to the high land prices as a consequence of urbanization, it is expected that the contribution by the government sector towards achieving this target will be much more than that of private sector. Hence, the Government of His Majesty the Sultan and Yang Di-Pertuan Negara Brunei Darussalam has become the largest current contributor to meet the housing requirement in the country.

Table 3-5 POPULATION, DWELLING UNITS AND OCCUPANCY BY CENSUS DISTRICT IN BRUNEI DARUSSALAM 1981-1991

Census District	Population					Dwelling Units (DU)					Av. No. of Persons/DU			No. of Household (HH)			Average HH Size			Av. no. of HH per DU		
	1981		1991		Diff. (%)	1981		1991		Diff. (%)	1981	1991	Diff. (-)	1981	1991	Diff. (%)	1981	1991	Diff.	1981	1991	Diff.
	No.	%	No.	%		No.	%	No.	%													
BSB	22777	11.81	21163	8.12	-1614 (-7)	3877	13.43	3915	9.70	38 (1)	5.87	5.41	0.46	4316	4227	-89 (-2)	5.28	5.01	-0.27	1.11	1.08	-0.03
Kg Ayer	27125	14.07	24704	9.48	-2421 (-9)	2756	9.55	2643	6.55	-113 (-4)	9.84	9.35	0.49	3937	3355	-582 (15)	6.89	7.36	0.47	1.43	1.27	-0.16
Brunei-Muara	64329	33.36	124240	47.70	59911 (93)	9359	32.43	18341	45.45	8982 (96)	6.87	6.77	0.10	10190	20310	10120 (99)	6.31	6.12	-0.19	1.09	1.11	0.02
Belait	50768	26.33	52957	20.33	2189 (4)	8609	29.83	9467	23.46	858 (10)	5.90	5.59	0.31	9933	10542	609 (6)	5.11	5.02	-0.09	1.15	1.11	-0.04
Tutong	21615	11.21	29730	11.41	8115 (38)	3391	11.75	4784	11.86	1393 (41)	6.37	6.21	0.16	3744	4956	1212 (33)	5.77	6.00	0.23	1.10	1.04	-0.06
Temburong	6218	3.22	7688	2.95	1470 (23)	868	3.01	1201	2.98	333 (38)	7.16	6.40	0.76	1024	1379	355 (35)	6.07	5.58	-0.49	1.18	1.15	-0.03
Tot./ Av.	192832	100.0	260482	100.0	67650 (35)	28860	100.0	40351	100.0	11491 (40)	6.68	6.46	0.22	33144	44769	11625 (35)	5.82	5.82	0.00	1.15	1.11	-0.04

Source: NBD Summary Tables of the Population Census 1981 & 1991

Table 3-6 HOUSING INDICATORS FOR KAMPONG AYER COMPARED TO NATIONAL AVERAGES, 1981 & 1991

Indicator	National Average		Kampong Ayer	
	1981	1991	1981	1991
Av. HH size	5.82	5.82	6.89	7.36
% of HH with 7 or more persons	32.00	n.a.	43.00	n.a.
Av. no. of HH per house	1.15	1.11	1.43	1.27
Av. no. of persons per house	6.68	6.46	9.84	9.35

Source: BG, 1986 p.17; NBD Summary Tables of the Population Census 1991

3.2.2 Public Sector Housing

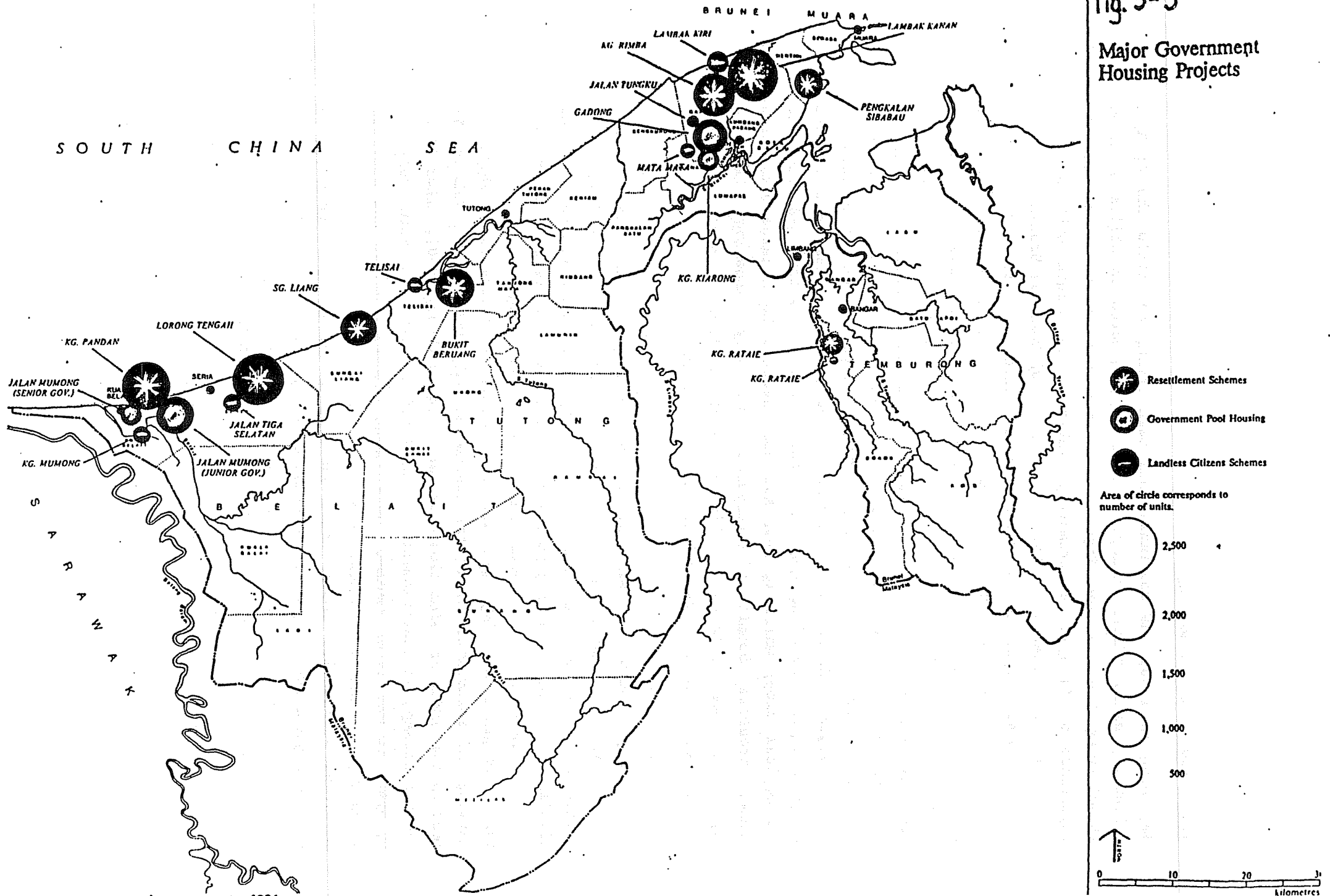
Beginning in 1906, the Government has been trying to settle the Kg Ayer (literally means "Water Villages" or villages erected on stilts situated along river banks - see Figure 3-1) residents to the mainland. The importance of Kg Ayer is intimately linked to the origin and history of Brunei. To summarize, until the 20th century, Kg Ayer was Brunei Town, the seat of administration in Brunei, a repository of Brunei's cultural heritage, living testimony, to the continuity of Brunei Malay culture and tradition. More than that, it was the centre of a thriving local economy dependent on fishing, the local market, certain handicrafts and craftsmanship in general, and, once, an important centre of regional maritime trade. It was also the residential location of a very large proportion, more than ten percent, of the total population and perhaps the single largest identifiable community in Brunei Darussalam. But now the economic importance of Kg Ayer pales before the oil sector; BSB stands as the capital city, while Kg Ayer has been reduced to a large and, in a sense, troubled dormitory settlement. Its only lingering claim to importance lies in being the living symbol of Brunei's past while its future lies in intractable problems and relocation.

Ever since the first attempt to resettle the Kg Ayer residents in 1906, the government has been involved in housing provision in the country. The accompanying objective of the first attempt was not achieved. The programme was associated with padi planting which contradicted with the livelihood of the Kg Ayer population as fishermen. The second attempt was made between 1952 and 1967 when eight resettlement schemes were launched to reduce congestion in Kg Ayer and encouraging an occupational shift to farming and agriculture among the residents. Only 359 families (about 1%) took up the offer of relocation over the 15 years [Khoo, 1990]. After 1979, another attempt at resettlement was initiated not designed exclusively for Kg Ayer; it was later renamed 'development schemes'. Unlike the previous attempts, the latest programme aims solely to provide housing in a self-contained residential areas. While encouraging the Kg Ayer residents to move, the government upgrades the existing Kg Ayer housing and continues to give up-to-date conveniences such as piped water supply, electricity, schools, clinics, police stations, marine fire brigade, etc., - though these are available on shore - to ensure a high standard of living comparable with that being enjoyed by the rest of the country [Brunei Today, 1991; BG, 1986; Haji Othman, 1985].

A national survey was carried out in 1976 to find out the housing needs in the country. The outcome of the survey prompted the government to

Fig. 2-3

Major Government Housing Projects



Source: Brunei Government, 1986.

look into the need for a new distributive mechanism and responded to the problem by introducing the Housing Policy. Although not specifically called "Housing Policy", the content is based on the objectives given out in the Brunei Fifth Five Year National Development Plan 1980-1984. The government also took on greater responsibility in housing provision for Brunei citizens, thus increasing the role of public sector in housing, land ownership and transfer, and housing finance.

The study was conducted throughout the State to ascertain the number of people who wanted to live in their own houses. This includes inquiring on the number of people who would participate in a government Resettlement Scheme and their affordability. Based on the number of would-be-applicants in each district and the projections earlier, eight suitable sites were identified for resettlement projects with a total area of 2,885 hectares in different parts of the country. The size of each plot ranges from 0.134 ha to 0.067 ha or a third to one-sixth of an acre, enabling altogether more than 10,000 lots to be created for an envisaged population of 76,400 people [Brunei Today, 1991]. These housing estates are designed to have all the necessary trappings of a small modern town.

Apart from these, there are other government housing projects as well. Figure 3-3 shows the location of the major government housing projects in the country. The NHS is the biggest housing project compared with the other government projects. The Government is also committed with the provision of state land to be used as the sites of housing. The housing schemes have a 99-year lease on these lands. However, the house prices offered to the clients do not include the costs of land, earthwork and infrastructural works, which are subsidized by the Government. Land titles would be granted when all repayments for the house have been made and the buyer has stayed for more than fifteen years on the land. This can be seen to happen in the earlier resettlement schemes.

To implement the NHS, a substantial amount of fund has been diverted from the annual development expenditure. In the Fifth Five Year National Development Plan 1986-1990, a sum of B\$1.2 billion had been allocated for social services in the country which includes an allocation of B\$411.5 million for the National Housing [about B\$1,580 per capita expenditure based on the 1991 population]. In the Sixth National Development Plan 1991-1995, a further sum of B\$1.6 billion for social services including B\$522.7 million for the projects was allocated. The allocation for housing projects alone amounts to about 11.1% and 9.5% of the total state development expenditure of the respective periods. The amounts are to be spread out to projects over four districts. The implementation of such large projects all

over the country demands a lot of time, energy and human resources which otherwise could have been used in other important programmes and activities.

Table 3-7 DEVELOPMENT ALLOCATION AS % OF NATIONAL BUDGET 1980-1995

NDP	4th [1980-84]		5th [1986-90]		6th [1991-95]	
	B\$(000)	%	B\$(000)	%	B\$(000)	%
Education	198,900	11.7	303,203	8.2	384,120	7.0
Medical & Health	171,400	10.1	52,630	1.4	103,177	1.9
National Housing	50,000	2.9	411,489	11.1	522,725	9.5
Government Housing	173,100	10.2	302,525	8.2	260,738	4.7
Religious Affairs	37,600	2.2	37,452	1.0	55,980	1.0
Public Facilities	47,600	2.8	124,094	3.3	248,464	4.5
Social Services	678,600	39.9	1,231,393	33.2	1,614,562	29.3
Total NDP Allocation	1,700,000	100.0	3,700,000	100.0	5,569,000	100.0

Source: Sixth Five Year National Development Plan 1991-1995 p.56

The Government's commitment towards the housing problems is evident from the fact that a substantial amount of about ten percent of the National Development Plan (NDP) budget has been allocated to boost up the government housing programmes. In the NDPs, about 39.9%, 33.2% and 29.3% of the total development budget allocation for the periods 1980-1984, 1986-1990 and 1991-1995, respectively, are allocated for social services which include public housing, health services and education [See Table 3-7]. Out of these allocations, more than one third is allocated for housing. The budget for the NHS is included in the development expenditure. Table 3-8 shows the budget targeted, allocation and the actual expenditure for development projects from 1986 up to 1990. Total actual expenditure of B\$2,048.6 million represented only 55.4 percent of the total scheme value of B\$3,700 million and 78.5 percent of the total targeted expenditure of B\$2,610 million [6th NDP 1991-1996]. Hence, only slightly over half of the budget allocation was spent on development projects. This implies that either the administration is not able to spend the amount on the projects or the planners overestimate the amount needed for the projects.

3.2.3 Housing Policy Objectives

The purpose of a Housing Policy in Brunei Darussalam is to ameliorate the poor housing condition in the country in general and in the Kg Ayer in particular. The NDPs provided long-term, strategic objectives for national development which were assumed to apply also to housing and be interpreted

Table 3-8 DEVELOPMENT EXPENDITURE: TARGETED, BUDGETED & ACTUAL 1986-1990

Year	Targeted (B\$m)	Budgeted (B\$m)	Actual (B\$m)	Actual Over Budgeted (%)	Actual Over Targeted (%)
1986	522	842.9	375.8	44.6	72.0
1987	522	901.1	339.5	37.7	65.0
1988	522	1,075.7	375.0	34.9	71.8
1989	522	1,286.7	496.3	38.6	95.1
1990	522	927.0	462.0	49.8	88.5
Total	2,610	-	2,048.6	55.4	78.5

Source: Negara Brunei Darussalam Sixth National Development Plan 1991-1995 p.10.

accordingly at the policy and implementation levels. Those development objectives directly relevant to housing are:

- * to improve the quality of life of the people
- * to have a clean and healthy environment

To attain these objectives, the Government translated them via social services provision such as housing. Compared to other social services, housing is seen as a long term investment which contributes to the improvement of a society's ability to respond to basic development needs [UNCHS, 1987]. Therefore, more specifically, the various agencies involved with housing seem to agree that the fundamental objective of government policy is 'to house the entire population at an acceptable standard' (as specified by the government) and to ensure that every citizen own a house [BG, 1989]. Hence, the ultimate goal of the policy shall be to ensure that all the citizens of Brunei Darussalam own or have access to decent housing accommodation of affordable cost by the year 2000 [UNCHS, 1990]. It is to be achieved by providing the housing, basic infrastructure and amenities in villages such as roads, piped water supply, and proper sewerage system, and the creation of new village neighbourhood fully designed to include schools, community hall, shops and playground. Once these are available, the people are able to raise their standard of living and live in a healthy and clean environment.

Government's present basic approach is to provide shelter for home ownership especially for those citizens who are landless, i.e., citizens who do not possess a piece of land as own property. Consequently, the government has now widened the scope of its housing programmes, to include:

- ... Housing for those who can afford, with an immediate priority for government employees.
- ... Landless Citizens Scheme, "Rakyat Jati Scheme" for the indigenous people or "rakyat jati" who do not presently own any land.

... Institutional quarters to provide housing for both local and expatriate government employees.

International Consultants were commissioned in January 1982 to prepare master plans for the housing projects. A consortium of international professionals and local architects was committed to draw up the plans based on selected criteria given by the government. Twenty sectoral reports on development plans for the whole country were produced in 1986; one of which dealt solely on housing. These master plans became the guideline for development from then onwards. Based on the Master Plan, objectives more specific to housing programmes were identified by the agencies, in the course of implementation, which, *inter alia*, are to: provide a pleasant living environment to their residents; upgrade the people's living standard; avoid overcrowding in Kg Ayer; optimize utilization of land, infrastructure and services; reduce sprawling, uncontrolled, ribbon development; provide strategically located community and commercial facilities; and, supply economically, mass produced housing.

These also involve the mobilization of financial, managerial and human resources in the state civil service and mobilization of support from the people, being the beneficiaries, as well as the administrative processes of the policy implementation. The benefits are therefore spread out to the people so that the policy generates response/reaction in the bureaucratic arena as well as in the public arena [Grindle and Thomas, 1991].

Towards achieving this, the government has restructured existing departments and institutions involved in housing delivery with a view to making them more effective. Appropriate institutional framework is established to facilitate effective planning in housing development. The Government improves on the financial structure and devises new structures to facilitate housing delivery. The establishment of local Tabung Amanah Islam Brunei (TAIB), the Islamic Bank of Brunei (IBB) and Tabung Amanah Pekerja (TAP - Provident Fund) to facilitate loans and savings adds on to the number of existing commercial banks which are largely foreign based. This is so to discourage the citizens to use their land title as collateral or security in taking loan and the foreign based commercial banks are only allowed to hold "power of attorney" over the land titles as the Land Law in the country disallows foreign ownership. Simultaneously, it encourages the people to build houses through the provision of low-interest housing loans for its employees and soft loans for non-government local employees to build housing estates. For those citizens without land to build their own houses, the two schemes mentioned above are introduced, viz, the NHS and LCS, under which housing units are made available at subsidized prices.

3.2.4 Brunei National Housing Scheme

Following the 1976 study, the government formulated the National Housing Development programme (NHDP). Later known as the National Housing Scheme, this is among the many public sector long-term housing projects and, in fact, the biggest one introduced by the government to meet the national demand. The aims of the scheme are to:-

- * provide housing to the citizens in stages in accordance with their priority and affordability of the government to the landless people;
- * upgrade the people's living standards by the provision of comfortable environment in the various resettlement schemes, accommodated with public utilities such as schools, mosque, clinics, community centre;
- * minimize the existence of slum areas;
- * avoid overcrowding in Kg Ayer;
- * resettle those people whose lands are affected by government projects;
- * house those who are homeless from catastrophe such as fire.

Extract from one of the housing programmes states its planning objectives as:

"To provide residential areas which reflects a variety of local traditional layouts, which retain and integrate natural features emphasizing human scale and the informality of building groups; and to retain and create a high quality of landscape minimizing risks of erosion, flooding and other ecological damage during and after construction." [HDD, 1991]

As such, the housing projects are self-contained residential areas or small new towns. The programmes are carried out in all the four districts. The main office of the HDD carries out the implementation in the Brunei-Muara, the Tutong and Temburong Districts while a separate HDD branch handles the Belait District. Sites for the programmes are allocated and approved by the Government. The scheme allocates one lot for one family. Table 3-9 gives the areas and the size of such sites while Figure 3-4 shows the locations of the sites. This is expected to cater the need by 2005 which is about 15,000 units but from the table, the number of lots falls short of 2,650 units.

Four years following the study, the department issued application forms for junior public servants in Division Five, Four and Three throughout the State. A total of 8,602 people submitted their applications, out of which 6,619 (77%) came from the Brunei-Muara District, 942 (11%) from the Belait District, 813 (9%) from Tutong and 228 (3%) from the Temburong District. The applicants were called for interviews in several phases between 1983 and mid-1986 to determine their true eligibility.

FIGURE 3-4 LOCATIONS OF THE BRUNEI DARUSSALAM NATIONAL HOUSING SCHEME

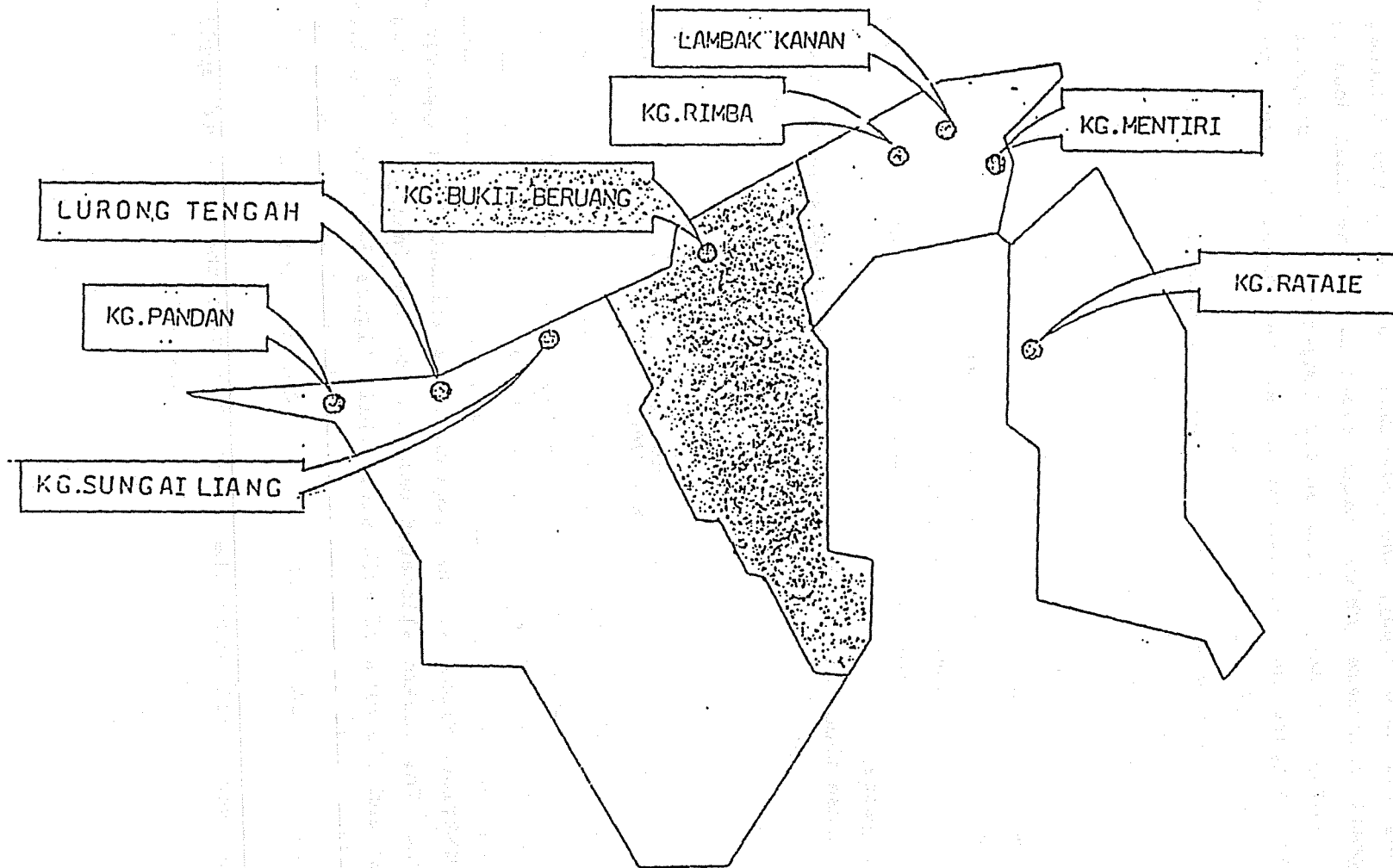


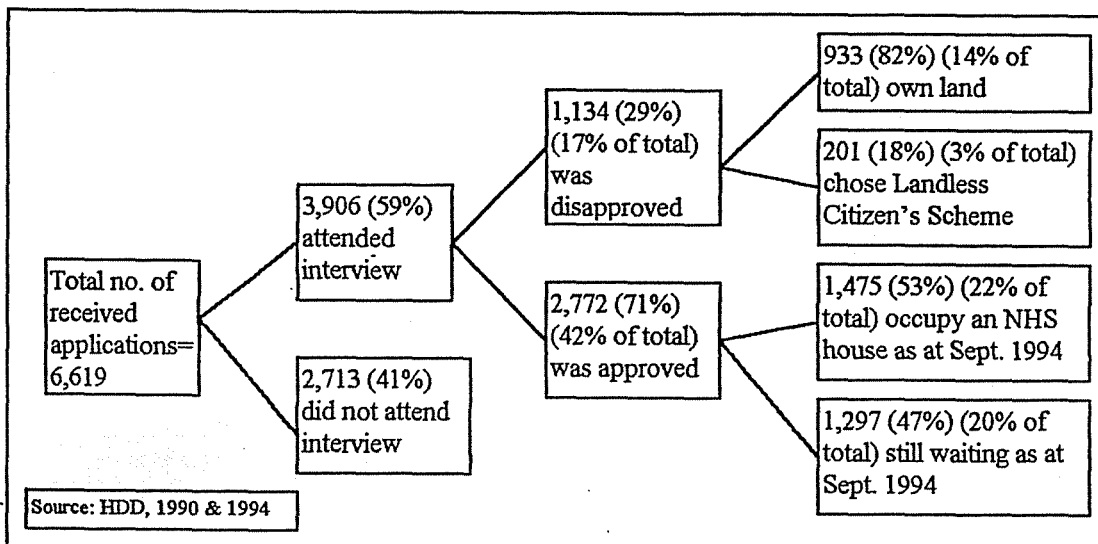
Table 3-9 BRUNEI DARUSSALAM NATIONAL HOUSING SCHEME

District	Location	Areas in Hectares	Number of Lots	Design Population
Brunei-Muara	Lambak Kanan	720	2,220	14,450
	Kg Rimba	440	2,220	14,450
	Kg Mentiri	170	700	4,550
	Meragang (recent)	290	2,000	13,000
Belait	Kg Pandan	270	1,470	9,550
	Sg Liang	250	970	6,300
	Lorong Tengah Seria	320	1,360	8,850
Tutong	Bukit Beruang	470	1,110	7,200
Temburong	Kg Rataie	160	300	1,950
Total		3,090	12,350	80,300

Source: HDD, 1994

An example is shown in Figure 3-5 of the applications from the Brunei-Muara District. Out of 6,619 applicants, only 3,906 (59%) came for the interview. Reasons were mainly that they did not receive news of the interview (an example of administrative inefficiency), and that they moved from their then address and could not be located. If the 1980 applicants were public servants, then they could be traced in or through their offices! After the interview, out of the remaining applicants who turned up, only 2,772 (71% of those attended the interview or 42% of the total number of applicants) were found eligible. At present, only 22% of the total have occupied an NHS house at Lambak Kanan while another 20% are still waiting.

Figure 3-5 BRUNEI-MUARA NHS APPLICATIONS 1980



With the renaming the department and expanding its task in late 1984, the department issued similar application forms for civil servants in Division Five, Four and Three in early 1985 to give those who did not apply in 1980 a chance to do so. This time 5,146 people applied, of whom 3,828 (75%) are in Brunei-Muara; 791 (15%) in Belait; 380 (7%) in Tutong; and 147 (3%) in Temburong. They were interviewed in phases between 1987 and 1988. Initially intended for those government employees in Divisions Three to Five, it was extended in late 1985 to those in Division Two; where the government provides land space of 0.25 acre and a payment for infrastructural works of B\$13,500 is required from the successful applicant before house plan and construction can be approved. In addition, the scheme is extended to government personnel who are not entitled to housing loans, and non-government employed citizens in the same year. The earlier ones were open within a specified time period but from 1988 onwards, application is continuously open to all citizens. By December 1993, a total of 15,378 has been received from government employees while another 6,774 from the public [See Table 3-10].

To qualify for a house under the scheme, the prime condition is that the applicant must be a landless citizen and at least 18 years old. A landowner also merits consideration if, after being determined by the authority, the land is deemed unsuitable for development. Previously, there was an income minimum and maximum ceiling to be eligible for the scheme but now income is not a prime condition as long as the applicant has means to pay the minimum payment every month and a guarantor signed in his agreement form.

Table 3-10 NHS STATISTICS BY DISTRICT 1980-1993: (a) GOVERNMENT EMPLOYEES (b) PUBLIC

Year	Brunei - Muara		Belait		Tutong		Temburong		Total		
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	Total
1980	6619	0	942	0	813	0	228	0	8602	0	8602
1985	2757	1143	628	1204	357	145	137	25	3879	2517	6396
1986	0	0	0	0	0	0	0	0	0	0	0
1987	0	0	0	113	0	0	0	0	0	113	113
1988	0	462	0	273	0	0	0	0	0	735	735
1989	320	219	31	75	18	0	3	0	372	294	666
1990	400	158	12	86	21	0	23	9	456	256	712
1991	518	389	42	131	62	3	32	9	654	533	1187
1992	483	503	87	262	36	4	9	6	615	782	1397
1993	564	622	127	871	88	11	21	16	800	1544	2344
Total	11661	3496	1869	3015	1395	198	453	65	15378	6774	22152

Source: HDD Housing Application Process Unit, Sept 1994

The first of the eight sites to be developed was Lambak Kanan, which has been allotted 630 ha for the building of 2,022 houses to accommodate about 14,400 people. Estimated to cost B\$400 million, Lambak Kanan is by far the largest public housing project being undertaken. This site is allocated for civil servants and located in the Brunei-Muara District. The project is divided into twelve stages in order that different contracting companies embark on different stages and the government could be certain that the contracts would be completed quickly and on time.

The earth and infrastructural works were given to private [at least with a local partner] contractors who set to work on the site, which like the others is thickly forested and swampy, in 1982. Housing construction began in 1985. By 1986, the first group of 84 houses was ready for occupation. The 84 successful applicants received the keys of the houses from the Sultan of Brunei Darussalam at a ceremony held on 16th April 1986. Two years later another 162 houses were completed and distributed [See Table 3-11a]. The number of houses constructed varied each year. To date, a total of 1,475 houses or almost seventy-five percent of the Lambak Kanan project had been successfully completed.

The data on the status of Lambak Kanan given by the Civil Engineering Unit is shown in Table 3-11b. Compared to Table 3-11a given by the Coordination Unit, the number of houses completed differs. To date, according to Table 3-11a, 1475 are completed whereas Table 3-11b giving the current status report as at July 1994 of 1520, inclusive of one display house, 4 used as HDD offices and one Exhibit house. Nevertheless, there would still be a shortage of houses being provided. From Table 3-11b, the number of applicants approved by the MoD is 2,586 for the twelve stages (compared to data given by the Housing Application Process Unit in Figure 3-5), 118 applicants have to be transferred to the Mentiri NHS project, leaving a total of 2,468. But the number of houses committed in Lambak Kanan is only around 1,910, therefore a shortage of 558 houses is yet to be catered for.

The work on other sites started around the middle of 1980s. Approximately five years later, the keys of 42 houses at Bukit Beruang in Tutong District and 28 houses at Kg Rataie in the Temburong District were handed over to successful applicants in early 1991. To date, the number of houses completed and distributed is 1,535. In the last two years compared to its earlier years, over 400 and 500 houses were built respectively.

On offer are five categories of houses, which are classified as A, B, C, D and E [See Appendix A]. Types C, D and E have three bedrooms each and floor areas of 123.225 sq. m., 104.55 sq. m. and 88.93 sq. m. respectively; B has four bedrooms and a floor area of 143.45 sq. m.; and A is the largest

Table 3-11a NUMBER OF NHS HOUSES DISTRIBUTED 1994 - LAMBAK KANAN

Stage	Phase	No. of houses	Date of distribution	Tot. No. of Houses	Year
I		84	16 April 1986	84	1986
II		162	14 April 1988	162	1988
III	I	83	22 March 1990)		
III	II	68	7 June 1990 }-	215	1990
IV	I	64	20 October 1990)		
IV	II	49	18 May 1991	49	1991
IV	III	47	5 February 1992)		
V	I	69	5 February 1992 }-	184	1992
V	II	68	5 February 1992)		
V	III	71	8 February 1993)		
VI	I	60	8 February 1993		
VI	II	91	29 November 1993 }-	349	1993
VI	III	22	29 November 1993		
VII	I	105	29 November 1993)		
VII	II)				
VIII)-	302	Balloted 30 December 1993)-	432	1994
IX)				
X		130	Balloted 3 Mar & 14 May 1994)		
Total		1,475		1,475	

Source: HDD Coordination Unit, Sept 1994

with four bedrooms and a 164.94 sq. m. - floor area. The selling prices of the houses and plots of lands which are being heavily subsidized by the Government, range from B\$52,000 to B\$95,000; i.e. between 15% and 30% of the house price in the domestic market. The actual market cost of the land, house and infrastructure more than doubles those given prices. To purchase the house for government servants eligible for loan from the Treasury Department, each owner is provided with a 15-year government loan with the low interest rate of 1.5 percent per annum. For the public, a monthly cash payment is made at the Finance Unit of the HDD. The price of house is divided equally over the chosen period of payment. For example, if the type A house is chosen, the price is B\$95,000. For a period of 15 years, the monthly payment is B\$533 i.e. about 0.56% of house price and payment for a year is B\$6,396 i.e. about 6.7%. For the maximum of 30 years, which according to the Finance Officer is chosen by the majority, the monthly payment is B\$270; i.e. about 0.28% of house price is paid monthly and about 3.4% annually.

With high comfort in mind, the house designs incorporate such provisions as separate kitchen, dining room, lounge, and multiple bathrooms and toilets. It gives an occupancy rate of 1.91 persons per room, which is much lower than the tolerable occupancy level of 3 persons per room recommended by the United Nations World Housing Survey. The designs for the houses are based upon three principal criteria, namely, suitability to local life style, traditional customs and climate; easy and economical enlargement of the houses when needed; and the use of local building technology and materials.

Table 3-11b NHS LAMBAK KANAN: STATUS OF HOUSING COMMITMENT AND APPLICANTS JULY 1994

Review No. 6/1994 date: 11/07/1994

STATUS OF HOUSING COMMITMENT AND APPLICANT HOUSING DEVELOPMENT DEPARTMENT

HOUSING (1)	TOTAL LOTS				BALANCE LOTS FOR CONVENTIONAL (6)=(4)-(5)	TOTAL HOUSES COMPLETED (7)	TOTAL HOUSES UNDER CONSTRUCTION (8)=(5)-(7)	TOTAL APPLICANTS				REMARKS (13)
	AVAILABLE (2)	FOR OTHER PURPOSES (3)	FOR CONVENTIONAL HOUSES (4)=(2)-(3)	TOTAL HOUSES COMMITTED (5)				RECEIVED (9)	SUBMITTED TO DIRECTOR (10)	CONSIDERED IN RPN (11)	APPROVED BY MOD (12)	
LAMBAK KANAN	2220	111 DIV. II = 47 Terrace = 36 Welfare & Sports = 9 Kinder- gardents = 16 Etc. sub- station = 2 Concrete = 1	2109	1910 H1, H2A H2B, H3A H3B, H4A H4B, H8 to H13 H15, to H24, H27 H28, H34 H29, to H32	199	1520 H1, H2A H2B, H3A H3B, H4A H4B, H8 to H12 H13 (40) H15 to H24... Included -Display house = 1 -HDD's offices = 4 -Exhibit house = 1 -47/C = 1	390 H13, (39) H27, H28, H34					Terrace I 84 II 162 -Completed 56 units III 151 H14 (15 lots) IV 129 -Under going 46 Units V 204 H26 (12 lots) VI 289 -Under going 38 units VII 289 H25 (10 lots) VIII 145 -Total 140 units IX 185 (36 lots) X 260 XI 218 XII 470 ----- 2586 2586 (G) Approved applicants - 118 (G) transfer to Mentiri ----- 2468 (G) ----- Approved applicants Phase 1 to 12 = 2468 (G) Houses committed = 1910 ----- Balance demand. = 558 (G)

Source: Civil Engineering Unit, HDD 1994.

Table 3-12 MHS BUDGET ALLOCATION AND ACTUAL EXPENDITURES 1991-1993

Project	Budget Allocation			Actual Expenditures			Percentage of Actual over Budget (%)		
	1991 (B\$)	1992 (B\$)	1993 (B\$)	1991 (B\$)	1992 (B\$)	1993 (B\$)	1991	1992	1993
Lambak Kanan	54,000,000	48,020,300	55,061,000	24,741,413	34,136,494	40,696,259	45.8	71.1	73.9
Mentiri	22,330,000	17,600,000	13,870,000	14,374,049	11,355,088	8,254,512	64.4	64.5	59.5
Rimba	14,200,000	23,950,000	22,290,000	4,726,064	10,031,161	17,551,170	33.3	41.9	78.7
Pandan	23,800,000	34,502,300	33,040,000	17,793,314	20,725,199	23,342,240	74.8	60.1	70.6
Bukit Beruang	2,950,000	9,800,000	11,515,000	464,096	5,237,681	9,842,193	15.7	53.4	85.5
Rataic	5,200,000	6,675,000	3,350,000	1,917,664	3,550,566	1,515,782	36.9	53.2	45.2
Sg Liang	500,000	350,000	340,000	96,904	91,074	79,303	19.4	26.0	23.3
Total	122,980,000	140,897,600	138,476,000	64,113,504	85,027,263	101,277,459	52.1	60.3	73.1

Source: HDD Finance Unit, Sept. 1994

Table 3-13 BRUNEI DARUSSALAH: GROWTH OF PUBLIC SERVICE 1950-90

Year	No. of Dept	Approved Cadre	Ratio	Total (d+e) Expenditure	Salaries Expenditure		Average Salary	Departmental Expenditure		Average Dept Exp.
					B\$(d)	%(d/c)		B\$(e)	%(e/c)	
	(a)	(b)	(a:b)	B\$(c)			B\$(d/b)			B\$(e/a)
1950	21	813	1: 39	9,324,268	847,968	9.09	1,043	8,476,300	90.91	403,633
1960	31	3,442	1:111	72,199,482	15,924,652	22.06	4,627	56,274,830	77.94	1,815,317
1970	42	7,123	1:170	157,258,161	45,659,184	29.03	6,410	111,598,977	70.97	2,657,118
1980	43	19,160	1:446	861,250,523	199,274,944	23.14	10,401	661,975,579	76.86	15,394,780
1990*	60	44,182	1:736	2,624,679,749	719,839,607	27.43	16,293	1,904,840,142	72.57	31,747,335

Note: * estimated figures

Source: Estimates of Expenditure and Revenue, Govt. of Brunei

To finance these projects, the government has allocated a considerable amount of the development budget as shown in Tables 3-7 and 3-8. Table 3-12 specifies the budget allocation and actual expenditures for the various projects for the period 1991-1993. The allocation is not only for cost of house construction, materials, infrastructure, earthworks, salaries of site staff or equipment but it also includes the cost of maintenance and repair of completed houses, flats, shophouses, and all else constructed in the new town. About 20% of the respective budget allocation is spent on new project such as that at Sg Liang, mainly on infrastructure and earth works. In general, what has actually been spent for the projects is much less than the allocations but it is clear from the table that the amount spent is increasing over the three year period.

In summary, the NHS is one of the many government development projects, which are aimed at attaining the national objectives of improving the quality of life of the people and living in a clean and healthy environment. The NHS is a government approach, based on "new town" concept (of self-contained residential estate), to ensure that all citizens of the country own or have access to housing of affordable cost. Since its launching in 1980, applications received by the implementing agency have been increasing yearly. Initially, eight sites were allocated for the scheme but due to the increasing demand, another site is added, giving a total of 12,350 housing lots. Out of 22,152 applications received between 1980 and 1993, only 5,150 have been approved by the end of 1993. Out of the approved numbers, only 1,535 have so far occupied an NHS house. Last year more than 500 houses were completed and using this figure as the future rate of production per annum, the 3,615 of leftover approved clients would only be satisfied within 7 years. Thus, the ultimate goal to ensure all citizen to housing by 2000, six years away, could not be attained.

3.3 Public Bureaucracy

In the context of the above factual information on planning and implementation of public housing in Brunei Darussalam, we will now analyze the role of government bureaucracy in it. The term "public bureaucracy" as used in this paper refers to the government bureaucracy in Brunei Darussalam. In the Brunei housing policy, the public sector plays a dominant role both in policy making and in provision. Hence, analysis of the public bureaucracy is very important in the housing sector. The public bureaucracy is enshrined by the 1959 Constitution which is based on the principle of Malay Islamic Monarchy (MIB). The language of the administration is the Malay language. Islam is accorded the status of state religion and the Sultan is the head of religion of the state. Finally, "the

supreme executive authority of the State" is vested in the Sultan and all exercise of executive authority (by others) is in his name and on his behalf.

Over the years, the bureaucracy has not only expanded but also shouldered increasing responsibilities that were thrust upon it by the force of events. Development projects were being approved in succession and this requires implementation. In order to implement the projects, personnel had to be found or trained. The rapid increase in the number of government departments and personnel employed over the years indicates the response of the bureaucracy to the challenges it had to face (see Table 3-13). On independence (eve of 1984), the country adopted the cabinet ministerial system and started joining the international community. Several consulates, high commissions and embassies of the country have been established abroad. These have also expanded the government expenditure such as that in 1990.

The growth also reflects the increasing specialization within the public service. In four decades, the number of departments have trebled and the size of the public bureaucracy has increased more than fifty times while salary expenditure has increased 850 times. About 20-30 percent of the total government expenditure is spent on salaries. The average number of personnel for each department is 739 while the average annual salary for each personnel is B\$16,293. One of the main areas of civil service growth has been in social services especially housing. The public sector housing is fragmented and many departments are separately responsible for different functions and programmes.

3.3.1 Housing Agencies

There is no specific housing authority in Brunei Darussalam. Various institutions and governmental agencies take on the responsibility of providing housing [See Table 3-14]. As mentioned earlier, both sectors provide housing for rent or sale. The only difference is that the private sector provides houses for the market whereas the public sector initially provided rental houses for its employees but later house ownership for citizens of the country. This is seen from the individual departments such as the Education, Health, Electrical, the Army and Police, which provide housing for their employees. This type of government quarters is termed 'government housing' and a minimum monthly rental payment is made to the government through deduction of salary. The houses for ownership through the government schemes are provided in a completed form ready for occupation and payment.

As seen from the table, for the schemes are chosen to be studied here, the HDD is almost entirely involved in the implementation process.

The change on 4th August 1984 was accompanied with the change in its functions and objectives. Formerly, aimed at resettling Kg Ayer population only, it now expands its beneficiaries to all citizens who do not possess land title and is aimed at providing a comfortable and healthy housing environment.

Table 3-14 DEPARTMENTAL RESPONSIBILITIES FOR GOVERNMENT HOUSING PROGRAMMES

Function	Government Quarters	RBAF housing	Resettlement Scheme/NHS	Landless Citizens Scheme	Labour Lines
Project Initiation	PWD/ other*	RBAF	HDD	PWD	PWD
Site Selection	TCPD	TCPD	TCPD	TCPD	TCPD/ PWD
Layout Planning	TCPD	RBAF/ TCPD	HDD/Consultants /TCPD	TCPD	TCPD/ PWD
Architectural Design	PWD (Arch)	PWD (Arch)	HDD	PWD (Arch)	PWD (Arch)
Implementation	PWD	RBAF	HDD	PWD	PWD
Selection and Processing of Applications	Establishment Dept./ others*	RBAF	HDD	Land Dept.	PWD
Housing Loans	-	-	Ministry of Finance #	Ministry of Finance#	-

* Other departments providing staff housing, e.g. Education, Forestry, etc.

Loans only available to government employees

Notes: HDD - Housing Development Department

PWD - Public Works Department

RBAF - Royal Brunei Armed Forces

TCPD - Town and Country Planning Department

Source: Brunei Govt. (1986) Negara Brunei Darussalam Master Plan: Background Paper. Ch.7. p.32

3.3.2 Housing Development Department

The Government of Brunei Darussalam takes on the responsibility of providing and delivery of housing to the whole population. As such, the different government agencies handle their own implementation of the part of housing policy concerning them. In the case of the Brunei National Housing Scheme, the HDD deals with the implementation. The process is conducted by the numerous public and private organizations that translate national objectives into concrete outputs; public organizations such as the Town and Country Planning Department (TCPD), Land Department (LD), the Treasury, Public Works Department (PWD), District Office (DO), Economic Planning Unit (EPU) and the HDD, plus the private organizations such as the construction and consultant companies.

3.3.2.1 Objectives

First and foremost, in order to make the Resettlement Department more suitable for the NHDP's vast goals, it was renamed the Housing Development Department in 1984. Consequently, its functions had also been revised from a department that at the beginning only had to resettle the residents of Kg

Ayer on land, now to one entrusted with providing housing for the whole country.

In line with the development objectives mentioned earlier, the department has embarked on the following objectives and functions:

- * to provide good quality housing for the people, with its inhabitants being given the opportunity to live and enjoy modern standards of accommodation in a pleasant and convenient environment while retaining the traditional Brunei values and culture;
- * to reduce housing congestion in Kg Ayer;
- * to provide for the housing need of those without land title;
- * to coordinate the development projects with the natural surrounding environment;
- * to compile all data and information in order to assist and guide those without the means to obtain a house; and
- * to optimize the use of land and housing [HDD, 1994].

With the above objectives in mind and in order of priority, the department embarks on the role of an implementing agency.

3.3.2.2 Organization Structure

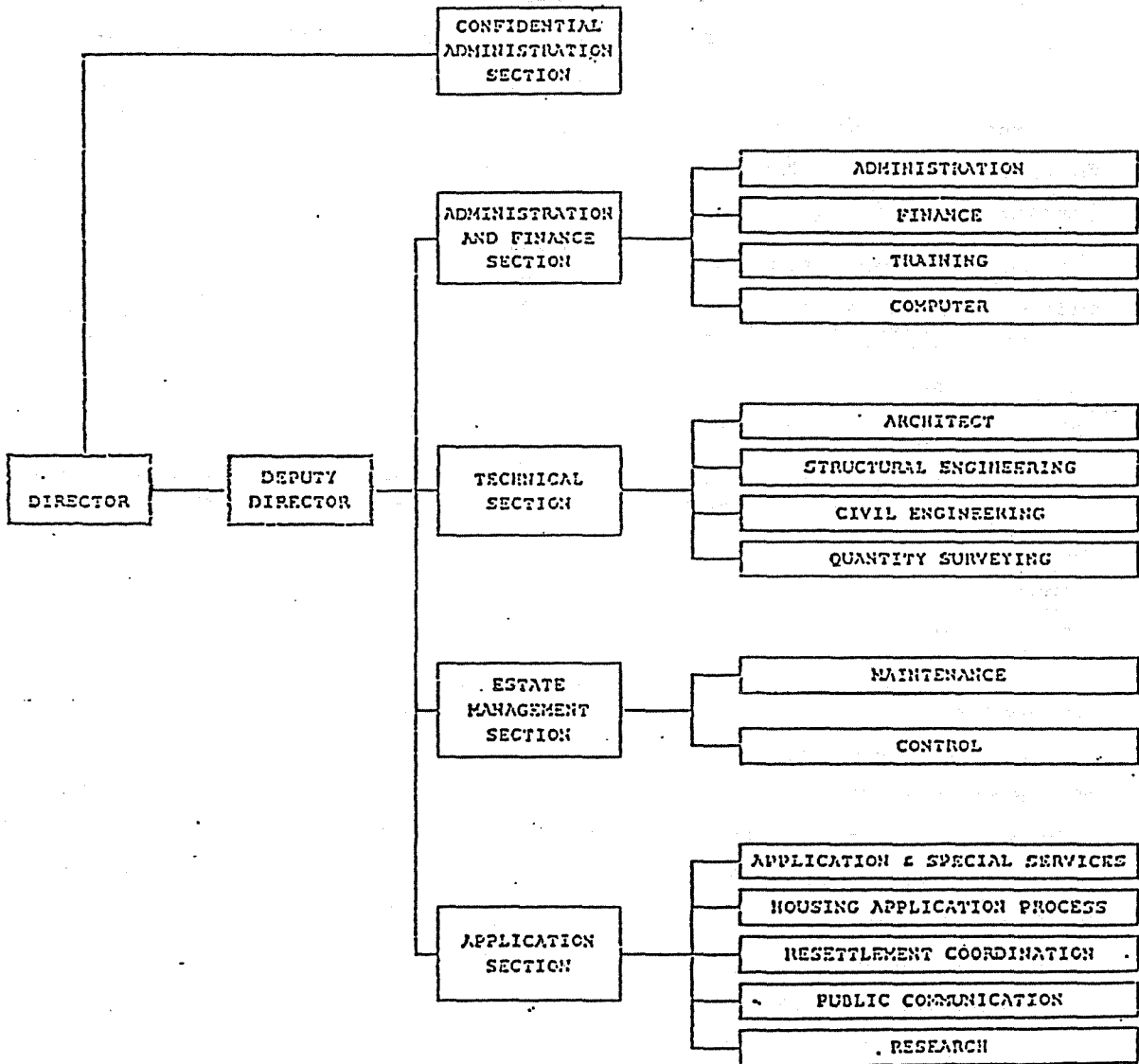
The HDD is located under the Ministry of Development. Under the Ministry of Development [MoD], other departments are the PWD, LD, Survey [SD], TCPD and Electrical Services [ESD]. All of these departments are grouped as such as they are concerned with the development of the country. These departments are also involved in the top level decision making of the housing programmes, viz, to allocate the sites for development. The master plans, drawn up by private consultants, especially the sectoral one on housing is used as an action-oriented guideline for the programmes. The normal procedure for site selection is as follows: the department requiring state land for development projects makes a request to the TCPD; the TCPD provides a few location of sites according to the areas already gazetted by the LD and given in the government-approved Master Plans; once the sites are located and agreed upon; an approval from the Sultan-in-Council is sought; and finally, the department requesting for the sites such as the HDD as the implementing agency takes on the responsibility of designing, constructing, allocating, etc., and handing over to the successful applicants, as in the case of the housing.

The organization structure of the HDD is illustrated in Figure 3-6. Apart from the self-explanatory Confidential Administration Section, it is divided into four main sections, namely, Administration and Finance (AFS), Technical (TS), Estate Management (EMS), and Application Sections (AS). Each section is further subdivided into units, specializing into one kind of activity. The AFS comprises the administration, finance, training and computer units. The TS separates out the activities of architect,

FIGURE 3-6

ORGANISATION STRUCTURE
HOUSING DEVELOPMENT DEPARTMENT
MINISTRY OF DEVELOPMENT

August 30, 1994



Source: HDD, Sept. 1994.

structural engineering, civil engineering and quantity surveying. The EMS contains the maintenance and control units. The AS consists of the application and special services, housing application process, resettlement coordination, public communication and research units. The first section deals with internal management of the department. The second deals with on-site management of projects while the third deals with the aftermath; both carry out the technical side of the housing provision. The fourth section carries out the administrative side of housing providing process.

The Sections are surprisingly located at different places. The main office on the third floor of the Public Service Commission Building houses the AFS, the AS, excluding its Research Unit, and an administrative office for the TS. The units under the TS are located in four houses at the Lambak Kanan housing site. The EMS is housed, not far from the headquarters, in an old kindergarten near a previous Resettlement Site. The Research Unit (dealing with land) under the AS is in a building at Jalan Tapak Kuda, further away from the main office. This impedes the speed of the NHS communication flow.

Table 3-15a HDD PERSONNEL 1991-1994

Division	1991 approved	Vacancy in 1991	1991 actual	Proposed addition to approved 1991	Estimate for 1992	1992 approved	1993 actual	1994 actual
I	3	1	2	-	3	3	3	3
II	26	12	14	6	32	26	17	17
III	62	12	50	14	76	62	55	55
IV	83	12	71	32	115	88	74	70
V	32	3	29	13	45	31	28	27
Total	206	40	166	65	271	210	177(212)	169(216)
Open Vote							75	133
Daily Paid							215	161
Site Staff							29	26
Contract							-	5
Total number of staff							496	494

Note: a. () approved posts for 1993 and 1994.

b. Data for actual number of post occupied is not available.
Compiled from HDD estimate reports, 1992, 1993, 1994 and 1995.

3.3.2.3 Personnel and Recruitment

The number of HDD personnel has continued to increase over the years. In 1979, the department, formerly the Resettlement Department, had 29 staff which increased to 37 a year later [BG, 1980]. The 1990 Estimates shows that the number had increased to 181 in 1989 and estimated to be 189 in 1990. In 1994 alone, there are altogether 494 personnel, out of which 114 are permanent. There are six types of services, namely, on the basis of permanency, month to month, contract, site staffing, open vote and daily paid. The permanent personnel are man personnel and women Division II officers. The month to month category includes married women below Division II. Contract Staff are mainly expatriates and are paid by the Civil Service Office. Site staff are personnel whose salaries and fringe benefits are

Table 3-156 RATIO OF HDD PERSONNEL TO NHS APPLICATIONS 1980-1993

Year	Tot. No. of Personnel		% of (a) over (b)	Tot. No. of Applications		Ratio	
	Application Section (a)	HDD (b)		Brunei-Muara, Tutong & Temburong (c)	whole country (d)	(a):(c)	(b):(d)
1980	n.a.	37	n.a.	7664	8602	-	1:233
1981	n.a.	39[40]	n.a.	0	0	-	-
1982	n.a.	68[62]	n.a.	0	0	-	-
1983	n.a.	88[75]	n.a.	0	0	-	-
1984	n.a.	88[90]	n.a.	0	0	-	-
1985	n.a.	107[129]	n.a.	4664	6396	-	1:60
1986	n.a.	125[240]	n.a.	0	0	-	-
1987	n.a.	166[295]	n.a.	0	113	-	1:1
1988	n.a.	166//	n.a.	462	735	-	1:4
1989	23	181	12.7	560	666	1:24	1:4
1990	25	189	13.2	611	712	1:24	1:4
1991	25	206(166)	12.1	1013	1187	1:41	1:6 (1.85)
1992	32	210	15.2	1041	1397	1:32	1:7
1993	32	212(177)[496]	15.1	1322	2344	1:41	1:11 (1.13)

Note: Table is only on present available data. [] - Actual Total Number of Personnel i.e. Permanent + Temporary

n.a. - data not available

// - assumption to be at least 166 as the trend is increasing.

paid through the development fund. Open vote and daily paid staff are not permanent; the daily paid are promoted to open vote category after five years of service.

There are five divisions of ordinary established salary scale in the public service. The number of HDD staff in and qualifications attached to each division are shown in Table 16a. For example, a fresh first degree graduate will be appointed to a Division II post or the Salary Scale of B2. The same applies to all intake into the public service. Table 3-15a also shows that the HDD approved posts in 1991 was 206 and has been increasing incrementally each year with 212 for 1993. The current approved posts are 216. However, the actual number of personnel in 1991 was 166, in 1993 was 177 while in 1994 it is 169. The ratio of the actual number of HDD personnel to the number of applications received is about 1:8.5 and 1:13 in 1991 and 1993 respectively. The AS, of the main office, has a total of 32 personnel and received 1,322 applications in 1993; the ratio is 1:41, shown in Table 3-15b. This indicates that the workload is very low since the applications are processed on yearly basis.

Table 16a HDD PERSONNEL: DIVISION, SALARY SCALE, ANNUAL INCREMENT, TYPES OF QUALIFICATION 1994

Division	Number of Personnel	Salary Scales (Min. Amount in B\$)	Annual Increment (B\$)	Types of Qualification
I	3	Group 2 (5400) Group 3 (4750)	-	At least 1st Degree, recognized international qualification and long record of service; etc.
II	17	B3 (3880) B2 (2270) B1 (1430)	120 90 80	Postgraduate Degree; Postgraduate Diploma; 1st Degree; HND and long record of service; etc., accordingly
III	55	C5 (2690) C4 (2340) C3 (1990) C2 (1450) C1 (1280)	70 70 70 60 60	HND or served in a lower related post for at least 6 years; HNC; OND with 5-year related service; GCE 'A' Levels with at least 3-year service; etc.
IV	70	D6 (1665) D5 (1505) D4 (1225) D3 (900) D2 (650) D1 (330)	40 40 40 45 25 20	OND; Form Five or GCE 'O' Levels; Form Three or BJCE with at least 5-year service; Clerical Certificate; etc.
V	27	E4 (775) E3 (660) E2 (590) E1 (515) F6 (715) F5 (670) F4 (620) F3 (550) F2 (495) F1 (445)	20 20 15 15 15 15 10 10 10 10	BJCE; PCE/Primary Six and 3-year service; etc. Literate; any Primary School Education

Compiled from: Government Estimates, 1990; HDD Estimates, 1994; Interviews Sept 1994

Despite the increase in the number of approved posts, there are still many vacant ones; such as 40 in 1991, 35 in 1993 and 47 in 1994. According to an officer in the department, his section has submitted a request for personnel promotion and recruitment to fill in the vacant posts, but so far, nothing has been done.

The normal promotion and recruitment is carried out centrally at the Civil Service Office and the Public Service Commission (PSC). The normal

process of recruitment takes 3 months to a whole year or more for information to be assessed and reviewed, for an interview to take place and later for an appointment. However, the vacancy figures here continue to stay for the four years. This affects the NHS implementation as the vacant posts are crucial to smooth the workflow.

3.3.2.4 Training and Reward

The training and reward system follows that of the overall government system. The basic requirement for the training is that the personnel must be a Brunei citizen, appointed in a permanent post and has been in service for at least three years. There are three types of training given to personnel. Firstly, training within the department is by having seminars or courses by own officials or invited presenters. The seminars and courses range from social affairs, computer, technical and management. Training in the country comprises those provided by both private and public sectors. These first two types are mainly based on selection and nomination by the higher level officers. For training abroad which is for higher ranking officers e.g. those with Higher National Diploma (HND) above, one has to use one's initiative to get a place for career-related training in institutions abroad but a quota system is being used to limit the number of officers to go. Only three places are given to the department each year. According to an officer, it is also difficult to obtain approval for training abroad especially for long courses. The courses normally given are of a short-term basis of a few days.

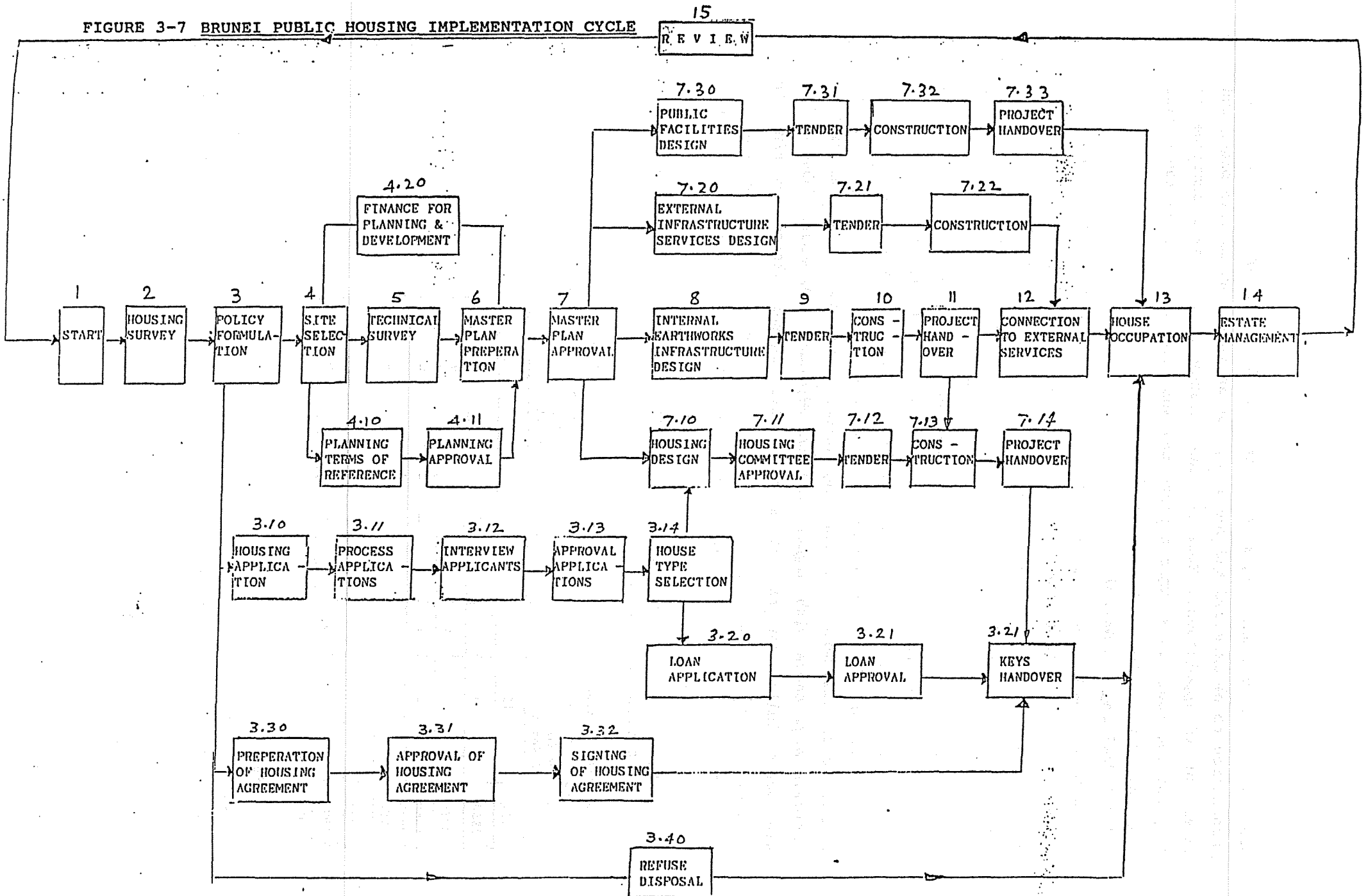
Table 3-16b NUMBER OF HDD PERSONNEL SENT FOR TRAINING 1987-1993

YEAR	SHORT COURSES	HND	FIRST DEGREES	POSTGRADUATE DEGREES
1987	42	4	2	1
1988	18	4	2	0
1989	17	4	1	1
1990	8	1	0	0
1991	8	6	1	0
1992	3	1	1	1
1993	1	0	2	0

Source: HDD, Sept 1994

Table 3-16b shows that there is a general decreasing interest in training. Perhaps, the nature of work carried in relation to the NHS was so routine that further training was seen to be unnecessary compared to practical experience. The present system is perceived to have limited impact on the NHS implementation on the part of application processing but great effect on its technical part.

FIGURE 3-7 BRUNEI PUBLIC HOUSING IMPLEMENTATION CYCLE



The reward system is basically a complete package which is standard for all civil servants. The components include the yearly increment in salary, bonuses at the end of the year, pension schemes (personnel engaged prior 1993 only), TAP or Provident Fund (personnel engaged since January 1993), annual leave, free medical and health services, low-interest loans for car or housing, 56 days paid maternity leave for married women personnel, road mileage, airfare for officer, spouse and up-to four children, after three year full service, airfare to United Kingdom after ten year full service, airfare for officer and spouse to perform pilgrimage to Mecca after fifteen year full service, etc..

The reward is provided after performance appraisal is carried out. This appraisal is based on performance of personnel in achieving the organizational goals, in terms of activities. The period of appraisal is within the month of August and September each year. The result of the appraisal, based on the duties and responsibilities of the personnel, is used as a basis of career promotion, development, salary increase, bonus payment and so on but there is no incentives related to NHS project completion. How reliable is the appraisal? Most staff have been in the same post and salary scale for ten years and there is no room for promotion. And this is not unusual especially at the higher levels.

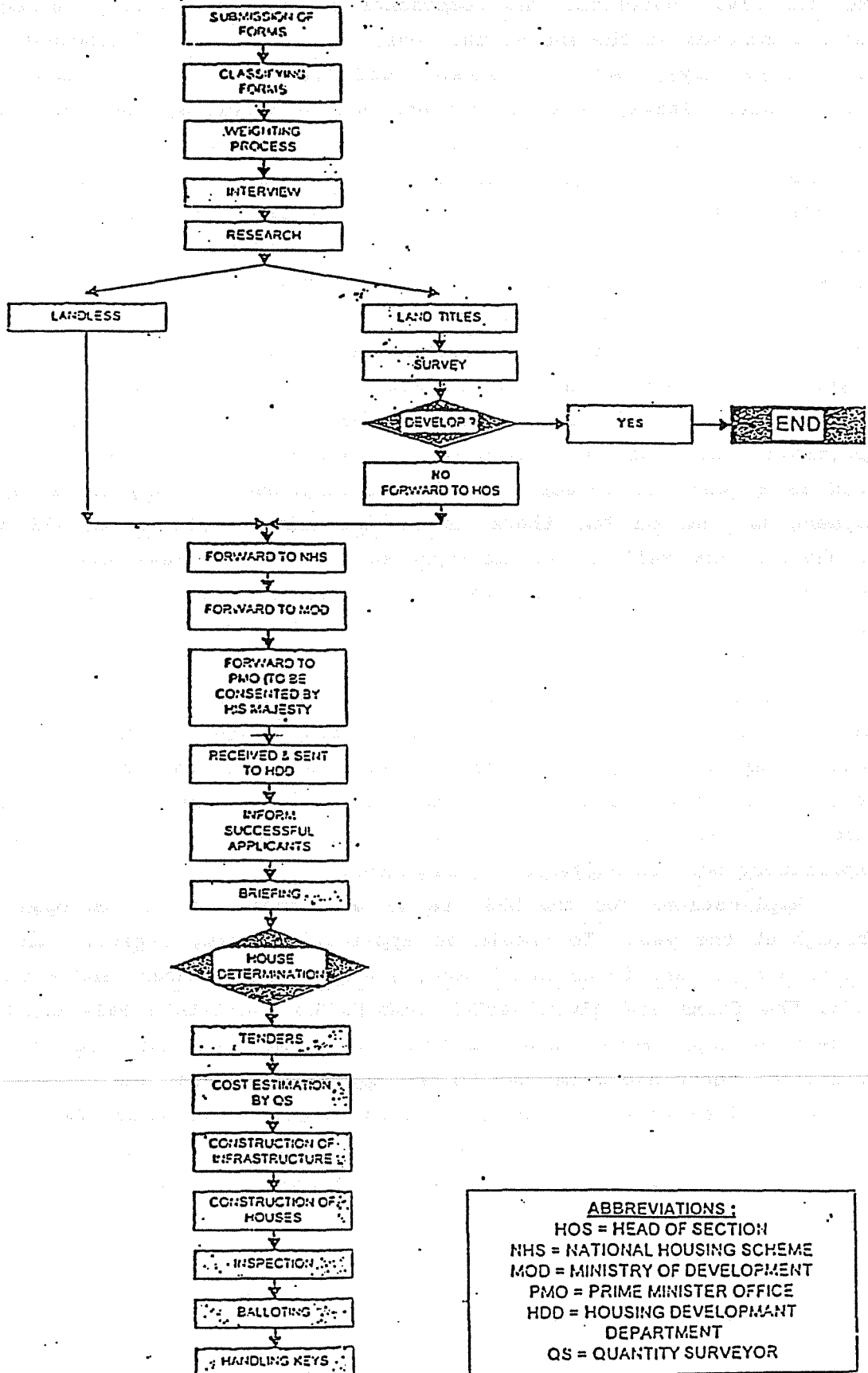
3.4 The NHS Process

This part explains the implementation of the NHS, which is diagrammatically shown in Figure 3-7. The figure shows the many stages in this Brunei public housing implementation cycle which takes between six and more than thirteen years (e.g. 1980 house application-delivery). In addition, the following flow chart (Figure 3-8) summarizes the NHS housing process. Both are self explanatory but are explained in sequence.

Applications for the NHS are as mentioned earlier now open to all throughout the year. To obtain an application form, registration of the intended applicant in terms of name, identity card number, and address, is made. The forms are given serial numbers to facilitate easy counting of numbers of applicants. When the forms are completed and requirements are fulfilled, these are submitted to the Application Unit. The current number of applications vary from month to month ranging from 50 to 500 forms. At the end of each month, the submitted forms are compiled and classified according to the stage and area of housing project requested. The applications must initially conform to the rules stated on the cover of the forms before they are processed further [See Appendix B]. A letter of acknowledgement of the receipt is sent to applicants.

The next step is processing the application using a weighting or a marking system, which is considered to be confidential by the HDD officers. Certain criteria are given a higher priority than others. For each answer

FIGURE 3-8. FLOW CHART ON THE NHS HOUSING PROCESS



Source: HDD, Sept. 1994; UBD Attachment, 1994.

to the questions on the application form, specific points are given. For instance, for question 3 on the form, the older the applicant the higher the points given. The answers to citizenship status of question 12 are given different points in order of priority; e.g. 12a fetching 10, 12b fetching 8 and 12c with 6 marks. This is carried out by the Application Processing Unit. After the applications are processed, applicants are called for interviews with a panel of three or four officers from the Processing Unit, DO and LD to ascertain the eligibility of applicants. Accompanying the call for interview, applicants are required to fill in a set of forms which are to update applicant's current status and to reply to whether the applicant will attend the interview or not.

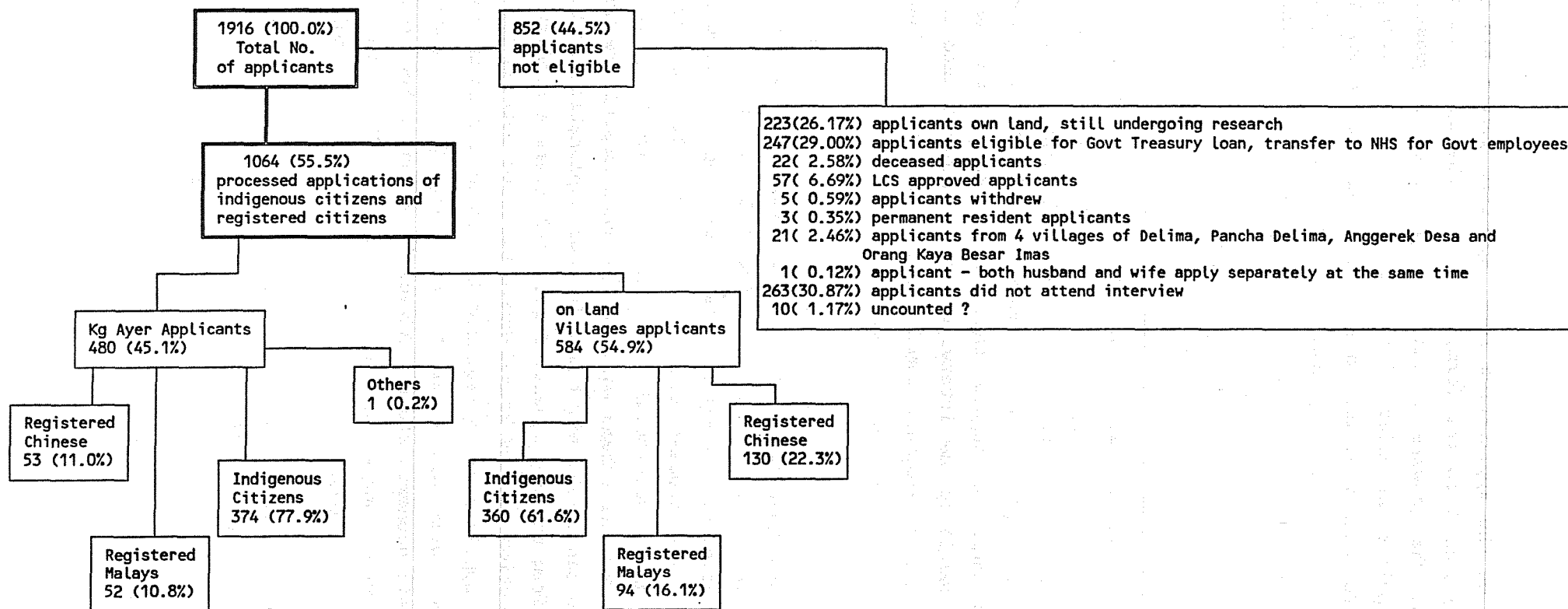
After the interview, research on any property held by applicants is carried out to ensure that applicants are landless. The result of the interview is brought to a Committee for Rectification and information is stored in computers. Applications of those found to possess land are sent to the Research Unit to ensure that the land is not suitable for development. The result of the interview is then brought into a meeting by the National Housing Development Committee for endorsement. The committee comprises members from the representatives of the HDD, PWD, TCPD, SD, LD, EPU, and the DO.

Once justified and rectified, a summary of applications, listed in order of total descending marks obtained, is forwarded to the Director of HDD who later forwards the result via the MoD to the Prime Minister's Office for the consent of His Majesty the Sultan. Upon receipt of approval via the ministry, the process transfers hand to the Coordination Unit. Based on the summary, successful applicants are notified that they are being considered for the scheme while those unsuccessful are notified for their failure but can appeal any time. Further explanation of their result can be obtained from the department. Figure 3-9 gives a summary of results for public applications in the Brunei-Muara District between 1985 and 1990.

Successful applicants are required to attend a briefing by the Head of Sections, and forms are given to ascertain their choice of house compatible to their economic status. Advice is given on how to select. For instance, applicants, whose earnings are below B\$1000 per month, are entitled to a Type E house. However, the clients have a choice of their own.

When the approximate number of the types of houses is determined, information is sent to the TS. Prior to this, the Section conducts the planning and design for the projects. Upon receipt of the information on the number and type of houses, the Architecture Unit lays out the design of the houses and the location of lots. Tenders are then opened to contractors through the Tender Board, Ministry of Finance. The construction of

Figure 3-9 BRUNEI-MUARA DISTRICT: NATIONAL HOUSING SCHEME FOR PUBLIC 1985-1990



Source: HDD, 1990

infrastructure and earthwork is carried out prior to the construction of housing. The scheme does not allow one contractor to monopolize the housing project. As such, the project is divided into stages, with each allocation carrying about 50 houses. This enables the department to ascertain the completion of the project by the contractors.

Together with their tenders, the contractors submit their price quotations for various materials required for construction and the overall cost of building. The cost of projects varies due to the soil topography and location. Once the tender is closed for an advertised project, the submitted tenders are sent to the Quantity Surveying Unit of the department to be assessed and recommended. The Tender Board finalizes the acceptance of the tenders. This applies to all tenders. Before construction of houses, infrastructural works are carried out which normally take about 20 months to complete. The cost of infrastructure and earthwork for each house lot is between B\$20,000 and B\$40,000 depending on the soil topography and its location. The construction of houses takes a maximum of two years to complete.

At the meantime, the Engineering Units continue to monitor and inspect the construction and submit progress reports to the Head of Section and the Director. This is to ensure that it is proceeding according to plan and schedule. Upon completion of housing construction, a joint inspection is carried out by representatives from the Coordination Unit, Architect Unit, Quantity Surveyor Unit and Estate Management Section before it is handed over to the Coordination Unit for balloting. At the same time, the PWD, ESD, and the Telecommunications Department are informed of the completion for their related services. According to an Engineer, many contractors did not meet their dateline and required time extension. Most of them provided wrong estimation of material prices and underestimated the value of the contracts. Many contracts changed hand a couple of times before they were finally completed.

Before the Coordination Unit informs the successful applicants of the completion, the number of houses completed is checked against the number of would-be-owners. For instance, if 100 houses are ready but there are 150 applicants, the unit gives priority to those in urgent need for housing. The criteria used are different to that used earlier. The selection is by giving age and length of service a mark for each year, number of children a multiple of 5 for each one, and 40 marks for rental or living with parents while 20 for own house in Kg Ayer or on Temporary Occupancy Lease Land (TOL). In order of who gets more marks, only 100 would-be-owners are informed and called to attend the balloting and another briefing by the Heads of Section concerning rules and regulations before and after occupying the house. Another set of forms is given for the applicants to

fill so as to update data and to sign two agreements for occupation and payment. The signed agreements are returned to the HDD which keeps all signed agreements and handles all payment except payments from civil servants on government Treasury loan. The majority of occupants choose the maximum period of payment. The data updating form is kept by the Coordination Unit. In addition, applicants are briefed on the purpose of balloting, i.e., to ensure that there is no bias. House keys are given to the clients after the balloting ceremony, for immediate occupation. At the same time, the Coordination Unit handles the delivering of houses and keys to the LCS recipients once the LD has carried out balloting drawn on luck.

After the balloting, the process changes hand to and stays at the EMS for control, maintenance and repair. Complaints within the developer liability period of nine months are handed over to the contractors concerned via the TS. Those complaints after the liability period are assessed and categorized by the Section. Those concerning the physical and structural part of the building are first inspected by an officer in charge of the project area and reports are submitted to recommend or otherwise to the Head of Section for further decision or further up to the Deputy Director and so on.

After a few years of occupation, the clients are allowed to add extensions or to do renovation with prior application to the HDD via the Section. Forms are again filled for this purpose. The plan for the extension or renovation must be attached with the form in three sets which are distributed to other sections for assessment and government department involved such as the PWD for sewerage control and inspection. The Control Unit handles the applications, monitors and inspects all approved renovation and extension and ensures that the development is within the confines of the approval notices.

Chapter Four: Analysis of the Role of Housing Development Department in the implementation of the National Housing Scheme

In the previous chapter, we have described the evolution of the National Housing Scheme and the role of the Housing Development Department in it. This chapter analyses the content and context of housing policy in the light of the framework aforementioned in Chapter Two. The success of the scheme depends upon the availability and utilization of these context and content variables. Therefore, we will analyze first the implementation aspects based on the Grindle's model and, then, the role of the HDD linking the two parts together in the last part, as laid out in Chapter Two.

4.1 The Linkage between Planning and Implementation

In reviewing the implementation process, we could gauge reasons that could explain the performance of the NHS. Policy makers who were responsible for its design have considered formulation and implementation as two distinct stages and, therefore, did not consider all problems that were likely to hamper implementation. The NHS was based on the survey conducted by external experts in collaboration with the then Resettlement Department and the design of which was prepared essentially by outside experts. It was taken for granted that once a policy has been formulated it will be implemented according to what was intended to achieve. The same was with the design of the NHS and the establishment of institutions which were done by the Government but the full NHS implementation was in the hands of the HDD. The tasks of dealing with implementation problems were totally left to implementors/administrators to consider and not a matter of concern to policy makers. The HDD and its bunch of local staff therefore only came into the picture at the implementation stage. They were to achieve whatever had been set by policy makers. This could be ascribed to lack of an explicit procedure for policy-making requiring decision makers to comment on implementation strategy and partly by lack of exposure to any training in policy analysis to the technical experts.

This was further aggravated by the changes in the emphasis on NHS contribution to the achievement of higher level objectives. Initially, the NHS was to resettle the Kg Ayer residents and civil servants eligible for housing loan but from 1985 onwards, it was also for all citizens regardless of their income level and later in 1992, the cost recovery period was extended from over a period of 20 years to 30 years. These were reactive responses of policy makers to their perception of the problems. Capacity of the HDD was not changed qualitatively enough to cater for this expanded role.

As far as the NHS was concerned, policy makers perceived different problems were addressed in the late 1970s from the problem that was to be attended to in the 1980s. Initially, it was merely to solve the congestion

in Kg Ayer but today to solve citizen's landlessness. In addition, many clientele complaints of the NHS process and the houses were received daily. This showed that the policy makers had limited capability to foresee future associated problems. Administrators had not been consulted about the implementability of the NHS while, apart from the survey, the target groups or beneficiaries were not involved in the formulation or the implementation of the NHS. Their representation would have reduced these problems.

4.2 Policy Objectives

The objectives of the policy have been spelt out explicitly. In fact, strategies and activities to be pursued in achieving the objectives were spelt out by the HDD. The interpretation of the NDP objectives was closely linked up with the policy objectives. But the terms used in the description of the objectives or the activities were not clear. For example, this could be seen from the confusion of the phrase "to ensure that every citizen own a house" or "to ensure that all the citizens of Brunei Darussalam own or have access to decent housing accommodation of affordable cost by the year 2000" in the policy objectives given by the Government (1986) and the UNCHS (1990), as in the previous chapter. The objective "to ensure every citizen own a house" was unrealistic as compared to the HDD's interpretation to allocate "one house for one family".

This interpretation resulted in the emphasis on the achievement of the output of the NHS vis-a-vis the number of houses to be completed and distributed annually. But the NHS has several purposes, i.e., higher level objectives such as national cohesion, which during the process of implementation were ignored. For that same reason, activities tended to concentrate on only providing houses to successful applicants but left out other complementing activities in achieving the outcomes. Although it was stated that one of the strategies of HDD was developing and facilitating the provision of housing, it was also categorically mentioned that the houses were mainly for citizens based on, from the marking system, the prioritization of race, religion, and type of citizenship. Moreover, no indicators for monitoring success were built into the NHS design. The process was "muddling through".

From the activities of the HDD, we saw that the department was mainly concerned with the NHS. Other objectives as spelt out in Chapter Three were not attained. The provision of housing for fire victims had not been fully met by the department. The recent fire victims of Kg Ayer were taken care of by a private institution.

The objective to reduce congestion in Kg Ayer was barely attained. Table 3-6 showed that the average of household size for Kg Ayer had in fact increased from 6.89 in 1981 to 7.36 in 1991 while the average number of persons staying in one house had not improved much, i.e. only a reduction of 5% for the same decade. The upgrading of the Kg Ayer was another

alternative Government approach taken and it was stated as an objective of the department. This role, in fact, had been taken up by some other departments.

Finally, the ultimate goal of the policy to ensure that all citizens had a decent house by the year 2000 (see previous chapter under Policy Objectives) was difficult to achieve. Seeing that the year 2000 would be around the corner and that, according to the 1991 Census, more than fifty percent of the population were young [ages between 0-19 years], there would be more 'young' citizen-clients in the future. By the year 2000, the twenty percent of 1991 'young' population would be eligible for the NHS housing since 18 was the minimum age of eligibility. The demand for housing would increase with the present backlog while supply remained limited. The NHS houses completed in 1993 was about 500. Using this amount as a minimum rate, the HDD would only be able to supply the still-waiting-already-approved 2609 clients within the next five to six years, or rather, by the year 2000. What about the applications coming in for this year, next year and so forth?

4.3 Context of Policy Implementation

The aspects of the country's socio-political environment influencing the formulation, implementation, and evaluation of public policies, called contextual variables, are the power, interests and strategies of actors involved and their compliance and responsiveness in achieving policy goals. These are supposed to have real or potential impact on a given social, political and economic setting in the country.

4.3.1 Interests, Power and Strategies of Actors Involved and Regime Characteristics

Unlike other states or countries, Brunei Darussalam is an absolute monarchy with a ministerial cabinet system. The Government is a stable one and remains power-centralized. All types of major decisions are centralized at the Prime Minister's Office and the Sultan-in-Council. There was not much change in the positions and the people in it. The rotation was at the level of heads of department. The last director of HDD was shifted to the Ministry of Development in 1991. The restructuring of the HDD and rotation of directorship influenced the attitude and enthusiasm of the staff. As such, good leadership is critical for good work performance.

The Government administration was enshrined by the state philosophy of Malay Islamic Monarchy. Decisional matters were based on this philosophy and therefore giving priority to its three components. Malay is the State's race, culture and language; Islam is the State's religion and the Sultan is the king. Its stability in withholding this philosophy has strengthened the Government of the country. This prioritization stabilized government policies by reducing uncertainty. This also indicated the power leverage of the Government. This was seen in the attachment of marks on the NHS

application forms was based on this philosophy. Priorities are encompassed by these parameters. Furthermore, implementors protected their interest in that no effort was done to contact the 1980 applicants of government employees.

Implementation involved various actors whose interests and objectives are in conflict with each other. These actors would employ their respective power and strategies either to achieve and maintain their interests and goals or to sabotage the attainment of policy objectives [Grindle, 1980]. In the case of NHS, the actors included governmental institutions of the MoD, TCPD, LD, EPU, TD, HDD, PWD, the beneficiaries, target groups [initially the Kg Ayer residents but, later landless citizens], constructors, contractors, and other vested interest groups. However, there was no annual reports, except agenda for meetings and for important visitors. That means that there was no open conflicting interest and no regular public discussion on the projects except by interested parties. Discussion on the progress of projects was very much confined to among state government agencies such as the Ministry of Finance, the Housing Development Committee, MoD, Treasury Department, LD, PWD and HDD, being members of the NHS committee by regular meeting four times a year.

The people living in the vicinity of the projects were affected both ways. Favourably, the prices of property rose; many of them embarked on business ventures and, those, with large land area, built housing estates for sale in the market and, those, staying near the roads, carried out small businesses. In addition, the NHS opened up areas away from the main towns and upgraded them into new small towns. These were happily accepted. However, on the other hand, increasing number of crimes, number of cars and population, etc., followed the projects with the increasing number of population. Compared to Kg. Ayer, the estate should contain a mosque and a community centre for the residents to interact with each other. Relationship should exist in the new area. It seems that the favourable outweighs the unfavourable as time passes and the new population gets assimilated.

The other vested interest group is the non-citizens. They were totally not included in the NHS. Even though they comprised about 35 percent of the total population, their housing needs were taken care of by different sectors. Employers took care of the accommodation of their foreign employees. Others still found rental accommodation in individual private property readily available [since there was no tax for or regulation against subletting or renting out parts of or a whole private house]. But this group includes those non-citizen men who have Bruneian wives and are staying in the country, either permanently or temporarily. Their spouse's applications are placed at the bottom of the file. Whilst one of the conditions on the application form indicated that applicants

must be citizens of the country, no indication was made as to the requirement that the applicant must be a male nor spouse of applicant must also be a citizen. However, there are very few of this case.

Despite the many vested interest groups, they acted indifferently to the policies due to several reasons. First and foremost, there was no income tax in Brunei Darussalam. The housing policy was therefore a "distributive" policy. The budget allocation monies was derived from her revenues mainly from oil and gas exports. The NHS land, capital and labour were found and provided by the Government. As such, the population had nothing but to gain from the public policies.

Secondly, the policy provided divisible but long term benefits to the people. It was further reinforced by the fact that property ownership was prestigious by a nuclear family rather than living with parents or in-laws which was customary for the Bruneian society. People, who had land title or could afford to purchase houses from the market, were dissociated from this new town residential concept of the NHS.

Thirdly, the public were still not well informed about the policy or other policies in the country. Only those employed in the public service, i.e. about ten percent of the population (see earlier chapter on public bureaucracy), knew what happened in the public service through the regularly circulated Government gazette or circular, bulletin, and newspaper. Similar to other policies in the country, there had been changes over the years since the NHS' first launching in early 1980s. However, the information on changes in the policy were scattered and disseminated through the media on the day of its announcement. Some changes were only gazetted in the government bulletin and only the government officers, to their benefit, knew about it. For example, a recent circular stated that an applicant with land could be considered for the schemes provided that the land could not be developed; or the land could be taken over by the Government in exchange for the NHS house/land; or the land could be transferred to a *waris* (a blood-relative). If this information was known by the people, those living in remote and rural areas with land would be willing to do that since the locations of the NHS were within the urban areas and the land price for these areas were high. But this information and others were regarded as confidential and only for internal circulation of the Ministry and Department concerned. This implied that there was no line drawn for confidentiality and the staff did not know which information was really confidential. Perhaps, there was the interest to contain the number of applications to a minimum figure in order that the department be able to meet its goal as a "success" criterion?

Fourthly, most of the actors might believe that the policy was still relevant for the lower income families who had no access to other type of housing. This could be seen from the keep-in-view file, where applicants

who were approved by the Sultan-in-council but retained and given last priority. These applicants even though they were citizens but they were either single or they were lady applicants whose spouse were non-citizens.

Fifth, the decision makers relied on the number of houses completed and occupied but did not see to the administrative capability and capacity of the implementing agencies. Recruitment and promotion of staff were limited and training was restricted. These resulted in the demotivation of staff who were on the majority young and eager for promotion. Moreover, the staff who had retired or passed away left their post vacant. There was "staff-stretching", i.e. one staff carrying out several roles or jobs. Combined with the lack of proper incentives, these promoted negative attitude towards work among the staff and thus distorted the effectiveness and efficiency of the NHS. Manpower of a special type are urgently needed to fill the field side rather than the administrative side.

Sixth, the Government was also contributing to other public housing. Closely related to the NHS was the LCS which was carried out by the Land Department. And the others were the government pool housing for public servants under each department and government quarters handled by the Civil Service Office. All projects were of equal importance and therefore there was no conflict between them.

Finally, the contractors and construction companies relied on the government for projects and employment of their services, employees, expertise, materials and so forth. Although the NHS was broken up into stages or smaller contracts to ensure completion within time frame scheduled by the contractors, many had either revalued their tender prices, rescheduled their time or progressing very slowly. Underestimation in building prices, time of completion, in soil topography, etc., had slowed the development of the projects. But despite the existing regulations, the Government had allowed reassessment of building materials, extension of time and re-tender out to new contractors. It seems that the tender screening is not a tight one. The difficulty to get good and reliable contractors may also have prompted these actions.

Thus, the political context did not have any significant adverse impact on the NHS implementation because other vested interest groups reacted indifferently to it. The regime characteristic was also favourable and supportive of it because they were the ones who initiated it and thus not lacking in support for the programme. Senior ministers had provided the necessary support to the programme. It, however, could have been more effective if the leaders would have extended more support to ensure other supporting measures, such as career-related training in effective management and implementation, easy credit facilities for self-house improvement construction for those not eligible for NHS or LCS, government agencies help promote the scheme by having briefings on all development

projects and progresses in the country. Channels for participation are not available outside government departments. Otherwise, the vested interest groups would be more organized and heard by the government.

4.3.2 Compliance and Responsiveness

Compliance in the policy under analysis referred to the compliance by the implementing agencies, implementors, HDD staff, the clients and financing institutions. Compliance was achieved when the implementing agencies and staff were enthusiastic and remained in their jobs, clients provided information readily to the HDD and the clients observed the rules and regulations attached to the schemes. In this sense, compliance of the interest groups had not been achieved much due to the absence of or poor incentives in the design and other complementing efforts towards the realization of NHS objectives, namely, the absence of avenues for participation. Site staff with the right qualifications could not be engaged and kept for they leave as soon as they got better offers elsewhere or their working contracts ended; the personnel became less motivated and thus conformed to the slow and lazy routine working environment; and the clients tried to avoid sticking to the rules and regulations such as falsification or fabrication of information, and carrying out renovation and extension without prior approval from the department.

Responsiveness has two sub-criteria, access (opportunity and possibility of applying and being equally treated) and equity (fairness but not necessarily equal shares of costs and benefits for every one) [Moharir and Yap, 1992]. In terms of access, the HDD made no special effort to get landless citizens to apply nor give time frame for application-distribution. The people had to make their own effort to find out information. At times, the District Office or the Village Headmen became the mediators. For example, many of the 1980 applicants did not attend the interview because, firstly, the interview was three or more years later; secondly, at those times, there was no country-wide information service to inform the applicants; and thirdly, due to the misinformed survey of 1976 where people thought that they had submitted their names for the schemes and nothing had happened, so they least expected anything after that. The uncanny thing about this was that the 1980 applicants were civil servants and the HDD should be able to trace them in the Government offices. This implied that the HDD was not wholly committed less responsive.

In terms of equity, it was considered unsatisfactory due to the selection criteria of prioritization and to the long waiting period. It did not differentiate the poor from the not so poor applicants or the urgency of housing need. Although all beneficiaries were citizens, the criteria of the marking system gave priority to those older and with larger family members. This had attributed to the clientele dissatisfaction as many

families were in urgent need of housing regardless of their size or member's age.

4.4 Content Variables

The substance of the policy, referred to as content variables, had been identified by Grindle as crucial for successful implementation as they related to the typology of the policy. Basically, the policy under analysis was a "distributive policy" and its implementation should face less obstacles compared to redistributive one. This means that the Government did not take from one group of people to distribute to another group of people. Although the benefits provided by the policy accrued to a large group, the costs involved were not spread out to a larger section of the society as there was no income tax in the country. The Brunei Government in fact subsidized all development projects. Implementation of the projects and policy therefore involved mainly the bureaucratic arena (within the government) and not the public arena (general masses) [Grindle and Thomas, 1990], although enthusiastic support from the private sector such as the construction companies, building materials industry and financial institutions, could ensure greater success.

4.4.1 Interests Affected

Interest affected here were of two groups. These groups were those whose interests were affected by the programme; i.e. the landless and those landowners surrounding the residential sites. The landless were given free land and infrastructure. Expanding their affordability, they were provided with subsidized house prices and maximum payment period of 30 years or, if government loan, repayment over 15 year period at a very low interest. The clients needed only a very low income to own a conventional housing but had to waste a lot of time waiting for it. This, however, implied that the Government had no urgency for cost recovery and thus impeding the recycle of monies for more housing provision.

For landowners living around the areas, they had access to the infrastructure and urbanization accompanied by the scheme. Their land became more expensive. Many built up their land into housing estates for the market. A double storey house in a developed area with access to infrastructure would fetch at least B\$350,000 for sale or B\$2,000 for rental in the market.

The mushrooming of small businesses around the areas had also inflicted competition for business. Business-minded landowners along the main roads had applied for change in condition of land use. In fact, many obtained permission to carry out business activities as main option for optimal land use.

On the other hand, people living around the new residential areas were also negatively affected. The increase in the number of new houses had increased the level of pollution, in terms of soil erosion, dust, smoke,

and noise. As public transportation was limited in the country, almost every family has at least one car. With the increased number of residents, naturally the number of cars increased. This not only increased the level of air and noise pollution but also traffic congestion along main roads linking the residential areas with the city where most Government offices were located and with shopping centres.

Nevertheless, these two groups had little influence over the NHS implementation process.

4.4.2 Types of Benefit

The benefits accessible to the landless people were in terms of subsidized housing, free infrastructure and land, and a new town status. On completion, the NHS would accommodate more than 70,000 people, which would be about 40% of the present total number of citizens (171,099 for 1991). [The number of citizens with land was not available.] The Government promised all landless citizens to provide them with land and housing. Therefore, no clamouring and serious competition among those seeking to benefit from the scheme had hindered the implementation. Due to lack of political organization, possible beneficiaries of the schemes did not bring pressure on the Government to increase the speed of progress or increase its effectiveness. However, changes to respond to the public opinions were continuous as observed from the regular Government circular stating changes but how much of these was used?

4.4.3 Extent of Change Envisioned

Extent of change envisioned from the NHS is the stated in the national long-term objectives. The NHS required behavioural changes among beneficiaries especially their customary way of life.

The NHS implementation had to some extent caused a considerable change in the lifestyle of the residents, especially those from Kg Ayer. Previously, they had lived in wooden houses built close together with unorganized services and in an unhealthy environment. In fact, the densely populated areas were not properly maintained that occurrences of fires were common and still so common that no insurance agency wanted to sell fire insurance there.

The introduction of the NHS, many Kg Ayer residents had moved out to the mainland, into a conventional housing complete with modern infrastructure. Their previous means of transportation of water-taxis was no longer required but the new land transportation was needed due to lack of public transport. The fire fears had gone resulting in their security to purchase household goods extravagantly and excessively. The excessive wastage of electricity could be seen during festive seasons and celebration of important days.

The change in attitude made the people more materialistic and individualistic. Compared to the previous lifestyle in Kg Ayer, where

everyone knew each other, whether they were home or not, where they live, what their marital problems were, and so forth, the new lifestyle was different. They had to make a new start. In Kg Ayer, they had their house doors open all the time but now they locked them for fear of bad neighbours and unfamiliar surrounding.

In addition, the idea of multifamily or extended families as traditional way of life had slightly deteriorated with each family given the opportunity to own their own house. The floor area of the houses had indirectly allowed for such situation to happen, such that it did not satisfy the needs of a large family. The social structure had been changed with everybody wanting a place of his/her own, thus breaking up the social norms.

In line with the expected change, the NHS had created a middle income society of Government employees in the residential areas such as that of Lambak Kanan. The programmes had segregated those citizens employed by the public and the private sectors. This contradicted the national cohesion purposes of the policy.

The change in social structure required is therefore an obstacle to implementation.

4.4.4 Sites of Decision Making

These sites include all decision channels that are involved in the formulation and implementation of the policies. In policy formulation, there was no problem since the programmes were introduced through executive decree, after the 1976 survey, later upon satisfying the master plan and upon the approval of the Sultan-in-Council. No opposition was voiced and the problem here is not of political but of management nature.

Since the NHS was entirely the responsibility of the HDD as an implementing agency, there was less influence from other agencies. All decisions regarding implementation were actually made within the HDD and, for formality, the outcome was forwarded to the NHS Committee for endorsement rather than for final decision, and later forwarded to the Ministry to be approved by the Sultan-in-Council.

In all, there were many sites of decision-making in the HDD-NHS implementation process. Firstly, there was the selection of applicants or applications, in terms of approval and distribution. Secondly, decision was made on the housing lots for which type of house. And thirdly, decision was made on clients' complaints whether it was acceptable or not, which to be forwarded up the hierarchy or not, etc.. The coordination of efforts within the HDD was easily handled as compared with the coordination without the HDD.

The training, recruitment and promotion of personnel were, however, not within the jurisdiction of the HDD. In similar fashion to other government departments, the recruitment was centralized at the Civil

Service Institute and the PSC. Here, the decision was external to HDD. Hence, the many vacant posts were beyond the control of the department. The Department could only forward requests or recommendations.

Similarly, the amount of development funds to be committed for the projects was in the hands of the Ministry of Finance. The HDD had to submit request for warrant from the EPU for the NHS expenditures regularly. Once the warrant was available, then payment to contractors could be made. The decision maker was therefore external.

Although the number of decision units involved in the implementation of the NHS was small, the number of levels up the hierarchy for endorsement and approval, and the coordination of efforts were still a problem. This delayed the implementation of the NHS.

4.4.5 Programme Implementors

Decision made in the design stage may indicate who is to be charged with executing the policy and this can affect how the policy is pursued. Different agencies have different capacities to manage programmes successfully. Some may be endowed with active, expert and dedicated staff while others enjoy greater support of political elites and more able to cope with the range of demands made upon them [Grindle, 1980].

The decision was made by the Government for the NHS to be implemented by the HDD. The NHS was laid out implicitly by the mandate in 1984 and the objectives in the NDPs. The NHS therefore had a national purpose to raise the standard of living and maintain a healthy and clean environment. The HDD had the mandate to attain this national objective via the schemes.

The main influence on the NHS came from the HDD as the department was serving the public as clientele. The complaints and suggestions from the clients were compiled and assessed with reasons and recommendations from the heads of units concerned. The Director was the decision maker for the department. Unless decision could not be taken at this level, then the matter would be forwarded to the ministerial level. The decision makers or officers concerned were answerable to any question from both the top level administration and the clients. Fear of accountability to mistakes had made some officers to provide *verbal* advice or answers to complaints.

Another influence was from the enthusiasm in work attitude. The workload as seen from the ratio of staff to applications was very light. The problem here is not about the lack of manpower in the administrative side. Perhaps, what slackened the staff was that once completed there would be not much to do.

Promotion-wise, the personnel were less motivated since there was not much room for promotion. The organization culture was therefore more relaxed and like a second home. The staff came and went with verbal permission to run their social life. The department was barely alive before 8.15 a.m., at 12 noon, before 2 p.m. and at 4.15 p.m. daily when in actual

fact the office hours were 7.45 a.m. till 12.15 noon for morning session and from 1.30 p.m. to 4.30 p.m. for the afternoon session. The school timing had very much interfered in the working life of many government employees. Since the public transportation system in the country was not developed, parents had to send and fetch children themselves.

The Technical Section comprised qualified personnel such as civil engineers, quantity surveyors and architects. Similarly, the Estate Management Section had personnel with technical qualification but required more trained and qualified personnel. The majority of staff were not qualified and were daily paid and therefore not permanent. It would also be noted that while the staff employment or deployment remained to be the decision at the centre, the director was also liable to be transferred to other departments.

As such, the less satisfactory performance of the projects was due to the lack of dedicated and enthusiastic personnel as well as sufficient skilled permanent personnel to carry out the workload. Work ethic being not positive could be attributed from, *inter alia*, there was not much to do, unqualified personnel to handle the job well, and loose adherence to management and administrative regulations. This contributed to the slowness of the NHS implementation process.

4.4.6 Resources

The commitment of resources at the right quantity and quality makes a significant contribution to the successful implementation of a policy. No matter how good the design of policy is, it cannot be expected to get anywhere unless resources are provided and utilized properly. Resources needed in the execution of the NHS were funds, land, trained administrative and management staff, facilities, construction equipment and building materials. As 93% of the country was vested in the State and the land used for the NHS was gazetted State land, there was no problem in acquiring sites for the projects.

(a) Funds

Generally, the NHS budget allocation (as in Chapter Three) was not fully spent but the actual spending between 1991 and 1993 had increased. This coincided with the increased number of projects carried out simultaneously and the construction of more houses over the same period. The noted trend was that the HDD could not utilize all the funds allocated for the scheme each year. The EPU used incremental approach of releasing budget allocation through the regular issue of warrant. Unutilized budget allocation from the previous year was not deducted from the allocation for the coming year. The allocation was based on the estimated scheme value of the projects to be undertaken for the year. A manifestation of the support and commitment of the regime to the policy and the administrative leadership had skillfully capitalized on it.

Secondly, the inability to spend all the funds was the effect of the process of getting tenders and contracts, the processing of the NHS applications, and the underestimations by the contractors. The process of obtaining tender offers fluctuated. In all, it took more than half a year for a contract to be obtained.

For the second case, it could be seen from the 1980 government employee-applications. Although the successful applicants had been interviewed, in stages between 1983 and 1988, and their applications approved by the Sultan-in-Council, not all of them had been provided with a house.

The case of underestimation by contractors had added to the revaluation, reassessment and rescheduling of the contracts first agreed between the government and the contractors. This had increased the workload of the Technical Section which could otherwise be avoided. Approval from the Director, the NHS committee and Ministry was required for the change. This not only changed the value of the contract but also extended the time to complete it. As a result, the final payment, less the retention money, would only be paid on satisfied completion of the project. This delay in payment to contractors had a disadvantage; instead of helping them, it led to their downfall. This was one reason as to the difficulty in obtaining tenders.

It was therefore obvious from these facts that funds were not a problem in the NHS execution but the accessibility of the available funds and, consequently, the amount could not be spent accordingly.

(b) Personnel

The main problem was related to the recruitment, promotion and training. There were between 35-45 vacant posts each year while there were substantial number of daily paid workers engaged. The chance of the daily paid workers to be recruited as permanent staff was slim mainly due to their age and having no recognized qualifications. Being temporary, they were excluded from enjoying the benefits, enjoyed by permanent and pensionable staff of the civil service.

In the Estate Management Section alone, there were many vacancies but generally a technical qualification is required. For other HDD vacant posts, the personnel had to possess qualifications and skills required by the posts. It seemed that the department had not put a great emphasis on its implementation needs. This special type of manpower in this field side is crucial to implementation of the project on the ground.

With regards to the existing personnel, there was limited room for promotion. For instance, as the Deputy Director was in the G4 salary scale, other officers regardless of length of service had no chance to attain that scale while the highest ceiling they can attain was the B3 scale. In addition, there was no vacant post at this level and as all of the holders

were young, there was no doubt that there would be no vacant posts at the main office except for the Estate Management Section until the existing posts were vacated as a result of retirement at 55 years old or the officer was posted elsewhere.

Clearly related to this, there was no necessity for the first degree holders in the senior posts to further their studies. In turn, they were sent to attend short courses regularly to refresh themselves. Less staff were sent for training over the years. Perhaps, the nature of work carried in relation to the NHS was so routine that further training was not necessary compared to practical experience. Coupled with this routine nature, there was less enthusiasm in attitude toward work and thus less motivated. The prospect for career advancement was virtually none. However, different office holder might have a different opinion of things.

In addition, there had also been a shortage of local skilled manpower in the department in planning, processing and for the implementation of programmes. Since its formation, the department was still relying on expatriates or site staff especially those under the category of professionals and technical expertise. It was realized that consultants had played an important function in providing all the skills necessary to carry out detailed design and to manage as well as supervise the implementation of the Master Plan. However, their knowledge of the local situation, which was crucial for any policy implementation, was not fully taken into account.

On the part of processing the application, piles of applications had to be left untouched as more application forms were received every month. The forms were only compiled at the end of each year. As such, the staff had the whole of the next year to work on the forms for the year before it. Here, the problem might be the working attitude and motivation of the staff concerned.

On the part of tenders, when the tender documents were received by the Tender Board, they were sent to the department to be assessed, etc., by the Technical Section. The existing personnel for this Section comprised site staff of mainly "qualified" expatriates, engineers, and staff. Should there be "qualified" Quantity Surveyors, they would be able to estimate correct valuation of the projects and give allowances for the fluctuation in the market costs of goods, materials and labour. And the future delays in implementation would be out of question. So, with their "qualifications", here lies the question of competence and capability of these staff.

(c) Facilities

Facilities here refer to the office building and space, workshop and equipment. The process of the NHS applications was mainly carried out at the main office while technical activities were at separate locations. The

NHS beneficiaries had to know all HDD branches and their locations. Each branch had its own computers, vehicles, etc., and other provisions which could otherwise be combined and reduced in consumption and wastage. Due to the absence of proper linkages, the communication flow was distorted as observed from the variations in the tables.

Moreover, the computers used previously by the department to feed information on NHS applicants were no longer working and were abandoned due to the computer brand no longer in the market. The information stored were lost and the personnel had to create a new programme and re-store them in desktop computers. This meant that technology could be obtained easily but the services sector in the country was not developed to cater for the new technology.

(d) Building Materials

The building and construction materials were mainly imported from the neighbouring countries. The prices were therefore oriented to the market of the exporting countries and the region. Although the government had been trying to develop domestic industries through its other policies, the country had to continue import from foreign sources in the future. This was because the domestic market was very limited due to the small population and raw materials for that purpose must also be imported, resulting in expensive products compared to those which could be purchased cheaply from abroad. The impact of development in the neighbouring countries influenced the development of the country and so did the prices and availability of materials required for the projects.

4.5 Summary of Context and Content Variables

In general, we can say that the planning of the NHS and its design was not carried out consciously keeping in view the possible difficulties during implementation. This was due to that housing in Brunei Darussalam was not a politically sensitive issues involving scarcity of resources.

The important NHS ingredients were building and construction materials. These were not produced locally and if there was it was insufficient. The importing and availability of the materials were time-consuming and this resulted in delays in the construction as well as changes in timing and pricing of the projects. In addition, the technology could easily be obtained but the servicing, maintenance or utilization were limited.

As such, problems during implementation were caused less by adverse political aspects, such as active opposition by interest groups or lack of political support. Problems were more because of the limitation in the administrative and management processes in the government agencies (as seen from the dominance of process and procedure and rules and regulations), lack of relevant technical and professional background among personnel and

contractors (as seen from the reassessment/revaluation and retendering of projects), and the poor working attitude, competence and motivation.

4.6 Substantive Variables

For it to be formulated, implemented or evaluated, a public policy naturally requires a public institution or organization or bureaucracy to see it through. As such, the latter has a crucial role to play. Here, substantive variables to analyze this role are hierarchy, task allocation and description, superior-subordinate relation, strategies of operation, rules and regulations, processes and procedures, training, reward system and coordination.

4.6.1 Hierarchy

From the organization structure of the HDD, as the hierarchy was ascended, each successive level took a more encompassing view of the organization but possessed less detail of the activities of the lower levels. The hierarchy was rigid in terms of decision making levels. There were many committees responsible in making decisions on the projects. In preparing the Master Plan, an intensive study of six months was required and meetings were held with consultants involved and some 23 Government departments. However, there was no client representation.

Some forms of decision making responsibility were also found in different sections of the HDD. The unity of command in the running of the HDD activities was sometimes violated. The subordinate at the lower levels were subject to satisfying the many bosses above their level. Even though direct supervision was portrayed by the intermediate boss, they were answerable to the boss of their intermediate boss and so on. At times, the intermediate boss had no jurisdiction once his superior wanted something urgently.

The reporting relationship was sometimes blurred as a result of vacant posts and limited number of personnel carrying out the duties. Staff under a different unit with similar task responsibility were easily pulled to carry out the assignment. As a result, the staff had to report to more than one superiors and sometimes of different levels.

In addition, the span of control was not limited to a few number of subordinates. When a Head of Unit was on leave or the post vacated, another Head of Unit, upon recommendation by the Director and given a small acting monetary allowances, took responsibility and control of the post. The span of control thus expanded together with the duties and responsibilities. But there is a limit to one's capacity and capability. The additional task was not necessarily carried out effectively and efficiently. This is because the acting person must first know the task and responsibilities, learn the routine functions, process and procedures of the unit, understand the culture within the unit, and know the data and information contained in the unit.

4.6.2 Task Allocation

Various ministries and departments in government take task allocations too seriously and safeguard their own spheres. In defining problems and finding solutions, they keep the interests of their own departments in view rather than looking at them from the viewpoint of government as a whole. Other departments under the same Ministry, such as the PWD, SD, and TCPD, had technical sections fully equipped with modern technology and equipment to carry out the same technical tasks. But, the protocol work and the hierarchical nature of bureaucracy were too much while time frame, the effectiveness and efficiency of the NHS were interfered. As a result, the HDD had acquired its own staff to cut across the red tap.

However, in the course of implementing the NHS, the task allocated to the different units of the Application Section was redundant. From our interviews, the tasks were either overlapping or unnecessary. A small task was sometimes expanded into lists of duties and responsibilities by the Head of Unit. This indicated that there was no clear cut design on duties and responsibilities attached to staff appointment.

4.6.3 Superior-Subordinate Relationship

Internal to the HDD, the superior-subordinate relationship was relaxed since there was no urgency for work to be done. Their relaxed relationship indicated the nature of the NHS process. The relationship was clearer within the period of performance appraisal. Otherwise, there was no knowing who was the superior and who was the subordinate, apart from the male officers wearing a tie.

Seniority and juniority were administratively measured by the length of service and qualifications but the social elements of "yang tua dituakan" or "the elder is treated with respect", "no reprimanding the elders", and the nobility-commoner status were prevalent. These were indirectly related to the national philosophy of MIB and thus becoming the organization culture of HDD. Faulty performance was therefore difficult to pin-point and improved on, resulting in mistakes to be carried on and on.

4.6.4 Rules and Regulations

As a bureaucratic organization, the HDD encouraged the style of incremental decision making in which the bureaucrats indulged themselves in defining problems with little difference from the *status quo* and developed alternatives also differing slightly from the past. Although there were changes in organizational structure and functions in 1984 so as to embark on the NHS and the changes following the change in directorship in early 1990s, there had been not much change in the speed of implementation.

As with other government departments, the HDD did not like uncertainty. The MIB philosophy had narrowed the scope of national manoeuvre and reducing uncertainty by stressing its three elements. The General Orders of 1961 still controlled the administration of the Public

Service. Rules and regulations were one method of tackling uncertainty and this was the main strategy of operation in the Public Service.

The NHS was bound by the rules and regulations laid out on the cover and content of the many forms but, unfortunately, many NHS clients ignored them. The activities of the HDD as a government agency were also bound by the rules and regulations given through Government circular. Although the rules were accepted and practised, they had some negative impact on the HDD-NHS activities by routinizing the nature of work.

In addition, some rules were not actually specified and related to everyone. This could be seen from the "confidentiality" of information. There was no distinct line drawn for "confidentiality." This implied that the staff did not know which and what was important or confidential.

Despite the many rules and regulations, they were only on paper and lack of enforcement. This could be seen from many examples. The NHS occupants were not disciplined to the rules pertaining to occupation of an NHS house. As a result, according to the EMS, only about 30% of house renovation was with approval. Similarly, although penalties were stipulated for incomplete projects or those beyond time, but these were not carried out. This caused delays in every stage of NHS technical implementation and these could otherwise be avoided. This and other regulations were not enforced and their lack of enforcement had made the contractors as well as the clients to ignore them.

4.6.5 Process and Procedure

Process and procedure were normally followed by bureaucrats and bureaucratic implementors, outside the government, by contractors, and the beneficiaries of the policy. This included the time and activity schedule from the data collection e.g. application form was issued, the distribution of the policy output e.g. houses, and evaluation.

The processes and procedures were normally given through circular or mandate. Although not broken into different task and responsibilities at the earlier stage of instruction, over the years they were eventually broken down into different components to suit the growth of the department and to make things easier to handle. This was so from the changes in the HDD organizational structure upon receiving the mandate in 1984 and changing the directorship in early 1990s.

The breaking up into the task, such as the collection of data and information through application forms, the interviewing to ensure correct information is given by applicants, the marking system, etc., however, lengthened the process for an applicant to obtain a house. The breaking down of task in stages also affected the process when any one stage lagged behind. The houses were built only after successful applicants had selected their house type. Once the processing of applications was delayed, the selection of house types would also be delayed and further delayed the

advertisement of tender notices for housing construction contracts and so on.

Similarly, the procedure of tendering had been time consuming. Should there be less than three tender offers, there would be no contract and the tender notices would either remain open or re-advertise. In addition to that, the processing of tender documents went through an established hierarchical procedure run by the Ministry of Finance.

In general, the too systematic system (the many levels of decision-making, the many stages of application-interview-shortlisting-briefing-balloting, etc.) had considerably influenced and lengthened the implementation process of the NHS.

4.6.6 Training

Although training of civil servants had received considerable attention and support, it is not related to improving policy making, implementation or evaluation. Many top-post administrators were given short training which concentrated on rules and regulations or lower level management techniques rather than policy analysis, policy evaluation and in the design of implementation systems.

The training provided by the HDD was limited due to the inability for the HDD to spare its personnel on a long term basis. The use of quota system by the Government had further limited the number of personnel to be sent for training. The chance of personnel being approved by the director for the training was also slim due to the shortage of personnel. Moreover, the acquisition of higher training or qualification did not guarantee the staff for promotion or extra benefit. This indicated that the top level management did not see training to be crucial for the NHS implementation.

4.6.7 Reward System

The reward system of a public bureaucracy was a total package with a number of components. The reward system here was standard for government employees and operated centrally at the Civil Service Office. Every employee obtained similar rewards according to their Division or Salary Scale. There was no special incentives for project achievement. As such, there was not much impact on the performance of the personnel. The only motivation in employees could be observed during the performance appraisal period of September and the bonus issuance period in December-January.

4.6.8 Coordination

In the formulation of the Master Plan, coordination was carried out by the many committees set up for specific purposes through regular meetings chaired by the Minister of Development. Similarly, the initial NHS implementation stage, where sites were selected and approved, involved many actors and coordinated likewise and the final part of housing construction when on completion, other departments were called upon to connect their services.

The coordination of activities within the HDD was enhanced by the standardization of work processes to a certain extent, mutual adjustment, and mainly direct supervision. The Application Section was mainly dictated by standardization of work processes where the outcome of the activities of one unit was forwarded to the other in sequence. In the Estate Management Section, the coordinating mechanism was mainly mutual adjustment among the limited staff. The taking on of responsibilities through zoning of the residential areas had increased the need for direct supervision in the Section.

Coordination between the various activities, the different departments as well as the consultants and contractors had no problem but was lagging. Regardless of the favourable coordination, the information transmitted was distorted at some point.

4.7 The Role of HDD in NHS implementation

The HDD had a big role in the NHS implementation being the agency mandated. As an implementing agency, it had functioned accordingly to attain its objectives. This role could be looked at through three different perspectives.

4.7.1 A Class in Itself

To analyze the role of public bureaucracy as a class, we need to look at the background of officers and staff. With particular reference to the HDD personnel, they were from diverse background. As the office was located in the Brunei-Muara District, the majority of the staff were from this district but some from the Kg Ayer while others were from the other three districts and from abroad. Some, mainly those recruited in the 1960s and 1970s, had worked their way up and seniority and experience had promoted them to their present posts. The younger personnel were generally those recruited via the PSC system according to their qualifications and merits. As such, there was no gender or ethnic or religious preferences in the HDD recruitment and appointment.

However, initially, the NHS was open to civil servants only until 1985 when it was open to all. This reflected that bureaucracy acted as a class, providing house-ownership to civil servants first. Similarly, the allocation of certain sites to certain groups such as the Lambak Kanan area for government applicants of 1980 implied the same thing. This should have supported and sped up the NHS implementation process but it did not.

Otherwise, there was no specific class preference within the HDD but similar to other department everywhere, it safeguarded its own interest to maintain and expand the department.

4.7.2 Agent of Ruling Class

The role of the HDD could be analyzed as an agent of the ruling class. The ruling class here refers to the political leaders or executives who have the power of authority. As the Brunei Darussalam political system was based

on an absolute monarchy cum ministerial cabinet system, the Sultan and the cabinet ministers could be referred to as the "ruling class" since they had authority in the country.

The philosophy of the country was the MIB. Although the elements were customary to the society, this concept was established by the ruling class and used as guiding parameters in the administration of the country.

In addition, rules and regulations were strategies of the ruling class to reduce uncertainty and thus making Government administration routine in nature. This was seen from the General Orders 1961 and Government Gazette and Circular, etc..

These same elements of political domination were present in housing agencies. The MIB philosophy was used in the public bureaucracy and the HDD was non-exclusive. The processing of the NHS applications was based on this philosophy and from the many forms, it implied that there were many laid rules and regulations governing housing. The HDD used them to control ownership and at the same time extended ownership to the citizens who they considered eligible and entitled to their scheme. However, they lacked control over the outcome as could be seen from their lack of enforcement contributing to the delays in completion of housing construction, the renovation and extension of occupied housing without prior approval, etc..

To summarize, the public bureaucracy was controlled by the ruling class, interpreted policies in their interests, and prioritized its administration based on the MIB concept instituted by them. As such, not only the HDD but the public bureaucracy as a whole acted as an agent of the ruling class but the bureaucracy did not behave like what the ruling class wanted them to behave. However, in the housing policy area interests of the ruling class and others did not conflict each other.

4.7.3 As a Structure

Nevertheless, the role of HDD was more as a structure. From the substantive variables aforementioned, we could see that the Brunei public bureaucracy was still traditional in character and decision making was generally centralized. This means that it followed the rigid hierarchy of authority and reporting from the many levels attached to it. Although decisions were already taken at the levels of the Head of Unit, endorsement of these decisions was still to be made at the upper levels. This delayed the process of serving clients. The role of the HDD was carried out in terms of structures, as different tasks in the hierarchical levels. Tasks were broken down into specific descriptions and implemented by a number of sections. The tasks were related to each other; for instance, under the Application Section, the activities of one unit were carried forward to the other sections in sequence.

The superior-subordinate relationship was blurred. Some elements of seniority-juniority appeared for personnel recruited in 1960s and 1970s

while meritocracy stands for new intakes which after some time conformed to the former to a certain extent. Relationship was based on rules and regulations. Similarly, the strategy of operation was a systematic routine process and procedure. In the Public Service, there was strict adherence to Government rules and regulations in carrying out the implementation so that accountability was placed on them and easily accounted for their action.

The training, recruitment, promotion and reward system were centralized and standard to all public servants according to standard Government operating procedures and regulations. Due to the many rules and regulations as well as processes and procedures, the relationship was also self-established within them. The set of rules was intrinsic to the concept of organization.

The coordination between the different government departments, different sections or units as well as contractors and clients were through regular meetings or briefings. Committees for Rectification, for NHS projects, for National Development Projects, and so on were among the many committees set up to oversee the projects. The coordinating mechanisms within the HDD organization itself were regular meetings of committees, standardization of work processes within sections, mutual adjustment among limited staff and mainly direct supervision from the various heads of unit, section and department.

In summary, the HDD, in particular, and the Public Service, in general, were operationalized within sets of rules and procedures. Therefore, they acted more like a structure. Rather than promoting, this role as a structure, comprising interrelationships of processes and procedures, etc., was too bureaucratic and centralized, hampering the speed of the NHS implementation process.

Chapter Five: Conclusion and Suggestions

5.1 Conclusion

Brunei Darussalam was an atypical case, in the sense that, she was an absolute monarchy cum cabinet ministerial system, depending mainly on her oil and gas exports for revenue and expenditure, a small country with small population and surrounded by countries with rapidly growing economies and development. She was no exception to the problem of housing shortage. Because of the growing young population which accounted for more than 50 percent of her population, the future housing demand would increase incrementally. While the private sector was not committed to provide housing for ownership by the low income earners, the Government tried to meet the demand of its people by introducing the various housing schemes. As such, here, we had analyzed the implementation of the NHS being the biggest housing project and the role of HDD being its mandated implementing agency.

In this study, we found that the supply and demand for the NHS had been attached with implicit priorities between the two. Where "success" was defined, it was "doing something for the people". But the ability to meet the demand could be referred to as a "qualified" success. The failure was to achieve the objectives in terms of output and timing.

Similar to housing experiences in similarly wealthy nations, the country had no resource constraints in terms of financial or land for her development projects. The public sector had been playing the role of provider rather than anything else. In this case of housing, the Government played an important role in providing houses, land, infrastructure, funds and subsidies. The main ingredients for housing were land, labour and capital. With readily available State land and funds, the constraints in her project implementation were the skilled labour, building materials, equipment and bureaucratic obstacles. These were due to many reasons.

Firstly, as a small country, there was labour shortage, both in term of expertise and skills. Problems were in the administrative and management capability of the labour in terms of contractors and the implementing personnel. Labour was imported from abroad and this resulted in higher salaries or wages to attract foreign labour. Secondly, the manufacturing industry was not developed. So, all materials and equipment were imported from the neighbouring countries. The importing and the availability of these goods increased their prices as well as were time consuming.

As mentioned in the previous chapter, the policy and project objectives were explicitly stated. But the terms used in the description of the objectives or the activities were not clear. The objective of providing housing to each citizen was a long term policy objective but NHS had specific objectives for particular periods. Hence, to make them realistic,

the HDD had interpreted its objective as to allocate "one house for one family."

Table 5-1 summarizes the findings we found in this study in relation to the theoretical framework. The context of the NHS was generally favourable to its implementation. The availability of funds to finance the expenditures reduced the constraints in its resources. This attached the dominant position of Government in the NHS because it involved considerable leverage in its formulation and implementation. The NHS content involved many interests but they were acting indifferently toward it because there was no income tax in the country and the housing is not "redistributive". Consequently, its distributive nature avoided opposition as the people had nothing to lose but to gain. Substantive changes as envisioned by the NHS intentions could be seen from the standard of living of the beneficiaries. However, the NHS design failed to secure the expected changes and underestimated difficulties due to lack of relevant professional expertise.

Although the top-down approach was favourable, there were too many levels of reporting due to limited discretionary power given to the lower levels and limited accountability in staff. As such, there was less enthusiasm in its implementors, which was also attributed to the lack of operational formulation and evaluation, lack of programme oriented incentives and mismatch/low level of technical expertise. This was further aggravated by the less allocation of more experienced administrative personnel and shortage of building materials.

Based on the Grindle's model, it was found that the problems were intrinsic in the administrative and management capabilities of the HDD. The reasons behind these problems could be seen from our analysis of the role of this implementing bureaucracy. Based on the substantive elements provided as framework, we found the following.

The hierarchy was rigid and of a pyramidal structure where tasks were explicitly allocated to meet the objectives of the organization. The HDD was no exception. The organizational objectives were explicitly specified by the organizations themselves to ensure their operationalization and attainment. Even though there were the distinct lines and hierarchical structure of functions and activities, the line-staff relationship and the superior-subordinate relationship were fuzzy due to the less workload. The result was that there was no insularity from personal life or role. However, this did not mean that the relationship was not conducive to the HDD operations but reduced its capability in attaining its objectives. Elements of meritocracy had captivated the bureaucracy but the seniority-juniority remained valid.

The bureaucracy was bound by so many rules and regulations that some rules were not actually specified and related to everyone. The line for "confidentiality" of information was not drawn and staff were not capable

of judging which was important or confidential. In the department, strict adherence and obedience were attached to the rigid hierarchy and the strategy of operation was tied up with the established standard operating procedures. However, these were frequently ignored due to the lack of enforcement. It was obvious with the public as clientele, where the many rules and regulations became flexible. This showed that the Government had control over the HDD but lacked monitoring capability while, at the same time, needed the public support for the NHS. The Master Plans, the professional and technological expertise, standard operational procedures and the building material standards, etc. were foreign with limited local knowledge. Their adaptability and feasibility could be questioned because there was limited local public participation at all stages. The consequences of the inability of the NHS planners and HDD implementors to identify different target groups, the non-involvement of target groups, beneficiaries and other interest groups in the formulation and evaluation stages were the loopholes in the NHS implementation process.

This was further aggravated by the lack of relevant professional training. There was lack of knowledge and skills in analysis and evaluation of programmes. Training was still ultimately required. The quota system attached to training limited relevant training while the reward system was not motivating. There was lack of NHS achievement-oriented incentives. The existing staff and personnel management practices were based on a relaxed atmosphere. There was no pressure for urgency to motivate the personnel. Consequently, the working attitude slackened and impeded the NHS performance.

The coordination between the different tasks and functions of the HDD was favourable to attaining its objectives. Coordinating mechanisms used were standardization of work processes; mutual adjustment and mainly direct supervision. Regular meetings were also held for heads of units/sections. However, there were too many committees for approval and endorsement, which delayed the process. Hence, this resulted in the dissatisfaction of clients over the NHS as, though not statistically measured, the complaints were many.

The fragmented institutional framework of the housing policy where different agencies both inside and outside Government dealt with the shelter problem and associated services separately had implied the lack of urgency in meeting the housing need. However, within the public sector bureaucracy laid all mandates and regulations governing housing. Even though, there was no comprehensive housing policy, we saw the mandated bureaucracy playing a significant role. From our analysis, we found that the HDD acted as a class in itself, to a certain extent, as an agent of the ruling class or elites, and mainly as a structure. As a class, the NHS showed that initially the projects were for Government employees but this

did not help its performance. As an agent of the ruling class, the NHS formulation was carried out by the ruling class, the rules and regulations were set by them, final decisions were taken by them and the prioritization of MIB in its application processing. However, there was no conflict between this class and others. The element of subsidies had increased the dependence of the people on the Government. Within the HDD, the strategies of operation were standard and based on rules and regulations, process and procedures, etc.. Hence, its role was more as a bureaucratic structure and this role had hampered the NHS favourable performance.

So, the problems in the NHS implementation were not much in its context and content but, basically, more intrinsic in the role of the HDD as the implementing agency which should be made more action and delivery oriented.

5.2 Suggestions

To reduce the issues above, we suggest the following. First and foremost, the public in general needs to be educated in the system of the Government, in this case, the HDD, and what it is doing. The NHS and other housing projects should be clearly informed to the public as they are the target groups and the beneficiaries. Regular or periodic national campaigns should be done as instrument of project implementation and agent for changing the attitudes and behaviour of the people [Quah, 1987]. The formulation of the NHS should involve all the groups to be affected. One way would be regular transmission of what was going on in the public sector to ensure its effectiveness and compliance. Continuous feedback as means of policy/programme responsiveness and innovativeness could be obtained from the public through more studies and surveys, etc., to find out about the actual situation and the needs of the people while at the same time relaying information reminding the residents of the rules and procedures. In addition, the HDD could monitor and evaluate not only the output but also the outcome and impact of the NHS.

The Government would therefore be readily give up some of its power to the lower levels to make decisions. For example, the routine process of selecting eligible applicants was carried out at the lower levels. The routine work would not necessarily be piled up at the top levels where more important decisions could be made. This could reduce workload at the top levels and cut the red-tape while making the lower levels more accountable and committed to their job. However, yearly evaluation, apart from the Audit Examination, should be carried out.

On the problem of building materials and equipment, coordination at the project implementation level between the private and public sectors is important to make necessary resources available. Keeping the whole population well-informed on the projects and their purposes and status

would bring out public awareness and support for the projects and inspire domestic industries to develop.

The lack of urgency in housing provision, the flexibility of the rules and lack of enforcement on HDD's part contributed to the lagging of the NHS performance. The separate location of the HDD reduced the speed at which application was processed and the directorship had limited control over the different activities. All sections should be located in the same building so that there would be better communication and information flow as well as efficient control of HDD's progress.

Improvement would also be needed in terms of personnel. The HDD was still relying on expatriates to fill the professional posts as the supply of skilled manpower was limited. In order to overcome this, more professional training for existing staff as well as hiring skilled or experienced staff were required to fill in the existing vacant posts which were crucial for NHS implementation. At the each level of formulation, implementation and evaluation, decision makers, implementors and executors should be qualified in their related policy analysis. The quality of the staff would improve the quality of the services provided. In addition, provision of incentives or disincentives attached to effective job-related objectives should be introduced to motivate the personnel to be more committed toward their job, and bring out their competence while at the same time improving their attitude toward work.

The need to be stringent about law and regulations enforcement and the penalties attached to breach of agreements or rules should be enhanced. This would include tightening the existing rules and regulations stringently. Although the HDD was operationalized based on rules and procedures, the department was not strictly liable to carry out punishment or disincentives. The performance appraisal was to satisfy the central public service office and to justify the existence of the department but its reliability in achieving the stated HDD or NHS goals was weak.

Timely implementation guidelines would be also essential to effective performance. In their absence, important programmes would be repeatedly derailed and scarce resources would be consumed in litigation and or in redressing errors. Related to such guidelines would be the need for clear legislative and ministerial directives. Existing rules and regulations pertaining to NHS contracts or agreements should also be enforced so that contractors would be more responsible and committed in completing their projects on time while the occupants be aware of the breach of their signed agreement. In addition, site inspection on the progress of contracts must be done regularly as well as giving incentives or disincentives to those who could or could not complete it before the dateline. Incentives might be in the form of financial rewards or recognition of being efficient contractors. Therefore, providing a steady flow of completed houses,

projects should be given to those with financial, technical and administrative expertise and proven track record. In addition, projects should also be given to those who could guarantee of not only the quantity but also the quality.

The enforcement of the regulations would also result in the commitment and compliance attitude of the public concerned towards assisting the Government in attaining its goals. At the same time, those who were unwilling to discipline their actions would be punishable by law. Education of the public, as mentioned above, would therefore be absolutely necessary and would reduce this problem. Dissemination of information to applicants on the various processing stages of their applications would surely minimize complaints coming from applicants who were waiting for the results of their applications and avoid the repetition in applying.

5.3 Future Policy Options

Looking at the above, we provide the following options as future approaches to the housing problem. Although these would require extensive study, they would, among many things, reduce usage and wastage of resources, make optimal utilization of existing resources, spread physical and social development to both urban and rural areas, reduce rural-urban migration, encourage social cohesion and promote industrial growth.

5.3.1 Low-cost Housing

As the housing projects are continuous, the demand for housing would continue to increase over time. To meet this demand effectively as well as to shorten the waiting time period for this occupation, about fifty percent of the construction of these houses could be carried out earlier rather than waiting for all the applications for that phase to be processed. The construction could be implemented by forecasting the housing demand of the next phase based on previous years' applications. For example, majority of the applicants would be from the low and middle income groups. Therefore, more of type C, D and E would be demanded. Moreover, the type A and B houses cost double that of the type C, D and E. In other words, the choice of house types should be reduced to provision of basic housing and the cost of building type A and B houses could be used to provide more of house C, D and E.

5.3.2 "New Town" Concept

Basically, the NHS was based on a "new town" concept where the residential areas were self contained. This was explicitly stated in the HDD's objectives and its strategy of operation. Although it is easier to open up new towns, the process takes longer as seen here. It is so suggested that new towns should be opened up in the remote areas. As several villages make up a *mukim* and each *mukim* has a centre point where the Government establishes communication with the people, in terms of public services such as health care and education, these centre points should be developed into

new towns. With this development, the Government would provide land plots for the new town and aided self-help housing would be introduced to the villagers.

5.3.3 Assisted Housing

Related to this policy option is the assisted self-help where the Government would provide land plot, infrastructure, housing loans, etc., and the clients in the remote areas would seek the help of their community to build the houses with assistance from the relevant Government departments such as the Health Services on the drainage and sewerage system, the TCPD for house plans and standards of building materials, ESD for electrical supply and PWD for water supply. Similarly, the HDD could monitor and control the development against the national objectives.

Still, for proper installation of infrastructure, basic services could be provided in the form of "core-housing." As could be seen from the extension and renovation carried out to the NHS housing upon occupation, we can conclude that the people love to enlarge or improve their houses. This could be a good option to provide the framework for future extended house plan for the core house which is a building built with the necessary basic services at affordable cost.

In this suggestion, the Government would have to identify the housing sites, allocate each family with a plot of land, housing loans and let the applicants arrange the physical construction of their houses. However, the design and structure of every house should be under the control of HDD for its approval so as to ensure an acceptable development of the area and in line with the identity as well as the neighbourhood concept of the housing scheme.

5.3.4 Upgrading

Although the Government was trying to reduce uncertainty but the unpredictability of events was yet to be anticipated. The NHS was one of the housing projects pursued by the public sector to provide house ownership for the population. Another related one is the LCS which was mainly directed toward landless indigenous citizens. Still, another simultaneous programme was to upgrade the existing Kg Ayer. This was the result of the inability to attain its continuous efforts to move the residents on-land ever since the 1900s. The upgrading policy was to upgrade the standard of living of the still remaining citizens via the provision of clinics, schools, water and electricity supply, sewerage system and so forth while disorganized housing was rearranged and rebuilt with assistance from the Government.

This option should also be extended to the citizens living in remote areas. Upgrading could be the best policy option for those already owning houses in order to attain the development objectives of raising the standard of living and living in a healthy and environment. Monitoring and

evaluation should be pursued regularly as an attempt to deal with specific problem areas in low-income housing, such as those of land ownership, poor housing quality, and insecure tenure [Skinner, et al, 1987]. Evaluations to assess the impact of upgrading should be in its different dimensions, such as its effect on population dynamics, income and employment, community participation, and institutional change. This would at the same time promote national cohesion among the on-land remote residents and thereby enhancing the attainment of relating national objective. At the same time, the rate of migration would be reduced while development would be spread out.

VARIABLES OF THE THEORETICAL FRAMEWORK	FINDINGS
<p>A. Context of NHS Implementation</p> <p>1. Power, Interests and Strategies of Actors involved</p> <p>2. Institution and Regime Characteristics</p>	<p>- In general, favourable to the policy; no explicit opposition to policy.</p> <p>- In general, favourable to the policy. However, supportive institutions such as enforcement bodies, and interest groups were not involved in the policy due to lack of explicit strategy.</p>
<p>B. Content of NHS</p> <p>1. Interests affected</p> <p>2. Types of Benefits</p> <p>3. Extent of Change Envisioned</p> <p>4. Sites of Decision-making</p> <p>5. Programme Implementors</p> <p>6. Resources Committed</p>	<p>- Involved many interests but all were indifferent as a result of no open avenues for participation.</p> <p>- Distributive nature of policy avoided opposition.</p> <p>- Substantive changes in standard of living in the new residential areas. Design of programme failed to secure the expected changes and underestimated difficulties due to lack of relevant professional expertise.</p> <p>- Although the top-down approach was favourable, too many levels of reporting due to limited discretionary power given to the lower levels and limited accountability in staff.</p> <p>- Less enthusiastic, lacking in operational formulation and evaluation. Lack of programme oriented incentives and mismatch/low level of technical expertise.</p> <p>- No problem in availability of financial or land resources but problem in their accessibility/spendability; programme suffered from less allocation of more experienced administrative personnel and shortage of building materials.</p>
<p>C. Substantive Elements in Bureaucracy</p> <p>1. Hierarchy</p> <p>2. Task Allocation and Description</p> <p>3. Superior-Subordinate Relationship</p> <p>4. Rules and Regulations</p> <p>5. Process and Procedures</p> <p>6. Training</p> <p>7. Reward System</p> <p>8. Coordination</p>	<p>- Rigid; pyramidal structure - many levels</p> <p>- Explicitly allocated</p> <p>- Fuzzy but favourable</p> <p>- Many; in the Public Service, strict adherence but with the public as clientele flexible and not enforced - wrong-doers are not disciplined</p> <p>- Strict adherence to standard procedures e.g. application procedure, tender, etc.</p> <p>- Limited relevant training; centralized at Civil Service Office</p> <p>- Standard; centralized at Civil Service Office; lack of policy oriented incentives</p> <p>- Favourable means of coordination but lagging. Coordinating mechanisms used were standardization of work processes; mutual adjustment and direct supervision. Regular meetings for heads of units/sections. Too many committees for approval and endorsement.</p>

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the data is not only collected accurately but also analyzed in a way that provides meaningful insights.

The third section focuses on the challenges faced during the data collection process. One major challenge is ensuring the consistency of the data across different sources. Another challenge is dealing with missing or incomplete information, which can affect the overall quality of the analysis.

Finally, the document concludes with a summary of the findings and recommendations. It suggests that regular audits and updates to the data collection process are essential for maintaining the accuracy and reliability of the information.

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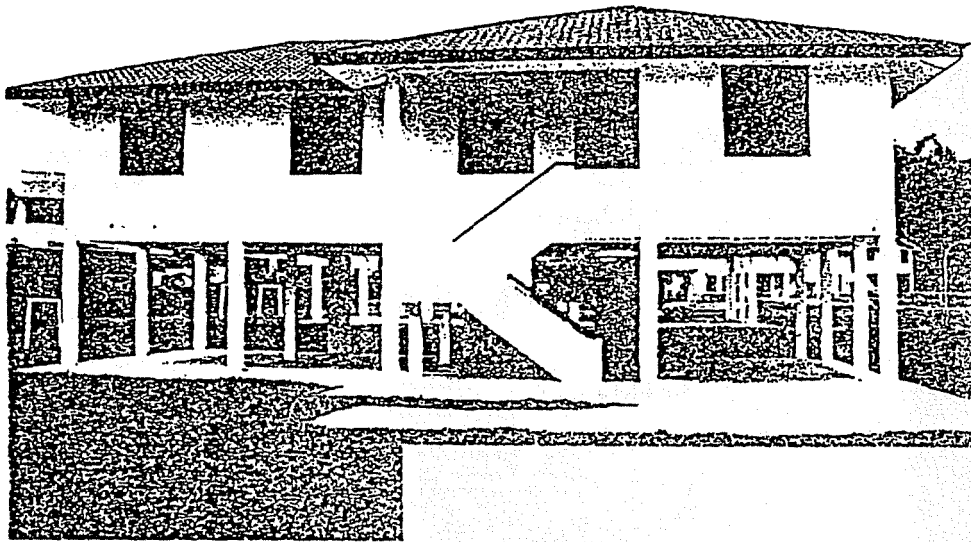
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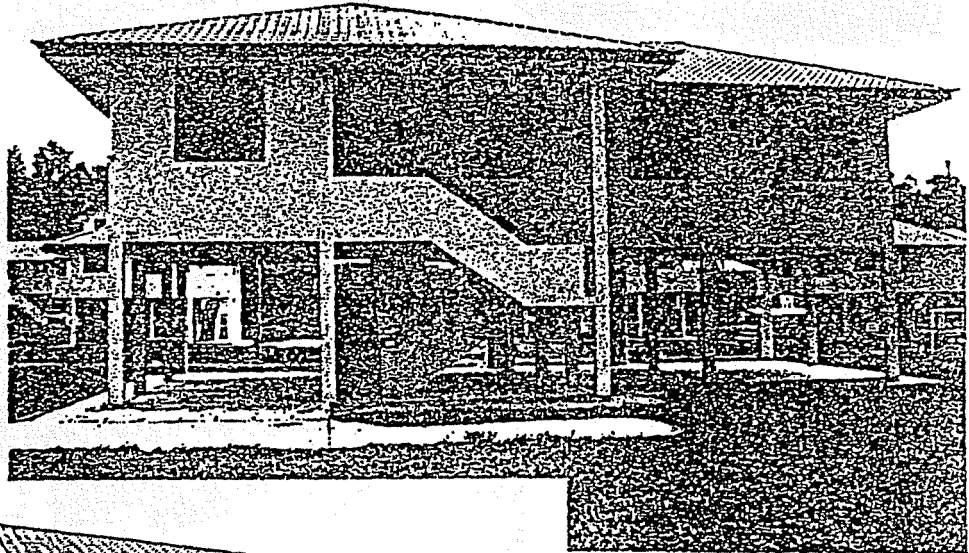
APPENDIX A

NHS HOUSE TYPES, SIZES AND PRICES



Type A (\$ 95,000)
With a total area
of 167.04 sq. metres.

Type B (\$ 82,000)
With a total area of
144 sq. metres.

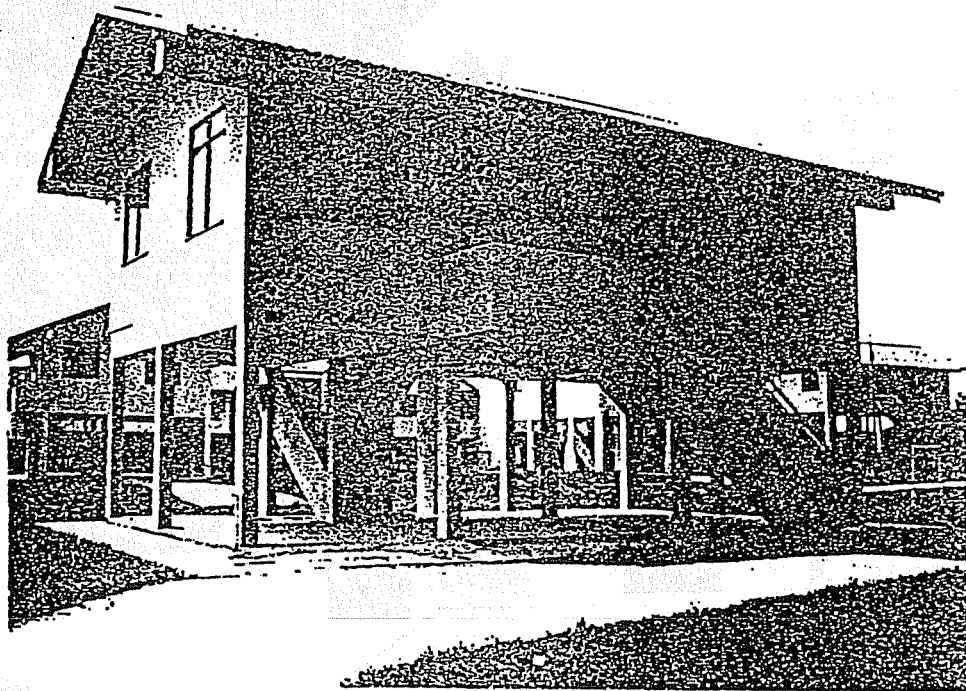


Type C (\$ 71,000)
With a total area of
124.58 sq. metres.



Type D (\$ 62,000)
With a total area of
101.73 sq. metres.

Type E (\$ 52,000)
With a total area of
89.0 sq. metres.



APPENDIX B .
TRANSLATION OF NHS FORMS

25. District of NHS applied for:
 Brunei-Muara Tutong
 Belait Temburong
26. Have you applied for NHS or LCS?
 26a. NHS Application Form No./Date of Submission
 26b. LCS Application Form No./Date of Submission

Section II - Information on Spouse

27. Full Name
 28. Age
 29. Date of Birth
 30. Place of Birth
 31. Identity Card No./Date of Issue
 32. Colour
 33. Race
 34. Religion: Islam Buddha
 Christian Others, please specify
35. Citizenship Status:-
 35a. Indigenous Citizen by decent
 35b. Indigenous Citizen by registration
 Registration Certificate No./Date of Issue (if applicable):
 State date of entry:
 35c. Non-Indigenous Citizen
 Citizenship Certificate No./Date of issue (if applicable):
36. Department:
 Section:
 Present Post:
37. Type of Service:
 Permanent:
 First appointment in permanent post:
 Month-to-month:
 First appointment in month-to-month post:
 Open Vote:
 First appointment in open vote post:
38. Date of appointment in Government monthly salary service:
 39. Date of appointment in Government daily paid service:
 40. Division: III IV V
 41. Salary per month BS
 42. Salary scale:
 43. Date of entitlement to Government Housing Loan:
 44. Total amount of loan entitlement BS
 45. Have you ever applied for NHS/LCS?
 45a. NHS Application Form No./Date of Submission
 45b. LCS Application Form No./Date of Submission

Section III - Information on Family members (Applicant's responsibility)

46. No. of unmarried children in your responsibility who will move with you _____.

No.	Full Name (in Capital Letters)	Sex	Identity Card		Date of Birth	Age	Occupation	Monthly Income/ Salary	Marital Status
			No.	Colour					

47. Other members (parents, parent-in-laws, siblings and registered adopted children only) who will move with you _____ persons.

No.	Full Name (in Capital Letters)	Sex	Identity Card		Date of Birth	Age	Relation with Applicant	Occupation	Monthly Income/ Salary	Marital Status
			No.	Colour						

Section IV - Information on Land and Property

48. Does applicant and/or family members own land?

49. If yes, please specify:

No.	Owner's name	EDR No.	Lot No.	Total Size	Size owned	Land Special Conditions	Kampong	District

Section V - Applicant's Acknowledgement

50. I duly swear that all information herein given by myself in this form is true and correct.

51. If my application is successful, I solemnly swear that I will always abide by the Laws, Rules and Regulations pertaining to NHS and or any laws enforced from time to time.

52. I understand that if any information given in this form should be found untrue and whenever found as such, I am liable to action by the Government to cancel whatever permission granted without any compensation.

Date: _____

Signature: _____

Report and Verification by Head of Department

Director of HDD
Brunei Darussalam.

1. Date applicant is entitled to Government loan to build a house:
2. Total loan entitlement to build a house:
B\$ _____ calculated based on _____ years of salary.
3. Copy of certified record of service enclosed.

Date: _____ Signature of HoD: _____

For Office Use Only
Date of Issue of Form
Date of Closure of Application
Date of Receipt
Total Marks Obtained
Recommendation from NHS Interviewing Sub-Committee and date

Faint, illegible text at the bottom of the page, possibly bleed-through or a stamp.

Section II - Information on Father

20. Full Name (as in Identity Card)
 21. Age:
 22. Date of Birth:
 23. Place of Birth:
 24. Identity Card No./Date of issue:
 25. Colour:
 26. Race:
 27. Citizenship Status:-
 27a. Indigenous Citizen by decent
 27b. Indigenous Citizen by registration
 Registration Certificate No./Date of Issue (if applicable):
 State date of entry:
 27c. Non-Indigenous Citizen
 Citizenship Certificate No./Date of issue (if applicable):
 27d. Other citizenship, please specify.

Section III - Information on Spouse

28. Full Name (as in Identity Card):
 29. Age
 30. Date of Birth
 31. Place of Birth
 32. Identity Card No./Date of Issue
 33. Colour:
 34. Race
 35. Citizenship Status:-
 35a. Indigenous Citizen by decent
 35b. Indigenous Citizen by registration
 Registration Certificate No./Date of Issue (if applicable):
 State date of entry:
 35c. Non-Indigenous Citizen
 If yes, state Citizenship Certificate No./Date of issue (if applicable):
 36. Name of *Department/Employer/Establishment:
 37. Type of Service:
 Government:
 Post:
 Monthly/Daily Wage BS:
 Private:
 Post:
 Monthly Salary BS:
 Self-employment:
 Type of profession:
 Estimated average monthly income BS:
 38. Have you ever applied for NHS/LCS?
 38a. NHS Application Form No./Date of Submission
 38b. LCS Application Form No./Date of Submission

Section IV - Information on Family members (Applicant's responsibility)

39. No. of unmarried children in your responsibility who will move with you _____.

No.	Full Name (in Capital Letters)	Sex	Identity Card		Date of Birth	Age	Occupation	Monthly Income/ Salary	Marital Status
			No.	Colour					

40. Other members (parents, parent-in-laws, siblings and registered adopted children only) who will move with you _____ persons.

No.	Full Name (in Capital Letters)	Sex	Identity Card		Date of Birth	Age	Relation with Applicant	Occupation	Monthly Income/ Salary	Marital Status
			No.	Colour						

Section V - Information on Land and Property

41. Does applicant and/or family members own land?
 42. If yes, please specify:

No.	Owner's name	EDR No.	Lot No.	Total Size	Size owned	Land Special Conditions	Kampong	District

Section VI - Applicant's Acknowledgement

43. I duly swear that all information herein given by myself in this form is true and correct.
 44. If my application is successful, I solemnly swear that I will always abide by the Laws, Rules and Regulations pertaining to NHS and or any laws enforced from time to time.
 45. I understand that if any information given in this form should be found untrue and whenever found as such, I am liable to action by the Government to cancel whatever permission granted without any compensation.

Date: _____ Signature: _____

