

**A REVIEW OF THE MONITORING AND EVALUATION SYSTEM TO MONITOR
THE IMPLEMENTATION OF EARLY CHILDHOOD DEVELOPMENT WITHIN
GAUTENG DEPARTMENT OF HEALTH**

BY

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DECLARATION

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ABSTRACT

This research study was prompted by problems observed with the Early Childhood Development (ECD) programme in the Gauteng Department of Health viz; absence of a clear ECD monitoring and reporting system; absence of reporting on ECD programme performance outcomes; inequitable funding systems which may impact on the outcomes produced at the numerous ECD sites and the lack of policy guidelines on ECD.

The study was undertaken to analyse and describe the monitoring and evaluation (M&E) system in place for the ECD programme and the institutional arrangements designed to meet the objectives of M&E requirements according to government's policies and legislative frameworks.

The literature reviewed conceptualised M&E as the basis of further understanding the key components of M&E and M&E systems as an important public management tool used to demonstrate results. This was a case study research which followed a qualitative research design with quantitative elements also referred to as a mixed-method approach to collect information for analysis. The primary data was collected using semi-structured questionnaires which were administered through interviews. The interviewees (programme managers) were purposively selected as key informants for the study. The study found that the identified problems were largely due to the absence of proper guidelines informing M&E of the ECD programme; the absence of a standardised M&E system and processes for reporting on ECD activities and the absence of quality assurance mechanisms for information. An interesting finding was that ECD reporting occurs outside the GDOH's reporting system which is the District Health Information System (DHIS) mainly because the M&E unit of GDOH is not optimally functional.

Based on findings from this study, the researcher recommends: ECD programmes to incorporate a mandatory M&E component; designing universalised guidelines for operations in ECD centres, standardising M&E tools and processes for ECD and capacity building for ECD programme staff on M&E systems.

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LIST OF KEY TERMS AND ABBREVIATIONS

AG	Auditor General's
AIDS	Acquired Immunodeficiency syndrome
APP	Annual Performance Plan Development
DHIS	District Health Information System
DR	Diagnostic Review
ECD	Early Childhood Development
GDOH	Gauteng Department of Health
GPG	Gauteng Provincial Government
GWM&ES	Government-Wide Monitoring and Evaluation Systems
HIV	Human Immunodeficiency Virus
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MEC	Members of Executive Committee
MTSF	Medium Term Strategic Framework
NDOH	National Department of Health
NDP	National Development Plan
NEP	National Evaluation Plan
NEPF	National Evaluation Policy Framework
NSS	National Statistics System
OECD	The Organisation for Economic Cooperation and
PFMA	Public Finance Management Act
PSC	Public Service Commission
SASQAF	South African Statistics Quality Assurance Framework
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

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CHAPTER 1

1.1 INTRODUCTION AND RATIONALE TO THE STUDY

Early childhood development (ECD) is the period in which a foundation is laid for the survival and development of children to full potential across all their faculties and competencies. The early years are a critically sensitive period of rapid growth and change, the rate of which is largely determined by intrinsic factors such as the child's individual nature as well as external factors such as their living conditions, gender, family organisation, care arrangement, living conditions, education systems and cultural beliefs (UNICEF & Van Leer Foundation, 2006:13).

The UN Committee on the Rights of Children (2006:2) defines Early Childhood Development as a composite cognitive, emotional, physical, mental, communication, social and spiritual development of children occurring from conception until they reach school-going age. In the South Africa's Education White Paper 5 (2001:section1.3.1) ECD involves a comprehensive approach to policies and programmes for children from birth to nine years of age with the active participation of their parents and caregivers. Thus, its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential. Similarly, the South African Children's Act 38 of 2005 section 91.1 defines ECD as outlined by the UN Committee on the Rights of Children above.

ECD is increasingly recognised as a critical window of opportunity for shaping the long-term physical, cognitive and emotional health and development of young children (Vargas-Barón, 2009:3; Grantham-McGregor, Cheung, Cueto, Glewwe, Richter, Strupp; 2007:61). These studies note that, the first 1 000 days of life (from conception to two years old) are in fact very sensitive and rapid period of development. Healthy brain development largely depends on the quality of the environment before birth and in the first 24 months (Grantham-McGregor, et al 2007:61).

Poverty, poor health, nutrition-deficient care and limited stimulation combined have negative implications for early development. These factors unravel a cycle of poverty

(Engle, Black, Behrman; de Mello, Gertler, Kapiriri, Martorell, Young M & the International Child Development Steering Group 2007:230; Grantham-McGregor, et al 2007:63 and Grantham-McGregor, et al 2009:5)

Children in South Africa grow up in a particularly unequal society in which poverty inhibits sound early development of the majority of children (Hall & Woodard 2012:36). In 2011, 58% of children lived below the lower poverty line - R604 per month (Stats SA 2012 General Household Survey 2011). Malnutrition, Human immunodeficiency virus (HIV) and childhood illnesses remain key drivers of under-five mortality. Many of these deaths can be avoided through simple and timely responses. If these children survive, their development albeit becomes compromised. However, good nutrition, health care, supportive parenting and opportunities for early learning can nurture positive development (Bamford 2013:56: Center on the Developing Child 2007:13)

ECD has potential to significantly reduce the majority of early developmental challenges facing South African children. For instance, access to quality early childhood services and support has a positive impact on the mental and physical health as well as the cognitive development of children. Receipt of ECD services and support is associated with higher levels of employment and earning potentials. Past evidence supports this suggestion by highlighting that It increases the children's opportunities to develop to their full potential (Bamford 2013:56; Engle et al. 2007:231; Vargas-Baron 2009:7).

Parents are primary contributors to their children's well-being yet the involvement of other actors is inevitable. In essence, the diverse nature of the development of a child is in itself a multi-stakeholder competence. These parties may consist of parents, communities, government, local government and non-governmental organisations. Accordingly, this has led to the recognition of ECD as a body of services which not only benefit the individual but society at large (Bhardwaj, Giese, Dlamini & Slavin 2012:34). The South African government recognises that it has the obligation to ensure that parents and other caregivers have access to, and receive, the support necessary to enable them to fulfil their responsibilities. As such, ECD

depends on effective measures to secure not only children's rights but those of their parents, since the latter determines the capacity of parents to ensure their children's holistic development.

In addition to the above, the government of South Africa assumed responsibility of ensuring that essential quality ECD services are accessible to all children 0-5 years. In response to this, the Office of the Premier of Gauteng released a report commissioned on the evaluation of the ECD programmes in all relevant government departments within the province of Gauteng in 2011. The focus of the evaluation was to examine the progress the Gauteng Provincial Government (GPG) in terms of provision of ECD services. A glaring finding in the report was the absence of an effective system that monitors and evaluates the ECD services provided; and that M&E contributed little to planning; thus most challenges noted were linked to a non-existent M&E (GPG, 2011:48). Additional issues surrounding ECD in the province were related to communications, consultation, quality management and regulatory framework.

In October 2011, the Department of Performance Monitoring and Evaluation in the Presidency and the Inter-Departmental Steering Committee on Early Childhood Development commissioned a Diagnostic Review (see Richter, Burns, Desmond, Feza, Harrison, Martin, Saloojee, & Slemming 2012), of the prevailing ECD paradigm, current services, human resources, funding and impact. In this review Richter and others detail various key policy documents, evaluations and studies, as well as consultations with ECD practitioners, civil society, researchers and government officials at national, provincial and local levels.

Results showed that only a few South African took up work examining the impact or cost-effectiveness of ECD services, despite strong suggestion of the latter's benefits according to international literature (Lynch, 2004:5; UNESCO, 2006:9; WHO/UNICEF 2012; Engle et al, 2007:229; UN 2006:2). However according to the 2011 Diagnostic Review, it is estimated that South Africa spends almost three times less on ECD services as compared to countries like the United Kingdom, Latin

Mexico, Australia (Vargas-Barón, 2009:5) taking into account both coverage and expenditure per individual.

Amongst the recommendations made in Richter et al 2012:42-43 were:

- The development of a national policy on ECD.
- An establishment of an integrated monitoring and evaluation process or framework against which the various departments and stakeholders plan and report on progress.
- An ECD scorecard, combining indicators of a basic ECD package as a driver for increased performance. The delivery of the suggested basic package can be monitored through existing data collection systems (service statistics, national surveys), as well as regular community audits.
- Funding must also be allocated for programme development and maintenance, such as training, resource materials, monitoring and quality assurance.
- A leadership structure which is accountable for the implementation and monitoring of ECD services.

On the negative, finding the Department of Health (DOH), as another major funder of ECD services, collects data in way in a way that allows budgets for specific age groups to be identified. In addition to the above reports, the Gauteng Department of Health (GDOH) allocates a budget towards subsidizing ECD centres annually for the nutrition programme. However, there is no policy or guideline specific to ECD programme to inform the funding systems and consequently no guidelines to direct reporting processes for ECD programme within the M&E framework in the health department. Notably, the current reporting process yields inaccurate and unreliable performance information and funding systems. This raises questions on the comparability of results produced at different sites given the inequity in funding and the lack of guidelines or policy governing the implementation, monitoring and evaluation of ECD.

ECD is central to the achievement of the Millennium Development Goal 1 (MDG) of reducing poverty and hunger and the National Development Plan (NDP) goals for

South Africa. As such, the Gauteng Department of Health, reports ECD progress by examining the extent to which children benefit from government subsidies and the number of crèches receiving funding. However, there is no direct monitoring of services offered to children at ECD centres; resulting in the absence of data on programme performance and expected outcomes, essential for meaningful funding reviews can occur. This means that every year the ECD centres are supported by the Health departments but there are no outcomes reported such as whether the ECD programme does contribute to the reduction of malnutrition in children.

It is important to note from the outset that the GDOH is mandated to oversee and monitor quality assurance arrangements of the ECD programme within a monitoring and evaluation framework for existing management information systems. Yet, the Auditor General (AG) in the performance audit of the GDOH for 2008 to 2011 and since the introduction of the GDOH M&E system framework found that the department has failed to generate accurate and reliable performance information because of the disconnect between the reported information and the planned deliverables as one of the reasons.

It was therefore against this background that Richter et al 2012:38 suggested reforms to the entire ECD policy. For instance, they emphasise the need to redesign critical issues such as package of services, institutional arrangements, defined roles and responsibilities, with accountability mechanisms accompanied by M&E systems. Thus, strongly suggesting that M&E can only be effective if the system is designed and implemented correctly from the conception of the programme. Confirming this, they assert that adequate resources, financial and human need to be allocated to M&E and the information collected needs to be relevant programme staff.

1.2 RESEARCH PROBLEM AND OBJECTIVES

The study was prompted by the apparent absence of an effective monitoring and evaluation process for the ECD programme in GDOH. This is rife despite the existence of several guidelines, policies and procedures accompanying monitoring

and evaluation frameworks in the GDOH. In essence, consulted literature suggest that these is : lack of a clear ECD monitoring and reporting system; a non-existent reporting of ECD programme performance therefore expected outcomes; inequitable funding systems which may impact on the outcomes produced at the numerous ECD sites and the lack of policy guidelines on ECD (Richter et al 2012:42; GPG, 2011:48). This study was purposed to interrogate the M&E system for the ECD programme and assessing adherence to institutional arrangements designed to meet the objectives of M&E requirements according to GDOH government's policies and legislative frameworks. The study may assist in highlighting the strengths and gaps and contribute to the development of a systematic M&E framework of the ECD programme within the GDOH. The coordinated standardized approach to monitoring ECD will support the programme implementation and improve evaluation to determine the benefit. This is critical given that the goal of any programme's M&E system is to provide reliable information on programme performance and in the context of the current study this goal is relevant in supporting the health care needs of the children.

The research objectives set for the study were as follows;

1. To examine the importance and functions of M&E systems.
2. To analyse the M&E system information reporting processes currently used in the GDOH to monitor the implementation of ECD programme.
3. To assess the institutional requirements of M&E systems for ECD in keeping with policy and legislative frameworks.
4. To make recommendations in filling the gaps with the ECD M&E system based on the findings of this research and possibly contribute towards the development of integrated standardized M&E guidelines for implementation of ECD services in the GDOH.

The study hopes to contribute towards an objective evidence-based measure of the ECD programme in the GDOH and as result may influence the allocation of resources based on the need and promote best practices. Findings from this study may further support the implementation of Health mandate within the GPG's

Integrated Early Childhood Development Strategy as an approach to enhance ECD in the Province. More than this, the reported findings may have significant influence on the design of the entire ECD programme.

1.3 RESEARCH DESIGN AND METHODOLOGY

The main purpose of the study was to investigate whether an M&E system is currently in place to monitor the implementation of ECD programme in GDOH. In order to realise this purpose an appropriate study design and methodology had to be selected. A research design is the plan (“blueprint”) according to which research participants are obtained for information collection and analyzing data as well as reporting the analyzed data for the purpose of interpreting findings and satisfying the the research problem (Welman et al 2005:52; Zikmund, 2003:65). The research methodology refers to a mix methods, techniques and procedures employed in the process of implementing the research design or research plan (Webb & Auriacombe, 2006:589; Mouton, 2001:56).

This analysis study was a case based study research which was qualitative in nature. According to Wellman et al, (2005:25) a case study research is “directed at understanding the uniqueness and idiosyncrasy of a particular case in all its complexity. The objective is usually to investigate the dynamics of some single bounded system, typically of a social nature” such as in this current study an institution and practice. Morra Imas & Rist (2009:271) describes a case study as a non-experimental design that provides an in-depth comprehensive description and understanding of an intervention as a whole and in its context. In the context of the current study this type of research design assists in an in-depth understanding of the M&E system in place for ECD health services and in terms of policy guidelines, goals and scope. The intention is to understand this specific situation in order to possibly influence practice or policy. The type of design tends to describe facts and the characteristics of what is being studied; consistent with what this study intends on achieving. Thus, it’s an effort to understand the situation in its uniqueness as part of particular context (Patton, 1985:1 cited in Merriam, 2002:14).

On the other hand, the study uses a qualitative research approach which focuses on the implementation process rather than on outcomes; evaluating the performance of programmes in their natural settings (Mouton, 2001:61). According to Babbie and Mouton (2005:646), qualitative approach studies describe human behaviour from the insider's perspective, emphasizing methods of observation and analysis that "stay close" to the research subject.

The study was carried out in two ways. First, relevant literature and official documents such as the policy documents, strategies, annual reports, operational plans and programme reports involved in ECD services were reviewed. This study examines specific government documents detailing modalities of ECD and M&E implementation within Gauteng province (see chapter 3 for further reference). Document analysis is a design in the Norman Fairclough postulations in critical discourse analysis that "ideologies reside in texts" and it is impossible to separate "read off" ideologies from texts and that texts are open to diverse interpretations (Fairclough, 1995 as cited in Onwuegbuzie and Collins, 2007.). This review of documents further guided the collection of further qualitative data during the interviews with programme managers at district and provincial level (operational and decision making levels, respectively). These programme managers are responsible and accountable for various programmes targeting children up to five years of age. Interviews will be carried out with managers using semi-structured questionnaires. Semi-structured questionnaires as described by Jarbandhan & De Wet (2006:676), contains partly structured and unstructured questions which gives a respondent some freedom to respond openly. This allows for in-depth interviews and probing in order to get more information from the respondents. The interviews are intended on determining the M&E system in place, the practice, the processes, problems in the implementation and possible solutions.

Purposive sampling was used for the study, one of the most important types of non-probability sampling (Welman et al., 2005:69). Purposive sampling is often suitable in qualitative studies (Burger & Silima 2006:656). This sampling method is used where sampling is done with a specific purpose in mind (Maree, 2007:178; Morra lmas & Rist, 2009:272). For the purpose of this study, the kind of sampling allowed

the researcher to choose key informants who were most suitable to provide the information required for this study.

Data analysis involves data collected from document reviews and the responses from the interviews. Data from the interviews was analysed using both coding and interpretive analysis. The analysis was done by breaking up large textual data to create manageable key recurrent themes from the interviews. The key themes were then coded. The purpose of coding was to analyse and make sense of data collected; the data (text) is categorized into key identified themes (Welman, 2005:214). The frequency distribution of the key themes is then created for data display then interpreted by relating the findings to theoretical frameworks (Mouton, 2001:108).

As will be highlighted more fully in Chapter three, a series of ethical considerations were taken before collection of data commenced. It is necessary here to preliminarily note that necessary written permission was sought from GDOH to conduct the study and was approved on condition that the outcome of the study may be shared with the department.

The outline of the chapters for the study was described below;

1.4 CHAPTER OUTLINE

Chapter 1: Introduction and Rationale to the study

The chapter gives a brief introduction to Early Childhood Development. The chapter presents the rationale to the study, the research problem, purpose and specific research objectives. The chapter closes by outlining the chosen design and research method.

Chapter 2: The Importance of Monitoring and Evaluation and M&E Systems

The chapter presents the literature reviewed on the selected relevant studies. The literature study conceptualizes M&E and M&E systems showing its importance and function within the public sector environment. It further discusses the purpose of

M&E, institutionalisation of M&E systems, the components of an M&E system and concludes with coming up with critical components of an M&E system for the ECD programme in health. The chapter shares an understanding of an M&E system.

Chapter 3: The legislative and policy environment for M&E review

The chapter outlines the general legislative and policy environment for M&E in the South African public sector and the policies within the DOH that governs the strategic direction of the Department. It also presents the GDOH's monitoring and evaluation framework and the M&E processes and systems. It further contains a presentation of Early Childhood Development (ECD) programmes and the M&E system used in the ECD programme implementation within Gauteng Department of Health.

Chapter 4: Research Methodology

The chapter details the various activities for collecting and managing data from the field and the procedures taken through analysis of raw data.

Chapter 5: Study Findings and Analysis

The study presents discussion of data collected and the research findings from the reviewed official and programme documents and the conducted interviews.

Chapter 6: Recommendations and Conclusion

The chapter presents the interpretation and the discussion of the research findings. This final chapter gives the summary of the findings of the study, detail the recommendations and concludes the study.

CHAPTER 2

THE IMPORTANCE OF MONITORING AND EVALUATION AND M&E SYSTEMS

2.1 INTRODUCTION

Governments all over the world are constantly pressured to show results, as a performance obligation for good governance, transparency and accountability. There has been a global change in public service management, forcing governments to be more accountable to the stakeholders and the public in particular. The growing need for accountability is seen as the main purpose of evaluation (Lehtonen 2005:169). This has increased the importance of monitoring and evaluation and more importantly the shift from traditional implementation based M&E to evidence based or results based M&E.

Global initiatives such as the Millennium Development Goals (MDGs) increasingly challenge governments to produce results before their expiration in 2015 by UN member states. These resolutions include: sensitivity to community demands for greater transparency of policy making; the increasing influence of experts in policy and administration; the increasing use of project management even in the basic tasks of administration; the declining legitimacy of public administrations, entailing the public's loss of faith in the government's ability to spend their taxes wisely; and the pressures to reduce public spending (Karver, Kenny & Sumner 2012:13). All these trends have strengthened the utility of for the public sector. In response to the needs of the stakeholders, governments developed and adopted performance management systems transforming the organizational culture, budgeting, human resources and M&E in the public service organisations. Governments are also slowly heeding the call for policies to be based on evidence of their success or lack of it (Goldman, Ganju, Drake, Gorman, Hogan, Hyde, & Morgan 2014:6; Bhutta, Das, Rizvi, Gaffey, Walker, & Horton 2013:460). Performance measurement focuses on monitoring results and outcome of policies, without necessarily investigating the causal links between policies and outcomes, which brings in evaluation.

The first objective of the study was to explain the importance and functions of monitoring and evaluation systems in order to gain understanding into the field of study. In order to achieve this objective the chapter starts by defining the concepts and the purpose of M&E as the basis of further understanding the key components of M&E systems and its institutional arrangements. The chapter further describes M&E system, its purpose, and importance as an essential component of any programme or intervention and the underpinning institutional arrangements as the major focus of the study. Apart from this, the chapter details components of an M&E system and the institutionalisation of M&E systems and lastly discusses in brief the major points highlighted.

2.2 DEFINING MONITORING AND EVALUATION

Monitoring and evaluation is a concept defined in many dimensions by various researchers depending on the focus. Yet, the key elements of monitoring and evaluation are captured in a range of definitions. In simple terms, monitoring is keeping track of what is being done so that corrective action can be taken if necessary. Whilst evaluation is about examining whether there is any progress in what was set to be done. A consistent evaluation relies on good monitoring; therefore the two concepts complement each other but have differences with regards to the objectives and method.

Monitoring as defined by The Organisation for Economic Cooperation and Development (OECD) (2004:16) is *'a continuous function that uses systematic collection of data on specified indicators to provide management and other stakeholders of an on-going development intervention with indications of the extent of progress and the achievement of objectives and progress in the use of allocated funds'*.

In Morra lmas & Rist (2009:16) monitoring is defined as a routine, ongoing, internal activity, used to collect information on a programme's activities, outputs, and outcomes to track its performance. In Gage (2005:6) monitoring is the routine tracking of a programme's activities by measuring on a regular, on-going basis

whether planned activities are being carried out, which summarily concurs with McCoy, Ngari & Krumpel, (2005:10) definitions of monitoring.

Most definitions offered in different sources categorically agree that monitoring is the continuous tracking of activities or progress in policies, programmes, processes or plans. For instance, Gosling (2003: 107) defines monitoring a systematic assessment of the progress of a programme over time but adds that the process monitoring and impact monitoring are both needed to show what changes are taking place, what processes lead to the changes and how the programme can be improved. Whereas, Kusek & Rist (2004:13) notes that monitoring gives information on where a policy, programme, or project is at any given time in relation respective targets and outcomes and it is descriptive in intent.

Evaluation as defined in the GWM&ES policy framework (2007:6) *'is a time-bound and periodic exercise that seeks to provide credible and useful information to answer specific questions to guide decision making by staff, managers and policy makers. Evaluations may assess relevance, efficiency, effectiveness, impact and sustainability'*. This definition matches Randel's (2002:14) explanation of evaluation as a periodic assessment of the relevance and performance of the project.

According to OECD, (2002) evaluation is defined as the:

'the systematic and objective assessment of an ongoing or completed project, programme, or policy, including its design, implementation, and results. The aim is to determine the relevance and fulfillment of objectives, development efficiency, effectiveness, impact, and sustainability It continues to refer to evaluation as a collection of activities designed to determine the worth or value of a programme which may in some instances involve the definition of appropriate standards, the examination of performance against those standards, an assessment of actual and expected results and the identification of relevant lessons'.

UNDP (2002:6) defines evaluation as a selective exercise that attempts to systematically and objectively assess progress towards and achievement of an

outcome; an exercise that involves assessments of differing scope and depth carried out in time in response to evolving needs for evaluative knowledge and learning during the effort to achieve an outcome. In essence, evaluation attempts to examine what was set out to be done, pitted against what has been realised and how it was realised and the value or worth of the intervention.

Implicit in the descriptions of monitoring and evaluation is that the two though mutually exclusive, can complement each other. Monitoring data are important for understanding and interpreting programmatic implications of impact evaluation. To suit this requirement it is descriptive, provides information on the state of a policy, programme, or project at any given time relative to its targets and outcome goals. On the other hand evaluation highlights evidence on why targets and outcomes are, or are not, being reached (Gorgens and Kusek, 2009:2). However, Lahey (2013:55) noted some challenges with complementarity between M&E efforts in practical terms, large part of it at operational level.

The table 2.1 below adopted from Kusek and Rist (2004:14) demonstrates the complementary roles that monitoring and evaluation play in M&E systems.

MONITORING	EVALUATION
Clarifies programme objectives	Analyses why intended objectives results were or were not achieved
Links activities and their resources to objectives	Assesses specific causal resources to objectives contributions of activities to results
Translates objectives into performance indicators and sets targets	Examines implementation process
Routinely collects data on these indicators, compares actual results with targets	Explores unintended results
Reports progress to managers and alerts them to problems	Provides lessons, highlights significant accomplishment or programme potential and offers recommendations for improvement

Table: 2.1 The complementary roles of monitoring and evaluation (Kusek & Rist 2004:14)

As can be confirmed in the table above, evaluation is informed by monitoring, to illustrate in the context of the study, monitoring systems will give an indication on the number of children receiving the vitamin A supplementation, the analysis of that should be able to give the coverage of children who have received vitamin A supplements versus the population of under 5 years in the catchment area. If the coverage is poor, evaluative information should be able to give clarity on this trend by answering the 'why', 'how' and 'so what'. By just focusing on the vitamin A coverage will not help programme managers in taking relevant corrective steps.

Evaluating trends and problems in turn can inform the focus of future monitoring activities. Evaluation is not limited to the end of the programme; researchers should emphasise evaluation throughout the lifecycle of the intervention and not only restrict it to the end (Kusek & Rist 2004:13). If outcomes are assessed towards the end of a programme without longitudinal process evaluation, the results are likely to be unhelpful in guiding future action because what generated the observed outcomes will remain unidentified (Wimbush, 2000: 309). Despite similarities, monitoring and evaluation differ in the extent to which findings at each level of service delivery can be attributed to a specific intervention or programme.

2.3 PURPOSE OF M&E

M&E is treated in Mackay (2007:9-10) as tool to design results-based management; enhance transparency and support accountability relationships and to support evidence-based policy making. Mackay continues to suggest that these uses of M&E place it at the centre of sound governance arrangements and makes it necessary to achieve evidence-based policy making, evidence-based management, and evidence-based accountability. Accordingly, the World Bank (2004:5) notes that the purpose of M&E of activities is providing government officials, managers, and civil society with better means for learning from past experience, improving service delivery, planning and allocating resources, and demonstrating results as part of accountability. Morra Imas & Rist (2009:12) concurs that the purpose of any evaluation is to provide information to decision makers to enable them to make better decisions about projects, programmes or policies. Evaluation should help

decision makers understand what is likely to happen, is happening or has happened because of an intervention and identify ways to obtain more of the desired benefits. Kawonga, Blauuw & Fonn (2012:1) described M&E's purpose in public health institutions, and noted its importance in producing reliable and timely health information and use it to evaluate policy, set priorities, plan, and monitor the effectiveness and impacts of interventions.

M&E helps to identify and correct mistakes and build on the successes of best practice, thereby contributing to "continued improvements in the design and administration of programmes" (Atkinson & Wellman 2003:3, OECD 2007:12; Annecke, 2008:3). M&E as an essential process that produces information to make informed decisions regarding operations management and service delivery including effective and efficient use of resources; determine the extent to which the programme/project is on track and to make any needed corrections accordingly and evaluate the extent to which the programme/project is having or has had the desired impact (Measure Evaluation, 2006). M&E studies may also be undertaken periodically to assess the need and relevance of the programme (Rossi et al 2004:18).

Four distinct purposes of evaluation were identified in Morra Imas & Rist (2009:12): ethical purpose; managerial purpose; decisional purpose and educational and motivational purpose. This is in agreement with understanding of purpose from the Public Service Commission (2008) document which identifies the purpose as for management decision-making, which supports and augment management in the evidence-based decision making; organisational learning from information continuously produced from M&E systems where findings are analysed and translated into action. Learning as described by Kusek & Rist (2004:140) is 'a continuous dynamic process of investigation where the key elements are experience, knowledge, access and relevance. It requires a culture of inquiry and investigation, rather than one of response and reporting'.

The managerial function of evaluation is confirmed and reconceptualised further by other less prominent authors. Alexander (2003: 405-406) suggests that evaluation is

important for indexing performance and has the potential to improve future work. This allows for a link between purpose and use while not assuming that it will always exist in practice. Alexander is more concerned over what happens to the evidence from these evaluations and whether the results should be expected to change practices, from a health care perspective. Patton (2002:147) notes its importance for accountability a requirement which inculcates financial discipline and responsibility with handling public; accountability, synonymous with transparency promotes public and political cooperation.

The preceding sections have attempted to define M&E which assists in detailing the theoretical literature on programme monitoring and evaluation in the next section of this chapter. In the context of this study, understanding programme monitoring and evaluation is essential since the study was focused on the implementation of the ECD programme. The next section discusses programme monitoring and evaluation.

2.4 PROGRAMME MONITORING AND EVALUATION

Programme monitoring and evaluation in keeping with this study was necessary to further better understand and improve the provision of early childhood development services as a programme. Monitoring and evaluation is an essential component of best practices and well informed programme designs hence it is relevant to also assess whether ECD as a programme has made provisions for adequate monitoring and evaluation.

Programmes are monitored primarily for improved programme management and administration, accountability, and as an initial basis for assessing programme impacts. The importance of monitoring is described at length in the preceding sections. It generally captures the process of translating inputs to outputs. Programme monitoring focuses primarily on the achievement of intended programme-level outputs, such as the number of children actually receiving Vitamin A supplementation (Gage, 2005:9). Effective monitoring of programme outputs is a critical aspect of evaluating programmes. Without knowing who received what

quantity and quality of goods and services and at what cost, it is difficult to interpret the results of impact evaluations.

A programme is an intervention that includes various activities that are intended to contribute to a common goal (Morra Imas & Rist 2009:14). According to the South African Public Service Commission (2008:20) a programme is a set of government activities that deliver the products of government. These products are complex outputs and outcomes and include governance, justice, safety and security, development impetus, social change and services. The components of programme monitoring include monitoring service utilisation, comparing the programme plan to what the actual progress and outcomes. Another key component is costs (Rossi *et al.* 2004:171).

Programme monitoring and evaluation, normally examines a broader range of information on programme performance and its context for example aspects of programme operations as in process evaluation USAID (2009). Process evaluations focus primarily on how an intervention has been carried out and use indicators. Process evaluations also examine financial systems, reporting systems and other aspects of project implementation management. Process monitoring and evaluation is the *“systematic and continual documentation of key aspects of programme performance that assess whether the programme is operating as intended or according to appropriate standards. The focus is on the integrity of the programme operations and actual service delivery to the target audience”* (Rossi *et al.* 2004:431,171).

However, Shaw (2006:453) cautions that programme evaluation should not be a replication of data collection exercises or tool development but an understanding of the evaluation problem and context of the programme. Understanding the evaluation problem is one of the components of programme evaluation. Others include but are not limited to planning the evaluation, data collection, data analysis and reporting evaluation findings. Evaluations may also examine factors in the programme environment that may impede or contribute to the programme's success to help explain the linkages between programme inputs, activities, outputs and outcomes.

Alternatively, evaluations may assess the programme's effect beyond its intended objectives or estimate what would have occurred in the absence of the programme in order to get an objective sense of the programme's net impact (Shaw, 2006:454).

Notably, it is a prominent feature of in programme evaluation to discern the logic behind the conceptualization of a programme. It is for this reason that the next section of the study focuses the theoretical and conceptual foundations for programme evaluation.

2.4.1 Programme Theory-Based and Logic-Model Approach

The focus on programme theory approach will benefit the current study in identifying ECD programme elements that are critical to its success and in understanding the envisioned, goals, expectations and priorities of the programme. These form the basis for programme evaluation by constructing the logic of the programme.

In reconciling programme processes and outcomes, (Chen 1990 in Wimbush, 2000:307) refers to programme theory approach in understanding the process of implementation and the mechanisms by which certain outcomes will be achieved. Chen argues for incorporation of prior theory into evaluations in terms of programme elements, rationale and causal linkages. Theory-based evaluation approaches suggest that evaluators also go on to elicit the key assumptions and linkages underlying how a programme has been designed, understanding the logic of how the programme is supposed to operate to achieve the desired outcomes (Wimbush 2000: 307). This approach can also incorporate process analysis to monitor how the programme is actually implemented, the quality thereof (Bamberger & White 2007:67) Similarly, Wholey et al (2010:11) insist on theoretical basis of programme evaluation through the development of logic models. Another theory though says action and practice tend to precede theory development (Shadish, 1991:37)

The programme logic model is defined as a picture of how an organization models its work after the theory and assumptions underlying the programme. A programme logic model links outcomes (both short- and long-term) with programme

activities/processes and the theoretical assumptions/principles of the programme.
Kellogg Foundation (2004:3)

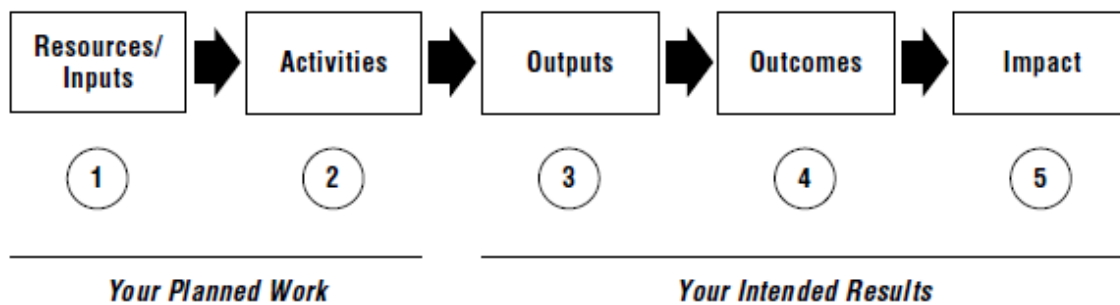


Figure: 2.1 The basic logic model (Kellogg Foundation 2004:9)

‘Your planned work’ describes ‘what’ resources are needed to implement the programme and ‘what’ is intended to be done.

- **Resources and inputs** refer to the human and financial resources, physical facilities, equipment, guidelines and operational policies that are the core ingredients of child health programmes and enable health services to be delivered.

Programme activities are also known as processes refer to the multiple activities that are carried out to achieve the objectives of the programme using the input resources. It should be highlighted that the availability of resources does not equate to activities satisfactorily implemented. Equally, there are real-life examples where programme staff with inadequate resources strives to do the best work they can under the circumstances.

‘Your Intended Results’ entail the programme’s intended outcome or results (outputs, outcomes and impact)

- **Outputs** refer to the results of these efforts at the programme level. The tendency with the health programme management is to limit M&E of the activities to measures of output. Two types of outputs are usually observed within the health sector: functional outputs, which measure the number/quantity of activities conducted and service outputs, which measure the quantity of services provided to the programme’s target population, as well as the adequacy of the service delivery system in terms of access, quality of care, and programme image/client satisfaction.

- **Outcomes** refer to specific changes in programme target population's behaviour, knowledge, skills, status and level functioning some or all of which may be the result of a given programme or intervention and can reasonably be expected to change over the short-to intermediate term, and that contribute to a programme's desired long-term goals. Outcomes also include coverage and disease prevalence.
- **Impact** refers to the anticipated end results of a programme intended or unintended, for example, reducing disease incidence, improving children's nutritional status, and reducing child morbidity and mortality.

(Gage 2005:pg114; Kellogg Foundation, 2004:9)

Regular measurement of progress toward specified outcomes is a vital component of any effort at managing for results (Hatry, 2006:3, Wholey et al. 2010:120). Performance measurement is regular measurement of the results (outcomes) and efficiency of services or programmes. Performance measurement describes the levels of performance in relation to some standard and programme evaluation enables the explanation of why certain levels of performance were observed, using a number of performance measures to support explanation. Logic modelling enables identification of useful performance measures and sets up a pattern for lumping them together to test underlying assumptions Wholey et al. 2010:73).

2.4.2 Programme Evaluation Designs

Bamberger & White (2007: 64) calls for robust, logical programme evaluation designs which can provide better understanding of the extent to which development programmes are achieving their objectives and the contributory factors. He argues that the result-based management approach which is supposed to provide a better measure, in some cases also relies in post programme comparisons with the baseline with no comparison group, in order to correctly measure progress.

In strengthening programme evaluation design, authors advocate for good programme theory models in cases where robust designs are not possible because in some conditions programme theory can distinguish between design failure and

implementation failure (Bamberger & White, 2007:69,7; Birckmayer & Weiss 2000:428). Of which Chen in Wimbush (2000:37) asks “does programme failure imply that the theory on which the programme is based is incorrect or is failure due to implementation?” Other designs include the mixed-method design (combining quantitative and qualitative approaches), use of secondary data.

The next section addresses monitoring and evaluation systems and further highlights the purpose and uses of the results-based M&E system, designing the system as well as identifying its components and challenges. The section provides a critical theoretical underpinning for subsequent chapters where it will be used to critically analyse the M&E system implemented for the ECD programme.

2.5 MONITORING AND EVALUATION SYSTEMS

Literature largely defines a system as a collection of components or parts that are organized around a common purpose or goal (Save the Children, 2009; UNICEF, 2009). In the context of M&E it is therefore important to understand the linkages between the elements of a system and by first identifying the elements or components. The common purpose is critical to how one defines the system because the purpose is related to how one identifies the structures, functions, and capacities needed to meet the purpose (Wulczyn, Daro, Fluke, Feldman, Glodek & Lifanda 2010:10-12). An M&E system is an organized set of collection, processing, and dissemination activities designed to provide programme staff with the information necessary to plan, implement, monitor, and evaluate programmes (Measure Evaluate 2006; Gosling 2003:96). It basically denotes a feedback system; a management tool to measure and evaluate outcomes, providing information for governance and evidence-based decision making (Gorgens & Kusek, 2009:2)

2.5.1 The Purpose of Results-based M&E Systems

Results-based M&E systems are important for a number of reasons, past literature reviews but several. It is credible source of information pertaining to organizational performance thereby generating the kind of information decision-makers can

ascertain whether outcomes were achieved or not. Ultimately this can promote credibility and raise public confidence and trust in the organization thus supporting the notion of transparency and accountability (Morra Imas & Rist, 2009:106), which strengthens governance and establishes a performance culture within governments (Angela & Ajam 2010: ii).

Lahey (2009:9) noted the rationale for introducing an M&E system as:

“The broad goal in investing in an M&E system has been to generate and use ‘results’ information that supports the government’s management agenda from the perspective of both ‘learning’ and ‘accountability’ in the design and delivery of government policies, programmes and services and the use of public funds. In this way, performance reporting generally aims to tell a ‘performance story’ rather than simply reporting on a limited set of indicators in the context of an accountability ‘scorecard’.

Behn, (2003:588) argues that a more balanced approach between learning and accountability aspects is needed in that authorities be clear on their purposes to measure performance, as one cannot expect all purposes to be served. The critical purpose of the outcome performance system is to guide the direction of policy implementation and not only measure outcomes and outputs. However, Weiss et al (2008:31) suggests that evaluation findings in some governments has poor or no influence on policy, pointing out that evidence-based policy making becomes more of an inspiration than reality. In some cases the strategy is to impose the use of evaluation evidence for example funding of programmes that can show success. This functionally militates against the objectives of evidence-based programmes.

2.5.2 Designing an M&E System

Ideally, an M&E system should be designed to meet specific needs, yet these will vary according to the nature and aims of the work. The system itself can then be monitored and evaluated to see whether it is meeting its objectives and can be adjusted if necessary (Gosling, 2003:97). Perhaps the most important requirement an must satisfy is credibility and usefulness (Wholey et al. 2010:121). In essence tt must address: who it is for and why; what questions it needs to answer and which

indicators will help answer the questions; what information should be gathered; how the information should be collected and analysed; how the results should be presented and used and organisational issues: who does what, how much it will cost (Gosling, 2003:107). Analysis of the steps taken to designing an M&E system have been presented by various authors Kusek & Rist (2004:25), Gebremedhin, Getachew & Amha, (2010:32), Hatry 1999 & Poister 2003 in Wholey et al. (2010:119) and they hold common points. Consistent in their arguments is the need to design a results-based M&E system which is 'fit for purpose' i.e. useful and credible. This capacitates managers to use the system thereby adding value (Wholey et al. 2010:121).

Kusek & Rist (2004:153-154) identified six essential components in ensuring the sustainability and relevance of a results-based M&E system. These are demand for information, clear roles and responsibilities, trustworthy and credible information must be produced by the system, accountability and transparency, organizational capacity and appropriate incentives. The components of an M&E system and how the components function in making an effective system are discussed in the next section.

2.5.3 Components of a Results-Based M&E System

The M&E system as a component of M&E is the interaction of stakeholders and processes that allows the monitoring and evaluation of a specific programme (Measure Evaluation, 2006). Identification of components of an M&E system and the mechanism of collaboration between components is fundamental in designing a relevant and reliable system. The components alone do not constitute a system but the interaction among the components, which enables the system to achieve the purpose for which it is designed (De Savigny & Adam, 2009: 31 & Biesma, Brugha, Harmer et al. 2009: 246).

The components of results-based M&E system from various authors appear similar in broad terms. For instance, the UNDP (2002:10) focuses on outcome monitoring and outcome evaluation, components of which are projects, programmes,

partnerships, soft assistance -policy advice, policy dialogue, and advocacy and implementation strategies. Components of outcome evaluation include progress towards outcome, factors contributing to the outcome (substantive influences) and partnerships. Lopez-Acevedo & Mackay (2012:106-111) and Gosling (2003:96) identified similar the components as goals, outcomes, and outputs; defining targets and setting performance indicators; the importance of institutional arrangements and procedures for consultation and political validation and the role of indicators in linking funding to results.

The components as shown in Table 2.3 somehow encompass components identified by various authors and in the context of the current study; the three categories of the components will be the guide. The components in the first subcategory emphasize the importance of having skilled personnel. Secondly, effective leadership and clear roles and responsibilities to execute M&E functions efficiently are important. Advocacy and communication are the third most critical aspect highlighting that each role player understands his/her function in making M&E system work within an organization (Gorgens and Kusek, 2009:7-9 & Wulczyn et al. 2010:13).

<p>Components relating to “people, partnerships and planning”</p>	<ol style="list-style-type: none"> 1. Structure and organizational alignment for M&E systems 2. Human capacity for M&E systems 3. M&E partnerships 4. M&E plans 5. M&E work plans with cost and 6. Advocacy, communication, and culture for M&E systems
<p>Components relating to “collecting, capturing and verifying data”</p>	<ol style="list-style-type: none"> 7. Routine monitoring, 8. Periodic surveys, 9. Databases useful to M&E systems, 10. Supportive supervision and data auditing and 11. Evaluation and research

Final component about “using data for decision-making”	12. Using information to improve results
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Table 2.3: The 12 Components of a functional M&E system categorized into three groups (Gorgens and Kusek, 2009:7-9)

Another important component is information management, which ensures the production, analysis, dissemination and use of reliable and timely information in an integrated and coordinated manner. Information management also determines the system of data collection, whether it is electronic or manual (De Savigny & Adam, 2009:48). Gorgens and Kusek (2009: 7-9) describe the second subgroup in table 1 as placing the importance on collection, capturing and verifying the data. Development of relevant and useful indicators is required to make data collection work. Nash et al. (2009:60) adds that meaningful quality Indicators as a component must not only be numerical but must also capture contextual information about facilities and communities that have relevance across different the geographical spread of , such as disease burden in the community so as to determine what complementary services are available at community.

The components of an M&E system are mainly determined by its purpose and people are central to a functioning M&E system influencing all other components (De Savigny & Adam, (2009:32), Wulczyn et al. (2010:24). Governance and leadership provides an effective oversight (De Savigny & Adam 2009: 31, Save the children 2008:6).

The next section discusses the institutionalisation of M&E system, the components of which includes (among those already mentioned in this section) structures, organisational alignment, strategy, management of performance, M&E plans, organisational culture and capacity for M&E. The institutional framework commonly determines the functionality and interactions of the components. In the focus of the study undertaken institutionalisation becomes an important point of analysis as this is one of the ways of sustaining M&E systems within organisation.

2.5.4 Institutionalization of M&E Systems

According to Boyle (2005:5), institutionalization of evaluation refers to the establishment of rules, procedures and organizational arrangements by which evaluations of public policy are produced. Alternative descriptions refer to process of making evaluation practice legitimate and formalizing evaluation practice as part of decision-making process of government. It refers to formal processes and rules that govern. Institutionalization is the process in which M&E systems will gain an institutional (structural) role within an organization and consequently contribute to effectiveness. The key element of an effective and sustainable M&E system is institutional strengthening. What would strengthen M&E is the amount of authority and autonomy given to the office tasked with carrying out M&E tasks (Lopez-Acevedo et al. 2012:52).

Institutional and organizational approaches are often used interchangeably yet there is a clear distinction between the terms. In the institutional context, organizational arrangements are established to create an evaluation system and are guided by the factors operating within the institutional context. In turn the success of the institutionalization of evaluation is also conditioned to some extent by the details of organizational arrangements (Lusthaus et al 1999:8-9).

Governments differ in the way they regard the M&E system; the latter is traditionally determined by how the M&E system is run and for what purpose. Consulted literature is shows that M&E is often linked to planning and or budgeting but also varies in its views on the correct domain of an M&E unit within the organization (Gorgens and Kusek 2009:64). Rabie (2010:12) agrees and that South Africa's M&E system should follow best practices and be driven from the top level by a capable, respected ministry. It should also focus on outcomes or results of public programmes and policies, be institutionalised in core government processes such as planning and budgeting and should give guidelines to ensure the use of evaluation information.

Some important lessons can be drawn from experiences of other countries that have developed and institutionalize M&E systems as summarised by the World Bank (Rabie, 2010:13). Below is an outline of these:

- Substantive government demand is a prerequisite for successful institutionalization. This can be achieved through creating awareness on M&E and communicating its value. (Lopez-Acevedo et al 2012:27)
- Role of incentives plays a critical part in creating and strengthening demand (Mackay, 2007:53; Boyle 2005:36). This can be linked to performance agreement, reflecting M&E responsibilities for managers (Engela & Ajam 2010:16).
- Key role of a powerful champion and allies in a high level position as an advocate for M&E within an organisation. Engela & Ajam (2010:16) similarly finds that Influential and visible champions can play a crucial role in mobilizing support for M&E systems implementation.
- A diagnosis of existing M&E to identify its strengths and weaknesses is important as it provides an opportunity to have a shared understanding of the issues and of the importance of strengthening M&E.
- A government ministry that is proficient in overseeing the M&E systems in terms development of the system, design and manage is an important piece of a successful M&E systems. This will give the institutional lead of the M&E system close to the centre of a government (Bedi et al 2006:25)
- This institutional leader will be responsible for tracking progress in the development of the M&E system and adjust where necessary. The Canadian M&E system experience shows a successful Central Leadership structure, where rule setting and performance monitoring is done by the central agency and even established a Centre of Excellence for Evaluation (Lahey, 2013:47)
- Reliable, credible information is expected to be produced from the developed systems. The system should be audited to ensure quality of data. Capacity building for officials to be able to use the system becomes important as emphasised at the beginning of the section on the utilization as the measure of success. There are limitations in relying on government laws, decrees and regulations but it might add value to strengthen structural arrangements further to ensure M&E objectivity and quality.

- Danger of over-engineering the system (Jacobs et al 2010:43) with extensive indicators or using multiple systems will not make the system work better; the information must be of use to the end-user. A common mistake once M&E has been embraced enthusiastically is to over-engineer the M&E system. This is often evident in the large number of performance indicators that are collected. Over-engineering can also result in the proliferation of ministry data systems. These are often uncoordinated even within each ministry.

It must be noted that successful M&E systems are a result of purposeful planning and incubation of ideas, which included various activities over a long period of time. Engela & Ajam (2010:16) notes that stability in the political environment is critical for a successful results-based based M&E which is more likely to yield results slowly although there can be 'quick wins'. Countries that these lessons are drawn from have built their systems over a long period, for example Australia and Chile were able to create consolidated M&E systems, in terms of the quality, number, and utilization of evaluations within four to five years, yet in Colombia case noticeable progress has not been realised until after about decade (Boyle, 2005:27, 56).

2.5.5 Limitations of the the M&E system

The M&E systems challenges discussed are critical for the case study analysis as challenges can limit the efficiency and accuracy of M&E systems creating an administrative burden. There are many political, institutional, and technical challenges in building and sustaining M&E systems. M&E systems are essential components of governance structures which makes them fundamentally related to political and power systems. M&E systems provide critical information and empower the governance structures to make better-informed decisions (Gorgens and Kusek 2009:6). The role of political leadership is to ensure institutionalisation and sustainability of M&E systems.

Mackay (2007:101) highlights six main challenges that pose a danger in sustaining M&E:

- The belief that M&E has intrinsic merit

- A technocratic approach to capacity building that focuses solely the supply-side and not prioritizing the demand-side for M&E systems,
- Rigid adherence to a predetermined action plan for building an M&E system instead of first creating a good vision for the M&E system and its implementation plan.,
- The limitation of relying on laws, decrees, and regulations as the main means to institutionalise M&E within government.
- The danger of over-engineering an M&E system, particularly through multiple monitoring systems with an excessive number of performance indicators. Jacobs, Barnets & Ponsford (2010:43) also argues that over-engineered and complex monitoring systems that are developed as a result of top down approaches and can become too cumbersome and uncoordinated to be useful.
- The search for the ideal government M&E system. It is important that the M&E system is tailor-made for the M&E needs of a specific country or organisation.

Kusek & Rist (2004:159) highlights the challenge of lack of skilled M&E professionals, technically trained M&E personnel and a greater demand for capacity. Authors have looked at different countries with working M&E systems to draw some lessons from the challenges they are experiencing. Lopez-Acevedo et al (2012:180) highlighted one of the main M&E system's challenge faced by Mexico is sustaining the use of M&E system in budget decisions and policy making. In Mackay (2007:123) four challenges facing the M&E system are listed from the experience of Colombia as the lack of a single, clear conceptual framework; a need to clarify the roles and responsibilities of the organizations; absence of clear links between planning, budgeting, and evaluation, and problems with the availability and frequency of data, as well as problems with data quality controls.

In a study by Kawonga, et al. (2012:9-10) on HIV M&E system indicated that the anticipated aims of the M&E systems have not been realised in many countries due to low financial investment in M&E infrastructure, weak or ill-defined systems for collection, analysis, and dissemination of HIV data, inadequately trained data collectors, and insufficient technical capacity to transform HIV data into usable

indicators (Atun et al 2010:10). Specific to their study, non-integration of HIV M&E systems with overall health information systems was an important factor, with the system designed and implemented in a top-down uncoordinated format characterised by a large dataset, duplication of data collection, incomplete data recording, data not collated and analysed.

Other systems largely generate data on the service offered rather than quality and outcomes to monitor programme performance (Management Sciences for health 2010; Davies (2003) in Segone 2008:27). Segone (2008a:27) highlights four elements as a challenge to M&E systems: 1. supply-driven drive towards ownership, 2. perceived risk, political and financial consequences, 3. time frames, 4. perceived risk of capacities.

2.6 SUMMARY

The chapter reviewed past studies and reviewed the theoretical literature on monitoring and evaluation, and offered an overview of what it entails and its application. Countries and governments are faced with growing pressure on placing focus on monitoring and evaluation in order to demonstrate effectiveness of implemented policies, programmes and projects. The pressure emanates from various stakeholders, the beneficiaries, civil society, donors and the community at large. The other one particular pressure comes from the expected achievements on the Millennium Development Goals (MDGs).

Greater focus was placed on examining the sense to which M&E provides an index for the performance of a program i.e. as tool to monitor how efficiently a programme is performing, for example how productively inputs (money, time, equipment, personnel) were used in the generating outputs (products, results & outcomes). Reviewed past studies revealed that M&E has the capacity to ensure the most effective and efficient use of resources especially given that efficiency is synonymous to achieving objectives with the minimum expenditures of resources. Similarly, M&E vital importance has a strong focus on results. This orientation helps

managers gain rich insight on all aspects of their work, from design through implementation and on to completion. It is for this reason that the four main pillars of result-based M&E consist of governance, accountability, transparency and knowledge. Ultimately, result-based M&E system mobilises strategy, people, resources, processes and measurements in an enabling environment to achieve the performance goals of an M&E system with an ultimate goal of improving decision-making, transparency and accountability.

An important finding was that results-based M&E systems apply to outcome monitoring and evaluation. Essentially, in order to monitor progress, outputs must be tracked and their contributions to outcomes measured by assessing change from baseline conditions. Notably, results-based M&E is increasingly being emphasised within the health sector, at a time when evidence-based practice is advocated. It was illustrated that the Health system is complex thus evidence-based approaches are necessary. Whilst the system is not itself a way to simplify complexities, it represents framework for ideal practices. Confirming this notion, the literature review has shown that the M&E system is a cornerstone of health system strengthening and of evidence informed implementation, reflecting the importance of M&E systems.

In the context of the current study, programme monitoring and evaluation was important and emphasised. Programme monitoring provides an indication of whether the programme is functioning as intended or according to some appropriate standard through the documentation of key aspects of the programme performance. The information the results-based M&E system is ideally expected to be used by programme implementers and decision makers to improve performance of the programme where needed. Authors are showing people as central in connecting the components of a system so that it becomes functional. On the other hand, often the institutional framework dictates how the different elements of the system interact.

However, there are a number of challenges relating to M&E systems that needs to be recognized and the reviewed literature highlighted some of these (Mackay, 2007:101 Kusek & Rist, 2004: 159). Interventions would produce better results with integrated systems and as well integrated into a bigger system used by an

organization. Other system challenges relate to competing priorities, limited resources for collection and use of data, inadequate training of data collection personnel, lack of timely feedback of useful data to those in position to improve the programme performance; outdated duplicative or irrelevant indicators, lack of proper reporting tools, poor documentation of services, excessively tedious reporting requirements.

The literature study has provided guidance on programme M&E. In reference to the study undertaken, the information gathered will give direction to the next chapter/s of the study in order to develop the critical components of an M&E system for the ECD intervention within health, in working on essential actions in building a programme M&E. The system of monitoring and evaluating for ECD intervention should promote coordination and prevent fragmentation therefore integration of the system with other child health M&E system would be ideal. The integrated system works better where there is a common goal and purpose and clarity on how the collected data would be used. One of the important actions would be ensuring standardization of the intervention; this will enable the system to produce quality and reliable information for the programme. The M&E system of the ECD programme should be able to monitor service utilization; the extent to which the intended target population receives the intended services; the programme organization; comparison of the plan to what is actually done and monitoring programme outcomes to assess the status of programme participants after they have received a service. All in all, the review of the existing literature on the monitoring and evaluation and its subcomponents provided a background for the current study and an index from which to analyse and compare the findings from this study with existing empirical evidence.

The next chapter outlines the general legislative and policy environment for M&E in the South African public sector and the policies within the DOH that governs the strategic direction of the Department. It also presents the GDOH's monitoring and evaluation framework and the M&E processes and systems.

CHAPTER 3

THE LEGISLATIVE AND POLICY ENVIRONMENT FOR M&E IN THE SOUTH AFRICAN PUBLIC SECTOR

3.1 INTRODUCTION

This chapter outlines the general legislative and policy environment for M&E in the South African public sector and the policies within the DOH governing the strategic direction of the department. It also presents the GDOH's monitoring and evaluation framework as well as the M&E processes and systems.

3.2 THE POLICY FRAMEWORK FOR M&E IN SOUTH AFRICA

The South African public sector policy framework for M&E is entrenched in the Constitution of the Republic of South Africa, 1996 (108 of 1996) and the White Paper on Transforming Public Service Delivery, 1997 which is also referred to as the Batho Pele White Paper and the Public Finance Management Act (Act 1 of 1999) (PSC, 2007:26). This highlights that it is essential for 'strong M&E systems to promote coordination and prevent fragmentation' (The Presidency, 2007:1). In order to enhance effectiveness in service delivery, the government is increasingly concentrating on improving M&E, which will lead to improvements in the quality of planning and implementation systems. The various specific M&E policies to fulfil this resolution are also discussed in subsequent sections of this chapter.

3.2.1 The Constitution of the Republic of South Africa, 1996

The Constitution, 1996 stipulates that public administration should adhere to the following basic values and principles:

- Promoting and maintaining a high standard of professional ethics
- Services provided impartially, fairly, equitably and without bias
- Efficient, economic and effective use of resources
- People's needs responded to and participation encouraged

- Accountable and transparent public administration
- Good human resource management and career development practices must be cultivated
- Development orientated public administration

Chapter 10, section 195 on Basic Values and Principles Governing Public Administration states, “Transparency must be fostered by providing the public with timely, accessible and accurate information”. This is also found in the Promotion of Access to Information Act, 2000. Section 85 of the Constitution requires that the President exercises the executive authority, together with other Cabinet Members, in making policy decisions and ensure implementation of national policies is enforced. The critical role of the Presidency is the coordination, monitoring, evaluation and communication of government policies and programme and accelerating integrated service delivery.

3.2.2 Batho Pele White Paper, 1997

The Batho Pele White Paper requires national and provincial departments to develop Performance Management System including the setting of service delivery indicators and measures of performance (DPSA, 1997:10, 23). Batho Pele principles give perspectives from which the government service delivery programmes could be evaluated. The principles are: Consultation, Service Standards, Access, Courtesy, Information, Openness & Transparency, Redress and Value for Money.

3.2.3 Public Finance Management Act (Act 1 of 1999)

The PFMA promotes the efficient and effective management of state resources. It necessitates performance monitoring and reporting. The PFMA emphasises the need for accountability for results by focusing on outputs and responsibility, rather than just on procedural accountability which only ensures compliance to rules (Mkhize & Ajam 2006:762). It links the use of resources (or inputs) to objectives (outputs and outcomes) and performance. This essentially entails moving from an input-based budgeting system to an output-based results-oriented system. It

basically situates budgeting and financial management in a performance management context by outlining clear roles and responsibilities for each level of management, and by requiring that measurable objectives be specified for each main division within a departmental vote (PFMA, 1999, 27)

3.2.4 Treasury Regulations (2002)

Treasury Regulations 29.3.1 of 2002 on performance evaluation, requires that procedures for quarterly reporting must be established for the institution to facilitate effective performance monitoring, evaluation and corrective action.

3.2.5 Policy Framework for a Government-wide Monitoring and Evaluation System (2007)

The National Cabinet of South Africa approved an implementation plan which has seen South Africa develop a Government-Wide Monitoring and Evaluation Systems (GWM&ES) in 2007. The GWM&ES policy framework, the overarching document for M&E in the South African Government has three components: programme performance information; social, economic and demographic statistics and evaluations (GWM&ES, 2007: 16). Each component has its own policy framework in order to successfully implement a performance-based monitoring and evaluation system, the government measurement system: the National Treasury Framework for Managing Programme Performance Information, 2007 and the Statistics South Africa's South African Statistics Quality Assurance Framework (SASQAF)

The GWM&ES is meant to promote good governance, accountability and service delivery. The main aim of the GWM&ES is to 'provide an integrated encompassing framework of M&E principles, practices and standards to be used throughout government' (Presidency, 2007:5). This includes all spheres of government so that a uniform system of monitoring and evaluation is formed.

In compliance with the framework requirements, the government departments must align with the GWM&ES and structures for proper reporting on the expected

deliverables of government. This includes alignment across government department M&E systems. The systems goals are: (GWMES 2007:7)

- Improved quality of performance information and analysis at programme level (inputs, outputs and outcomes).
- Improved monitoring and evaluation of outcomes and impact.
- Sectoral and thematic evaluation reports.
- Improved monitoring and evaluation of provincial outcomes and impact in relation to Provincial Growth and Development Plans.
- Projects to improve M&E performance in selected institutions across government.
- Capacity building initiatives to build capacity for M&E and foster a culture of governance and decision-making which responds to M&E findings.

3.2.6 National Treasury Framework for Managing Programme Performance Information (2007)

The aims of the National Framework for Managing Programme Performance are to *“clarify standards for performance information and supporting regular audits of non-financial information where appropriate; improve the structures, systems and processes required to manage performance information; define roles and responsibilities for performance information and promote accountability to Parliament, provincial legislatures and municipal councils and the public through timely, accessible and accurate publication of performance information.”* (National Treasury, 2007:1)

The National Treasury’s mandate is informed by sections 215 and 216 of the Constitution on budgets and control. According to National Treasury (2007:5) the performance information reported in accountability documents helps to track government performance, and to hold it accountable. Performance information is important for managers during planning, budgeting and reporting cycle so that they can adopt a results-based approach to managing service delivery.

3.2.7 South African Statistical Quality Assessment Framework (SASQAF) First edition (2008) and Second edition (2010)

SASQAF “*aims to promote quality maintenance within a decentralised system of statistics production*” through setting up of standards, criteria and practices that protects the integrity of gathered information. (Presidency, 2007:14). The National Statistics System (NSS) has been characterized by capacity, quality and information gaps. SASQAF both first and second editions (2008 and 2010, respectively) were published against this background, with the main purpose of providing quality statistical data that will give objective and accurate information that is fit for use in assessment of achievements and challenges; in improving the capacity to produce and utilise information for planning and monitoring purposes. All producers of statistics in the NSS must meet all data quality criteria so that statistics can qualify as the official statistics (Stats SA, 2010: 3).

The data are measured against eight dimensions of quality that is, relevance, accuracy, timeliness, accessibility, interpretability, coherence, methodological soundness and integrity.” (Stats SA, 2010:4). The eight dimensions are in line with the requirements of Statistics Act No 6 of 1999 which defines the purpose of official statistics as for assisting government departments and other organisations in planning, decision-making and monitoring (Stats SA, 2010: foreword). Various indicators apply within each dimension, defining the levels of expected, accepted or poor data quality for each indicator. These level categories are important in decision-making.

3.2.8 Green Paper on National performance (2009)

The presidency produced a document titled *Improving Government Performance: Our Approach*, which illustrates the approach and the process the government would follow in delivering on its mandate. In order to ensure the attainment of positive outcomes from government mandates and for accountability, the Medium Term Strategic Framework -five year plan (MTSF) identified ten priorities but to be fully effective five priorities that were included are rural development, health, education,

safety and jobs (Presidency,2009:3). This Green Paper details the process of achieving outcomes by identifying desired outcomes, defining output measures to be monitored, describing key activities to be completed and listing essential inputs, outputs, indicators, activities. These outcomes would play a role in shaping policies and programmes, budgets and resource allocation (Presidency, 2009:10).

The delivery requirements are set out in a performance letter from the President to a Minister, group of Ministers or sector including the MECs. Report-back meetings with the President every six months will evaluate progress and provide guidance on how to overcome obstacles to delivery. Reports will comment on all four aspects of the delivery chain of outcomes; outputs; activities and inputs. Activities and inputs form the core of the performance agreement between the President and the Minister and Sector (Presidency 2009:7-8)

The lessons emanating from the five priority areas will apply in the rest of the areas. The performance management system with the Ministers by the President in order to evaluate any progress made will increase accountability and in turn improve performance. The Presidency monitors and reports on the implementation of key government priorities Government's Programme of Action against key development indicators. The Presidency's report is dependent on data that it draws from various government departments which makes it important that the M&E systems in government departments can absolutely be relied upon (PSC 2008:14)

3.2.9 Guide to the Outcomes Approach, 2010

Government has made significant progress in improving service delivery by increasing access to services and increasing expenditure on services. However, the expected outcomes are still not yet achieved. Achieving outcomes means making a measurable impact on the lives of South Africans. It is against this background that government is increasing focus on outcomes approach, also referred to as results-based approach.

The Presidency designed a guide to the outcomes approach, approved by cabinet to describe the government performance monitoring and evaluation system and the management of the 12 defined outcomes. The outcomes approach explains what we expect to achieve, how we expect to achieve it and how will we know we are achieving it. Outcomes approach will help track progress, collect evidence, improve planning and implementation. An outcomes approach requires a logical link between what is done and what is achieved. This is depicted in the logic model below which connects inputs, activities, outputs, outcomes and impacts. The logic model was alluded to in chapter 2 of this study.

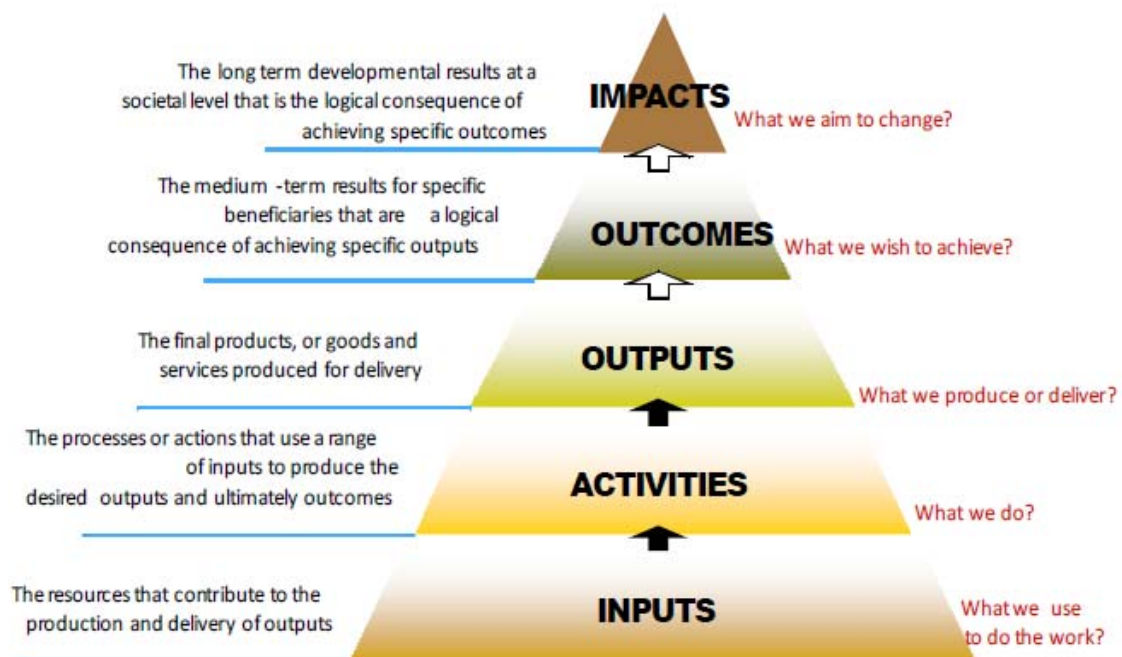


Figure 1: The elements of the outcomes approach (Presidency, 2010:11)

3.2.10 National Evaluation Policy Framework (NEPF), 2011

In November 2011, Cabinet approved the National Evaluation Policy Framework (NEPF) which made provision for the establishment of a National Evaluation System (NES) and development of the National Evaluation Plan (NEP) for South Africa. The NEPF provides a clear framework for implementing evaluation activities – and serves as a valuable reference point in ensuring consistency of approach, while also allowing individual departments to customise the system to suit their needs.

NEP is produced annually in terms of the requirements of the NEPF. The aim of the NEPF and the NES is to improve:

- policy or programme **performance** - providing feedback to managers;
- **accountability** for where public spending is going and the difference it is making;
- **decision-making** e.g. on what is working or not working and
- increase **knowledge** about what works and what does not with regards to a public policy, plan, programme, or project.

The NEPF sets the approach, describes the evaluation system and how to make the system work. The NEPF describes the six types of evaluation promoted across government, which are diagnosis, synthesis, design evaluation, implementation evaluation and impact evaluation. The types of evaluation are based on the logic model which connects inputs to activities, outputs, outcomes and impacts, which is also used in the Framework for Managing Programme Performance Information (NEPF, 2011:8-10). The NEPF promotes institutionalisation of evaluations in government by providing budget and linked to planning, the results of evaluations should be used to inform planning and budgeting and lastly assigning the evaluation responsibility to a specific person (NEPF, 2011:15).

The NES, a component of the NEPF has over 12 approved set of practical and user-friendly guidelines and templates, competencies for staff managing evaluations, evaluation standards. These are meant to support departments assuming evaluations, influence the quality of evaluations and act as resource documents for training in managing evaluations, deepening evaluations and planning implementation programmes. Evaluation standards and competencies for programme managers, M&E specialists and evaluators are being used to develop quality assessment tools (NEP, 2013:2). The NES assures credibility and quality of evaluations. Peer review and is used to strengthen credibility. An improvement plan is an expectation based on the recommendations of the evaluations.

The Early Childhood Development evaluation was the pilot for the NES. The ECD met the criteria and was prioritized for evaluations as an existing strategic intervention as well as the major interest and concern to the public (NEP, 2013:1).

The report was approved in June 2012 and the Improvement Plan (Plan of Action for ECD) produced in October 2012. The Plan of Action has been approved by Cabinet. DPME has received the 6 monthly progress reports on implementation of the Improvement Plan. As part of the current study on ECD, the ECD evaluation report and the improvement plan will be reviewed in the next two chapters.

3.2.11 Performance Monitoring and Evaluation: Principles and Approach (2014)

According to the PSC News (2012:15) progress is being made in implementing the outcomes approach. However, government acknowledges that there are gaps with regards to the institutionalisation of the M&E concept in government but this will effectively improve further over time. The document on the principles and approach to performance monitoring and evaluation is intended to create basis for a robust discussion on strengthening of performance monitoring and evaluation (M&E) practices in government and it makes use of some of the key principles from existing policies and guidelines for M&E (Govender, 2014: 8). It is expected that comments coming from this discussion document will inform government on the appropriate route for the development of M&E policies and guidelines, and ultimately legislation. The document proposes a set of basic principles and an approach to performance M&E that is intended to result in continuous improvement in government performance and increased accountability. It makes suggestions regarding the M&E practices that need to be implemented to achieve this and how to institutionalise them.

The following section presents the policy environment that provides a guide for the Health Sector aligned to the policy and legislative frameworks from the national government.

3.3 POLICIES, ACTS AND GUIDELINES FOR M&E WITHIN THE HEALTH SECTOR

The strategic direction governing M&E for the Department of Health is shaped by the following Acts and policy frameworks. These undergird programmes and practices within the scope of the national health department and work to strengthen monitoring and evaluation systems. It is important to outline existing institutional arrangements so as to examine current mechanisms for improving outcomes for child health and monitoring performance in Gauteng province and the nation at large.

3.3.1 National Health Act, 2003

The National Health Act (Act 61 of 2003), sections 74 (1) and 74 (2) states “*the national department must facilitate and co-ordinate the establishment, implementation and maintenance...of a comprehensive national health system*” and “*the minister may...prescribe categories or kinds of data for submission and collection and the manner and format in which and by whom the data must be compiled or collated and must be submitted to the national department.*” Section 21 9d) of the Act stipulates that the Director-General must identify national health goals and priorities and monitor the progress of their implementation.

It was under the ambit of the National Health Act of 2003 that other campaigns and sub-documents were validated. For instance, the Department of Health was mandated to apply the Free Health Care Policy of 1994 which advocates for free health care for children younger than 6 years through its Comprehensive Primary Health Care Package. A preceding document, the White Paper on Health (1997) providing for free maternal and child health, an integrated nutritional strategy, safe water and sanitation and communicable diseases was strengthened by the inauguration of the National Health Act, promoting child health through inter-sectoral collaboration..

3.3.2 The Negotiated Service Delivery Agreement

Government adopted 12 key outcomes to be achieved as part of evidence-based approach to service delivery and performance management. Health is expected to facilitate efforts towards achieving outcome 2 of “a healthy and long life for all South Africans”. There are four strategic outputs which the Health Sector must achieve according to the Negotiated Service Delivery Agreement (NSDA) 2010-2014. These are: Output 1: Increasing Life Expectancy Output 2: Decreasing Maternal and Child mortality Output 3: Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis Output 4: Strengthening Health System Effectiveness. The outputs are also intended to accelerate the progress towards achieving the MDGs in 2015. The ECD programme is linked to all NSDAs in that global obligations regarding child welfare are met at the agency of national structures for benchmarking performance and targets.

3.3.3 The National Health System Priorities 2009-14 (The 10-Point Plan)

The 10 point plan is the strategic framework of the health sector for producing desired outcomes. It incorporates the 20 priority areas of the outcome-based Medium Term Strategic Framework (MTSF), as well as the MDGs. Out of the ten points, the most relevant for this study was number one and ten. The priority area one's activities include external reviews of the implementation of health sector policies, plans and programmes which will generate useful findings to inform planning and implementation. Internally, the impact of policy implementation will be reviewed through regular analysis of data from the District Health Information System (DHIS). Priority area ten is on research and development refers to commissioning research studies and surveys to generate key information for health planning, health service delivery and monitoring.

3.3.4 District Health Management Information System (DHMIS) Policy 2011

The DHMIS defines the requirements and expectations to provide comprehensive, timely, reliable and good quality routine evidence for tracking and improving health

service delivery. The strategic objectives of the policy are to strengthen M&E through standardization of data management activities and to clarify the main roles and responsibilities at each level for each category of staff to optimize completeness, quality, use, ownership, security and integrity of data (National Department of Health, 2011:16).

Over and above the mentioned documents, GDOH's strategic direction is informed by the Millennium Development Goals; and the Gauteng Provincial Government Outcomes 2009-14 with outcome 2 as '*A long and healthy life for all South Africans*'.

The next section presents the GDOH M&E Framework. The framework was developed based on the documents discussed in the preceding sections of this chapter and it shows the extent of M&E promotion in GDOH. The section discusses the GDOH M&E system, processes, institutionalisation of M&E and the challenges.

3.4 GAUTENG DEPARTMENT OF HEALTH M&E FRAMEWORK

According to the Gauteng Department of Health (2010: 13) in 2007, GDOH adopted the national policy framework on GWM&E in alignment with the policy mandate to improve performance information and service delivery. In the same year, GDOH established an M&E Directorate to manage all the M&E activities in the GDOH. The M&E framework for GDOH is a blueprint for the implementation of effective M&E by all departmental units at different reporting levels (Engela & Ajam, 2010: 17). The framework was developed to provide an overview of how the department monitor and evaluate its performance against the stated goals and objectives in the Five – Year Strategic Plan (the plan referred to covers the period 2009 to 2014). According to GDOH (2010:13) there are five strategic goals in the plan, and are as follows:

1. Improved Health and well-being with emphasis on vulnerable groups
2. Reduce the rate of new HIV infections
3. Increased efficiency of service implementation
4. Human capital and development for better health outcomes
5. Organisational excellence

The GDOH framework is supported by theoretical background and describes the legislative and policy frameworks that govern the implementation of M&E in GDOH. The framework provides information on the organisational arrangements; the different levels of M&E; the data sources; data flow processes within the system; the different forms and templates for data collection, collation and analysis; data quality assurance and assessment; reporting in line with the strategic objectives; M&E capacity building and the time-frames for the implementation of various activities of M&E and the dissemination of information to stakeholders (Engela & Ajam, 2010:29). The GDOH, in 2007 undertook a Monitoring and Evaluation Readiness Assessment. The overall objective was to help the department identify its strengths, weaknesses and gaps, but most importantly develop a set of action steps to improve the functioning of the current monitoring, evaluation and reporting system. The assessment looked at the departmental strategy and M&E framework, data management systems, reporting quality data assessment and capacity. According to the Gauteng Department of Health (2010:16) these were some of the findings made:

- The developed M&E framework was not aligned to the organisational strategic plan;
- Data collection tools had not been identified for all indicators and the data flow processes are not articulated for each indicator;
- Roles and responsibilities of the coordinating unit and the operating systems, results framework and a set of information products that clearly reports on the performance measures had not been identified for the monitoring and evaluation cycle

GDOH has different levels of service delivery viz at the head office; the six district offices and the 25 sub-district offices and health facilities. According to the M&E framework of GDOH, the M&E directorate at head office plays an oversight role through overall coordination, management, establishing standard processes and systems including the compilation of all required M&E reports. The district offices play a role in ensuring the credibility of data through verification, analysis and interpretation before it is submitted to head office. The sub-district offices are responsible for ensuring data collection, collation and verification of data from health facilities.

3.4.1 GDOH M&E SYSTEMS AND PROCESSES

The components of the GDOH M&E system comprise of people (human resources, stakeholders) and information management (a set of indicators, data sources, processes and information products). Information products refer to quarter performance reports and reviews, annual reports in compliance with the national annual performance plan reporting. The reports are used to develop an annual performance plan and budgeting for the next cycle. The reviews are measured against the Annual Performance Plan (APP) and to devise corrective measures where required (GDOH, 2010:51). The stakeholders are all those involved with implementing, funding and benefiting from the implementation.

The M&E data are collected and flows at different levels of the department's function; from health facility to sub district to district and lastly to provincial office. The data must be verified at each level for correctness by dedicated programme managers so that when it reaches the provincial head office it would have been quality checked from the where it would have come from (GDOH, 2010:39) . The data are analyzed and interpreted at both district and provincial office. The performance report is then generated for the period. The narrative reports based on the data information are compiled on quarterly basis by programme managers and sign-off at Head of Department level for the office of the Member of the Executive Council (MEC). The reports are finally submitted to Premier's office. The data flow process is not without challenges such as delayed data, gaps in the reported data, data not verified and corrected at source level, competency of staff with regards to data management. These call to question the data quality in terms of reliability, accuracy, completeness and timeliness and hence the Auditor General's report that the GDOH failed to produce good quality performance information (GDOH, 2009:6). The challenges are further discussed in the next section.

3.4.2 Institutionalisation of M&E in the GDOH

The institutionalization of M&E within GDOH framework is only limited to organizational structure and human capacity and yet institutionalization of M&E is not

only limited to these as it also addresses issues such as M&E culture and values in the organization, processes, standards, strategy, performance management. As such, the GDOH has incorporated M&E functions into management functions to continuously improve the performance. This has been done through the establishment of the M&E directorate which is entrusted with M&E functions within the department (GDOH, 2010:24). The proposed organisational structure of the M&E Directorate consists of a staff compliment of ten officials (excluding M&E officials in the regions, districts and branches) and is headed by a Director. The Director is supported by three Deputy Directors covering three functional areas namely: Monitoring, Evaluation and Data Quality. The Deputy Directors are in turn supported by three Assistant Directors respectively. All these officials are based at Head Office. At the Regional level there are three Regional Coordinators responsible for M&E activities for the three Health Regions. There are six District Coordinators each responsible for M&E activities within the six Health Districts. The M&E functions of the directorate are summarized in the table below:

M&E Function	Key Activities
Planning for M&E functions	<ul style="list-style-type: none"> • 5 year planning • Annual performance plans • Planning of institutional M&E processes
Monitoring	<ul style="list-style-type: none"> • Monthly data capturing by project managers • Monthly analysis of progress against operational plans and reporting • Quarterly results monitoring
Evaluation	<ul style="list-style-type: none"> • Five year review • Mid-term review • Annual programme and departmental review • Periodic internal and external evaluations • Develop terms of reference, procure and manage services
Reporting	<ul style="list-style-type: none"> • Quarterly and annual reporting on institutional and programme performance • Annual evaluation report by the M&E Unit • Follow up and implementation of M&E

M&E Function	Key Activities
	recommendations

Table 3.1: M&E Functions for GDOH M&E Directorate (GDOH, 2010:24)

The existence of the M&E framework in GDOH is not without any weaknesses and obstacles. The AG's report has shown that the GDOH M&E system has failed to produce good quality performance reports. Challenges are discussed in the following section.

3.4.3 Challenges with the M&E System

GDOH has been facing financial and performance management challenges in the past years which have led to a development of the Turnaround Strategy towards effective service delivery, strengthening primary health care and a clean audit in 2014. The Turnaround Strategy covers 2012 to 2014 of the current Medium Term Expenditure Framework (MTEF) period. Some of the challenges are outlined in the Auditor General's (AG) reports of 2009/10 and 2010/11. In 2009/10, the AG's report returned a disclaimer on a broad range of issues. The Gauteng Department of Health (2009:6) highlights that the AG audit opinion improved in 2010/11 report but some serious challenges were cited as follows:

- The reported performance information was deficient in respect of validity, accuracy and completeness
- Sufficient appropriate evidence in relation to the selected programmes could not be obtained.
- Sufficient appropriate evidence to support the reasons for major variances between the planned and the actual reported targets could not be obtained.

De Savigny and Adam (2009:54) weaknesses and obstacles exist across the system including overall stewardship and management issues; critical supply side issues for example Human Resources, infrastructure, information, service provision and demand side issues such as people's participation knowledge and behavior. The department has acknowledged in the framework that institutionalisation of the

discipline of monitoring and evaluation and the building of an ongoing evaluation capacity has turned out to be extremely difficult due to limited human resource capacity that exists at all levels to effectively and efficiently implement the M&E plans (Engela and Ajam, 2010:28). In recognition of existing gaps in M&E skills and infrastructure, the M&E Directorate focuses on facilitating institutional capacity building and infrastructure strengthening through recruitment (subject to availability of funds), infrastructure development, training and development and informatics development and support (Engela and Ajam, 2010:19).

Acknowledgement of gaps and weaknesses within the M&E system must be accompanied by plans to improve on the challenges. However, the GDOH Turnaround Strategy does not highlight M&E as critical in improving performance management; the focus is mainly on financial issues. It is important to note that challenges confronting the case under the lens for this study, the Gauteng Department of Health regarding M&E are synonymous with those detailed in the previous chapter contained in the reviewed literature on based on different contexts in the world.

3.5 EARLY CHILDHOOD DEVELOPMENT PROGRAMME

The sub-section above outlined the GDOH M&E programme and discussed focus, strengths and weaknesses. This section therefore locates the ECD programme in the Gauteng Department of Health and attempts to examine the intersectionality of ECD and M&E processes as well as evaluate the challenges confronting ECD programmes. Drawn from relevant primary sources such as Gauteng Department of Health and ECD foregrounding documents as well as those from the Department of Monitoring and Evaluation, these data provide a lens through which practices relating to ECD monitoring and evaluation in Gauteng can be examined.

3.5.1 ECD programme

The Gauteng health service delivery levels are provincial level, district level, facility level and local government as the main provider of primary health care services. The ECD services are decentralised and provided at district linked to health facilities. The role of the provincial level is to provide support (the researcher is based at this level). This research focuses on ECD as rendered at district level. The ECD health interventions are implemented and monitored at district, the provincial head office provides oversight.

The primary purpose of ECD programme located in the Department of Health is to ensure child health and wellbeing through promotion of nutritional wellbeing and providing primary health care (PHC) services for children under the age of 6years. The PHC services entail routine vitamin A supplementation, deworming, growth monitoring, the integrated management of childhood illnesses, expanded programme on immunization, supplementary feeding scheme.

The responsibility of the ECD centre as far as health is concerned, is the preparation of meals for children, ensure that the children in their care are up to date with their immunization, deworming and vitamin A supplementation schedule (GDOH, 2012:6). This is also part of the entry criterion for children into the funded ECD centres. These are important in avoiding cross infections among children. The child-minders / practitioners can fulfill this task well after being capacitated on basic child health care interventions such as early identification of children with the six main childhood illnesses; child accident prevention programme; growth monitoring and promotion; infant and young child nutrition; hygiene and safe environments for children. ECD centres are required to have a health certificate and certificate of acceptability which certifies the centre as a conducive, safe place to keep children and food preparation facilities meet the required standard (GDOH, 2012:3)

3.5.2 ECD M&E Process

The ECD M&E system, the process and the institutional arrangement of M&E system forms the basis of this research. The objectives and the main questions of the research are on the M&E system and its institutional arrangements. Understanding GDOH's M&E system and its institutionalisation in the preceding chapter was important in relating to this section on ECD M&E system. The section begins by describing the ECD M&E process.

The monitoring of ECD is conducted by community health workers, nutrition health care workers and the nurses. The monitoring data are collected both routinely and non-routinely. The data are collected from the ECD sites either by community health workers or nurses linked to clinics within catchment areas. The data are collected manually and paper-based. The data are captured under a specific clinic. The data are then collated and verified at sub-district level then verified and analysed at district level thereafter submitted to head office. Throughout the M&E system process, the responsible programme managers are expected to analyse and interpret the data so that information is used in programme decision making and inform planning process to improve programme performance. The districts programme managers incorporate the ECD activities into the district plans. The activities must have a target, timeline and linked to a measure for the activity in order to track progress of the activity.

The community health workers (CHW) as part of the community outreach teams which include a nurse visit to households and ECD centres and check the health status by using the road to health booklets of the children, to check if all children are up to date with their health requirements. They collect data on various health indicators during their community visits. They record data on the CHW household visit tick sheet which is then summarized onto the CHW household visit weekly summary sheet. At the end of the month, they transfer the weekly summaries onto a CHW household visit monthly summary sheet and submitted it to the primary health care supervisor, who aggregates this CHW monthly data onto the PHC Outreach team monthly activity summary form, During the visits, CHWs can refer cases to the

nearest health facility using a Referral form. A child with a condition that can be managed by the nurse who is part of the outreach team is not referred to clinic.

The nutrition professionals also visit the ECD centres to monitor the funded centres. They monitor compliance with menus, quality of food purchased, and hygiene, financial control measures, training of ECD practitioners on nutrition and food preparation and whether children are up to date with vitamin A, deworming and immunizations according to the records at the ECD centre. They use a paper-based assessment tool, which includes both ticking and brief narrative. This information is kept in physical data files. There is no proper system of transferring this information onto the electronic district health information system (DHIS).

The ECD centres are also monitored again by Environmental Health Practitioners (EHPs), looking at hygiene, site assessment, overcrowding, health certificate, quality of food purchased and storage facilities. The EHPs issue health certificate to ECD centres meeting environmental health requirements. The health certificate is one of the important requirements for ECDs to receive funding and be registered (GDOH, 2012:3-4). The information collected by the EHPs does not get to the district health information system but reported on a programmatic level outside the DHIS.

The monitoring visits to ECD centres are conducted on quarterly basis. The tools used by various professionals from the same Department of Health are different, the visits are not coordinated and some of the indicators they look at are similar. This point to an overlap in monitoring and reporting. The departments monitoring system as described is not fully fulfilled in this manner. Below is the programme monitoring model for ECD services at GDOH:

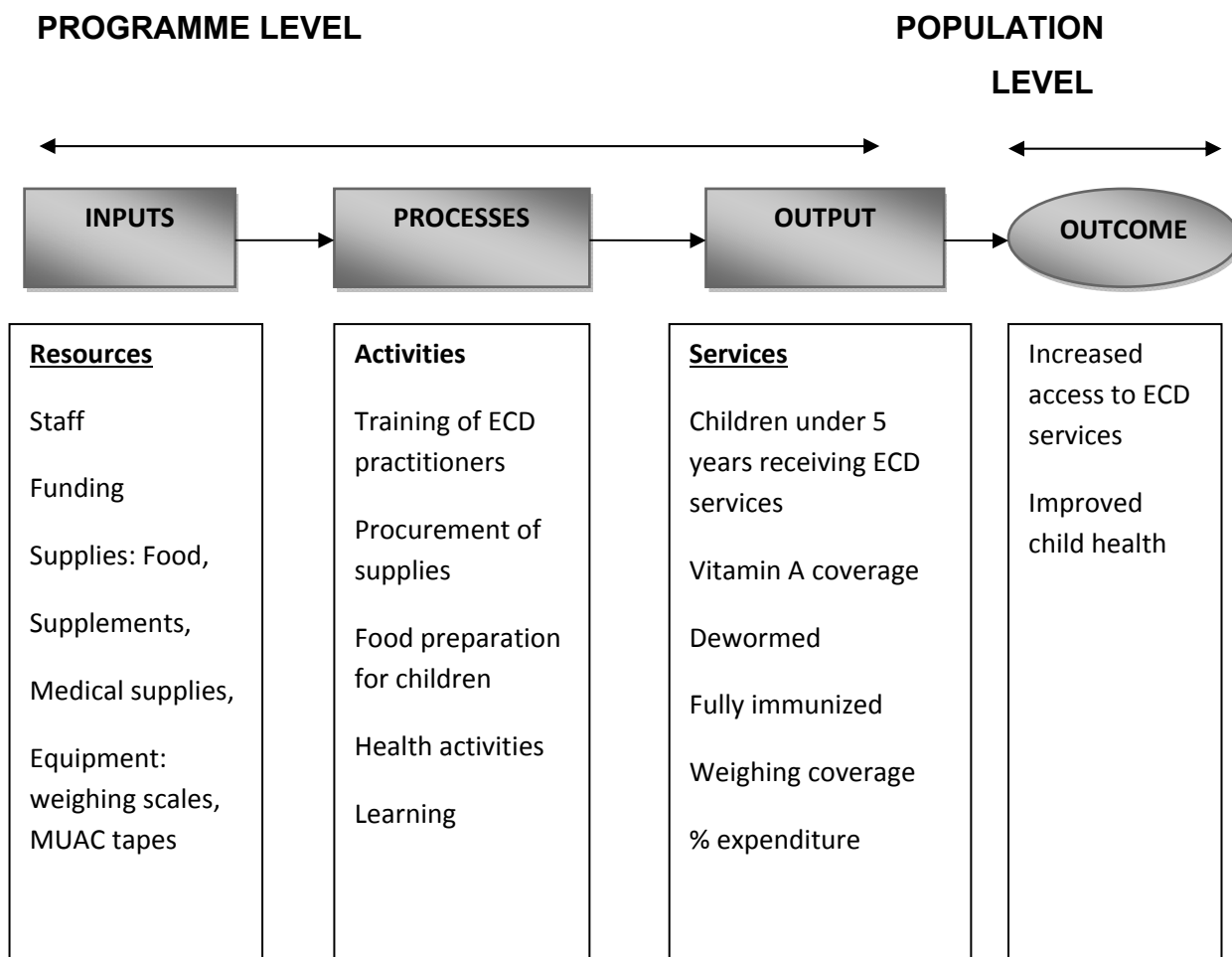


Figure 3.1: ECD Programme Monitoring Model (own illustration, 2014)

3.5.3 Evaluation of the ECD

The ECD evaluation was the first evaluation used to pilot the evaluation systems, which started in October 2011 in parallel to finalising the Evaluation Policy Framework. A key finding was the need to expand ECD to include the first 1000 days from conception. As a result of the evaluation a new draft ECD Policy has been produced addressing many elements of the findings.

A key to the evaluation system is the system of improvement plans produced after each evaluation has been completed. These have been produced for Early Childhood Development. The first six monthly reports have been received at Presidency for ECD. Some concrete impacts of the evaluation can already be seen. The issue of the lack of policy for ECD has already been addressed. A new Early

Childhood Development (ECD) policy has been drafted responding to the ECD Diagnostic Review of 2012, including the need to target children from conception. A renewed focus on nutrition in children resulting from the evaluation of nutrition interventions for children under 5 years, and a stunting target in the Medium-Term Strategic Framework. The envisaged Improvement Plan will take this further.

3.5.4 Challenges of ECD M&E

The implementation of the ECD programme is not without challenges which have also been highlighted in the 2011 Gauteng Office of the Premier's report on ECD. Province-wide unavailability of reliable database on the ECD centres is proving to be a challenge in ensuring full access for children to ECD centres. The lack of a reliable database of the ECD centres also presents a potential problem of duplication of resources and inadequate funding from various government departments involved in the ECD programme. Whilst monitoring and evaluation of ECD within GDOH exists it is albeit not properly coordinated (Richter et al 2012:34) and with no common measurements, there is no readily available clear and specific policy or guidelines governing the monitoring and evaluation of ECD. Therefore the relative results produced at the different ECD centres cannot be accurately measured, nor can they be compared. The GDOH Terms of Reference (2012) which is regarded as the guideline for ECD programme does not provide guidance on how to monitor the ECD programme interventions except for an indication to monitor performance on funding. M&E data are not disaggregated to track the number of children less than 5 years reached with health interventions and its benefits in ECD centres. Even where indicators exist there are data quality concerns. Indicators collected at provincial level are not reported to national level, and this limits national government's ability to guide and support implementation from a strategic perspective. Furthermore the National health department does not provide guidance on monitoring and reporting on ECD interventions by provinces.

The Diagnostic Review (Richter et al, 2012: 38-43) referred to in chapter one also highlighted limitations within the ECD programme such as the lack of essential package of services for the ECD programme, lack of defined roles and

responsibilities, poor accountability systems and therefore no measure of cost effectiveness and impact of ECD. The Diagnostic Review recommended that the essential package of services for ECD programme can be monitored using the existing data management systems. The Department of Health was found not to be collecting data on ECD to allow for prioritisation of budgets. The review suggests a government model for ECD with a clear and simple approach to funding and monitoring.

The report from the evaluation of ECD in Gauteng (GPG, 2011:47) attributed the ECD challenges to the lack of a proper monitoring and evaluation system and that ECD M&E is not taken into account during planning. The absence of proper M&E systems, minimum standards and inadequate guidelines for ECD can impact on the quality of ECD interventions. The mentioned challenges are already known, however there are no changes observed in GDOH in response to the highlighted limitations. The analysis of the case study may take into consideration the existing and known challenges.

3.6 Summary

The string of comprehensive institutional arrangements by the South African government has evidently created an enabling environment for M&E through all the legislative and policy frameworks presented in this chapter and the location of M&E in the Presidency thrusts it to greater recognition within the resolution set of the national government. In spite of the numerous efforts challenges continue to be evident in the M&E framework. However, this helps on enlightening possible frameworks that can be institutionalised. The next chapter presents and discusses the case study of M&E for early childhood development in GDOH and examines the extent to which it complies with the GDOH M&E framework.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

In chapter two the importance of M&E and the M&E systems were discussed and in Chapter 3 discussed the overall policy framework for M&E in the public sector, as well as the specific policies of the GDOH. This chapter discusses the M&E system used for the ECD programme, addressing specifically research objective number two hence focus is on analysing the M&E system and the reporting processes currently used in GDOH to monitor the implementation of ECD programme and the assessment of the institutional requirements of M&E systems for ECD in keeping with policy and legislative frameworks. In order to achieve this, the chapter will firstly outline the research design and methodology, collection of data, sampling and the method used for analysing data.

4.2 RESEARCH DESIGN AND METHODOLOGY

The study was conducted using a qualitative approach with some quantitative elements in the form of a case study for practicality. The intention was to focus on in-depth understanding of the ECD M&E system, explain how it works and interpret with the hope that it will be useful for decision-makers. Morra Imas & Rist (2009: 271) confirms that case studies can use both qualitative and quantitative methods to collect data with an objective to focus on understanding the effects of an intervention. According to Creswell (2013: 15) the advantage of a mixed methods approach is that one method is offset by the strengths of the other method hence the researcher found this approach suitable for the study to yield different insights. The study entailed desktop secondary review of available official documents such as the relevant internal policies, District Health Information Systems (DHIS) M&E frameworks, strategic plans and reports; annual performance plan and the ECD programme specific plans, tools and reports. The official documents provided an in-depth understanding of the case being studied. However, Thomas (2004:189) warns researchers against generous use of documents and that the selected documents

should be authentic and credible. The documents reviewed were a mix of official audited documents in the public domain and others were internal documents within the ECD programme that was used to verify and corroborate verbal responses.

The primary data was obtained directly from GDOH officials using semi-structured questionnaires i.e. 20 in total. The questionnaires were either self-administered or completed through face-to-face interviews. The self-administered semi-structured questionnaires were chosen because they offer adequate flexibility and freedom to the interviewee to share more on themes discussed allowing this researcher to obtain more thoughtful responses and perspectives of the respondents (Jarbandhan & De Wet (2006:676). Notably, the questionnaire contained a variety of open- and close-ended questions. The responses from semi-structured questions fulfilled the qualitative descriptive approach design of this research and helped the researcher answer the objective two of this study. The objectives were to analyse the monitoring and evaluation system and the reporting processes to monitor the implementation of ECD programme.

To supplement this, the researcher had a discussion with an M&E officer within the GDOH with technical know-how on the M&E systems. The discussion was to ascertain dimensions of M&E within GDOH. This allowed for clarity and verification of some of the responses from programme managers interviewed. Accordingly, a purposeful sampling technique was opted to obtain factual data regarding the modalities of ECD monitoring and evaluation.

4.2.1 Study setting

The study was conducted in Gauteng Province, South Africa. Whilst located in Gauteng a multi-local set modeled after the distribution of the relevant ECD centers was taken. Therefore, ECD centres situated at the Head Quarters, Johannesburg Metro, Tshwane Metropolitan, Ekurhuleni Metropolitan, West Rand District and Sedibeng were selected for participation in the study. It is important to note that all the ECD centers considered for the study are located within the radius of Greater Gauteng Metropolitan regions of Johannesburg and Pretoria.

4.2.2 Data collection and sampling

Patton (2002:5) Babbie and Mouton (2002:74) described three data collection methods as in-depth, open-ended interviews (see Annexure A at the end of this dissertation for detailed reference), direct observations and the analysis of written documents. Thus, the study used document review and semi-structured interviewing as primary methods of data collection. Below is an outline of the data collection methods used in the study:

4.2.1.1 Document review

The document review method used by the researcher was meant to substantiate the responses of the interviews and provided information that contributed to the realisation of the objectives of the study. The reviewing of documents further guided the collection of qualitative data through interviews. The documents reviewed were credible, audited (Thomas 2004:189) and already reported province-wide, accessible to the public domain with the commitments made by the department to the public. Some documents reviewed were not accessible to the public domain and used for internal reporting and administration:

- GDOH M&E Policy Framework, 2010
- GDOH Strategic plan (2009-2014)
- Annual Performance Plan and reports 2010/2011; 2011/2012; 2012/2013
- Gauteng Health Turnaround Strategy: “Towards Effective Service Delivery, Strengthening Primary Health Care and a Clean Audit in 2014.”
- ECD Terms of Reference 2012
- ECD M&E tools 2012; 2014
- Auditor general report 2009/2010/; 2010/2011
- District Health Management Information System, National Department of Health, 2011

The government documents reviewed provided a government perspective, guidelines and expectations of an M&E system in terms of a government-wide

monitoring and evaluation system. The documents reviewed from GDOH provided the department's viewpoint on M&E systems and provided clarity on what is supposed to occur and the current situation with regards to M&E system in GDOH. The ECD programme specific documents were reviewed to get in-depth understanding of the ECD programme in Gauteng and in GDOH in terms of overall goal of the programme, state of policy environment, M&E system used in the implementation of ECD, the current state of the ECD programme. However some soft copies of the documents reviewed were accessed from the World Wide Web i.e. visiting relevant Government websites.

4.2.1.2 Interviews

The researcher started by formulating the semi-structured interview guide (see Appendix A). The questions (both open- and close-ended) were grouped to suit the objectives of the study. The researcher expanded each objective to come up with key issues and drafted the questions so that the issues are analysed. Themes were then established as organisational M&E; M&E of ECD processes and ECD reporting. Care was taken to avoid lengthy questions and a very long questionnaire – rather limiting questions to the most important to allow completion of the interview within approximately 30 minutes. Effort was made to ensure the questions are easily understood, however the M&E terminology used had to be explained to some respondents to avoid inaccurate responses.

An interview is a data collection method designed to allow the researcher to probe more deeply. Brynard and Hanekom (2006:35) argue it denotes the meeting of two minds, of the interviewer and the interviewee and access the interviewee's point of view. This method is suitable to achieve the key objective of the study which is to analyse the M&E systems and the reporting processes currently in place. The interviews enabled the researcher to interrogate further on interesting responses that emerged. The interviewees were flexible enough in qualifying their responses further. The questionnaire contained both closed and open ended questions so that they complement each other. However the disadvantage with these types of questions is that closed-ended questions may overlook some other important

responses with a limited choice. The researcher overcame this by having an 'other' option as an additional choice. The closed-ended question on the other side may produce irrelevant or useless details (Neuman, 2010:287).

The respondents selected to be interviewed were requested in writing via an email and others were contacted via a telephone in December 2014. However due to time constraints on the part of the researcher and that the researcher had moved to another province (Kwazulu Natal), the interviews were only conducted in February 2015. The researcher made appointments with the officials and scheduled a visit to Gauteng for a face to face interview. The questionnaires were sent to all respondents by email prior to the scheduled visit. The questionnaire was accompanied by a covering letter stating who the researcher was, background and objectives of the study, consent, confidentiality and the signed letter granting permission to conduct the study. More than half of the respondents out of twenty two preferred to self-administer the questionnaires and the researcher only scheduled a visit to collect completed questionnaires. The rest were interviewed by the researcher in suitable places.

4.2.1.3 Sampling

Purposive sampling was used for the study which allowed the researcher to select key informants who were most suitable to give the required information for the study. Authors views purposive sampling method as a technique that is used with a specific purpose in mind (Neuman 2010:219; Morra Imas & Rist 2009:272). The participants were chosen on the basis of their experience related to the ECD programme. The selected key informants were made up of programme managers at head office, programme managers at district who are directly or indirectly responsible for the ECD programme and their supervisors. The administrative officials interviewed were those that conducted ECD site M&E and provided reports to programme managers; they have been involved with ECD activities since the programme started and possess reasonable knowledge and experience on how the GDOH M&E system operates. The sample size was 20 respondents. In this study 20 respondents were selected based on their involvement in ECD programme, experience in terms of

number of years working in ECD programme. However, methodologically with 20 respondents this researcher should reach theoretical saturation. There is no widely accepted figure for the sample size, nonetheless the size of the sample in qualitative research should not be too small to achieve data saturation or too big to make it complicated (Onwuegbuzie and Collins, 2007:289).

4.2.2 Data Analysis

Data analysis transforms unordered raw data into a data set of meaningful constructs, themes and concepts (Wellman et al 2005:211). Data drawn existed in two forms, i.e qualitative and quantitative. The researcher organised and managed data that was collected from interviews and from document analysis in order to make it easy to understand. The data was theorised and classified into the different categories that were in the form of themes. The key themes were then coded to make sense of the data that have been collected and for the interpretation to give it meaning.

The document review entailed reading all documents provided with the aim of complementing the responses from the interviews. During the interviews the respondents were asked to provide evidence where possible for example the monitoring tools i.e as noted in the ethical considerations sub-section below, the documents were used to qualify the interview responses.

Quantitative data drawn i.e. in numerical form was imputed on a Microsoft Excel (2010) file (and the relevant frequencies, means and percentages were calculated as presented in chapter 5 of this dissertation. Notably, this study heavily relied on simple cross-tabulations for descriptive data analysis. Prior, to this data cleaning and management occurred for instance one respondent was removed from the sample due to insufficient demographic information.

4.2.3 Ethical Considerations

Research aims to achieve what is truthful and finding solutions for real world problems thus rigorous practices for obtaining data should be adhered to An

independent, questioning and analytical mindset is a must (Morra Imas Rist 2009:496). According to Creswell (2013:95) the researchers are advised to anticipate ethical issues in multiple phases of the research so that they are adequately addressed. It is incumbent of a researcher to get permission of the people he or she wants to study. Ethical clearance was obtained at two levels i.e. ethics committee in Stellenbosch University and the necessary permission was requested and granted from the Head of Research and Epidemiology at GDOH to conduct interviews and review official documents. The researcher solicited consent from the respondents before proceeding with the interviews. Moreover, one undertook to respect the privacy and confidentiality of respondents by explaining the objectives and the implications of the study as well as guaranteeing accurate reporting of results of this study.

Those potential respondents who did not wish to participate were allowed to do so without any consequences and were free to withdraw from participating any time they wished to do so. Furthermore it was made clear that the full research findings would be made available to those who were interested. The researcher further indicated that the researcher would organise a report back meeting with interested research participants and other relevant stakeholders at a convenient time, the aim of which would be to report on key findings and recommendations for possible improvement in monitoring ECD interventions, and which may in addition aid policy development or revision aimed at closing identified weaknesses.

As regards validity and reliability, of information used in the study this researcher employed relevant research guidelines and ethical considerations. For instance the researcher requested the documents to verify the responses i.e determining whether they are credible. This is explained in Morra Imas & Rist (2009: 300) that by using different methods one increases the accuracy of data and refers to it as a triangulation approach.

4.2.4 Limitations of the study

The researcher was confronted with a few challenges while conducting the research; however these were not to the extent of compromising the overall quality of data and

information collected. For example this researcher moved to another province during the course of the study, which made access to the participants and the documents for review a challenge. Nevertheless, the researcher made a few trips to Gauteng to access some of the information as well communicating via emails and telephones. Another limitation was that the respondents had inadequate and correct knowledge concerning M&E. The researcher had to explain certain M&E concepts to some respondents so as to overcome this challenge. This is despite the researcher having carefully selected the respondents in terms of their background.

CHAPTER 5

RESEARCH FINDINGS

5.1 INTRODUCTION

The purpose of this chapter is to present findings of the study following the data collected through semi-structured and in-depth interviews of key informants for the ECD programme and secondary data from documents reviewed. Thus, this chapter details both data from empirical work conducted within the confines of the research setting i.e. case study Gauteng as well as from different other relevant published sources. The presentation and analysis of data collected is according to pre-determined themes; these in fact represent an overarching construct used to classify results (Welman et al, 2005:211). These themes are namely; 1.) the profile of the respondents 2.) awareness of M&E systems for ECD managers 3.) awareness of ECD related M&E systems and accompanying policies and guidelines 4.) systems of M&E processes including reporting procedures and; 5.) quality control in ECD programs and reforms for effective monitoring and evaluation processes.

5.2 RESULTS FINDINGS

This section presents descriptive statistics and other relevant findings obtained from semi-structured interviews with ECD programme managers. Results generated from an in-depth interview and from document review are also presented at the latter parts of the chapter. In order to frame the study, demographic questions were first asked and data collected were as follows:

Profile of the Respondents

The majority of the respondents were females depicting a gender selection for ECD undertakings in the GDOH as is at the time of the research. The entire sample was comprised of employees of the Gauteng Department of Health. They are programme managers involved with ECD. The number of respondents was n=20 with each with an average of about eight years working with the ECD programme. The significance in the number of years working with the ECD programme was that the more

experience the ECD programme manager had, the better the understanding and knowledge on issues relating to ECD programme M&E.

Table 5.1 Profile of ECD programme managers

<i>Respondent</i>	<i>Designation</i>	<i>Working experience</i>	<i>ECD M&E programme Awareness</i>
1	Deputy Director	15	Yes
2	Deputy Director	18	Yes
3	Deputy Director	2	No
4	Administrator	.	No
5	Pediatric Dietician	13	Yes
6	Nutritionist	5	Yes
7	Deputy Director	5	Yes
8	Administrator	10	No
9	Chief Dietician	7	No
10	INP Director	8	No
11	INP Director	7	Yes
12	INP Director	8	No
13	Deputy Director	7	Yes
14	Deputy Director	7	No
15	Administrator	20	No
16	Chief Dietician	4	No
17	Nutritionist	1	Yes
18	Senior Administrator	5	No
19	Administrator	3	Yes
20	Director	2	Yes
		Average \bar{x} =	7.7

Source: ECD M&E Questionnaire data

Theme: Organisational M&E System

To determine the awareness of ECD programme managers on specific monitoring and evaluation systems, specific questions on knowledge of the existence of M&E unit in GDOH were asked. Tables that follow detail some of the response data yielded:

Table 5.2: Percentages for ECD programme managers' awareness of a monitoring and evaluation unit in Gauteng

<i>Are you aware of the existence of an M&E unit in the Gauteng Department of Health?</i>	<i>Frequency(N)</i>	<i>Percentage (%)</i>
Yes	16	80
No	4	20
Total	20	100

Source: ECD M&E questionnaire data

The results show an overwhelming 80% of respondents knew about the existence of an M&E unit in GDOH. However, only 55% of the respondents know about the M&E framework that guides M&E implementation at GDOH (table 5.3).

Table 5.3: Percentages for ECD programme managers aware of an M&E framework providing guidance for M&E implementation in the department

<i>Are you aware of the existence of an M&E framework that provides guidance for M&E implementation in the department?</i>	<i>Frequency(N)</i>	<i>Percentage (%)</i>
Yes	11	55
No	9	45
Total	20	100

Source: ECD M&E questionnaire data

The cross tabulation with the demographic information shows that the programme managers with less number of years (up to 5 years) working with the ECD programme were more aware of the M&E framework of the department as compared to those who had been longer with the programme (more than 5 years) (refer to Table 5.4 for reference).

Table 5.4: Awareness to guidelines for ECD M&E implementation by working experience

Working Experience (in years)	Are you aware of the existence of an M&E framework that provides guidance for M&E implementation in the department?	
	Yes (Percentage)	No (Percentage)
0-4	15	10
5-9	25	20
10-14	5	5
15-19	10	
20+		5
Total	55	40

Source: ECD M&E Questionnaire data

Note: 5% of the respondents had missing data on the question presented above

No more than 15% of the ECD programme managers interviewed reported receiving formal training on monitoring and evaluation. In particular, it was observed that only one ECD manager ever received training on monitoring and evaluation through the provincial monitoring and evaluation unit. On the other hand, ECD programme managers revealed that monitoring and evaluation orientations which were rendered focused only on specific topical subjects such as HIV/AIDS instead.

On the question of the existence of an M&E framework and being trained on the framework, out of the 20 respondents only 11 knew about the M&E framework (see Table 5.3 for reference) and only 15 % of those who knew were trained on the framework. On further probing the 15% trained on the framework, some were referring to related workshops that will have an M&E component such as the HIV and AIDS programme workshop.

These findings corroborate results from an in-depth interview conducted with an individual within the GDOH M&E directorate. In the bid to obtain richer insight as to the dynamics involved in literacy to monitoring and evaluation programmes for

managers, this researcher undertook to probe further on this (as noted in chapter four) yielding results summarised as follows;

- There was no documented plan for M&E capacity building and training due to capacity constraints within the unit
- The aspects of M&E were presented during the strategic management workshops for developing business and operational plans of the department
- The M&E Framework of 2010 was being revised and not yet approved by the responsible officer of the department and it is envisaged to be ready in April 2015.

These results possibly explain the challenges associated with the uptake of M&E programmes at provincial level as such competence, advocacy and other legal issues therefore inhibiting the measurement of ECD management. In addition, it is interesting to note that M&E functions and activities are conducted by ECD programme managers without an approved M&E tool for standardised practice. This reflects that despite the a comprehensive set of procedures and guidelines for practice contained in the reviewed literature and government operational guidelines, street level bureaucrats improvise duties and use personal discretion in many circumstances disregarding appropriate tools.

Theme: ECD M&E System

In order to examine the extent to which ECD programme managers were knowledgeable of ECD programme related M&E guidelines in their centres, this research investigated this by asking specific questions from which, the following data were generated.

Sub-theme: Programme-specific M&E guideline

On the question of whether the respondents were aware of specific policies and guidelines providing the scope to monitor, support and evaluate ECD. Only half of the respondents were aware of these documents (table 5.5). The question was meant to establish whether the programme managers are clearly guided on the expectation of ECD M&E. The question on policies and guidelines specific to M&E for ECD set the scene for the questions that followed because the M&E system and its processes, controls and quality assurance should be outlined in the policies and

guidelines. Policies and guidelines are critical in outlining the components and requirements for provision of essential package for ECD and to ensure adequate monitoring and ongoing quality improvement to realise ECD goals.

Nearly a third of the total sample of ECD programme managers referred to the Terms of Reference for the ECD programme in Gauteng Department of Health for the policy/guidelines document regarding ECD interventions. In other words, many programme managers (one third) were not aware that the Terms of reference were not necessarily policies and Standard operating procedures (SOPs) and many were not actually aware that clear policies and SOPs were a necessary prerequisite for any programme. The respondents as well provided a copy of the terms of reference. Other least referenced documents functioning as *modus operandi* for ECD were the Child Incident Preventions Guidelines for South Africa (5%), The Monitoring Tool (10%), The Infant and Young Child Feeding Guidelines (5%) and the National Integrated Nutrition programme (5%). An interesting observation is that half of the total sample population of ECD programme managers (50%) (see Table 5.5) exhibited knowledge of specific guidelines or policies guiding ECD interventions.

The document analysis further revealed that the policy guideline referred to by half of the respondents is deficient in that it does not consist of the complete set of requisite components. The document reviewed did not describe the scope to monitor, support and evaluate ECD interventions. It leans more towards being a document for terms of funding (GDOH, 2012:5-6).

Table 5.5: Awareness of policies and guidelines that describe the scope to monitor, support and evaluate ECD interventions

<i>Are you aware of any policies, guidelines in Gauteng Department of Health and/or National Health Department that describe the scope to monitor, support and evaluate early childhood development interventions?</i>	<i>Frequency(N)</i>	<i>Percentage (%)</i>
Yes	10	50
No	10	50
Total	20	100

Source: ECD M&E Questionnaire data

Sub-Theme: ECD M&E processes and reporting

On questions to determine the ECD M&E processes, quality control and assurance systems in place; the availability of source documents for verification and audit purposes. 75% of the respondents stated that the available data collection and reporting forms are standardized (see Table 5.6). The standardized tools were reported the highest in two district namely, Ekurhuleni and Tshwane, the same two that reported highest on being aware of the ECD policy guideline. Less than half (40%) of the respondents mentioned that reporting from source to head office is clearly defined and about 10% did not know (see Table 5.7). 70% expressed the existence of quality controls for reporting (see Table 5.8). The questions under this sub-theme are important because they generate information on the district level mechanisms in place to ensure the credibility of ECD M&E processes.

Table 5.6 Availability of standardized forms for collecting and reporting information

<i>Are standardised information collection and reporting forms available?</i>	<i>Frequency(N)</i>	<i>Percentage (%)</i>
Yes	15	75
No	5	25
Total	20	100

Source: ECD M&E Questionnaire data

Table 5.7 Clarity of information dissemination from source to Head office, frequency and percentages

<i>Are information flow processes from source until data reach Head office clearly defined?</i>	<i>Frequency(N)</i>	<i>Percentage (%)</i>
Yes	8	40
No	10	50
Missing	2	10
Total	20	100

Source: ECD M&E Questionnaire data

Table 5.8 Existence of quality controls for ECD M&E reporting

<i>Are there any information quality controls in place for ECD M&E reporting?</i>	<i>Frequency(N)</i>	<i>Percentage (%)</i>
Yes	14	70
No	5	25
Missing (no response on question)	1	5
Total	20	100

Source: ECD M&E Questionnaire data

Although the respondents reported standardized forms for collecting ECD information, on further investigation of the tools provided, each district had a different tool and only standardised for respective districts. On probing the head office respondents, the standardised monitoring tools have recently been drafted but not yet implemented. Other respondents were already referring to the draft monitoring forms not yet implemented. The question was asked to determine whether M&E data collection for ECD programme allowed for consistent M&E processes and reporting. On the question of quality controls it is interesting that 70% of the respondents expressed the existence of ECD information quality control measures but further explained that the controls are not implementable since the system does not provide means to follow through with the quality controls. For example if the information reported from the ECD centre visit and the information does not tally with what was known, the report was only kept in the file.

The majority did not know who eventually reviews ECD data to determine whether targets are met or not. The respondents reported different persons responsible for reviewing ECD data on whether targets were met or not. This shows that the respondents were uncertain on who is their key person for the ECD reporting, which is a cause for concern. The key visible accountable person for M&E reporting is crucial in ensuring implementation of M&E systems, Engela & Ajam (2010:16) concurs. Against this background, current study finds that ECD reporting is not consistent across centres in the districts considered. Another respondent confirmed that their district send the brief narrative report on district ECD programme performance to the head office of GDOH but they never receive feedback. The head office was probed further on reporting and confirmed that the ECD reports received from some of the districts are not analysed for feedback due to lack of capacity at head office. Although 40% of the respondents reported there is clear dissemination process of ECD information from source, the researcher did not find documentary evidence to support the report from respondents.

On data verification and for audit purposes, the majority of the respondents across all districts confirmed that the source information was available for verification and audit purposes. On reviewing the some files where the source documents were filed. The researcher found the documents that were only in relation to funding, on whether the ECD centre is utilizing the funds within the allocated budget; no reports were kept on ECD programmatic performance such as the health and nutritional status of the children using the existing indicators.

According to Lopez-Acevedo et al. (ed) (2012:29) reliable and credible information is expected to be produced from the developed systems. The system should be audited to ensure quality of data. Capacity building for officials is important to be able to use the M&E system as the measure of success.

The department aligns to the District Health Information Systems (2011), which is meant to standardise data management activities. DHIS help regulate data flow processes with clearly defined indicators. The department of health is required

according to the National Health Act (Act 61 of 2003) to create a comprehensive national health information system and the DHIS is that system. However, the reporting for ECD interventions is not part of the DHIS except for indicators such as vitamin A supplementation because it is implemented for all children under five years at community level, PHC level and ECD (DHIS, 2011). The DHIS information management process to some extent provides the quality controls in reporting. GDOH has the M&E Data Management Manual (2011) where provincial department M&E data flow processes are defined. The ECD reporting does not comply with this manual.

ECD programme managers were asked a question regarding the type of information they report on as regards ECD interventions. The question was asked to determine adequacy of the elements the programme managers' report on for ECD monitoring.

Table 5.9: *Type of information reported concerning ECD programmes*

Type of information/data	Frequency (N)	Percentage (%)
Expenditure of ECD programme	13	65
Raw numbers or percentages of ECD participants	12	60
Geographical locations of ECD centres	9	45
Adherence to the GDoH requirements for ECD centres	10	50
Other	3	15

Source: ECD M&E Questionnaire data

Note: The total percentage will add to more than 100% as respondents reported collection of more than one type of information collected.

Information regarding expenditure on ECD programmes represents the most commonly reported information/data for ECD programme managers in this study. This is to say that in 65% of the times, budgetary data are reported to have been recorded somewhat reflecting how important budget issues are with ECD programme. The second most important set of data reported on are frequencies/percentages of ECD participants i.e. 60%. The rest of the type of information such as adherence to the Gauteng Department of Health requirements

(48%) reported on is not reported to higher level but kept in the district records. Similarly, information of the geographical spread of ECD centres was less likely to be recorded, as such; it was noted in 45% of the times by the total sample of ECD managers. Other unspecified types of data were the least likely recorded set of information regarding ECD, i.e. 15%.

On the question of indicators monitored to measure the progress towards the mentioned outcomes for early childhood development, results from this presents the two main indicators: total number of ECD centres and the total number of beneficiaries. This information supports the previous responses on the type of information reported which is on expenditure and the number of beneficiaries. These are budget related indicators because they do not relate outcome programme performance. In reviewing the GDOH Annual Performance Reports (2010/2011 & 2011/2012) these are the only two indicators recognized and there are no performance details on ECD programme. The only high level mention of ECD as an important programme is on preface by the MEC for GDOH of the Strategic plan document (2009-2014).

5.3 DOCUMENT ANALYSIS

The research reviewed the GDOH framework (2010) together with the Strategic plan document of 2009-2014 with regards to ECD programme information. The framework was developed to provide an overview of how the department should monitor and evaluate its performance against the stated goals and objectives in the Five –Year Strategic Plan (2009 to 2014). This information is important to compare practices in ECD centres to examine whether they measure up to idealised practices.

An overview of the framework identified above makes note important findings regarding the state of monitoring and evaluation within the health department. It reveals that no authorisation for the operationalization of the framework has been yet made by the responsible personnel at the department head office, impacting negatively on its prioritisation by other lower ranking staff members. Reliable M&E

indicators are glaringly missing and there are no Standard Operating Procedures (SOPs) to ensure consistency and uniformity during M&E activities. In spite of this, it emphasizes recognition of selected topics, such as; the different levels of M&E, the data sources, data flow processes within the system, the different forms and templates for data collection, collation and analysis, data quality assurance and assessment, reporting in line with the strategic objectives, M&E capacity building and the time-frames for the implementation of various activities of M&E and the dissemination of information to stakeholders. Thus providing a near-exhaustive list of themes that may be important for an effective M&E especially within an ECD setting.

However, the GDOH Strategic plan does not clearly identify and clarify the ECD programme. For instance only two indicators i.e. total numbers of ECD centres and beneficiaries are mentioned (GDOH, 2013:46). No reference concerning ECD is made signalling its worth in such a comprehensive document. Another interesting observation was that there is no purposeful alignment of the two documents. The strategic plan in essence provides the strategies to achieve the goals of the department whilst the M&E framework provides with strategies to measure and assess the achievement or non-achievement of the goals.

Document analysis is supported by literature reviewed (Gorgens and Kusek, 2009:7) indicates that an M&E framework must contain performance indicators that are derived from, and linked to the strategic plan of an organisation and programme objectives. In the Five-Year Strategic Plan (2009-2014) and the Turn-around strategy (2010-2014) are concerned about the Auditor-General reports and how to achieve a clean audit. However M&E systems are not fully described in the GDOH strategic plan and annual reports (GDOH, 2013). These documents direct the performance of the department. The M&E framework for the department is not mentioned as an important document.

It is apparent from this study that institutionalisation of M&E systems at GDOH exists but is not sufficiently nurtured. Its existence may primarily be to ensure compliance to the National and Provincial requirements. The existence of a revised M&E framework not approved by the relevant officers of the Department suggests that

M&E might not be prioritised as it should be. This potentially explains why programmes such as the ECD with a huge budget are more likely to be not accurately reported on. This may be validated by the Auditor General's performance audit report (2008-2011), suggesting that due to inconsistencies between the reported information and the planned deliverables, GDOH had failed to deliver accurate and reliable performance information. The reviewed annual reports and strategic documents revealed that GDOH M&E systems are probably not firmly integrated into the reports and plans. It is for this reason that the M&E systems for programmes such as this case study may not comply fully with the M&E requirements.

Contrary to the information provided by the respondents on M&E systems and processes for ECD, the documents used by this researcher to verify the responses proved different. For example the Terms of Reference document used as a policy guideline for ECD does not give guidance of monitoring systems except an insufficient reference emphasising monitoring of ECD centres on funding compliance and that sentence does not give guidance on the how part. The other documents such as the monitoring tools are not integrated into the existing M&E system of the department hence the dissemination of information from source cannot be picked up for example from DHIS. The M&E system for ECD programme seems to be poorly coordinated since there are no standardised tools for consistent and uniform reporting. The new standardised monitoring tool is not yet approved and implemented. The data quality controls for ECD M&E reporting do not seem to exist as explained above in this section.

5.3.1 REFORMS FOR EFFECTIVE MONITORING AND EVALUATION

The following were some of the recommendations given by the respondents on how the monitoring and evaluation of the programme can be improved:

- The ECD programme is only monitoring expenditure of funds allocated for accountability. The programme needs to monitor as well the extent to which the goals and objectives for ECD are met. As programme managers they are unable to tell if there are any improved nutrition outcomes related to budget allocated.

- The funding should be informed by a reporting system on whether progress is made or not. The reporting system must identify challenges or impact of this funding for children for example whether their growth and health status has improved.
- There is a need for a provincial policy on ECD programme across Gauteng Provincial Government so that the services provided to children at ECD centres are a complete package and complement each other with the other government departments.
- Programmatic indicators must be developed to measure outcomes not only outputs. Budget accountability is important as well.
- Training on monitoring and evaluation for healthcare staff including training for ECD practitioners to understand the importance of monitoring
- The ECD centre need to report on quarterly basis to the department using a simple monitoring tool to support the monitoring by healthcare staff
- Capacity to provide a better service to children at ECD centres must be reviewed.
- The reporting system must be put in place and linked with other programme activities for example health promotion programme. Standardized procedures and guidelines are required through the head office. The ECD programme must focus more on achieving the overall health status outcome of the child.
- Strengthen the reporting processes and integrate the reporting amongst programmes responsible for child health activities at ECD.
- Develop indicators for health promotion related to their ECD activities for proper reporting and recognition; the indicators be reported at District Health information system (DHIS); linking with other units within the department working ECDs
- The department must employ people who will focus on finance part of the ECD programme so that programme managers can focus more on programmatic activities for better nutrition outcomes. The reporting must be on how many children funded improved their health status and development.

5.4 Summary

The analysis of the monitoring and evaluation system and the information reporting processes currently used in the Gauteng Department of Health and examination the implementation of ECD programme was achieved in four main subdivisions or themes. These are namely; profile of the respondents; organisational M&E; ECD M&E systems and processes sub-themed into policies and guidelines and M&E processes and reporting. The descriptive analysis of ECD programme managers' data finds that this profession was largely dominated by women with an average of seven years of experience working with ECD programmes. The study set out to determine the awareness of ECD programme managers regarding monitoring and evaluation. It finds that more than half of the samples of ECD programme managers were knowledgeable of ECD M&E. Those with more than five years of working experience were more likely to identify specific ECD programme M&E guidelines than those with fewer than five years of experience. This analysis further sought to examine the whether ECD M&E processes were clarified to programme managers for optimum ECD performance management. Current results finds that the greater majority of respondents were aware of ECD and M&E processes and they were more likely to report that reporting of information was clear. Yet, majority of ECD programme managers were more likely to be dissatisfied with ECD M&E results that ultimately affect programming decisions. As a basis for evaluating practices for monitoring and evaluation within the GDOH ECD, the study consulted the relevant primary and secondary sources. The document analysis highlighted a number of idealised channels to be followed when conducting M&E such as the need for M&E capacity building and scheduling time-frames for the implementation of various activities of M&E programmes yet poor compliance issues continue to hinder the success of otherwise well designed programmes such as those involving ECD.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The final chapter presents a summary of conclusions and recommendations primarily based on the objectives of the study and the research questions. The chapter will address whether the various objectives of the study were achieved or not. The chapter further expresses the researcher's conclusions and recommendations on the study. The aim of the case study was to analyse and to describe the M&E system in place for the ECD programme, and the institutional arrangements to meet the objectives of M&E requirements according to government's policies and legislative frameworks in Gauteng Department of Health. The conclusions and recommendations were reached in relation to the themes discussed in the previous chapter. The various themes used were profiles of respondents; organisational M&E systems; M&E systems for the ECD programme with sub themes: M&E processes and reporting for ECD; M&E systems quality assurance for ECD; The recommendations were made to contribute towards strengthening GDOH's M&E system, allocation of resources and the progression of the ECD programme based on the findings of this study. The researcher was aware of the limitations of generalising the findings of the GDOH case study. The conclusions and recommendations of the study are discussed below.

6.2 CONCLUSIONS

In answering the objective on examining the importance and functions of M&E systems, as well as analyzing the M&E system information reporting processes currently used in the GDOH to monitor the implementation of ECD programme, the researcher finds that ECD programme M&E system evaluation in GDOH has generated important information that may be used to inform programme policy development and the development of standardised M&E indicators as well as

standard operating procedures to be used for efficient and effective monitoring of the ECD programme in GDOH. The foremost implication for this study to offer meaningful contribution towards the development of an integrated and standardized M&E guideline for implementation of ECD services in the GDOH. This study research, notwithstanding its limitations, presents the following findings:

There is not a proper ECD M&E policy within the GDOH.

- Despite overt resolutions contained in the Batho-Pele rubric for public service rendition emphasising clarity of monitoring and evaluation tools among other ideals, there is little evidence for adherence to this ideal. Ideally the department should adopt an M&E policy and for extensive programmes like ECD, an M&E framework to ensure consistent understanding and application of terminology and measuring indicators. For instance, the Terms of Reference are often confused with policy and the programme managers had no clear idea of how these documents were to be used or what their real purpose was.
- A high level M&E policy for ECD interventions should outline the comprehensive M&E programme, including the mechanisms to achieving proper M&E for ECD.
- This can be further supported by a standard operating procedure (SOP) for ECD monitoring and evaluation. The SOP will help operationalise the policy for ECD by documenting the processes for M&E with regard to ECD. The SOPs should also help to ensure quality controls for M&E systems for the ECD programme.

There is very limited support and guidance from the National level to the provinces, and consequently, different districts and ECDs may be operating sub optimally.

- The study revealed lack of support from National DOH for ECD interventions and M&E thereof. The absence of an ECD M&E policy from national level and the lack of requirements for reporting on the impact made by ECD interventions indicates the lack of support.
- The lack of clear M&E processes and systems established for ECD may be the reason for ineffective monitoring and evaluation of ECD in GDOH. There are

existing processes and systems including standardised data collection and reporting tools for GDOH as outlined in the M&E Framework for the department. Whether the existing processes and systems are functioning at an ideal level for the department is for another research. However, this study has revealed that the M&E processes and systems for ECD are not integrated into the GDOH's current systems.

- The data quality control mechanisms for ECD M&E were found to be not in existence based on the reviewed evidence by the researcher. According to the GDOH M&E framework (2010) data quality controls mechanism existed for M&E system at each reporting level. However, this did not apply for ECD M&E since it was not integrated into the GDOH M&E system.
- The source documents for verification and audit purposes were kept in the district offices and not in a controlled manner. This impact on the quality of performance information and the verification processes.

Unavailability of standardised objective indicators to measure performance across the different districts in Gauteng and in many instances no targets or benchmarks to measure against. Yet, the Department of Monitoring and Evaluation long conceptualised M&E as a measurable undertaking within consistent units across designated regions. Thus data produced is not amenable to national requirements and specifications.

- The study revealed the two prioritised indicators i.e. the total number of ECD centres funded and the total number of beneficiaries funded which are related to budgeting. The current indicators did not measure the outcome of the ECD programme and programme managers were unable to deduce the impact made by ECD programme.
- Dissemination of relevant data and information on ECD at district level to higher levels in the department was fragmented and not uniform. This was compounded by the lack of proper and uniform objective indicators to collect. This was further worsened by the non-incorporation of data elements pertaining to ECD programme on the provincial electronic DHIS system.

Programme managers lack knowledge and understanding of M&E concepts, this conclusion was based on the researcher having to explain the concepts during the interviews and as the recommendation from the respondents. Programme managers had not been offered a complete and focussed course on general M&E principles, but also specifically on how to effectively monitor and evaluate ECD interventions. Funding, although to a large extent is prioritised, may not be related to outputs, outcomes and impacts as there is by and large no proper M&E system to accurately monitor programme objectives and performance. In view of the above the lack of proper M&E policy, standard operating procedures, objective indicators and standardised collection tools means that the performance of most ECDs cannot be properly evaluated.

This research analysing the monitoring and evaluation system and examining the implementation of early childhood development within the Gauteng Department of Health laid a firm foundation for more in-depth future studies examining monitoring and evaluation of ECD programmes. New inter-disciplinary studies on ECD programmes would yield more refined results on certain aspects that are only cursorily addressed in this analysis, this would serve not only in covering gaps in the current knowledge base of this subject but also in forming a strong conceptual basis for public health and administration policy applicable to both South Africa and locations in Sub-Saharan Africa similar to the setting of this study.

6.3 RECOMMENDATIONS

Using the empirical findings from this study and the body of theoretical literature reviewed as an index, this researcher suggests a mix of turn-around strategies and incremental changes for an improved ECD M&E system. This researcher thus suggests:

6.3.1 Organisational M&E System

The GDOH M&E framework should be reviewed so as to give allowance for consultation with programme managers and obtain programmatic inputs by

personnel at the forefront of service rendition. As is, M&E systems exist in a top-down fashion with little or no attempts to engage middle and lower programme management on modelling M&E strategies. Thus more than introducing radically different processes, incremental changes such as recognising the views of line managers in framing M&E systems concerning ECDs can be very important for optimum outcomes. This researcher therefore suggests that M&E should be a continuous process commencing from the design through implementation of ECD programme. This may assist in early detection of particular stages within the ECD programme implementation cycle in need of reform contrary to current practice waiting for the process to run until the end to discern weak spots.

The GDOH must stimulate positive values for M&E by building capacity and support for M&E systems. It also emerged in the research that very few of the 55% managers who were aware of the M&E framework actually received training on M&E. Universal training on M&E for health personnel regardless of designation should be parallel policy to intermittent and selective workshops currently run in districts. This can also help improve the knowledge on M&E concepts for the staff as alluded to in the previous chapter on findings. This can also be achieved through a champion for M&E in the department who will be a key person that will advocate for M&E and this might have an influence on the GDOH M&E practices. The key person should ideally be at the level of authority so that the M&E practices are enforceable.

A policy guide on M&E systems for ECD should be developed and be aligned to the M&E framework of the department. The GDOH M&E framework complies with the legislative requirements for M&E. The GDOH M&E systems guide for ECD must take into consideration the policy directives from the expected ECD National policy to ensure alignment. The policy guide should clearly define roles and responsibilities of all ECD stakeholders with regards to the M&E systems. An interesting consideration is that, policies are only effective as they are monitored, validating the importance of M&E.

6.3.2 M&E Systems, Processes, Reporting and Quality assurance for ECD programme

The standard operating procedures (SOP) should be developed, the purpose of which is to define and specify the procedures to be followed in implementing M&E for ECD programme. The SOP will help the M&E system for ECD to function the same way all the time at any point of service. The SOP will ensure the implementation of ECD M&E policy directives. It is recommended that the Head Office should coordinate the development of the SOPs and the workshops on the implementation of the SOP. Ongoing support and supervision will be critical for the programme because the recommended ECD M&E system strategies will be a new thing for the managers. The added advantage for the ECD programme is that the responsibility for supervision is already decentralised to alleviate the burden for Head Office.

It is recommended that the M&E monitoring tools for ECD be standardised for consistency and uniformity of reporting. The augmented data collection tools should provide more child elements, in order to assess the quality of care. Monitoring data can be collected on the delivery of the essential package of services for the ECD programme. The monitoring system should be able to provide information on the adequacy of the essential package provision, quality of service provision, continuous quality improvement and funding allocated and spent. The ECD M&E processes of data collection must be aligned to the GDOH processes. This should enhance the credibility of information reported for ECD.

The current ECD programme indicators should be reviewed and revised so that objectives and goals of the programme are measured for improved ECD programme outcomes. This will help determine the impact of ECD interventions. For example indicators relating to whether children are growing well according to set milestones; the coverage of child health services at ECD centres such as immunization, deworming; training of ECD practitioners. These ECD indicators must be integrated into the DHIS of GDOH so that the information is verified and accessible for reporting purposes. This includes the quality control measures for the reported data. Data reported for ECD should use data flow processes and reporting procedures as used in GDOH so that it benefits from the existing data quality controls. The reporting of

ECD information can be done on quarterly basis, the quarterly cycle will allow the information to be processed, quality controlled and reported efficiently at all levels. It is also recommended that the supervisory and support visits be conducted quarterly as well. Reporting to the Head Office can be submitted following the end of the quarter. The Head Office should play an oversight role since implementation is decentralised.

The researcher is in agreement with the recommendations expressed by the respondents as mentioned in detail in the previous chapter. The respondent's recommendations are related to most of the findings made from the study. For example amongst others, the need for a provincial ECD policy which will effectively address M&E systems for ECD; capacity building on M&E for programme managers including capacity in terms of personnel to conduct proper M&E for ECD; reporting by both staff and ECD practitioners that is line with the reporting procedures of the department; standardization of all M&E tools including for ECD; M&E for ECD should focus beyond funding to include programmatic issues such as ensuring that outcomes and impact produced through the ECD programme are measured which should inform future funding for the programme.

The researcher will arrange a feedback meeting with all research participants and all other important stakeholders to explain the findings, identified gaps and implications for the programme and to collectively discuss possible solutions, as well as sharing best practices from literature reviewed to ensure buy-in.

6.3 CONCLUSION

This chapter concludes the thesis with the conclusion and recommendations including the recommendations given by the respondents. The findings of the study provides a convincing case for GDOH to review the ECD programme and can be used to cultivate strategies and policies designed to promote the monitoring and evaluation culture for ECD programme. Nevertheless, a well-integrated system is highly likely to work better where there is a common goal and purpose and clarity on how the collected data would be used. Furthermore, one of the important actions

identified would be that of ensuring standardization of the intervention; this will enable the system to produce quality and reliable information for the programme.

REFERENCE LIST

- Alexander, H. 2009. Health-Service Evaluations: Should We Expect the Results to Change Practice? *Evaluation* 2003 9: 405. [Available online: <http://evi.sagepub.com/content/9/4/405>]
- Annecke, W. 2008. Monitoring and evaluation of energy for development: The good, the bad and the questionable in M&E practice, *Energy Policy*, 36, (8), pp. 2829-2835.
- Atkinson, D. and Wellman, G. 2003. A monitoring and evaluation manual for municipal water and sanitation management . *Water Research Commission of South Africa. Pretoria: Silowa Printers.*
- Atun R, de Jongh T, Secci F, Ohiri K, Adeyi, O. 2010. A systematic review of the evidence on integration of targeted health interventions into health systems. *Health Policy and Planning*, 23: pp.1-14.
- Babbie, E. & Mouton, J. 2005. *The practice of social research*. New York: Oxford University.
- Bamberger, M. & White, H. 2007. Using Strong Evaluation Designs in Developing Countries: Experience and Challenges. *Independent Consultant and Independent Evaluation Group, The World Bank. Journal of MultiDisciplinary Evaluation*, Volume 4, Number 8 ISSN 1556-8180 [Available online: <http://www.jmde.com>. October 2012]
- Bamford, L. 2013. Maternal, newborn and child health. In: Padarath A & English R (eds) (2013) *South African Health Review 2012/13*. Durban: Health Systems Trust
- Bedi, T. Coudouel, A. Cox, M. Goldstein, M. Thornton, N. 2006. Beyond the Numbers: Understanding the Institutions for Monitoring Poverty Reduction Strategies. Washington, DC: World Bank. © World Bank. [Available online: <https://openknowledge.worldbank.org/handle/10986/7125> License: CC BY 3.0 IGO]
- Behn, R.D. 2003. Why measure performance? Different purposes require different measures. *Public Administration Review*, 63(5), pp. 586-606.
- Bhardwaj, S. Giese, S. Dlamini, N. and Slavin, L. 2012. Children and HIV: Monitoring equitable access to services. In: Hall K, Woolard I, Lake L & Smith C (eds) *South African Child Gauge 2012*. Cape Town: Children's Institute, UCT.
- Bhutta, Z. A., Das, J. K., Rizvi, A., Gaffey, M. F., Walker, N., & Horton, S. 2013. Maternal and Child Nutrition Study Group: Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*, 382(9890), pp. 452-477.

Biesma, RG. Brugha, R. Harmer, A., Walsh, A., Spicer, N., & Walt, G. 2009. The effects of global health initiatives on country health systems: a review of the evidence from HIV/AIDS control. *Health Policy and Planning*, 24(4), pp. 239-252.

Brynard, P.A. & Hanekom, S.X. 2006. *Introduction to research in management-related fields*, 2nd Edition. Pretoria: Van Schaick Publishers

Boyle, R. 2005. Building Effective Evaluation Capacity: Lessons from Practice. *Comparative Policy Analysis Series* 8.

Burger, A. & Silima, T. Sampling and Sampling Design. 2006 *Journal of Public Administration*. 41 (3.1): pp. 656-681.

Centre on the Developing Child. 2007. *A Science-based Framework for Early Childhood Policy*. Harvard University

Cohen, L., Manion, L., and Morrison, K. (2011). *Research Methods in Education*, 7th Ed., New York: Routledge.

Creswell, J. 2013. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. 4th Ed. Thousand Oaks Sage Publication.

De Savigny, D. & Adam, T. 2009. Systems thinking for health systems strengthening. *World Health Organization* [Available online: <http://www.cpc.unc.edu/measure>]

Engela, R. & Ajam, T. 2010. Implementing a government-wide monitoring and evaluation system in South Africa. *ECD working paper series no. 21*. Washington, DC: World Bank.

Engle, P.L. Black, M.M. Behrman, J.R. de Mello, M.C. Gertler, P.J. Kapiriri, L. Martorell, R. Young, M.E. & the International Child Development Steering Group. 2007. Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *The Lancet*, 369(9557): pp. 229-242.

Gage, A.J. Disha, A. & Chiho, S. 2005. A Guide for Monitoring and Evaluating Child Health Programs. *MEASURE Evaluation*. Carolina Population Center, University of North Carolina at Chapel Hill.

Gauteng Department of Health and Social Development. 2011. *Annual report 2010/2011*. Johannesburg: Gauteng Department of Health.

Gauteng Department of Health and Social Development. 2012. *Annual report 2011/2012*. Johannesburg: Gauteng Department of Health.

Gauteng Department of Health, 2012. *Terms of Reference: ECD*: Gauteng Department of Health

Gauteng Department of Health. 2013. *Annual report 2012/2013*. Johannesburg: Gauteng Department of Health.

Gauteng Department of Health 2010. *Monitoring and evaluation framework*. Johannesburg: Gauteng Department of Health.

Gauteng Department of Health and Social Development.2009-2014. *Strategic Plan*. Johannesburg: Gauteng Department of Health.

Gauteng Provincial Government, 2011. *Evaluation of Early Childhood Development in Gauteng*. Gauteng Provincial Government.

Gebremedhin,B. Getachew, A. & Amha,R. 2010. Results based monitoring and evaluation for organizations working in agricultural development: *A guide for practitioners*. ILRI (International Livestock Research Institute), Nairobi, Kenya.

Goldman, H. H., Ganju, V., Drake, R. E., Gorman, P., Hogan, M., Hyde, P. S., & Morgan, O. 2014. Policy implications for implementing evidence-based practices. *Psychiatric Services*.

Gorgens, M. & Kusek, Z. 2009. *Making monitoring and evaluation systems work: a capacity development toolkit*. Washington, DC: World Bank.

Gosling, L. & Save the Children. 2003. *Toolkits: A practical guide to planning, monitoring, evaluation and impact assessment* (2nd edition.). London: Save the Children.

Govender, J. 2014. Performance monitoring for organizational learning at Management Sciences for Health, *South Africa (Doctoral dissertation, University of the Witwatersrand, Johannesburg)*.

Grantham-McGregor, S. Cheung, Y.B. Cueto, S. Glewwe, P. Richter, L. Strupp, B. & the International Child Development Steering Group 2007. Developmental potential in the first 5 years for children in developing countries. *The Lancet*, 369(9555):pp. 60-70.

Grantham-McGregor, S. 2009.The human development case. In: Siraj-Blatchford I & Woodhead M (eds) *Early Childhood in Focus 4: Effective Early Childhood Programmes*. Milton Keynes, United Kingdom: The Open University.

Hall, K, & Woolard, I. 2012. Children and inequality: An introduction and overview. In: Hall, K. Woolard, I. Lake, L. & Smith, C. (eds) *South African Child Gauge 2012*. Cape Town: Children's Institute, UCT.

Jacobs, A. Barnett, C. & Ponsford, R. 2010. Three Approaches to Monitoring: Feedback Systems, Participatory Monitoring and Evaluation and Logical Frameworks. *IDS Bulletin*, 41: pp. 36–44.

Jarbandhan, D.B. & Schutte, De Wet. 2006. Using the survey procedure and interview data collection technique. *Journal of Public Administration*. 41 (3.1)

Kawonga, M. Blaauw, D. Fonn,S. 2012. Aligning vertical interventions to health systems: a case study of the HIV monitoring and evaluation system in South Africa. *Health Research Policy and Systems*. 10(2)

Karver, J., Kenny, C., & Sumner, A. 2012). MDGs 2.0: What goals, targets, and timeframe? *IDS Working Papers* (398), pp. 1-57.

Kusek, J. Z. & Rist, R. C. 2001. Building performance-based monitoring and evaluation systems: the challenges facing developing countries. *Evaluation Journal of Australasia*, 1(2), pp. 14-23.

Kusek, J. and Rist, R. 2004. *Ten Steps to a Results-Based Monitoring and Evaluation System*. The World Bank. Washington DC.

Lahey, R. 2009. Monitoring and Evaluation in the Government of Canada: ‘Lessons Learned’ from 30 Years of M&E Development. [Available online: http://siteresources.worldbank.org/INTLACREGTOPPOVANA/Resources/Paper_Robert_Lahey.pdf]

Lahey, R. & Nielsen, S. B. 2013. Rethinking the relationship among monitoring, evaluation, and results-based management: Observations from Canada. In S. B. Nielsen & D. E. K. Hunter (Eds.), *Performance management and evaluation. New Directions for Evaluation*, 137, pp. 45–56.

Lehtonen, M. 2005. OECD Environmental Performance Review Programme : *Accountability for Learning Evaluation 2005* [Available online: <http://evi.sagepub.com/content/11/2/169>]

Lopez-Acevedo, G. Krause, P. Mackay, K. & World Bank. 2012. *Building better policies: The nuts and bolts of monitoring and evaluation systems*. Washington, DC: World Bank.

Lusthaus, C. Adrien, M. & Perstinger, M. 1999. Capacity Development: Definitions, Issues and Implications for Planning, Monitoring and Evaluation. *Universalial Occasional Paper No. 35*, September 1999

Lynch, R. 2004. Exceptional Returns and Economic, Fiscal and social benefits of investment in early childhood development. *Economic Policy Institute*; Washington DC.

Mackay, K. 2006. Institutionalization of monitoring and evaluation systems to improve public sector management. *ECD working paper series no. 15*. Washington, DC: World Bank.

Mackay, K. 2007. How to Build M&E Systems to Support Better Government. *Independent Evaluation Group*. The World Bank. Washington, DC.

Management Sciences for Health: Health Systems in Action. 2010. *An eHandbook for Leaders and Managers Cambridge: Management Sciences for Health*.

McCoy, K.L. Ngari, P.N. & Krumpal, E.E. 2005. *Building Monitoring, Evaluation and Reporting Systems for HIV/AIDS Programs*. Washington, D.C.: Pact.

Merriam, S.B. (2002). *Qualitative research in practice: examples for discussion and analysis*. San Francisco: Jossey-Bass.

Morra Imas, L.G. & Rist, R.C. 2009. *The Road to Results: Designing and Conducting Effective Development Evaluations*. Library of Congress Cataloging-in-Publication Data: Washington

Mouton, J. 2001. *How to succeed in your master's & doctoral studies*. Pretoria. JL van Schaik

National Department of Health. 2011. *District Health Management Information System*. Pretoria: National department of health

National Treasury. 2007. *Framework for managing programme performance information*. Pretoria: National Treasury.

National Treasury. 2011. *Performance Information Handbook*. Pretoria: National treasury

Neuman, W.L. 2010. *Social Research Methods: qualitative and quantitative approaches* (6th edn.). New York: Allyn and Bacon.

OECD (Organisation for Economic Co-operation and Development). 2002.

Onwuegbuzie, A. & Collins, K 2007. A Typology of Mixed Methods Sampling Designs In Social Science Research. *Qualitative Report* 12, 281-316. [Available online from <http://www.nova.edu/ssss/QR/QR12-2/onwuegbuzie2.pdf> April 2013]

Public Service Commission. 2008. *Basic Concepts in Monitoring and Evaluation*. Public Service Commission: Pretoria.

Patton, M.Q. 2002. *Qualitative research and evaluation methods* (3rd ed.). London: Sage.

Rabie, B. 2010. *An exploration of South Africa's Framework for Public Sector's Monitoring and Evaluation: Lessons from International Best Practice*. School of Public Management & Planning. University of Stellenbosch.

Randel, M. 2002. *Planning for Monitoring and Evaluation: The Monitoring and Evaluation Handbook*. Olive Publications, Durban.

Republic of South Africa, Constitution of South Africa, 1996 (Act 108 of 1996).

Republic of South Africa. The Green Paper on Improving Government Performance: Our Approach, 2009. *Quality Assessment Framework*. Second Edition. Stats SA: Pretoria.

Republic of South Africa. 2010. *Guide to the Outcomes Approach*. Government Printers: Pretoria

Republic of South Africa. 2011. *National Evaluation Policy Framework*. Government Printers: Pretoria.

Republic of South Africa, Public Finance Management Act, 1999 (Act 1 of 1999).

Republic of South Africa. 2007. *Policy Framework on Government-Wide Monitoring and Evaluation System*. Government Printers. Pretoria.

Republic of South Africa. 2008. *South African Statistical Quality Assessment Framework (SASQAF)*. StatsSA: Pretoria.

Republic of South Africa. 2010. *South African Statistical Quality Assessment Framework (SASQAF)*. StatsSA: Pretoria.

Republic of South Africa. *The White Paper on Transforming Public Service Delivery (Batho Pele White Paper)*. 1997. Government Printers. Pretoria.

Richter, L., Burns, J., Desmond, C., Feza, N., Harrison, D., Martin, P., Saloojee, H. & Slemming, W. 2012. *Diagnostic Review of the Early Childhood Development*, Department of Performance Monitoring and Evaluation (DPME): Pretoria.

Rossi, P.H. Lipsey, M.W. & Freeman, H.E. 2004. *Evaluation. A systematic approach*. 7th edition. London: Sage.

Stats SA (Statistics South Africa). 2008. *South African Statistical Quality Assessment Framework (SASQAF)*. 1st edition. Pretoria: Stats SA.

Stats SA. 2010. *South African Statistical Quality Assessment Framework (SASQAF)*. 2nd edition. Pretoria: Statistics South Africa.

Save the Children (2008). *A 'Rough Guide' to Child Protection Systems*. London: Save the Children.

Save the Children 2009. *Child Protection Systems in Emergencies: A Review of Current Thinking and Experience*. United Kingdom: Save the Children

Segone, M. (ed.). 2008a. Bridging the Gap. The Role of Monitoring and Evaluation in Evidence-Based Policy Making. *UNICEF Evaluation Working Papers Issue # 12*. Geneva: UNICEF. Geneva

Shadish, W.R. (Jr), Cook, T.D. & Leviton, L.C. 1991. *Foundations of Program Evaluation. Theories of Practice*. Thousand Oaks CA: Sage.

Thomas, A. 2004. *Research Skills for Management Studies*. London: Sage.

UN Committee on the Rights of the Child (CRC), CRC General Comment No. 7 2005: Implementing Child Rights in Early Childhood, 20 September 2006, *CRC/C/GC/7/Rev.1*, [Available online: <http://www.refworld.org/docid/460bc5a62>. 21 April 2014]

UNDP. 2002. Part III. Monitoring and Evaluating Performance. *Handbook on Monitoring and Evaluating for Results*. [Available online from www.undp.org/eo/documents/HandBook/ME-HandBook.pdf]

UNESCO. 2006 Global Monitoring Report. Strong foundations. *Early Childhood Care and Education*. Oxford and Paris. Oxford University Press and UNESCO.

UNICEF and Bernard Van Leer Foundation 2006. A guide to General Comment 7: Implementing Child Rights in Early Childhood Education. The Hague

Vargas-Barón E 2009. Going to Scale: Early Childhood Development in Latin America. Designing Successful and Sustainable ECD Programs with National-level Coverage. Washington, DC: Institute for Reconstruction and International Security through Education.

Webb, W. & Auriacombe, C.J. 2006. Research Design in Public Administration: Critical Considerations. *Journal of Public Administration*. 41 (3.1):pp. 588-601,

Weiss, C.H. 1998. *Evaluation. Methods for studying programs and policies*. 2nd edition. Prentice Hall: New Jersey.

Weiss, C. H. Murphy-Graham, E. Petrosino, A. & Gandhi, A. G. 2008. The fairy godmother—and her warts making the dream of evidence-based policy come true. *American Journal of Evaluation*, 29(1), pp. 29-47.

Welman, C. Kruger, F. and Mitchell, B. *Research Methodology*. 2005. Oxford University Press: Southern Africa.

WHO/UNICEF. 2012. *Care for Child Development: Improving the Care of Young Children*. Geneva: World Health Organisation

Wholey, J.S. Hatry, H.P. & Newcomer, K.E. 2010. *Handbook of practical program evaluation*. 2nd edition. San Fransisco: John Wiley & Sons

Wimbush E (2000). An Evaluation Framework for Health Promotion: Theory, Quality and Effectiveness. *Evaluation* 6: pp. 301-321,

W.K. Kellog Foundation. 2004. *Logic Model Development Guide. Using Logic Models to Bring Together Planning, Evaluation, and Action*. W.K. Kellog Foundation. Battle Creek, Michigan.

World Bank (Operations Evaluations Department). 2004. *Monitoring and Evaluation. Some tools, methods & approaches*. Washington, USA.

Wulczyn, F, Daro, D. Fluke, J. Feldman, S. Glodek, C. Lifanda, K. 2010. *Adapting a Systems Approach to Child Protection: Key Concepts and Considerations* by United Nations Children's Fund (UNICEF), New York 2010 UNICEF 3 UN Plaza, New York, NY 10017

Zikmund, W. 2003. *Business Research Methods*. 7th ed. USA: Thomson South Western.

ANNEXURE A

RESEARCH SCHEDULE

A MONITORING AND EVALUATION SYSTEM TO MONITOR THE IMPLEMENTATION OF EARLY CHILDHOOD DEVELOPMENT WITHIN GAUTENG DEPARTMENT OF HEALTH

Name of the Researcher: Ms Zamazulu Mtshali

Date completed:

Dear Programme Manager

Thank you for agreeing to participate in the study. Please note that participation is voluntary. Kindly respond to questions set here to the best of your knowledge. All responses will be treated as confidential.

SECTION A : GENERAL INFORMATION

1.1 Designation: _____

1.2 Profession: _____

1.3 Programme/Section: _____

1.4 Period working with the programme: _____

1.5 Indicate your office base / health district:

- Head office
- Johannesburg Metro
- Tshwane Metro
- Ekurhuleni Metro
- West Rand District
- Sedibeng District

SECTION B: ORGANISATIONAL M&E

2.1 Are you aware of the existence of an M&E unit in the Gauteng Department of Health?

Yes No

2.2 Are you aware of the existence of an M&E Framework that provides guidance for M&E implementation in the department?

Yes No

2.2.1 If yes, have you received orientation on the M&E Framework, please explain?

SECTION C: ECD, M&E SYSTEM AND PROCESSES

3.1 What is your involvement with Early Childhood Development in the Department of Health? Please provide a summary of key activities below?

3.2 Are you aware of any policies, guidelines in Gauteng Department of Health and/or National Health Department that describe the scope to monitor, support and evaluate early childhood development interventions?

Yes No

3.2.1 If yes, please provide the name of the document/s and or provide a copy.

3.3 What are the desired outcomes of the ECD interventions in contribution to the overall goals of the Gauteng Department of Health?

3.4 What kind of information do you report on for early childhood development interventions? Please tick the applicable answer/s below:

- Expenditure on early childhood development programme
- Raw numbers or percentages of ECD participants
- Geographical locations of ECD centres
- Adherence to the GDOH requirements for ECD centres
- Other

3.5 What indicators are monitored to measure progress towards the mentioned outcomes for early childhood development?

3.6 Are standardised information collection and reporting forms available?

Yes No

3.6.1 Please briefly explain your answer in 3.6 or if possible provide an example of the standardised forms used in the department.

3.7 Are information flow processes from source until data reach head Office clearly defined?

Yes No

3.7.1 Please briefly explain your answer in 3.7 or provide examples of the process flow.

3.8 Who is responsible for reviewing of ECD information and assessing whether targets were met?

3.9 Are there any information quality controls in place for ECD M&E reporting?

Yes No

3.9.1 Please briefly explain your answer in 3.9.

3.10 Are all source and reporting documents available for verification and audit purposes?

Yes No

3.10.1 Please briefly explain your answer in 3.10.

3.11 Do you know what informs the early childhood development budget allocation?

3.12 Are there any ECD programmatic decisions made based on the ECD M&E information?

Yes No

3.12.1 Please briefly explain your answer in 3.12.

3.13 In your opinion is the current system that you are using for reporting on early childhood development adequate or inadequate? Please rate according to the scale below with brief motivation.

Rating	Description	Brief Motivation
1	Not adequate	
2	Somewhat not adequate	
3	Neutral	
4	Somewhat adequate	
5	Very adequate	

3.14 What can be done to improve or change the current reporting system for ECD?

Thank you for your participation.