

**An exploratory study of the institutionalisation of a monitoring and  
evaluation system in the case of the intellectual disability programme of the  
Western Cape Department of Health**

By

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## Declaration

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## Abstract

Monitoring and evaluation are crucial for government departments in South Africa; this will ensure accountability, effectiveness, efficiency and evidence-based practices. In addition, it will hold accountable those responsible for policy, project and programme implementation. The government-wide monitoring and evaluation (GWM&E) system was established to create a more effective government by making M&E the driving force of improved performance. The study identified monitoring and evaluation of the intellectual disability programme as an under-researched area. The research is focused on the intellectual disability programme and not on the institution's other programmes.

The research study explored the factors that are essential for the effective institutionalisation of a monitoring and evaluation system in the intellectual disability programme. The study explored the literature on the monitoring and evaluation system, and the institutionalisation of the M&E system within the intellectual disability programme. The study commences with an overview of monitoring and evaluation; it explores the institutionalisation of an M&E system, programme management and implementation. The legislative and policy framework influencing M&E within the Western Cape Health Department was explored, including international legislative frameworks affecting the institutionalisation of M&E.

A qualitative design was selected for the case study. An institution of the Western Cape Health Department was used as the case study; purposive sampling was used; documents were analysed to support data collected. Semi-structured interviews with a research schedule was used to conduct the fieldwork. The data were divided into themes for the data-analysis process; the themes identified were institutionalisation of M&E systems; building process of an M&E system; monitoring framework and indicators; evaluation; and lastly, programme management and implementation.

The study found: M&E practices are present within the ID programme, but it lacked well-structured M&E guidelines and principles; the value systems are in place, but there were no M&E-focused guidelines and SOP's; leadership and management structures are well developed

but lack an M&E champion and practices; the absence of technical M&E capacity was noted; there was no M&E capacity building and training;. The study found there was no M&E unit at the WCHD institution; the quality assurance unit is recognised as the unit performing M&E functions; however, the research established that M&E system principles are not present.

The following recommendations are made based on the research findings: build M&E capacity and training; strengthen and develop M&E processes; make use of M&E practices, principles and standards; align M&E function with the mainstream function; develop a monitoring framework using existing indicators and baseline data; adopt logic framework model; make use of the programme management and implementation protocol to promote an effective and efficient implementation process.

The study concluded that the adoption of an M&E system can promote evidence-based practices that can influence programme decisions and evidence-based budget allocations.

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## List of Key Terms and Abbreviations

- ADLs – Activities of Daily Living
- AfrEA – African Evaluation Association
- CLEAR-AA – Centers for Learning on Evaluation and Results: Anglophone Africa
- DOH – Department of Health
- DPME – Department Planning, Monitoring and Evaluation
- DPSA – Department of Public Service and Administration
- EU – European Union
- FBU – Financial Business Unit
- GWM&E – The Government-Wide Monitoring and Evaluation
- IADLs – Instrumental Activities of Daily Living
- ID - Intellectual disability
- IG – Intergovernmental
- MDG – Millennium Development Goals
- M&E – Monitoring and Evaluation
- MTSF – Medium-Term Strategic Framework
- NCS – National Core Standards
- NDP – National Development Plan
- NEPF – National Evaluation Plan
- NHI – National Health Insurance
- NMHPS - National Mental Health Policy Framework and Strategic Plan
- NSS – National Statistics System
- OECD – Organisation of Economic Cooperation and Development
- OGC – Office of Government Commerce
- PFMA – Public Finance Management Act
- PGWC – Provincial Government of the Western Cape
- PLWID – People Living with Intellectual Disability
- PMI – Project Management Institute
- PSC – Public Service Commission

QA – Quality Assurance

QI - Quality Improvement

QoL – Quality of Life

SAMEA – South African Monitoring and Evaluation Association

SASQAF – South African Statistical Quality Assessment Framework

SOP – Standard Operating Procedure

Stats SA – Statistics South Africa

TOC – Theory of Change

UK – United Kingdom

UN - United Nations

UNCRPD - United Nations Convention on the Rights of People with Disabilities

UNDP – United Nations Development Programme

UNICEF – United Nations International Children’s Emergency Fund

UNWFP – United Nations World Food Programme

WPRPD - White Paper on the Rights of Persons with Disabilities

WHO - World Health Organization

## CHAPTER 1: INTRODUCTION

### 1.1. Introduction and Rationale

Intellectual disability (ID) is a disorder limiting the level of functioning of the person affected; although it reduces the capacity to function optimally, the level of functioning can be improved by means of development-focused programmes or projects. It is the existence of deficient mental development identified through deterioration of tangible functions at various developmental milestones that affects the level of intelligence, for instance, language, motor functions, socialisation abilities and cognitive capacities (World Health Organization in Scielosp, 2016).

State policies have been influenced by international conventions such as the *United Nations (UN) Convention on the Rights of Persons with Disabilities* which replaced *the Declaration on the rights of Mentally Retarded Persons* (Buntinx & Schalock, 2010:284). The UN Convention on the Rights of Persons with Disability adopted the *quality of life focus* meaning that states which adopted this convention directly accepted its principles (Buntinx & Schalock, 2010:292). This approach was adopted by the South African government when the United Nations Convention on the Rights of Persons with Disabilities Treaty was signed and ratified (South Africa, 2013:1). A National Mental Health Policy Framework and Strategic Plan (NMHPS) was established aimed at achieving comprehensive quality mental health services across South Africa (Department of Health, 2013:3). Service delivery globally is evolving with the focus based on personal outcomes and quality improvement (QI) of the intellectual disabled person, known as the quality of life approach (Schalock, Verdugo, Bonham, Fantova & Van Loon, 2008:279). Schalock et al. (2008:277) based the QOL model on various indicators; this approach allows the monitoring of achieved outcomes.

It is reported there is a dire need to develop evidence-based mental health policies that will serve as a blueprint for action (Department of Health, 2013:9). The Department of Health (Department of Health, 2013:14) further reports untreated mental illnesses cost more than treating mental illnesses, which amounted to R28.8 billion per year representing 2.2% of the GDP in 2002 (Department of Health, 2013:14). Therefore, mental health services are focused on evidence-based approaches that will support the national health objectives through establishing monitoring and evaluation systems, service provision and planning that are evidenced-based (Department of Health, 2013:19).

The Department of Health (2013:14) asserts there is an increase in the body of knowledge in terms of prevention, care, rehabilitation and treatment of mental health disorders, for instance, schizophrenia; however, there is a lack of evidence on intellectual disability in low- and middle-income countries such as South Africa. This government-wide monitoring and evaluation (GWM&E) system identified the challenge for government to be more effective; it was built on the premise that monitoring and evaluation (M&E) processes aid in performance evaluation by identifying factors that show results with the outcomes of service delivery (The Presidency, 2007:1). In addition, it was argued that it will also contribute to evidence-based practices that can assist in resource allocation decision-making processes (The Presidency, 2007:1).

Conducting this study will contribute to the body of knowledge in the field of intellectual; disability programme M&E, programme evaluation; and it will provide the Department of Health with options for the improvement of the M&E system that can assess and measure the performance of the ID programme. The Department of Health (DOH) will add to the evidence-based information which is one of the objectives of the Health department.

## **1.2 Evaluation History**

The history of evaluation development in Africa was influenced by three significant historical developments. Firstly, the dawn of colonisation in Africa influenced the systems and brought British and French practices to Africa (Mouton, Rabie, De Coning & Cloete, 2014:53). Secondly, the effect of external evaluation practices, approaches and theories in Africa, influenced by Western countries such as the USA, France, Canada and Britain (Mouton et al., 2014:53; Cloete, 2014:57). Thirdly, African evaluation practices was built on the models of Western scholars like Picciotto and Segone. This was done by international aid agencies such as the United Nations International Children's Emergency Fund (UNICEF), the United Nations Development Programme (UNDP) and The World Bank (Cloete, 2016:56; Mouton et al., 2014:53). These are merely a few of the many agencies that influenced evaluation development in Africa (Mouton et al., 2014:53). Africa has reacted to these dominant Westernised evaluation practices and models. The external influences were questioned by African researchers, policy analysts and evaluators. Practitioners reacted against colonial policies and rules of Western origin. It was argued that the development of policies and capacity building should be in line with international agencies, but modified to suit African conditions (Cloete, 2016:52). The Lagos Plan of Action in 1980 was an important development for evaluation in Africa and was a response against Western influences (Mouton et al., 2014:53).

The development of systematic evaluation in Africa started when UNICEF supported building a network of evaluation practitioners in Nairobi, Kenya in 1977, aimed at building capacity for evaluation in East Africa (Mouton et al., 2014:54; Cloete, 2016:56). Donors and beneficiaries were brought together at an Organisation of Economic Cooperation and Development (OECD) Assistance Seminar in 1987, where it was concluded that evaluation capacities needed to be built and strengthened (Mouton et al., 2014:58; Cloete, 2016:56). It is argued the reason for the development of an African-rooted evaluation paradigm was motivated by the resistance against Western-influenced evaluations (Cloete, 2016:61). These evaluation practices, theories, models and approaches function within Africa but are of Western origin, which Cloete (2016:61) says is not optimal. This drives the need for African-rooted evaluations that are indigenous with an African paradigm. The establishment of the African Evaluation Association (AfrEA) paved the way for building an evaluation network on the African continent (Cloete, 2016:59). The conference in 2000 provided the premise for this network and increased the profile for evaluation as a profession in Africa (Cloete, 2016:59; Mouton et al., 2014:55). It was marked as a watershed moment for evaluation in Africa, as 26 African countries participated in the conference (Mouton et al., 2014:55). AfrEA led the way for the establishment of the South African Monitoring and Evaluation Association (SAMEA) (Mouton et al., 2014:55).

The occurrences mentioned are a display of the arguments that promote the indigenisation of evaluation to best fit African conditions, in other words, Africa-rooted evaluation. The Bellagio Report 2013 offered the most authoritative assessment of the African-rooted approach (Cloete, 2016:60). Although it was not prominent in African circles, their assessment highlighted a few developments that were necessary. This was aimed at unlocking the question: “If evaluation had originated in Africa, what would it be like?” (Ofir, 2014 in Cloete, 2016:62). The report encourages African evaluators to establish what African-rooted evaluation means to them (Cloete, 2016:62). They mentioned the need for capacity building on the African continent and the application of evaluation standards (Mouton et al., 2014:59). The Bellagio meeting identified the deficiencies and what needed to be done to support African-rooted evaluation.

Approaches utilised should be well coordinated and integrated during implementation, otherwise they can negatively affect the success of the M&E system. In addition, challenges can arise when there is uncertainty about the M&E system’s objectives and aims, and this can occur on different levels (Majola, 2014:2). If reviews are done on the M&E system, this can serve as a measure to identify the constraints and challenges that hinder the success of the

programme. The World Bank (2012:29) argues that the success of M&E systems lies in the ability of the ministries to design, build and manage of the system and that it is even more important to review the system to establish whether it is working or not.

### **1.3 Research Problem and Objectives**

#### ***What factors are essential for the effective institutionalisation of a monitoring and evaluation system within intellectual disability programme?***

The study was prompted by the lack of an outcomes focus within intellectual disability services. The literature indicates that the quality of service and life of the ID patient can be measured using their baselines against the outcomes or results (Schalock et al., 2008:277). In addition, the lack of evidence-based policies in mental health, especially intellectual disability, prompted the research. The study wants to establish whether an M&E system was applied within the ID programme. The study is aimed to establish how an M&E system can be institutionalized within an intellectual disability programme in the context of GWM&E system and M&E system approaches. In addition, it will research the practical application of the M&E system and ascertain whether it meets the requirements for such a system. This study will add to the body of literature on this topic and support the Department of Health's objective to make programme and policy decisions that is evidence-based.

The research objectives are to:

- Assess theoretical frameworks regarding monitoring and evaluation systems;
- Explore the institutionalisation of M&E systems within intellectual disability service programmes;
- Explore the elements required to institutionalise an M&E system within the intellectual disability programme of the DOH;
- Identify and assess the key requirements for the institutionalisation of the M&E system in the DOH;
- Analyse the current monitoring and evaluation system against the required systems and process;
- To provide research findings and recommendations for the improvement of such systems.

## 1.4 Research Design and Methodology

The research design serves as the blueprint or plan of the intended research (Mouton, 2001:55). An ethnographic research case study design was selected to provide in-depth insights and high-validity constructs, but data collection and analysis could be time-consuming, and generalisability reduced (Mouton, 2001:150). The selection of the research design was influenced by the research objectives, a thematic approach guided the different themes namely process of building an M&E system, institutionalisation, monitoring frameworks, programme management and implementation. The research design made use of the specific criteria for institutionalisation. The exploratory research question lead to the research design selection. Mouton (2001:57) claims a research question can have a direct influence on the research design. Stebbins (2008:2) argues an explorative study is necessary when there is little or minimal information about a certain activity, condition or group, because there is a belief that something valuable/worthy can be discovered. Creswell (2013:47) supports using qualitative research when conducting an exploratory study to understand complex circumstances. Denscombe (2010:109) states that qualitative research is more associated with exploratory studies; it provides a scope of flexibility if a need arises within the design for development. The study was aimed at understanding the institutionalisation of an M&E system, assessing the existing M&E system or processes against the literature requirements for such a system; understanding the phenomena requires a design that will provide detailed information, qualitative design offers that enquiry; qualitative studies focus on processes rather the outcome, is aimed at understanding events and actions taking place (Babbie & Mouton, 2001:270).

The study made use of a case study to further aid the understanding. Wellman, Kruger and Mitchell (2005:25, in Mtshali, 2015:7) state “case study research is directed at understanding the uniqueness and idiosyncrasy of a particular case in all its complexity, usually aimed at investigating the dynamics of a single bounded system”. The study made use of a case study, it provided an opportunity to assess the current situation. Case studies take multiple perspectives into consideration attempting to understand social systems and subjects (Babbie & Mouton, 2001:281). The researcher will made use of semi-structured interviews and use documents and existing data to get information for answering the research questions and objectives, the interviews are guided by a research schedule.

The research methodology is an explanation of the techniques utilised to collect and analyse data (Bertram & Christiansen, 2014:13). Semi-structured interviews were guided by a research

schedule to facilitate the primary data collection process. Institutional M&E system information was gathered during the data-collection period. Secondary data was gathered using legislation, policies, a government-wide monitoring and evaluation (GWM&E) system, provincial and institutional strategic plans and reports. Interviews provided the opportunity to get detailed information; obtaining data through interviews take less time than questionnaires that might not be returned and completed in full (Bertram & Christiansen, 2014:83). Interviewing is a useful technique for obtaining information (Brynard & Hanekom, 1997:32), because the interviewer has control over the questions. Open-ended questions were asked during interviews, allowing subjective opinions to be expressed by respondents. Interviews were held in a private area and audio recorded to aid with accurate data collection, interpretation and analysis.

A purposive sampling method was utilised, Babbie and Mouton (2001:166) contend this method is selected when the researcher has a purpose in sight. Selection of participants for the interviews was based on their direct involvement with M&E system building and implementation. They represent the population that will best achieve the research objectives and aims. The number of participants was limited to the subjects working directly in the field or area, which will amount to a maximum of 15 participants. They will be individually interviewed, and the data collected and stored on a password-protected laptop. The methods used were based on the information derived from the literature review and other previously developed interview questions; however, they will be modified to make them relevant to the area of study.

The study will make use of content analysis, utilised for processes that take place over a long period (Babbie & Mouton, 2001:392). Content analysis is defined as “a set of procedures for collecting and organising information in a standardised format that allows researchers to make inferences about the characteristics and meanings of written and recorded material”. Content analysis will take form of thematic analysis; the themes are based on the different institution-building steps of Morra-Imas and Rist (2009).

This will be highlighted later in the study, as well as the ethical considerations and permission sought at the University and the Western Cape Government Research Forum before the study was conducted.

## 1.5 Chapter Outline

### *Chapter 1: Introduction and Rationale of the study*

The chapter introduces intellectual disability by defining what it is, and the role the South African government plays in delivering the services. It introduces the literature related to M&E and the personal outcomes of the individual.

### *Chapter 2: Literature Review*

This chapter provides a contextual literature review on the conceptualisation of M&E and the systems institutionalization. It presents literature on programme management, programme evaluation and health programme management.

### *Chapter 3: Policy and Legislative Arrangements for M&E in Health*

This chapter outlines the relevant policies and legislative frameworks that support and build the structure for GWM&E system.

### *Chapter 4: Research Design and Methodology*

This chapter is focused on describing the research design and methodology.

### *Chapter 5: Case Study and Field Work Results*

This chapter presents the case study description and the fieldwork; themes were used to organise the data.

### *Chapter 6: Case Study: Research Findings*

This chapter presents the case study in detail in addition to the field work findings and analysis in the light of the research question and objectives.

### *Chapter 7: Recommendations and Conclusion*

This chapter makes some recommendations based on the findings and it summarises key points.

## CHAPTER 2: LITERATURE REVIEW

There is increased pressure from citizens on governments to improve the quality of service delivery (The World Bank, 2014:3). The South African government adopted a government-wide monitoring and evaluation (GWM&E) system with the aim to improve service delivery and performance (The Presidency, 2011: ii). It is intended to improve transparency and accountability within government, to generate knowledge that will serve as guide to ‘what works, and what not’, including ‘improved decision-making’. M&E systems can function at various levels: within a sector, sub-national level, national or at an institutional level (Lopez-Avecedo, Krause & Mackay, 2012:3). This chapter presents a discussion on monitoring and evaluation (M&E), programme management and the relation of the quality of life (QoL) model to M&E; it extends the argument focusing on M&E systems and M&E system institutionalisation.

### 2.1 Health Management and Disability Programmes

The strength of a health policy is dependent on well formulated plans and programmes with proper implementation (World Health Organisation, 2004:2). Having a policy is worthless without the plans to structure its implementation and a programme to support the policy objectives.

The World Health Organisation (WHO) (2004:2) points out that the development of a programme can take place on various levels depending on the local needs; however, it should be in line with national strategies and plans. It is further argued that programmes should have specific plans and strategies with timeframes (WHO, 2004:6) in addition to indicators against which performance can be measured. In the process, according to WHO (2004:6), functions need to be assigned; cost and available resources should be determined in addition to recognising M&E processes as part of programme development. The WHO identified these processes which programme development should follow; it offers a sound guideline for any programme development, but other reliable sources can be used to support the guidelines.

Gambril (in Schalock et al., 2008:280) asserts the crucial need for evidence-based practices in ID; personal outcomes should be utilised to direct organisational change and enhancement. Considering the development of ID persons from this perspective will provide the organisation with the required information on the progress of an ID person in addition to enhancing the

programme's value and effectiveness. In support of the argument, WHO (2011:9) reports that an M&E framework should have components that include input, processes, outputs, outcomes and impacts. Collectively, these can give an idea of how these components function within a bigger system; the framework can be utilised for health systems or disease-specific interventions (WHO, 2011:9). Adopting a system based on a theory of change can enhance the performance of services delivered and in addition assist with participation in the process.

Evaluation of intellectual disability programmes is possibly one of the most challenging areas in health, influenced by the population's capability, ranging from mild to profound intellectual disability. Research and the literature in this area has evolved to a degree where evaluations and monitoring are done on an individual, programme, policy, project and organisational level with an evidence-based approach. Edwards, Mold, Knivett, Boulter, Firn and Carey (2018:199) report that addressing intellectual disability is one of the most neglected health programmes, where monitoring and evaluation are often underutilised in tracking conditions that are curable.

Comparatively speaking, intellectual disability clients are known to receive lower quality service delivery than other health clients, which is proven by preventable diseases going undetected and thus leading to preventable mortalities (Edwards et al., 2018:199). This argument is supported by the Disability Rights Commission (2006, in Edwards et al., 2018), which pointed out the lack of quality service provision. Research has focused a great deal on improving the lives and services of the intellectually disabled population; the quality of life (QoL) construct was focused on improving intervention effectiveness (Nota, Soresi & Perry, 2006:371) towards improved service delivery and implementing an evidence-based approach. This model is often utilised in health programme evaluations, providing valuable information and data.

## **2.2. Quality of Life Conceptualized**

The definition of QoL has been adapted throughout the years; however, an agreement was reached regarding domains relevant to QoL; many scholars agree that context, the environment and culture influence the indicators utilised (Gómez, Arias, Verdugo, Tassé and Brown, 2015:925). Numerous QoL models exist, but the model by Schalock and Verdugo (2002) is the most commonly used and widely cited with good validity and is also an extensively used model in Spain's service provision within the domains of health and social services (Gómez et al., 2015:926). Maes, Geeraert & Van den Bruel (2000:544) define quality of life as "an overall general well-being that comprises objective descriptors and subjective evaluations of physical,

material, social and emotional well-being together with the extent of personal development and purposeful activity, all weighted by a personal set of values”. Scholars identified quality of life as an important outcomes care measurement tool (Maes et al., 2000:545); it is one of the most important outcomes of care/service delivery (health and social).

### 2.2.1 Quality of Life Model

In recent years QoL has become more prevalent in establishing intervention and programme effectiveness, as well as measurement of services and strategies (Simões, Santos and Claes, 2015:171). Countries like Portugal and Spain are well known for using QoL models in intellectual disability programmes (interventions) in addition to other health programmes and are at the forefront in researching this particular field. Considering the nature of development disabilities, it can be challenging to apply evidence-based interventions with a profound ID population; hence the QoL model makes use of objective and subjective measures (Simões et al., 2015:172) aiding in finding data that directly indicate the value and performance of the programme or intervention. Over the past 30 years remarkable changes have occurred in intellectual disability rehabilitation programmes, moving towards a focus on evidence-based practices and personal outcomes (Schalock, Verdugo, Boham, Fantova & Van Loon, 2008:276). They point out that QoL offers a framework to enhance quality services, a personal outcomes approach and programme accountability (Schalock et al., 2008:276). They also noted QoL is becoming the leading model in addressing intellectual disability and promoting evidence-based practices. The Convention on the Rights of Persons with Disabilities and the quality of life model were found to be in line in terms of improving lives the people with disabilities, hence the latter is recognised as an evidence-based tool (Gómez, Arias, Verdugo, Tassé and Brown, 2015:926).

The literature indicates that numerous research projects and models were used to improve the services for and lives of the intellectually disabled population; some even approach the quality improvement method (Edwards et al., 2018:199), where physical wellbeing is the model’s core focus, aimed at evidence-based approaches, influencing interventions and decision-making platforms. Schalock and Verdugo (2002) are known for their widely cited model called the eight-domain model, consisting of eight areas: *physical wellbeing*, *emotional wellbeing*, *material well-being*, *social inclusion*, *personal relationships*, *self-determination*, *personal development* and *rights* (Gómez et al., 2015:926). This model provides set indicators against which progress can be measured, establishing monitoring and evaluation practices for the client

(personal development), intervention / programme / project / policy and the organisation. The model with indicators is illustrated in Table 1.

**Table 1: Quality of Life Domains and Indicators**

Domain	Indicators
Social Inclusion	Community inclusion, roles and participation
Emotional well-being	Safety and security; positive experiences, contentment, lack of stress and self-concept
Self-determination	Decisions/choices; personal control, values and goals; autonomy
Interpersonal relations	Support, relationships, social networks and social activities
Personal development	Education status, adaptive behaviour, personal skills, ADLs and IADLs*
Rights	Human (i.e. respect, dignity and equality); legal (i.e. legal access and due process)
Physical well-being	Health and health care; nutritional status; recreation and physical exertion (daily living)
Material well-being	Financial status; housing; possessions; employment status.

\*Activities of daily living (ADLs); instrumental activities of daily living (IADLs)

Sources: Schalock & Verdugo (2002); Simoés et al., (2014:172)

The quality development model has two phases. The first is *standardisation*: criteria quality are established regarding the ideal care and support situation amongst the champions, stakeholders and beneficiaries (client and/or families). The second is *operationalisation*: indicator development, quality criteria are translated into key indicators with the purpose of measuring performance and evaluation practices (Maes et al., 2000:546). The process is presented only in two steps, but from a monitoring and evaluation or programme evaluation perspective it

requires more detail; the 10 steps set out Kusek and Rist (2009) provide well-structured steps that can aid in building a system for evaluation purposes.

Maes et al. (2000:547-549) argue that observable indicators are fit for purpose and directly developed from the criteria. They further identify organisational and structural indicators as well as carers' interventions and actions. The latter refers to the day-to-day care plan, including the therapeutic activities relevant to the level of functioning, most importantly the participative approach, as well as social aspects such as relationships. General indicators relate to events and objects creating emotional connections and memories.

Personal outcomes are identified as an excellent tool to enhance and evaluate policy and programmes using indicators (personal outcomes). Schalock et al. (2008:278) report utilising the tool for evaluation purposes instead of as a classification tool (individuals/organisation). How, QoL model is utilised is mainly dependent on the context and intended purpose, limited to the subjective and objective measures. Felce and Perry (2006, in Schalock et al., 2008:278) advocate for the use of objective measures aimed at quality improvement and organisational change.

Monitoring and evaluation systems adopt an evidence-based approach. This can lead to organisational learning, programme quality management initiatives (practices), organisations working towards and achieving strategic objectives and goals influenced by a theory of change (logic framework); lastly, it can provide an opportunity for assessing 'what works' and 'does not work' (Schalock et al., 2008:279).

In cautioning against the rush to building systems, Schalock et al. (2008:279) remind us this process take time when done correctly; also, with the QoL domain all aspects should be carefully considered and understood. They further point out indicator selection depend on the intended use (Schalock et al., 2008:279).

### **2.3 Monitoring and Evaluation**

Monitoring and evaluation are concepts defined in various ways influenced by the pivotal focus; however, there are the essential factors present in the different definitions. African studies have identified monitoring and evaluation as an important part of improving performances (Goldman, Albert, Abdoulaye, Laila, Stanley, Timothy, Damase & Karen, 2018:1). Segone (2008:101) makes a distinction between monitoring and evaluation; he claims that monitoring systematically or periodically measures progress towards short, intermediate and long-term

aims. Evaluation, however, assess the programme design, implementation and results systematically and objectively; to establish the effectiveness, efficiency, relevance, impact and sustainability (Kusek & Rist, 2004:12). He further states that the information can be used to improve programmes (Segone, 2008:101). Kariuki and Reddy (2017:2) argues that efficient and effective citizen-responsive services can only be achieved when monitoring and evaluation is legitimized within government spheres. These two concepts function together, but they bring different values to the M&E function: the one measures progress and the other provides information on performance. This section explores the concepts of monitoring and evaluation and provides a brief comparative analysis to distinguish between the two concepts.

### **2.3.1 Monitoring Defined**

Monitoring is defined as a daily management task collecting and reviewing information revealing how an operation progresses and identifies the areas which require correcting (International Federation of Red Cross and Red Crescent Societies, in Cwayo, 2011:15). UNICEF (in Cwayo, 2011:15) defines M&E as the continued function that systematically collects data on identified indicators to provide management or stakeholders with continuous information on the development of the intervention, indicating the extent of progress made in achieving the objectives and the progress made with the allocated funds. These definitions both focus on the progress of the programme or project to establish whether progress and performance has occurred as planned.

Cloete (2009:294) claims monitoring is the systematic collection of data on a regular basis to establish the progress and the achievement of goals and objectives. Kariuki and Reddy (2017:2) agree that monitoring is an activity that constantly assesses the progress towards achieving the pre-determined goals. If we analyse the arguments made by these authors it can be deduced that, for goals and objectives to be reached and to measure the progress, there must be a baseline against which we measure the progress, otherwise it is impossible to measure performance or progress. It is at this point where monitoring can occur as one part of the monitoring and evaluation process. Monitoring is a

*“continuing function that uses systematic collection of data on indicators to provide the management and the main stakeholders of an on-going development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds” (OECD, 2002:27-28).*

Monitoring is concerned with control and planning, assessing inconsistency in progress and performance using pre-determined targets as assessment tools (Ljeoma, 2011:1289). This allows ample time to take corrective action if any deviation is noted within the process. Monitoring occurs throughout the programme, policy or project implementation, keeping track of the progress made; monitoring is known to be part of the management function. Although it used as a collective function along with evaluation, the latter function differs from monitoring.

### 2.3.2 Evaluation Defined

Evaluation is defined as the collection of evidence on policies, programmes, projects, organisations and functions that occurs systematically and may include objective analysis, with the aim of assessing issues like effective and efficient performance, sustainability and impact, value for money and making recommendations for ways forward (The Presidency, 2011: iii). The OECD (in Rabie & Goldman, 2014:5) argues that evaluation is an objective and systematic assessment of a programme, project or policy design, implementation or results. It is done to establish the value, impact, efficiency, effectivity and sustainability of a programme. Evaluation is a systematic process based on facts.

The evaluation process is not limited to results; it occurs throughout the policy or project (programme) life cycle. Contrary to early evaluation theory, which focuses on the results of the policy or programme, assessments are performed on results, both foreseen and unforeseen (Rabie & Goldman., 2014:3). Evaluation is the in-depth assessment of an intervention that is on-going or completed (EU, 2012:20). In addition, it takes place against predetermined criteria such as efficiency, effectiveness, impact, sustainability and relevance (EU, 2012:20). It is used to provide lessons and reasons for the achievement or failure to achieve the aims of the intervention. The definition of evaluation is influenced by the purpose of the evaluation and the particular time or maturity of the programme, project and policy (Morra-Imas & Rist, 2009:8). One of the founders of modern evaluation, Micheal Scriven, indicated approximately sixty terms for evaluation applying to one context (Morra-Imas & Rist, 2009:8). Defining evaluation is influenced by the context in which it is used and its relevance to the programme.

*Evaluation is the systematic and objective assessment of an on-going or completed project, programme or policy, its design, implementation and results. The aim is to determine the relevance and fulfilment of objectives, development efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-*

*making process of both recipients and donors. Evaluation also refers to the process of determining the worth or significance of an activity, policy or program. An assessment, as systematic and objective as possible, of a planned, on-going, or completed development intervention (OECD, 2002:22-23).*

Evaluation is an assessment of the value of a programme to determine the cause of the changes identified throughout the evaluation process (Kariuki and Reddy, 2017:2). It is argued that by doing an evaluation the problems can be detected and alterations can be made to the project, policy or programme (Cwayo, 2011:18).

M&E is often portrayed as one concept, whereas practically monitoring and evaluation have different functions, utilising different methods (Rabie & Goldman, 2014:6). There are differences within the two functions, as indicated in Table 2.

**Table 2: Monitoring and Evaluation comparative table**

<b>Monitoring</b>	<b>Evaluation</b>
Ongoing or continuous	Period and time bound
Internal activity	Internal, external or participatory
Management's responsibility	Responsibility of evaluator with staff and management
Constant feedback to improve programme performance	Periodic feedback.
Clarifies programme objective.	Assessing reasons for achieving and not achieving intended results.
Links objectives to resources and actions (activities).	Assesses causal relationship between results and activities.
Converts objectives into targets and indicators.	Assesses implementation process.

Source: Morra-Imas and Rist (2009:17); Ljeoma (2010:350); Kariuki and Reddy (2017:2)

The table highlights the main differences in terms of the role the functions play within a particular policy, programme or project; monitoring occurs during the entire programme, whereas evaluation takes place at a particular time period. Monitoring and evaluation have

common attributes, but their independent functions highlight the relationship (Ljeoma, 2011:1289). It is reported that monitoring is part of mainstream functions, while evaluation offers a broader function making use of monitoring data (Ljeoma, 2011:1289). The activities in monitoring are internal and the responsibility of management, whereas evaluation varies in terms of internal, external, participatory or shared responsibility. The causal relationship identification is an important aspect of evaluation whereas monitoring establishes the connection between activities and resources.

De Coning and Rabie (2014:270) report operational and strategic plans lead to implementation of the indicators in use, furthermore linking monitoring, evaluation and planning; monitoring assesses implementation progress measured against operational plans, while evaluation analyses the results against the strategic plan. This indicates the alignment of M&E with the mainstream function; although integrated it serves an independent function that requires acknowledgement.

Feedback within the monitoring process is done constantly and aimed at improving performance, whereas evaluation feedback is periodical, assessing past performances or relevance. The two functions are used in conjunction but have distinct individual purposes.

## **2.4 Monitoring and Evaluation Systems**

M&E system is defined as

*a specialised unit or network of units dealing with the main questions and objectives that are to be addressed or attained through M&E efforts, as well as with the key aspects to be monitored and evaluated, including the measurement indicators, processes for data collection and verification, delegation of responsibilities, and prescriptions and deadlines for reporting of the results* (Cloete, De Coning, Wissink and Rabie, 2018:365).

Mtshali (2015:22) points out the importance of understanding a system's components and elements, because the context of the system can influence the manner in which a system is defined; he further argues that a system's purpose affects its functions, capacities and structures, which are crucial to the identity of a system. Ljeoma (2011:1288) recognises the importance of M&E systems in managing government and service delivery processes; they are also a useful management tool during information collection and analyses. However, Ljeoma (2011:1289) resists the complete integration of the M&E system into the mainstream function, arguing that

practically and theoretically M&E functions, objectives, users and comparative analysis differ from the mainstream function, although similarities are noted. He argues that monitoring is integrated into the management function, but that evaluation should be viewed as a larger function, maintaining its core independence from the management function but integrated with it.

M&E systems are recognised as influential public management tools aiding in tracking progress and identifying programme impact (Kusek & Rist, 2004: 1), but it is important to distinguish between traditional implementation of M&E and a results-based M&E. Mackay (2007:108) distinguishes between two types of M&E systems; firstly, traditional M&E systems focus on inputs, activities and outputs of programmes, while results-based M&E systems extend to addressing outcomes and impacts. Morra-Imas and Rist (2009:109) concur, stating there is one way to distinguish between traditional and results-based M&E systems: the theory of change model depicts the five areas of focus – namely resources/inputs, activities/processes, outputs, outcomes and impacts. Result-based M&E systems can be explained in a theory of change framework, briefly discussed later in the study.

A results-based M&E system is essential in providing information about organisational performance, assisting decision makers and stakeholders in answering questions about whether outcomes have been achieved (Morra-Imas & Rist, 2009:106). Result-based M&E systems are a useful management tool; they support organisations to focus on achieving outcomes, including serving as a motivation in establishing goals and objectives (Morra-Imas & Rist, 2009:106). Evidence-based practice is consistent with the theory-driven approaches that relate to evaluation and using it to promote possible organisational learning, improved personal outcomes and to bring about required changes within entities. Holzer (1999, in Goldman et al., 2018:365) emphasises the importance of well-designed systems, both evaluation and performance management, in line with institutional, programme, policy and project objectives and goals.

M&E systems can be developed at various levels including national, provincial and institutional (Lopez-Acevedo, 2012:15). It is argued the use or purpose of a system is essential in developing a particular system (Mtshali, 2015:15). Kusek and Rist (2004:2, in Goldman et al., 2018:365) assert that the M&E system should be designed in the context of the department, considering the need, capacity and demands of the specific department. Lopez-Acevedo et al. (2012:26) identify three characteristics that define a successful M&E system:

- Utilisation of the M&E information, this will address the programme performance;

- Information gathered should be reliable and the quality should be good;
- The sustainability of the M&E system, whether it is going to survive.

A successful M&E system is argued to have information is are used, but the information should be of a good quality that the reliability can be tested. Lopez-Acevedo (2012:15) reports that it is essential to sustain M&E systems; they should therefore be constructed to support three key characteristics, as outlined below.

## **2.5 Monitoring and Evaluation System Development**

The institutionalisation of an M&E system within an organisation requires certain building blocks to develop the system (De Coning & Rabie, 2014:255). De Coning and Rabie (2014:252) define institutionalisation as the process of developing sustainable structures and behaviours. It is described as the process whereby capacity is created to manage evaluation until it becomes part of the mainstream function of the institution to ensure sustainability (De Coning & Rabie, 2014:252). They further argue that developing an M&E system requires the following:

- Establish institutional arrangements for M&E;
- Process steps in building M&E systems;
- Development of a good evaluation approach; this includes monitoring frameworks aimed at outcomes and indicators.

Furthermore, it is argued that this goes beyond organisational arrangements; the value system, human resources, training, governance, professional associations and linking M&E to the existing functions all form part of the process of institutionalisation (Mtshali, 2014:29).

Numerous challenges have been identified. M&E systems are seldom used by organisations and governments. A possible cause is that not enough emphasis is placed on the end-user, or political, organisational and cultural factors (Kusek & Rist, 2004:23). One journal article focused on the challenges based on an African approach. Dassah and Uken (2006:707-708) claim the perception of the M&E system is that it is often seen as a punitive or fault-identifying tool, in addition to the cost involved in doing evaluations place; these factors can constrain programmes. Lastly, the use of information obtained from the evaluations is either under-utilised or not used to improve performances. Other challenges occur when approaches utilised are not well coordinated or thoroughly integrated; furthermore, uncertainty about M&E system objectives and aims can arise on different levels (Majola, 2014:2). If reviews are done on M&E

systems this can serve as a measure to identify the constraints and challenges that hinder the success of programmes, projects and policies.

Considering the institutionalisation process, one could argue many facets should be considered prior to the institutionalisation process. Crawley (2017:3) discussed a diagnostic and readiness tool that considers the extent of the domains important in testing institutional preparation and implementation. It was designed based on international best practices in line with conventional assessment tools, but focused on the African context (Crawley, 2017:1). Mapitsa and Khumalo (2018:6) acknowledged the use of this tool during discussions in East Africa, focusing on the legislature's oversight role using evidence-based approaches as an oversight tool. Crawley (2017:3) points to the African context which can shed light on the African experiences. There are various factors to be considered relating to institutional readiness; Crawley (2017:3-9) identified the following: logistical, technical, contextual, relational, political and ideological, as illustrated in Figure 1 (Crawley, 2017:3-9; Mapitsa & Khumalo, 2018:7).

**Logistical:** This encompass time and resources (including financial).

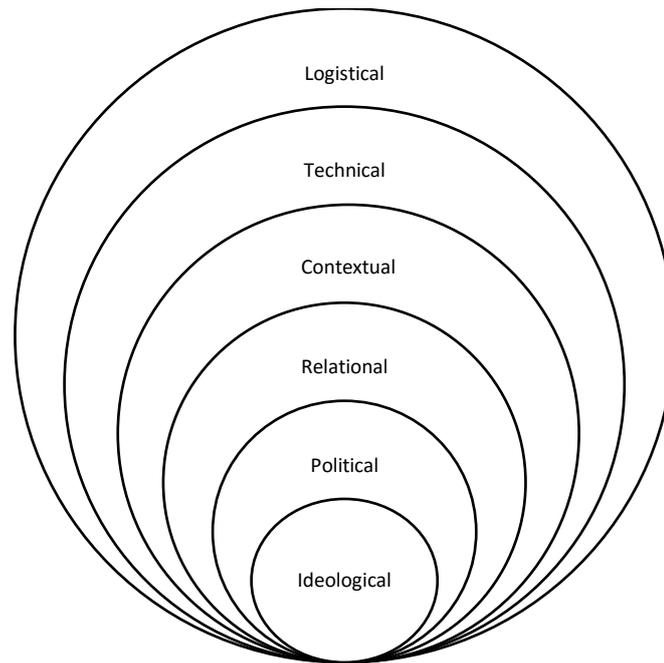
**Technical:** This involves the capacity of the evaluators and the user capacity to interpret and comprehend data and information provided.

**Contextual:** This includes the organisational structure, M&E culture, location of the M&E unit, use of evidence and how evidence is aligned or integrated with the decision-making processes. This aspect touches on the linkages and networks between line ministries, departments and M&E coordinating bodies.

**Relational:** This encompass the commitment, trust and collaboration amongst stakeholder, users and M&E producers.

**Political:** This refers to the leadership within the organisation (or any other sphere of government), and their willingness to accept the M&E system.

**Ideological/Value system:** Organisational principles and values are important; they influence how and whether information will be used and be part of the organisation's core function.

**Figure 1: The six-sphere framework**

Source: Crawley (2017:3-9)

The six-sphere framework includes conventional diagnostic and readiness tools, considering the M&E system's technical and institutional elements, in addition to the political sphere, and the collaboration and trust amongst those involved (Mapitsa & Khumalo, 2018:7). The World Bank (2012:29) reports that the success of M&E systems lies in the ability of the ministry to design, build and manage the system; even more important is reviewing the system to establish whether it is working or not.

### **2.5.1 Establish Institutional Arrangement for M&E**

*“Institutionalisation is the process whereby institutions evolve and develop, to the process of establishing structured and enduring patterns (of behaviour). With respect to policy capacity, institutionalisation refers to the process whereby the capacities required to manage policy (and evaluation) become internalized and embedded in an organisational setting and in the broader macro-environment in a way that is sustainable over time...organisations only become institutions when they are infused with values” (Dobson in De Coning & Rabie, 2014:252).*

Before making M&E systems part of the institution, certain arrangements and preparations have to be in place because the institutionalisation is primarily aimed at making the M&E functions part of the mainstream function and ultimately sustainable.

Gorgens and Kusek (2009:1) contend that M&E has equal standing as human resources, finance and accountability systems within an organisation, arguing that improved performance requires feedback. Institutionalising M&E systems requires the system to become part of the organisation and the core functions (Novotna, Dobbins & Hendersen, 2012:2). Novotna et al. (2012:3) explain that institutionalisation is the incorporation of new practices with current practices forming part of existing organisational structures; in addition, they argue making new functions part of the existing status quo might be challenging. Therefore, making the appropriate institutional arrangements is a good way of preparing an organisation for M&E functions. Mapitsa and Khumalo (2018:2) point out the importance of acknowledging the M&E system as a complete function (whole); they identified a lack of evaluation components during their examining of African M&E systems. Institutions should understand that monitoring and evaluation are separate functions. Decoding M&E systems is crucial in understanding the components of the system.

The institutionalisation process requires an institution to make certain arrangements to promote sustainability. De Coning and Rabie (2014:256) suggest institutionalisation of monitoring requires the following: establish M&E policy and guidelines that will aid in assigning responsibilities; specify reporting structures; state M&E purpose and scope; and state the guidelines aiding with the institutionalisation of M&E (De Coning & Rabie, 2014:259); these it will be valuable additions to evidence-based decision making. The first components are related to partnerships, people and planning and they are outlined below.

#### **2.5.1.1 Development of an evaluation culture within the organisation**

The preparation and building of an evaluation culture are pivotal to sustainability; the expectation of a lasting system should be led by the cultivation of a positive and accepting environment. Gorgens and Kusek (2009:240) identified that lack of information on and misconceptions about M&E can hinder the development of a positive M&E culture; therefore they suggest advocacy and communication as an effective method to achieve a positive culture of acceptance. This is supported by De Coning and Rabie (2014:263) stating that open discussions can lead to improvement. Crawley (2017:4) claim the evaluation culture can influence how well an organisation adopts evaluation practices, and how it influences connections within and outside the institution.

#### **2.5.1.2 Organisational development**

Structural and organisational arrangements are an essential part of institutional arrangements, because it creates the space for the human resource capacity and other components. De Coning

and Rabie (2014:263) emphasise that the M&E system and function needs to be assigned to a particular location within the organisation, close to strategic functions and reporting systems. M&E unit positioning, authority, limitations and how it fits in within the institutional mainstream function achieving institutional goals and objectives is important for effective M&E system implementation (Görgens & Kusek, 2009:66-67). The right location is essential to the purpose and function of the system, Kusek and Rist (2004, in Crawley, 2017:4) claim that location can influence functional independence and objectivity. The M&E unit position can have both disadvantages and advantages, hence meticulous consideration is pivotal.

### **2.5.1.3 Human resource capacity**

Human resources form an integral part of service delivery or programme, policy and project implementation, they are central to M&E functioning. Gorgens and Kusek (2009:66) identify the importance of skilled human resources; in addition they mention that retaining staff is another factor, especially at the initial stage of implementation. The initial unit established should have staff that take ownership, with a manager who is competent and knowledgeable about M&E; in addition, an advisor should be appointed to help. Numerous other factors should also be considered. De Coning and Rabie (2014:272) mention M&E staff location within the organisational structure, advisory services for technical support, and champions who will promote and drive the function. Technical capacity focuses on the capacity of both individual and institution; Mapitsa and Khumalo (2018:7) stress the capacity of evaluators to produce data and the ability of users to understand and interpret evidence; they further claim consideration should be given to the resources necessary for functioning. Attention should be given to both internal and external resources. Human resource arrangements are not limited to the number of employees employed; technical skills and support, implementation leaders, reduced or no staff turnover, and assigning formal responsibilities should be considered prior to the institutionalisation.

### **2.5.1.4 Participation and governance**

De Coning and Rabie (2014:275) mention the importance of intergovernmental relations for M&E success and sustainability; they further state it is important to maintain effective monitoring practices. Intergovernmental (IG) relations refers to the coproduction of spheres within government; in the South African context, we refer to national, provincial and district levels.

The possibility of M&E partnerships formed from people originating from different institutions and sectors is highly likely (Görgens & Kusek, 2009:13). Building partnerships is crucial for

the effective participation in M&E systems; this allows a diversity of people to work together to achieve a common set of goals (Görgens & Kusek, 2009:125). Kabuye and Basheka (2017:2) points out that stakeholder participation can lead to a successful evaluation process and that evidence-based practices and participation will promote a sense of ownership and understanding within stakeholders. Essentially, a sustainable well-structured M&E system is the main objective, and a participative approach will aid in achieving the programme goals. The Presidency (2007) builds the GWM&E on the premise that all government levels should adopt a participative approach to achieve institutional, provincial, national and local M&E objectives, and ultimately to achieve improved governance. Section 41(1) (b) of the Constitution states that the wellbeing of the people should be secured; furthermore, Section 41(1) states that intergovernmental practices should occur in good faith in consultation with different levels of government where matters of common interest, arise (The Constitution, 1996). The literature and South African legislation (frameworks and guidelines) emphasise the importance of intergovernmental relations and the benefits this has for performance improvement.

Keohane (2002, in Govender, 2013:811) asserts that governance is a collection of norms, roles, principles and decision-making operations used by stakeholders to influence public policies. Govender (2013:812) believes “governance entails the participatory approach to decision making by people in authority in compliance with the rules and regulations that require the state institutions and corporations to be held accountable with regards to their developmental mandates”. Governance implies decision-making activities by those in authority within government institutions, but this occurs within the assigned rules and regulations. Bridgman (2007:150-151) points out that the concept governance remains elusive although common in the literature; he argues that it is complex in both practice and theory to achieve good governance. This raises the question of what is needed to achieve good governance. Providing substantial weight to the concept of organisations is required to establish what is essential to good governance. Bridgman (2007:150) asserts good governance requires policy, planning and ethics; it can be meaningless if it is not acknowledged that it forms part of organisational management and performance. The relationship between governance, organisational management and performance is essential for the sustainability and relevance of governance; if sound governance is not present in an environment where it runs concurrently with management and performance, the existence of all three can possibly be watered down and become meaningless. Bridgman (2007:150) argues that a well governed organisation will have a high likelihood of good performance and vice versa. Other literature points out other arguments linking causal relationships between good governance and M&E systems. Govender (2013:811)

believes the absence of effective M&E systems contributes to low levels of government legitimacy and governance. These two arguments have somewhat similar foundation; planning is seen as entailing monitoring, whereas strategy is related to evaluation, judging the value of programmes, projects and policies.

#### **2.5.1.5 Establish monitoring role, reporting and other functions**

In order to give effect to the M&E function, a monitoring framework should be in place with agreed indicators and outcomes (De Coning & Rabie, 2014:267). In support of the M&E unit, they highlight the importance of information provision once policies, the monitoring framework, indicators and outcomes are established (De Coning & Rabie, 2014:267). Monitoring is an inherent management function and should be undertaken by managers; this entails data collection, analyses and reporting on inputs, actions, outputs, outcomes and impacts (Department of Performance Monitoring and Evaluation, 2013:3). Monitoring and reporting should be focused on assessing measurable outcomes and indicators (Department of Performance Monitoring and Evaluation, 2013:3). It plays an important part of evaluation in providing necessary information.

#### **2.5.1.6 Leadership and management**

The above facets need to be considered for institutional readiness before an M&E system can be institutionalised. They range from the location of the unit, staffing and development; then the organisation needs to establish what are they monitoring and how the measurement should take place using a monitoring framework. Informing effective cultural change requires good leadership, since the adoption of an M&E system requires particular changes that will influence how an organisation and individuals behave and transform; leadership appear to be an important quality. Robbins and Barnwell (2006:429) argue an exceptional leader must understand the status quo as well as future goals and objectives, in that ‘the leader’ is obliged to draw on current human values and perceptions that will effect cultural change and create conditions that inspire. As discussed earlier, culture can influence successful implementation, hence leadership can build the bridge that will inspire the organisation to accept change.

#### **2.5.1.7 Legislative and policy documents (value systems)**

The South African government’s health department’s plans and strategies are directly influenced by the legislative and policy frameworks (De Coning & Rabie, 2011:260). The institutionalisation of M&E systems is similarly a result stemming from a legislative framework and the way that the institutionalisation process transpires. Policy implementation is defined as financial and physical resources translated into service delivery outputs (products and/or

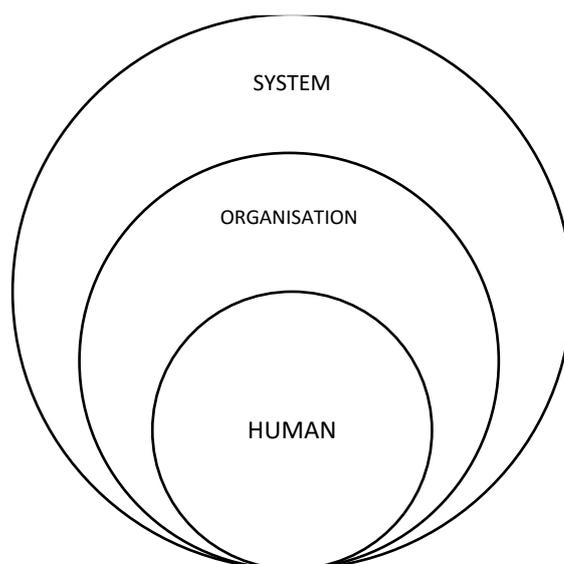
services) (Cloete & De Coning, 2011:260). The legislative framework referred to in Chapter 3 refers to some of the documents responsible for creating the context and culture within South African government departments; so is the Constitution, 1996. As Mapitsa and Khumalo (2018) indicated earlier, ideology forms part of the six-sphere framework that forms part of the institutionalisation process. Therefore it seems fit to make it part of the literature; this thesis will discuss the legislative framework in Chapter 3 that is responsible for creating the context and environment for government departments. This include the Batho-Pele principles which provide us with the values in terms of which service delivery should take place (Republic of South Africa, 1997:7-8).

### 2.5.1.8 Capacity building

As discussed in previous sections, building capacity is essential to achieve a sustainable M&E system. Görgens and Kusek (2009:92) identify three levels of capacity building, which ensures sustainability, efficiency and effectiveness:

- System capacity: refers to the ability of the system to achieve the organisation's objectives, within prescribed values both written and unwritten;
- Organisational capacity: the ability of organisational processes to achieve objectives and goals. It is those processes and system that deliver results.
- Human capacity: discussed in previous sections; it includes all people impacted by M&E and those responsible for the implementation.

**Figure 2 : Levels of capacity and capacity development**



Source: Görgen & Kusek (2009:92) adapted from UNDP, 1997

Capacity development occurs on all three levels (Görgens & Kusek, 2009) presented in Figure 2. Görgens and Kusek (2009:92) argue that building capacity should not be the sole focus, but that effective utilisation of resources should also be prioritized.

### **2.5.2 Process building an M&E system**

To achieve complete institutionalisation, certain activities need to take place before the full institutionalisation of the M&E system. Building the system is an important part. De Coning and Rabie (2014:288) assert that the process of establishing M&E capacity is an institutional issue although the process itself is not. Morra-Imas and Rist (2009:112) identify ten steps required to build an M&E system.

1. Conducting a readiness assessment, essential to the institutionalisation of M&E (Kusek & Rist, 2004:41).
2. Agreeing on performance outcomes to monitor and evaluate.
3. Select key indicators to monitor outcomes.
4. Gather baseline data on indicators.
5. Planning for improvement: setting realistic targets.
6. Monitoring for results.
7. Using evaluation information.
8. Reporting findings.
9. Using findings.
10. Sustaining the M&E system within the organisation.

Source: Morra-Imas and Rist (2009:112)

Dhakal (2014:51) points out that the use and demand for evaluations can only be achieved when the institutionalisation of planning, evidence-based policy making, and decision making is adopted as a pre-condition. Segone (2008:103) refers to the ten-step building approach by Kusek and Rist (2004) as a model that reflects the importance of all the sequences required to build a sustainable M&E system. He argues that the steps do not demand a sequential process;

activities can run concurrently but this emphasise the importance of the steps within the construction of the system.

### **Step One: Conducting a readiness assessment**

Readiness assessment investigates institutional preparedness to build, use and sustain the system (Kusek & Rist, 2004:41). It further establishes the capacity and political willingness to build an M&E system aimed at meeting the objectives of monitoring and evaluation, considering the support for and resistance against the system (Segone, 2008:104; Cloete et al., 2018:365).

Readiness assessments are used to establish the capacity and willingness of government to build a results-based M&E system (Morra-Imas & Rist, 2009:113). Kusek and Rist (2004:40) criticize existing models that exclude this stage, arguing that it highlights the importance of knowing critical factors such as organisational roles, system champions, capacities, demand and the organisational ability to sustain the system. It asks *whether governments/institutions are ready to adopt an M&E system, and whether the organisation has the capacity to build and sustain the system?*

Crawley (2017:2) reports that earlier diagnostic tools and evaluation capacity-development tools assumed that M&E systems are institutionalised in environments where resources are sufficient, well-established democratic systems, with sufficient partnerships and where stakeholders share similar development visions. He reminds us that this might not be the case in non-OECD countries. Crawley (2017:3) proposes considering conventional readiness and diagnostic tools, but we extend the area to the political environment, collaboration between stakeholders, trust, and the values and principles supporting these systems.

Kusek and Rist (2004:41) identify certain key areas within readiness assessment that serve as the basis for building and designing an M&E system.

#### *a. Demand and incentive for designing and building a results-based M&E system*

*“Potential users of evaluation come to recognise that they can affect policy processes to their benefit through using evaluation and create demand. If managers and conductors of evaluation have the capacity, political understanding and funds, then they respond to the demand from users. If commissioning and use of evaluation becomes widespread, the virtuous cycles of evaluation capacity development take place, leading to more institutionalised evidence-based practice” (CLEAR AA, 2013:10).*

Incentives should be established before the building commences, guided by three particular questions that aid in finding out what drives the demand, identifying the leader/champion that will build and use the system, and what motivates the champion to build a system (Kusek & Rist, 2004:41). Morra-Imas and Rist (2009:113) make us aware of the disincentives that might impede the advancement of the system. Essentially, we are looking at the champions that identified the need for such a system, concurrently establishing what motivates them to build it, as well as the targeted group and, most important, those using the system.

*b. Roles, responsibilities and existing structures for assessing performance*

This allows for the measurement of roles and responsibilities and existing structures available to perform monitoring and evaluation functions (Kusek & Rist, 2004:42). Morra-Imas and Rist (2009:114) state that it is essential to identify who is responsible for producing data within the organisation and to identify the main users.

*c. Organisational capacity*

Kusek and Rist (2004:42) present the different dimensions that needs to be reviewed, related to the capacity to monitor and evaluate, which are divided into managerial skills, technical skills, existing data and their quality, technology, financial resources and institutional experience. In doing the assessment, the gap between the existing capacity and the required capacity can be identified. Morra-Imas and Rist (2009:114) argue skills, resources and experience are key elements in building and sustaining a results-based M&E system within the organisation. The readiness assessment is not limited to organisational capacity; it explores the technical individual capacity and the system's ability to produce and supply information (Crawley, 2017:2). He further points out, the importance of connecting M&E system information to decision making processes. Capacity is an essential part of the M&E system; in absence of the required capacity, it might be difficult to uphold the system.

*d. Barriers*

Contrary to what Kusek and Rist (2004) presented as their three areas of focus, Morra-Imas & Rist (2009:115) acknowledge a fourth area, namely barriers that can hinder the implementation. They identify lack of resources, champions and political will as possible barriers. Literature from African decent points out that Organisation for Economic Cooperation and Development (OECD) countries assume political and technical capacity are in place without recognising challenges such as insufficient institutional resources, inadequate democratic systems that allow M&E champions practices, inadequate collaboration, lack of trust and most importantly poor shared goals and objectives amongst stakeholders (Crawley, 2017:3). The presence of national

M&E mandate, laws and regulations, leadership and support, reliable information, good partnership, performance assessment and tracking, and innovation pockets are indicated as good practice for the success of an M&E system (Morra-Imas and Rist, 2009:114).

### **Step Two: Agreeing on performance outcomes to monitor and evaluate**

It is said that the goals and outcomes are the essence of M&E system performance measurement it occurs in relation to the goals (Atkinson & Wellman, 2003 in Cloete et al., 2018:365).

An organisation should identify its objectives and aims. Morra-Imas and Rist (2009:115) highlight the importance of focusing on the results which relate to the outcomes and impact on the organisation's aim to achieve. Government decision making cannot take place without setting goals (Kusek & Rist, 2004:56); this forms an integral part of running an organisation, but it does not necessarily mean that all organisations have M&E system capacity. This results-focused approach will indicate whether specific benefits have reached the targeted group. Strategic outcomes and impacts should be in line with the country's strategic plans. Organisational strategies should be directly derived from the country's strategic priorities (Morra-Imas & Rist, 2009:116).

Kusek and Rist (2004:57-58) are talking about the importance of outcomes and the difference between a goal and an outcome; they claim *a goal is long term, then outcome follows, [and] within outcomes we set targets that are in a short range*. Targets indicate the progress that was made towards achieving the outcomes successfully. Logic models or results chains are developed based on the outcomes (de Coning, Wissink & Rabie et al., 2018:366).

Outcomes are an essential part of the M&E system; the indicators can only be developed when the outcomes are clearly defined; outcomes will indicate whether success has been achieved (de Coning et al., 2018:366). They further argue that building an M&E system is a deductive process because the inputs, processes/activities and outputs are derived from the outcomes; this also includes setting indicators, baselines and targets (Kusek & Rist, 2004:57). Essentially what is argued is that the entire construction of an M&E system is built on the existence of the outcomes and this provides support to the entire theory of change logic or results chain and possibly the accuracy with which success and progress are measured.

### **Step Three: Selecting key indicators to monitor outcomes**

The extent of outcomes achievement is directly linked to indicator development; it is an essential part of the M&E system which drives data collection, analysis and reporting (Segone, 2008:104). Measurable indicator development is directly translated from the outcomes (Kusek & Rist, 2004:66); it is how performances are measured.

*Indicator is a quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess the performance of a development actor (OECD, 2010:25).*

Indicators are an important M&E tool, as they provide a measure against which a policy's or programme's success can be measured; they reflect the performance of an intervention directly.

Developing indicators is a core activity during the construction of an M&E system (Morra-Imas & Rist, 2009:117), since the collection of data, analysis and reporting are driven by indicators. Schiavo-Campo (1999, in Kusek and Rist, 2004:68) presents particular criteria to be followed when developing indicators; if these criteria are not met, the indicators will be less useful and suffer. The acronym CREAM is used to sum up the criteria (Schiavo-Campo, 1999):

- Clear – precise and unambiguous;
- Relevant – appropriate to the subject at hand;
- Economic – available at reasonable cost;
- Adequate – able to provide sufficient basis to assess performance;
- Monitorable – amenable to independent validation.

Development of indicators should be relevant to the particular intervention. Cost reduction is possible, if existing indicators are utilised; however, indicator relevance to the particular policy, project or programme should be considered. In addition indicators can be replaced if improved indicators are developed (Morra-Imas & Rist, 2009:117).

There are both quantitative and qualitative indicators. Morra-Imas & Rist (2009:117) point out at the beginning of a new M&E system they advise the use of measurable quantitative system rather than a qualitative system. Quantitative indicators are reported in numbers, means or percentages, whereas qualitative are focused on the behavioural changes, compliance with quality (level and extent), change in institutional processes, attitudes, perceptions (such as

empowerment) and motives (Kusek and Rist, 2004:69). Verification is difficult to verify, because qualitative indicators is a direct reflection of the subjective judgements of current circumstances. Kusek and Rist (2004:69) argue qualitative indicators are hard to verify in comparison to quantitative indicators.

#### **Step Four: Gathering baseline data on indicators**

The initial data will be used as a measurement of progress. The baseline data are descriptions of the status quo before actions are taken (de Coning et al., 2018:366). Baseline data provide indicators about the current condition before progress or changes are measured. Kusek and Rist (2004:81) state that “A *performance baseline is information – qualitative or quantitative – that provides data at the beginning of, or just prior to, the monitoring period*”.

Measuring future programme, policy or project performance requires data against which it can be measured; baseline data provide that information and make it possible to measure performance. De Coning et al. (2018:366) states that the baseline data provide the evidence which makes performance measurement possible; monitoring is performed based on this data. Baseline data can be secured from various sources. Morra-Imas and Rist (2009:119) identify sources of data as either primary or secondary. Also data quality has a direct influence on evaluation accuracy (De Coning et al., 2018:366), hence care should be taken with the quality of data sets. Kusek & Rist (2004:85); De Coning and Rabie (2014:293) illustrated data collection methods in Figure 3.

**Figure 3: Data- collection methods**

Less Structured/ Informal						More Structured					
Conversation with concerned individuals	Community interviews	Field visit	Reviews of official records (MIS and admin data)	Participant observation key information interviews	Focus groups interviews	Observation	Survey	One-time survey	Panel survey	Direct survey	Field experiments

(Source: Kusek & Rist, 2004:85; De Coning & Rabie, 2014:293)

IFAD (2002, in Kusek and Rist, 2004:83) state that data that are intended to be used should be collected; they should relate to the performance questions and indicators. Before the data-collection method is decided, the sources of baseline data for indicators are selected (Morra-Imas & Rist, 2004:119). The accuracy of data is vital; decision making can be influenced negatively if incorrect data are obtained. De Coning and Rabie (2014:294) give prominence to the importance of accurate data and information, because weakness in this respect can compromise the entire M&E system.

### **Step Five: Planning for improvements, setting realistic targets**

Setting targets is the last step in building a performance framework, "*In essence targets are the quantifiable levels of the indicators that a country, society, or organisation wants to achieve by a given time*" (Kusek & Rist, 2004:91).

The progress towards the desired level of outcome is measured using targets (Morra-Imas & Rist, 2009:121). Essentially outcomes are not achieved in short- or medium-term time frames but reached over the long term (Morra-Imas & Rist, 2009:121). Establishing targets requires the baseline indicator level, the desired level of performance/achievement (De Coning et al., 2018:366); and the resources to achieve the target performance within specific time frames (Kusek & Rist, 2004:91). Kusek and Rist (2004:91) emphasise the importance of understanding the baseline, as performance (targets) will be indicated against the initial performance baseline. Morra-Imas and Rist (2009:122) reaffirm setting performance targets; there must be a particular level of comprehension of the baseline starting point, the theory of change, resource capacity both internal and external, political concerns, for example, financial resources and organisational acquaintance with the particular programme or project area. Target setting is done annually or quarterly. Target setting should be realistic, considering outcomes are achieved over the long term and are often difficult to achieve.

**Figure 4: Performance framework**

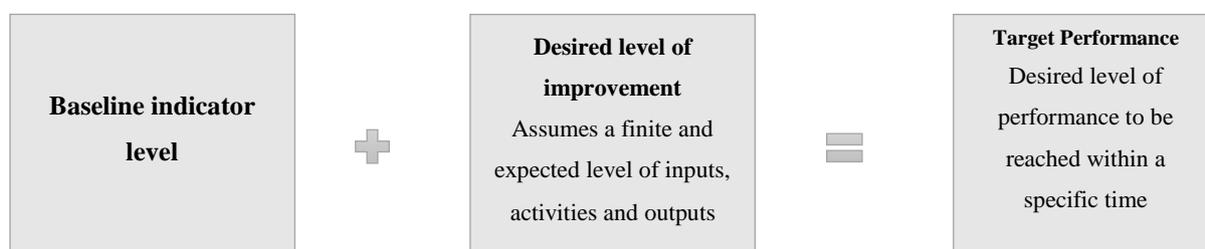
<b>Outcomes</b>	<b>Indicators</b>	<b>Baselines</b>	<b>Targets</b>
1. Nation's children have better access to preschool programmes.	1. Percent of eligible urban children enrolled in preschool education.	1. In 1999 75% of children age 3-5.	1. By 2006 85% of children age 3-5.
	2. Percent of eligible rural children	2. In 2000 40% of children age 3-5.	2. By 2006 60% of children age 3-5.

	enrolled in preschool education.		
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Source: Adapted from Kusek & Rist (2004:95)

The performance framework illustrated in Figure 4 show how outcomes can be achieved using this plan. The performance framework displays the indicators, baseline information and targets; the framework provides information to assess whether targets are being achieved. Targets leading to the achievement of the outcomes, figure 5 illustrate the chain that lead to the targeted performance, the chain include a baseline indicator and the expected inputs, activities and outputs. An individual indicator is set for one target (Morra-Imas & Rist, 2009:122), the framework provides a plan to establish the success of the programme or project, and it describes the results-based M&E system. The M&E system will produce information on the progress and performance of the programme or project (Morra-Imas & Rist, 2009:122), allowing an organisation to keep abreast of the performance of a particular programme, project or policy.

**Figure 5: Identifying required level of improvement requires selecting performance target**

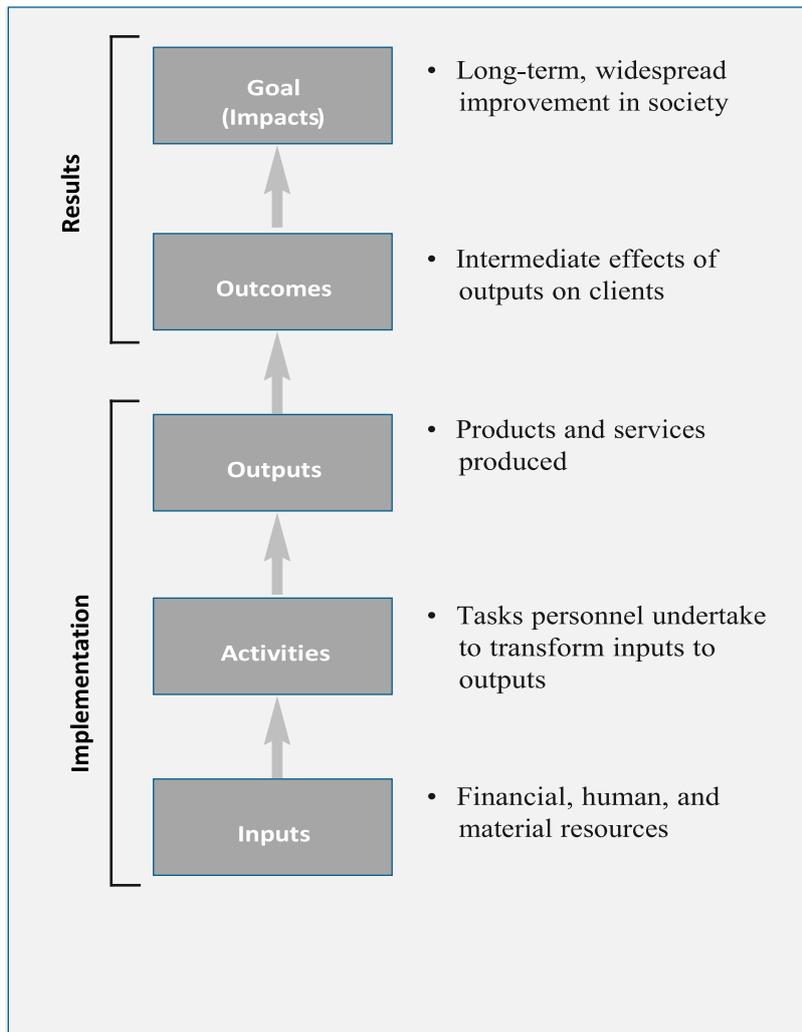


Source: Kusek and Rist (2004)

Segone (2008:104) mentions outcomes might not be reached within the short or medium term, and the complexity of achieving them is highlighted. It is argued that interim target should be set to measure the progress towards an outcome with a time frame and resources to be allocated (Segone, 2008:104).

### **Step Six: Monitoring for results**

Institutional and administrative roles come into play during this step; data collection, analysis, reporting, assigning people who responsible for the activities, quality control, and establishing cost and time-line all form part of the responsibilities (Segone, 2008:104).

**Figure 6: Results-based monitoring table**

Source: Adapted from Binnendijk (2002) in Kusek & Rist (2004:91)

Traditionally, monitoring forms part of the manager's day-to-day activities (Kusek & Rist, 2004:97). It is not only limited to this; the M&E system must also address the management, ownership, credibility and maintenance of the system (Morra-Imas & Rist, 2009:126); Kusek and Rist (2004:105) maintain these are the four basic elements within the monitoring system. It is essential that results and implementation are linked (Morra-Imas & Rist, 2009:124), considering the activities and strategies needed to achieve the targets. Monitoring consists of two activities, viz implementation monitoring and results monitoring (De Coning et al., 2018:366). Implementation monitoring includes inputs, activities and outputs; including resources – both human and financial – whereas results monitoring includes impacts and outcomes as indicated in Figure 6, the effects on and long-term improvement of society (Morra-Imas & Rist, 2009:124).

The importance of a monitoring system is emphasised by De Coning et al. (2018:366); they argue it is important to have a monitoring system in place to continuously track the realization of outcomes. They recommend the Gantt chart and path analysis as tools to monitor progress and to ensure plans are adhered to. Morra-Imas and Rist (2009:127) argue that ownership, maintenance, management and credibility are crucial for the success of an M&E system.

### **Step Seven: Using evaluation information**

This step is focused on the role of evaluation and analysis within this process; results will be assessed while moving towards the envisioned outcomes (Segone, 2008:105). Segone (2008:105) identifies numerous forms of evaluation that can possibly be applied depending on the purpose of the evaluation. Evaluation has an important role of complementing the information gathered during the monitoring process; monitoring indicates performance relative to indicators, targets and outcomes (Morra-Imas & Rist, 2009:127), whereas evaluation information shows the following factors (Kusek & Rist, 2004:117; Morra-Imas & Rist, 2009:127):

- Strategy (*whether the right things are done?*)
  - Justification or rationale
  - Comprehensible theory of change
- Operations (*whether things are done correctly?*)
  - Achieving anticipated outcomes effectively
  - Utilisation of resources efficiently
  - Client satisfaction
- Learning (*are there better ways of doing things?*)
  - Best practices
  - Learned lessons
  - Alternative ways.

De Coning and Rabie (2014:295) explains that when it comes to strategy, we should consider the rationale and justification for what we do; operations consider effectiveness, efficiency and customer satisfaction; and learning explores alternative ways, best practices and lessons learned through past experiences and practices. Morra-Imas and Rist (2009:127) point out that evaluation can dig into monitoring systems to diagnose any problems or concerns, adding that the credibility of information is crucial. They state that the role of evaluation is grounded in the reciprocal relationship of monitoring and evaluation in M&E systems; both aspects provide crucial information that indicates progress and performance information. Kusek and Rist

(2004:117) mention the usefulness of evaluation in answering management questions. The theory of change model is good in identifying causal relationships when evaluations are performed (Morra-Imas & Rist, 2009:128). It provides information that is not within the monitoring scope.

### **Step Eight: Analysing and reporting findings**

The capacity to produce findings is important during this step; it establishes to whom findings should be reported, as well as the format of and the time frames for reporting (Segone, 2008:105). How the report is prepared should also be considered.

Morra-Imas and Rist (2009:128) state that, although the content, audience and format of the report is important, identification of crucial decision-point information will be useful. De Coning et al. (2018:366) argue that reporting provides an opportunity to convey information to the relevant decision maker. Reporting is not only focused on the information provided, but who it reaches.

There are three forms of reporting, namely qualitative/narrative, quantitative progress and exception reporting (Atkinson & Wellman, in De Coning & Rabie, 2014:296). De Coning and Rabie (2014:297) mention that the South African public service has its particular reporting formats. Reporting format provide the following benefits (Morra-Imas & Rist, 2009:128-129):

- Information on the programme's progress and problems;
- Possible identification of problems;
- Learning opportunities for improved strategy implementation;
- Trends and direction information;
- Provide information that can either support or reject the programme theory of change.

Reporting all findings is important; a well-functioning M&E system will be able to report any problems in addition to giving value to the programme (Morra-Imas & Rist, 2009:129).

### **Step Nine: Using the findings**

Information production is one part of the M&E system, and using the information is the other (De Coning et al., 2018:369). Morra-Imas and Rist (2009:130) state the most important aspect of an M&E system is to provide the information to the users to aid in managing programmes.

They further state that information plays an important role in accountability, transparency and resource allocation within civil society (Morra-Imas & Rist, 2009:130).

De Coning et al. (2018:369) supports the argument stating that an M&E system is not limited to generating the findings; it should also be utilised in the management of an organisation or government department. Recognizing the different users is important, Morra-Imas and Rist (2009:130) argue; both external and internal users should be identified, and access to the information. The information derived from the M&E system has to be relevant to the users. Kusek and Rist (2004:138) state if users receive the information, it should be received timeously and used.

There are numerous uses for the results or findings. Hatry (1999, in Kusek and Rist, 2004:139) identifies the following:

- Assist with budget formulation and requests;
- Holding elected officials accountable to the public;
- Assist in making resource allocation decisions;
- Assist in motivating staff in making programme advances;
- Monitor and develop the performance of contractors, for example, in public private partnerships;
- Supply data for programme evaluations;
- Assist in more efficient service provision;
- Supporting information for strategic and long-term planning;
- Assist in improving communication with the public and grow public trust.

The list is very common in the literature and somewhat repetitive; however the advantages are not limited to the list. Using the findings is one part of the M&E system construction, but having a sustainable system is the other.

### **Step Ten: Sustaining the monitoring and evaluation system**

The focus on sustaining an M&E system is acknowledged. Segone (2008:105); Kabuye and Basheka (2017:3) identify six paramount components to building a sustainable M&E system, to be specific: demand, structure, trustworthy and credible information, accountability, capacity and incentives. Sustaining an M&E system necessitates these components, Kusek and Rist (151:2004) call attention to them. Contemporary African literature on M&E identifies political leadership as an important component for sustainable M&E systems. Porter and Goldman

(2013, in Wotela, 2017:1) assert political leadership is a crucial part of M&E sustainability. In recent years there has been an increase in evidence-based decision making by African politicians and bureaucrats. CLEAR-AA (2013:7) states that

*Potential users of evaluation come to recognize that they can affect policy processes to their benefit through using evaluation and create demand. If managers and conductors of evaluation have the capacity, political understanding and funds, they respond to the demand from users. If commissioning and use of evaluation capacity development take place, leading to more institutionalised evidence-based practice.*

These systems are designed for long-term purposes; they do not disappear after goal achievement. Derlien (in De Coning & Rabie, 2014:298) “contends that unless a governance system takes proactive steps to institutionalise the evaluation function, the occurrence and certainly the use of evaluation findings tends to be random”. In order to reach sustainability, the practical and effective use of the M&E system should take place, and by doing so, the evaluation function has to form part of the management function, if not, the risk of an unsustainable system is great. Some researchers have put forward components that could possibly maintain an M&E system’s sustainability. They concluded that sustainability is dependent on six components (De Coning & Rabie, 2014:298; Morra-Imas & Rist, 2009:132):

- Fortify continuous M&E demand using policy and reporting processes;
- Roles and responsibilities should be assigned;
- Information should be credible and trustworthy;
- Ensure consistent accountability to stakeholders;
- Data collection and analysis capacity development;
- Incentives should be introduced where performance information is used.

Segone (2008:105) identified six components, as mentioned earlier, that will promote a sustainable M&E system; building up demand is one of the components identified by Segone (2008). Contrary to what Segone (2008) believes, Mackay (2007:53) rebuts the argument that creating demand will build a sustainable system; he states that creating demand is not enough; adequate knowledge, understanding and expertise are needed. Furthermore, he argues, demand is always low due to lack of the factors mentioned. Supply is also required to keep demand sustainable. Mackay (2007:54) says that although demand is emphasised, supply should be ignored, as it forms part of the sustainability needs. However, he contends that supply can be

triggered by the demand, which can act as a supply catalyst. Considering the components needed for a sustainable system, supply and demand have to be in place to form part of the structures that uphold the system. Sustainability is not certain, unless the institution is proactive.

These steps should be followed to build an M&E system. Kusek and Rist (2004:2) noted that building an M&E system requires resources to face the challenge of sustainability. It is further argued that there is no single correct way to build an M&E system, as it might differ from organisation to organisation. Kusek and Rist (2004:23) claim that there has some controversy about the steps needed in building an M&E system; different experts have given their view – some may indicate ten steps, but others fewer, However, according to Kusek and Rist (2004:23), the following steps are essential:

- I. Outcome and goals formulation;
- II. Selecting outcome indicators to monitor;
- III. Baseline information on the current situation or condition;
- IV. Set targets with a timeline;
- V. Collection of regular data to assess the progress;
- VI. Analyse and report results.

These are fewer steps than those of Morra-Imas and Rist (2009), but Kusek and Rist (2004) argue they are essential and should form part of building the M&E system. In consideration of the M&E system utilised for ID persons, personal outcomes might be better monitored and evaluated if the baseline information is better reported and regular assessments of progress are done.

The challenges that remain in M&E systems are seldom used by organisations and governments as an opportunity to improve systems. A possible reason is that not enough emphasis is placed on the end-user and on the political, organisational and cultural factors (Kusek & Rist, 2004:23). There are numerous challenges facing M&E systems. Dassah and Uken (2006:707-708) reported that the M&E system is often perceived as a tool to punish or find fault, evaluation costs constrain programmes, and there is under-utilisation of evaluation information.

### **2.5.3 Monitoring Framework**

In designing a monitoring framework, Pasanen and Shaxson (2016:9) identify three important parts, namely, theory of change (TOC), understanding roles and functions, and stipulating the M&E purpose. De Coning and Rabie (2014:281) assert that M&E units need to agree on a

monitoring framework, which includes the *objectives, planned outcomes, targets, indicators and data used*.

In the light of the literature, it is evident that the theory of change has certain components that complete the logic framework: input, activities, outputs, outcomes and impacts (Morra-Imas & Rist, 2009:109). Inputs are the resources used, for example, finances. Activities refers to the actions required to deliver outputs, for example, building facilities. Outputs are the services and products produced. Outcomes are the behavioural changes produced by the intervention, and lastly, outcomes are the long-term changes, for example, eradication of cancer (Morra-Imas & Rist, 2009:109). Pasanen and Shaxson (2016:9) state that having a TOC will aid in the monitoring and evaluation of the process, using the indicators to measure the steps. Monitoring can take place by using the indicators and checking all the components while the programme or intervention transpires.

Indicators play a crucial role in monitoring the intervention. Morra-Imas and Rist (2009:110) mention the definition of indicator by OECD (2002:29): “*a variable that allows the verification of changes in the development of changes in the development intervention or shows results relative to what was planned*”. But before this, an agreement needs to be made about which outcomes wants to be achieved. Morra-Imas and Rist (2009:116) argue that stakeholder agreement on the outcomes is important. As the above literature suggests, indicator selection is important for the monitoring purpose. Morra-Imas and Rist (2009:117) report that what gets measured gets done; in addition, they state that indicators are used to measure progress. However, there needs to be baseline data against which progress can be measured (Morra-Imas & Rist, 2009:119). Monitoring of results needs to occur in terms of a particular goal or target; it is argued that every outcome has an indicator which has a target (Morra-Imas & Rist, 2009:124). These authors divide the theory of change into two monitoring types: results monitoring, which includes impacts and outcomes; and implementation monitoring, which includes outputs, activities and inputs (Morra-Imas & Rist, 2009:124). In other words, two types of monitoring occur: one focused on the implementation process and the other focus on the results and impacts achieved.

## **2.6 Monitoring, Reporting and Evaluation**

Reporting is an important facet within the M&E system; this section is focused on reporting with the aim of highlighting how essential it is to the entire system. Information provision to decision makers is essential for learning, improvement and change. De Coning et al. (2018:367)

state that formal reporting is useful in effective positive future policy processes. Hogwood and Gunn (1984, in De Coning et al., 2018:367) emphasise that communication of evaluation findings are critical success factors. Informed decision-making operations are influenced by reporting practices throughout M&E processes. The United Nations World Food Programme (UNWFP, 2018:4) reaffirm the importance of M&E reporting for informed decision-making operations. Vági and Rimkute (2018:85) identify the role of reporting, monitoring and evaluation with regard to budget, informed decision making and accountability; they add it can be used for better utilisation of management and co-ordination structures.

### 2.6.1 Uses of Reporting

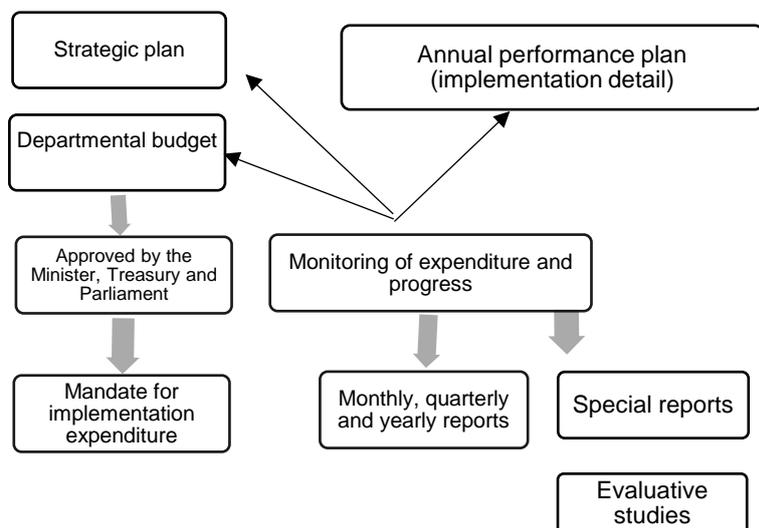
M&E reporting is an essential success factor; findings indicate its various uses in M&E, as Kusek and Rist (2004:130) identify:

- It reveals political accountability and delivery on political promises;
- It encourages organisational learning;
- It promotes use of evidence found;
- It investigates and explores what works or does not work, and provides reasons;
- It promotes information management through document findings and institutional memory development;
- It promotes understanding, support and inclusiveness by involving stakeholders;
- It promotes understanding; results will enhance the understanding of policies, programmes and projects;
- *“It promotes and advocates a particular point of view”* (De Coning et al., 2018:367).

Reporting forms part of the management tool providing feedback on progress or performance (Kusek & Rist, 2004:130). M&E reporting is used in decision-making activities, therefore how and when it is done requires thought and scrutiny. When reporting, consider audience, needs, interest and expectations (Rabie, 2011:102). Furthermore report should be clear, understandable, accurate, deal with one trenchant issue instead of complex situations, and provide recommendations (De Coning et al., 2018:368; Kusek & Rist, 2004:131-132). It is reported that results-based monitoring is often confused with reporting, hence reporting information is often used during monitoring (De Coning & Rabie, 2014:259). Comprehending different functions within an M&E system is crucial for its practical application; this section is focused on highlighting the importance of reporting within the system and the role information plays when it comes to monitoring. Vági and Rimkute (2018:86) argue that monitoring ends at

the outcome stage, whereas monitoring **reporting** informs those implementing programmes, projects and policies. It is at this level where corrective actions can occur.

**Figure 7: Typical relationship between strategic planning and reporting**



Source: De Coning et al., (2018:367)

De Coning et al. (2018:367) assert that reports often contain objectives, outcomes, indicators, targets, data measurements and statistics when reported to decision-making platforms. De Coning et al. (2018:367) refer to a public sector figure illustrating “the relationship between strategic planning, approval and reporting requirements linked to the plan and budget”. The relationship between strategy, monitoring, reporting and evaluation is one that feeds the entire system. Vági and Rimkute (2018:92) state that M&E and a reporting system should be developed jointly within a strategy. The involvement of leader and manager is crucial during effective reporting and monitoring; and its effectiveness and efficiency are measured by the corrective actions taken and the information usage (Vági and Rimkute, 2018:92).

## 2.6.2 Reporting an M&E System Component

Reporting is argued to be important to M&E systems; however, how reporting is done is also important. During reporting needs, interest, expectations and communication style and medium should be taken into consideration, in addition to clarity and comprehensibility (Kusek & Rist, 2004:131-132, in De Coning et al., 2018:367). The relation between M&E and reporting is mentioned in De Coning and Rabie (2014:267), who argue that information gathered during line functions often appears within M&E operations; monitoring and evaluation can be utilised to verify information received from reporting systems.

**Figure 8: Reporting, Monitoring & Evaluation as Components of M&E System**



The literature indicates there is three M&E systems components; literature identify reporting, monitoring and evaluation, as illustrated in Figure 8; *reporting* indicates the strength of a monitoring system, whereas *monitoring* results is used for *evaluation*, to interpret the data collected during the monitoring process (Rabie & Goldman, 2014:7); leading us to the evidence-based systems promoting informed-decision making. This section highlights the importance of reporting within M&E systems Figure 8 indicates how the individual parts form the entire system as a whole; although the literature mentions reporting as part of M&E system, this section emphasises the importance of reporting as an individual function. As indicated earlier, the three elements are assigned their individual functions but all three are required to complete the system.

## 2.7 Programme Management

In order to fully present the definition of programme management it is essential that this section explore the concepts of project, project management and programme management.

### 2.7.1 Defining concepts

This section explores the definitions related to programme management; this includes project and project management. It shows the relation between project and programme.

#### 2.7.1.1 Project

It is important to understand the notions of ‘project’ and ‘project management’ before exploring ‘programme management’, as this will provide an understanding of the discipline. The existence of project management has provided some support for organisations in achieving their strategic goals (Nyandongo, 2011:15). A direct link can be traced from project (project management) and the birth of the programme (programme management) era; these two areas provide us with two different functionalities and objectives.

PMBOK (in Burke, 2006:2) defines project as *“a temporary endeavour undertaken to create a unique product or service”*.

The Project Management Institute (PMI), (2008:5) explains that a project is a temporary endeavour undertaken purposefully to develop or produce a unique product, service or result. ‘Temporary’ refers to the project life cycle, which starts and ends; furthermore, the end occurs in two ways: either successful or unsuccessful, which requires the termination of the project (Project Management Institute, 2008:5). This latter definition provides a clear explanation of what is meant by ‘temporary’; in addition it explains that a project is aimed at delivering a particular service or product. It is argued that a project is the purposeful allocation of resources aimed at particular objectives after a planned, organised approach (Lientz & Rea, 1998:3). Much thought and many actions are taken before a project is started, and the resources can include financial, human or even technological resources. Thinking processes are highlighted through planned and organised approaches before the allocation of resources, and a project is based on the objectives aimed at.

Gray and Larson (2008:5) state that *“a project is a complex, non-routine, one-time effort limited by time, budget, resources, and performance specifications designed to meet customer needs”*. They identify many factors that define a project; in line with previous definitions the project is

a one-time approach, which is similar to Project Management Institute (2008) arguing that a project is temporary with a start and an end. In addition they recognize that a project exists within limitations, with the aim of the project being to achieve specified objectives that will satisfy the clients with predetermined or planned performance expectations. Lastly, they highlight the resources used during a project and state that the project represents a process that has never been done before.

### 2.7.1.2 Programme

The existence of some common theme or collective capability between projects is another feature of a programme; a programme is identified as a collection of various projects that share similar themes. Project Management Institute (2013:5) define programme as a collection of related projects that are managed in a coordinated manner to obtain the optimum benefits. Projects not related to a common outcome cannot be identified as a programme (Project Management Institute, 2008:10).

**Table 3: Comparative overview of programme and project management**

	<b>Programmes</b>	<b>Projects</b>
<b>Scope</b>	Larger scope than projects and provides more significant benefits.	Has defined objectives. Scope is progressively elaborated throughout the project life cycle.
<b>Change</b>	Programme manager must expect change from both inside and outside the programme and be prepared to manage it.	Project managers expect change and implement processes to keep change managed and controlled.
<b>Planning</b>	Programme managers develop the overall programme plan and create high-level plans to guide detailed planning at the component level.	Project managers progressively elaborate high-level information into detailed plans throughout the project life cycle.
<b>Management</b>	Programme managers manage the programme staff and project managers, providing vision and overall leadership.	Project managers manage project staff to meet the project objectives.

<b>Success</b>	Success is measured by the degree to which the programme satisfies the needs and benefits for which it was undertaken.	Success is measured by the product and project quality, timelines, budget compliance and degree of customer satisfaction.
<b>Monitoring</b>	Programme managers monitor the progress of components to ensure the overall goals, schedules, budget and benefits of the programme are met.	Project managers monitor and control the work of producing the products, services or results that the project was undertaken to produce.

Source: Project Management Institute (2013:5)

There are significant differences between a programme and a project. Project Management Institute (2013:5) placed them into six categories. A project is aimed at achieving objectives and the scope is altered during the project life cycle, whereas a programme is aimed at specific benefits and has a greater scope. Both environments can be unpredictable, contrary to functions of project managers who are concerned with internal changes using processes to manage those changes, programme managers deal with both internal and external environmental changes that could possibly impact on the programme (Project Management Institute, 2013:5).

Planning within projects is done throughout the project life cycle, meaning it does not take place at a particular point within the project, unlike programme managers who undertake planning that create high-level intended planning on a component level. The management umbrella in projects specifically covers the project staff, whereas programme managers have a more comprehensive approach managing both project managers and programme employees. Keeping track on the project/programme is important for their success; project managers focus on the performance that produces products or services. Project Management Institute (2008) states that products produced, quality, timeliness, budget, compliance and customer satisfaction are direct indications measuring project success, whereas needs and benefits satisfaction measures programme success. Monitoring is a management function practised both in projects and programmes; in the latter case, programme managers focus on the elements that indicate progress to ensure programme benefits are realised (Project Management Institute, 2008:9), whereas project managers monitor and control activities that produce services and products (Project Management Institute, 2008:9).

### 2.7.1.3 Project Management

Project Management Institute (2013:6) states that project management “*is the application of knowledge, skills, tools and techniques to project activities in order to meet stakeholder’s needs and expectations from the project*”. Processes are actively taking place to manage projects and achieve the expected outcomes. It is the process of integrating everything that needs to be done as the project evolves through its life cycle in order to meet the project objectives (Morris in Burke, 2006:3). Reiss et al. (2006:16) argue that project management entails the delivery of pre-defined products.

### 2.7.1.4 Programme management

Programme management operates within a fluid state, within many disciplines and in the light of many definitions (Bartlett in Shehua & Akintoye, 2009:704). Haughey (2001, cited in Nyandongo, 2011:25) points out that the Central Computer and Telecommunication Agency (CCTA) defines programme management as the management of a portfolio of projects aimed at reaching the business objectives; it is further argued that *long-term objectives* are planned, and the projects assist in achieving them. Referring to a portfolio of projects supports Nyandongo’s (2011) point that programme management entails managing multiple projects in a coordinated approach.

Care should be taken when referring to multiple projects managed (programme management) and a multi-project environment; they might sound similar, but Pellegrinelli (1997:141) notes that in the multi-project environment conflict is common. This is because the balance between resource allocation, project costs and the interests of the multiple projects (participants) need to be maintained or balanced. On the other hand, programme management is often exposed to scarce resource management and it is more focused on the ‘technical and planning’ aspects rather than the generative and organising aspects. Multi-project programmes place project leaders in a position to promote competitiveness between the interests of different projects, whereas programme managers plan and organise the resource allocation amongst projects.

Nyandongo (2011:26) further refers to the United Kingdom Office of Government Commerce (OGC) (2003) stating it is a portfolio of projects that are managed in coordination, changing the organisation and gaining advantages that have strategic significance.

Ferns (1991:149) define programme management as the coordination, planning, prioritizing and monitoring of projects with the aim of satisfying business needs. It is “*an integrated*

*structured framework that coordinates, aligns and allocates resources, and plans, executes and manages a number of related construction projects to achieve optimum benefits that cannot be realized if the projects are managed separately*” (Shehu & Akintoye, 2009:704). They further say programme management is the selection and planning of a group of projects aimed at achieving the set business objectives, in addition to the effective execution of the projects within a controlled environment to realise optimum benefits “for the resulting business operations” ((Shehu & Akintoye, 2009:704). Programme management is a centralized integrated management of a group of projects to achieve the programme’s strategic objectives (Project Management Institute, 2008:10). The Project Management Institute (2013:5) presents a different definition to the previous; they state programme management is the achievement of programme objectives using knowledge, tools, skills and techniques that would not be possible managing projects individually. This definition is similar to the Project Management Institute (2008) however the latter recognise the importance of the resources.

Reiss et al. (2006:8) offer two definitions of programme management:

- It “is the coordinated management of a portfolio of projects that change organisations to achieve benefits that are of strategic importance”;
- “The orchestration of organisational change”.

The latter is focused on the organisational change, without referring to the programme or management function. The first presents a clear definition, and also refers to the relation of projects directly related to the strategic benefits of organisational change. Programme management is argued to be the management of a group of similar themed projects that are integrated with the aim of achieving certain benefits that would not have been achieved if projects were managed independently (Lycett, Rassau & Danson, 2003:289).

### **2.7.2 Programme Management Approaches**

Undertaking organisational change by way of programme management demands particular tools, techniques and methods to bring about the desired change. Selecting the right approach to obtain the desired prospective organisational change is important because it impacts on principles and practices.

Programme or project approaches provide the methods employed throughout the programme; tools and techniques utilised are guided by the programme management methodology. Practices, phases/tasks and principles are impacted by the approach (Pellegrinelli, Partington,

Hemingway, Mohdzain & Shah, 2007:43). The programme management approach can be defined as the methodology that will provide change through described practices, principles, techniques and tools employed for that particular change required.

Programme management classifies activities into groups, referring to them as broad topic areas, knowledge areas or themes which exist throughout the programme management life cycle; they are influenced by the programme management approaches adopted (Nyandongo, 2011:26). *Managing Successful Programmes* (1999) (MSP) document was drafted by the OGC consulting various sources from both the public and private sector. The MSP refers to the following when assessing programme management practices, approaches and arrangements employed (Pellegrinelli et al., 2007:43):

- Organisation and leadership;
- Stakeholder communication and management;
- Risk management and issue resolution;
- Business case management;
- Quality Management.

The *Gower Handbook of Programme Management* (2006) has a different approach, but there are similarities (Nyandango, 2011:34). The Gower handbook authors are noted practitioners within the programme management field; they present their approach as outlined below (Reiss, Anthony, Chapman, Leigh, Pyne & Rayner, 2006:165).

### *1. Programme Organisation and Governance*

Reiss et al. (2006:165) state that organisation and structure are essential during the adoption of a programme (management); the programme will exist within the organisation/company with an integrated approach, considering the organisation's interests. Well established structures with roles and responsibilities are important for the success of a programme, and they are deemed important for this key area (Reiss et al., 2006:167).

The role of leadership is recognized in providing guidance and direction to achieve strategic objectives (Reiss et al., 2006: 179). Application of governance principles occurs throughout the existence of the programme management cycle (Reiss et al., 2006:181), and is not limited to a particular point within the programme. Controls are used in the form of activities and processes, considering the resources used throughout the programme control are an essential part of managing resources within the group of projects.

MSP reviews the structure of management, reporting structures and the number of roles in relation to the desired outcomes. Then it focuses on leadership and skilled persons on different levels, and accountability, authority and responsibility are well defined.

### 2. *Programme Planning Control*

*“Programme planning is the cooperative planning and monitoring of multiple resources across multiple workloads”* (Reiss et al., 2006:203). The monitoring occurs throughout the project boundaries that form the programme; programme planning control assist the programme manager with resources allocation to achieve programme objectives. Oversight takes place continuously throughout the implementation process.

### 3. *Benefit Management*

Reiss et al. (2006:246) explain that benefit management is a process whereby expected benefits are defined, agreed upon, measured and reported. There is a complex relationship between the programme, projects and benefits management (Reiss et al., 2006:246). Projects do not deliver benefits but deliverables, while programmes create benefits, but seldom directly. It is also said that uniting their deliverables and projects enables the capacity to achieve the benefits (Reiss et al., 2006:246). Pellegrinelli et al. (2007:43) refer to benefits management as the central activity within the programme as a constant thread throughout the programme; it is crucial for the discovery of benefits that are delivered through new capabilities achieved by the projects.

### 4. *Stakeholder Management*

Stakeholder management is defined as a process of leading and managing those directly and indirectly responsible for the programme’s success; this is in addition to organising activities and managing the politics affecting the programme (Reiss et al., 2006:295). The programme’s success can be influenced by the management style used by managers; the individuals responsible for the programme’s success should be managed in a way that does not undermine the programme’s chance of success. Reiss et al. (2006:295) remind us that a programme can have the best team and management system, but if it cannot manage the key individuals or stakeholders, it can turn out disastrously. Programme leadership requires the skills and knowledge necessary for managing the stakeholders; this management process is essential in a programme’s success and sustainability (survival) (Reiss et al., 2006:295). They further strongly express the importance of “stakeholder management”. Pellegrinelli et al., (2007:46) points out the importance of understanding the stakeholders’ interest in the programme and the impact the programme will have on them; they emphasise having an implementation strategy in place that will address the issues and needs of the stakeholders is crucial for the success of

the programme. They further argue that staying on track and maintaining an acceptable pace requires constant lobbying, co-opting, manipulation, influence and flattery from the programme management team.

It is evident that this area is not about the management of the programme, but the management of the lifeline of the programme. The stakeholder role can impact on the programme extensively.

#### *5. Management of risks and issues resolution*

The possibility that issues and risks are connected in some instances is evident; some issues might be escalated to risks (Reiss et al., 2006:329). Issues at project level can be escalated to programme level; discernment between programme issues or risks is important.

Reiss et al. (2006:329) suggest management of uncertainty is a cardinal activity within any programme. There is always a possibility of risk arising or any issue influencing the pace of the programme. Pellegrinelli et al. (2007:46-47) argue the risk should be minimized or managed and the issues arising should be managed without influencing the chances of the programme's success.

#### *6. Programme assurance and Quality*

*“Establishing an effective regime to determine quality requirements and ensure that they are met, is vital to the success of every programme”* (Reiss et al., 2006:351). Ensuring the correct quality level is achieved should be done by putting certain processes in place; they should be of such a nature that all projects are of adequate quality and combined to enhance the capacity of the programme in order to achieve its long-term objectives (Reiss et al., 2006:351). The concept of quality might have different meanings depending on the services and products produced; Reiss et al., (2006:301) argue quality is present when all attributes are combined that determine the capacity and ability of the programme to meet its objectives. This particular definition explains the concept of quality by referring to the elements that influence the achievement of the objective.

Programmes being output-orientated and consisting of a group of projects establishing quality is important. Reiss et al., (2006:351) state that at the end of a programme adequate quality should be guaranteed to achieve long-term objectives. Pellegrinelli et al. (2007: 49) argue the MSP focuses on three aspects affecting quality management: the design/configuration management; documentation on change control, quality assurance and the assessment of outputs to determine whether they are in line with the purpose; and the programme governance arrangement quality. Pellegrinelli et al. (2007:51) argue the MSP approach is a suitable

approach for novice practitioners and it allows for reflection and presentation of new ideas to the experienced manager. This makes the MSP approach very useful for various experienced practitioners.

In the selection of the programme management approaches, certain factors should be considered. Gray (1997:6) is of the opinion the programme model has an influence on the selection of the approach. Gray (1997) further identifies three different programme models, namely strong, open and loose. This selection is done based on an evaluation that considers the feasibility, the desirability and the advantages. These two evaluation categories will direct the selection of the programme management approach.

#### *7. Configuration Management*

Configuration management is the process that identifies, controls and protect all products produced by the programme; in addition it keeps records of changes that have occurred and their interrelatedness (Reiss et al., 2006:377). Reiss et al. (2006:377) illustrate that products are produced during a programme; the products under configuration management are those that produce the objectives and those intermediate products that form part of the steps in the process.

#### *8. Internal Communications*

Communication processes within the programme are essential to the success, planning, organising and monitoring process (Reiss et al., 2006:402). Communications outside the programme are considered external. Reiss et al. (2006:402) say it is often assumed that communications are managed from the stakeholder side and this will be sufficient. Hence, the fact that a programme exists within the organisation or company means that it should have its own management functions that will make production processes less complicated.

#### *9. Programme accounting and financial control*

Reiss et al. (2006:427) assert this is a process that provides assurance to senior management that the programme can be completed within the given financial constraints. However, not all programmes are completed with the finances initially provided; some may require additional financial input. Reiss et al. (2006:425) agree that this does not necessarily mean that the programme will adhere to the financial constraints.

#### *10. Management of scope and change*

Change during a programme is inevitable; however, the way in which change is brought about is the main concern (Reiss et al., 2006:477). Change can have detrimental effects on the programme due to the fact that it can hinder achieving the programme objectives successfully. Certain management processes should be in place to assist the transition. Reiss et al. (2006:478)

state that change can either expand or contract the scope of the programme and it can have an impact on various aspects of the programme; the management of the scope and change must have the capacity to minimise any negative impacts caused by the change of programme. Reiss et al. (2006:479) argue that management of the scope and the change ensures the programme can recognise when change is needed; then it initiates the predefined process that provides relevant information that will support rational decision making.

### *11. The programme office*

*“Programme office is a collection of functions that provide services to the programmes, while these functions must be operated by physical entities; this does not mean they must all be located in the same physical area”* (Reiss et al., 2006:504). Support functions can be provided outside the programme office, as long as they serve their function.

Reiss et al. (2006:504) indicate four areas in which the programme office can support the programme. They present these areas as follows (Reiss et al., 2006:504-505):

- Strategy – Aid in implementing part of the organisation’s strategy;
- Programme – Provides expertise on the methods, processes used, and any other aspect related to the programme processes, information and functions, for example, external environment of the programme; this includes the organisation, strategies, policies and decisions that might influence the internal programme.
- Information – Information management, programme office ensures that there is access to these documents and information;
- Resources – Provide any form of resources.

This support forms an important part not only of programme management but also of M&E institutionalisation; this is a crucial factor that can influence sustainability.

### *12. Programme knowledge management*

*“Process that captures and shares knowledge and ensures that it is a worthwhile and valuable asset through monitoring and reviewing”* (Reiss et al., 2006:527).

The knowledge within the organisation is used to improve the chances of programme success; this also includes information that can be obtained by the organisation (Reiss et al., 2006:527). The focus is on lessons learned throughout the project and programme cycles (Reiss et al., 2006:527); this assist with management and response to future challenges. Creative and effective solutions can be found when a company is faced with parallel challenges. The authors report three types of knowledge: firstly, information on the organisational operations, for example, organisational structure or roles and responsibilities; secondly, best practices, which

are concerned with the best processes and procedures undertaken by the organisation; and thirdly, lessons learned in projects and programmes, for example, knowledge related to previous and existing programmes and projects.

The existing knowledge is used to find best practices to assist the organisation using existing knowledge to address challenging situations or be prepared if they do appear.

### **2.7.3 Programme management design**

Programme design “*is the process of identifying and understanding a problem and its causes and planning a series of actions to deal with them using a programmatic approach*” (De Coning, Koster & Leputa, 2018:240).

It is argued programme failure is commonly caused by poor programme technical design, especially in South Africa (De Coning et al, 2018:240). Before embarking on a programme, it should be well planned to avoid or minimize risk of failure. The output of programme design is identified as the programme plan. De Coning et al. (2018:240) identify five phases of programme design: programme appraisal (programme justification), design, inception, implementation and review.

*Appraisal* entails problem identification before embarking on a programme; it requires the problem to be identified and clarified (De Coning et al., 2018:240). Stakeholder involvement and programme scope are crucial. *Clarifying the issues* is concerned with that and is aimed at establishing a programme’s capacity to deal with the problem (De Coning et al., 2018:241) additional to the selection of the programmes approach. *Detailed programme design* phase is focused on the programme plan, it should contain the rationale, objectives aligned to strategies, deliverables, indicators, targets, risk and mitigation strategies (De Coning et al., 2018:241). Programme feasibility, affordability, suitability and acceptability is a concern, as in any public policy or project. *Appraisal and quality assessment of programme design* phase appraise the programme to assess whether the programme is feasible and the alignment with the principles, strategies, priorities and policies (De Coning et al., 2018:241).

## 2.8 Programme Evaluation

The purpose of an evaluation is influenced by the client or donor needs (Sithomola, 2014:24); it influences the orientation of the programme evaluation. Sithomola (2014:24) argues that it provides information about the programme application or the activities of that particular programme. In addition, it provides answers to why the programme is operating the way it does.; the focus is on programme evaluation which is defined as an intervention involving a collection of projects that are intended to achieve a common objective/goal.

Programme evaluation assesses the design, implementation, delivery, outcomes, impacts and deliverables of a programme. Mouton (2014:172) refer to Patton's (1997:76) purposes of evaluation, which are firstly to judge the merit of the programme, for example, auditing, quality control or cost-benefit decisions; secondly to improve the programme, for example, quality improvement, formative evaluation where adjustments can be made; and thirdly, to generate knowledge, for example, development of new theories or models and to inform policy. The purposes of the evaluation are grouped into three aspects, which can be executed using different examples or processes.

Judgment evaluations are intended to establish the worth and merit of the programme; they are concerned with whether the intended beneficiaries did receive the intended intervention, whether the objectives were achieved, whether the programme was successful, and whether the goals were reached (Mouton, 2014:172). In fact, the main question is: Was the programme successful and effective?

Improvement orientated evaluations are focused on the implementation of the programme and whether improvements need to be made (Mouton, 2014:173); they assess whether the programme was properly implemented and whether the implementation will ensure the desired outcomes. Adjustments can be made if anticipated problems are foreseen; basically this is more to assess the need for improvement and whether actions and processes in place are in line with the intended aim. Knowledge orientated evaluations are focused on understanding how a programme works and how the intervention has changed the behaviour of people affected by the intervention (Mouton, 2014:173).

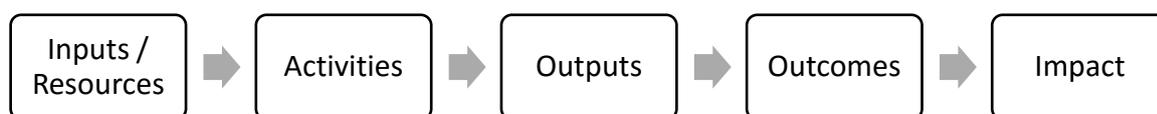
### 2.8.1 Programme theory-based and logic-model approach

The results framework has been defined in various ways. The Independent Evaluation Group (2012:7) points out that the logic framework, logic models, theory of change are conceptual

tools used by different agencies aimed at linking the causal effect of inputs, activities and results. The programme logic model presents assumptions and a theoretical image of the programme, indicating how an organisation works, linking the activities with the programme outcomes and assumptions (Kellogg Foundation, 2004: iii).

The Kellogg Foundation (2004:1) regards the programme logic model as an effective tool for programme implementation, evaluation and planning. It depicts the interaction between planning, resources and actions to achieve pre-determined results and changes (Kellogg Foundation, 2004:1). The Independent Evaluation Group (2012:21) argues that using the theory of change model provides the opportunity to visualise the programme or intervention from inputs to outcomes. The theory of change allows the user to link inputs and activities to the actual results.

**Figure 9: The Basic Logic Model**



Source: Kellogg foundation (2004:1)

The components within the logic model shows the connection between the intended results. Resources and programme activities jointly illustrate the planned work; resources include all those elements needed, also known as *inputs*, for example, human resources, financial and organisational resources; *activities* refer to the actions required to produce results (Kellogg Foundation, 2004:2). The Kellogg Foundation (2004:2) refers to *outputs* as the intended services and products produced; outcomes are those benefits gained during outputs, which can be knowledge, improved level of functioning or even skills; lastly, *impact* refers to the change that occurs within the organisation or communities, whether is local, provincial or national. Mtshali (2015:19) points out that performance measurement is a continuous process of measuring programme and service results and efficiency; the logic model allows for

performance measurement, providing an indication of the performance level. It is identified as a good tool to produced tangible benefits (Kellogg Foundation, 2004:4).

The logic model is an ideal way of linking your desired outcomes to the inputs and actions required to achieve the results. The Kellogg Foundation (2004:3) mentions that the model provides stakeholders with a map describing sequential events connecting a planned programme to the desired results. It can provide stakeholders with an idea of how the programme or policy will play out. The importance of knowing the required resources and the time intervals needed for them is important. The logic model offers the luxury where we can ask: *What results do we want to see? What is needed to achieve those results?*

## **2.9 The 7-C's Protocol for Programme Implementation**

The complexity and uniqueness of policy and programme processes makes it challenging to understand them; De Coning, Cloete and Burger (2018:206) identified variables that possibly influence the policy direction, in this particular case a programme. The 7-C's Protocol is presented to identify variables that influence the implementation process.

### **2.9.1 Content**

Policy content refers to 'what it sets out to do', 'how it relates to the issue' and 'how it aims to solve the perceived problem' (De Coning et al., 2018:206). Lowie (in De Coning, 2018:206) states that a policy can be identified by what it intends to do; it can either be distributive, regulatory or redistributive. A distributive policy intends to create public goods; a redistributive policy intends to reallocate wealth or power from one group to another; and a regulatory policy stipulates rules of conduct and sanctions against non-compliance (De Coning et al, 2018:206). Burger (2015:25) notes that "content is a function of the level and type of coercion by government". The content not only focuses on what it wants to achieve, but on how and on the means utilised to achieve the end that forms part of the policy content (De Coning et al., 2018:207).

The importance of this variable is not limited to the implementation process, but to the other variables, type of coalitions and the commitment of those responsible for the implementation process (De Coning et al., 2018:208).

### 2.9.2 Context

Institutional context is identified as an important influencer of policy implementation, De Coning et al. (2018:208) argue that political, social, economic and legal realities can influence the implementation process within institutions. These realities have an impact on the context of institutions; Burger (2015:26) presents three elements in relation to institutional context: firstly, the actors that influence or that are influenced by the implementation process; secondly, the institutional interests and power relations amongst institutions; and thirdly, the influence of the realities on institutional characteristics and functions. Berman (1980, in De Coning et al., 2018:208) stresses the importance of context, stating that “a context-free theory of implementation is unlikely to produce powerful explanations or accurate predictions”. Context identifies key institutional players, institutional conflicts both internal and external, as well as the growing relationship between the programme or policy goals and the agency responsible for the implementation process (Burger, 2015:26). Contextual issues are focused on those relations that influence the implementation process and also the relations amongst players and institutions that can impact on the process.

### 2.9.3 Commitment

*“Effective and efficient bureaucratic structures may be in place trying to implement policy, but without commitments from those role players responsible for implementation, nothing will happen”* (Warwick, 1982:135). The absence of commitment can influence the effort required to fully participate in the implementation process (De Coning et al., 2018:208); commitment is not exclusively needed in a top-down but also in a bottom-up approach. Commitment is not an isolated variable but interconnected with the other variables. De Coning et al (2018:209) note relevant variables selection depends on the implementation process and it is required at all levels of the implementation process. The top-down approach commitment is connected to resources and policy context, whereas bottom-up commitment is affected by clients and coalitions and institutional context, although content and capacity influence cannot be ignored (De Coning et al., 2018:208). Having the right variables in place is good for implementation processes; however, the absence of commitment can hinder the right amount of dedication and effort to implement the process effectively.

### **2.9.4 Capacity**

In any actionable policy process the capacity ‘to do’ is important, because without the ability to drive the implementation process, the chances of it remaining ineffective is high. De Coning et al. (2018:209) note that effective implementation requires capacity, and commentators in the literature are unanimous on the importance of this variable. Government capacity refers to the structural, functional and cultural ability to implement the policy process (De Coning et al., 2018:209), both tangible (i.e. financial, human) and intangible (i.e. leadership, commitment) resources. Burger (2015:28) asserts that building adequate institutional capacity is important for effective and efficient implementation processes. However, it is not sufficient. De Coning et al. (2018:209) assert how capacity is operationalised and created is crucial, and not limited to what capacity is required and where. Capacity refers to the resources needed to implement processes effectively and efficiently.

### **2.9.5 Clients and Coalitions**

The clients and coalitions are related to the joint government coalitions from interest groups, stakeholders and leaders in support of the implementation process. Rein and Rabinowitz (1987, in De Coning et al., 2018:212) state: “A power shift among the different outside interest groups produces a corresponding shift in the implementation process”. The literature suggests there is power in coalition support that can directly influence the implementation process. Coalition/client support is identified as a critical variable in the implementation process; obtaining such support can influence the power dynamics. Ultimately the objective is implementation effectiveness.

### **2.9.6 Communication**

Two C’s was added to Brynard’s 5-C’s protocol: coordination and communication. The communication variable was discussed as part of the other six variables, but its importance to implementation means it needs to be singled out as a variable (De Coning et al., 2018:212). Communication is identified as a central factor to implementation process, especially in a country like South Africa with 11 official languages (De Coning et al., 2018:212). These authors emphasise the need for good governance and transparency, and this variable offer the route towards them. Resistance to change or new policies is prevalent in environments where

communication is lacking (De Coning et al., 2018:212). This indicates even more how crucial communication is to the policy environment.

### **2.9.7 Coordination**

The presence of coordination is crucial to efficiency and objective achievement. Robbins and Barnwell (2006:118) define coordination as the process of the integration of objectives and action (activities) by separate units to achieve organisational goal efficiency. They further argue that in complexity situations the need to coordinate activities intensify; not doing so can mean the organisation duplicates work, loses efficiency and wastes time. De Coning et al (2018:213) refer to two types of coordination, namely intra-organisational and inter-organisational; the latter refers to the coordination between different organisations and the first refers to coordination within the organisation. They further mention that communication is an important part of coordination. This last of the 7'C forms part of the essential protocol that is needed during policy or programme implementation.

### **2.10 Conclusion**

This chapter focused on M&E and the programme management literature. Conceptualization of relevant concepts was discussed with the aim of providing insight into the context of this study. The chapter explored the literature on the institutionalisation of M&E systems, illustrating three areas essential to achieve a completed process: the institutional arrangements; the M&E system building steps mainly with Kusek 's (2009) approach; and the monitoring framework required for the complete institutionalisation.

In this respect the following themes were addressed: organisational development, whereby organisation and structural arrangement were reviewed; human resource capacity, participation and governance within the organisation and intergovernmental as well as external participative processes; leadership and management roles and their function in leading M&E systems; capacity building, which explored the system, organisation and human capacity to sustain the M&E system; and lastly, the legislative and policy documents also referred to as value systems – the value system influences the programmes, policies and practices within a government facility or department, hence it was important for the study's thematic approach.

Furthermore, in the process of building an M&E system, Kusek and Rist's (2004) ten steps were used to structure the fieldwork data collection tool, as well as providing added thematic

structure to the study. The literature on monitoring frameworks and indicators forms part of the main themes selected to structure the study and research design, as did the literature on programme management and implementation. The programme management literature provided a guideline in assessing the programme and establishing whether it is managed like a programme. Indicators form an important part of M&E systems and were included to structure to the research study. In respect of the implementation process, the 7C's protocol guided the study's approach to implementation. These are the focus areas that guided the fieldwork, data-collection processes and analysis.

Furthermore, the various components required to establish institutional arrangements and the essential building steps that should always be part of the construction of M&E systems were examined. This chapter explored programme management, a comparative approach to project and programme management, and it illustrated various programme management approaches. The chapter made use of two main approaches derived from the programme management literature; their differences and similarities were identified. The literature illustrates the importance of programme design in programme management success; therefore this chapter provided a brief discussion on programme management design. This chapter identified the importance of M&E systems for an evidence-based approach to public services, policies, programmes and projects. It further illustrated how essential M&E is for improving service delivery and resource allocation based on informed decision making.

## **CHAPTER 3: POLICY AND LEGISLATIVE ARRANGEMENTS FOR M&E IN HEALTH**

### **3.1 Introduction**

This chapter outlines the legislative framework guiding the South African M&E system from a policy and legislative perspective. It illustrates the legislative support the Constitution provides to the M&E policies and legislative framework, since South Africa is a constitutional democracy. The following section will discuss national legislation influencing M&E practices and values, as well as the Western Cape Health Department Strategy and International policy ratified by the South African government as well as the provincial government of the Western Cape.

### **3.2 National Legislation: The Constitution of the Republic of South Africa, 1996**

The Constitution is the supreme law of South Africa all legislative frameworks and M&E policies are expected to be in line with the Constitution. The Constitution Section 195 (1) (a-g) mandates the basic values and principles that public administration should follow:

- a) A high standard of professional ethics must be promoted and maintained;
- b) Efficient, economic and effective use of resources must be promoted;
- c) Public administration must be development-orientated;
- d) Services must provide impartially, fairly, equitably and without bias;
- e) People's needs must be responded to, and the public must be encouraged to participate in policy-making;
- f) Public administration must be accountable;
- g) Transparency must be fostered by providing the public with timely, accessible and accurate information.

The Constitution makes provision for evaluation and monitoring; these powers are conferred on the Public Service Commission (PSC) in Section 196 (4). The PSC's functions and powers are to promote the values and principles set out in Section 195 throughout the public service. Sections 196 (4) (b) confers on the Commission the functions to investigate, monitor and evaluate organisations, administrations and personnel practices within the public service (RSA, 1996). The Constitution mentions the ideal of "better life for all", but at the same time the gap between the reality and vision is recognised. The Presidency (2011: ii) states that realising

those ideals effectively and efficiently, and providing economical service delivery, are required; furthermore, adjustments are needed with the adoption of systems, processes and formats aligning public administrative practices with the vision. Section 195 of the Constitution assigns major responsibilities to the Public Administration sector; the conditions under which the administration must function are spelt out and at the same time these conditions should be conducive to supporting the systems and processes that will enhance our Constitutional vision. Public administration structures play an important role in the existence and implementation of M&E.

### **3.3 The White Paper on Transforming Public Service Delivery (Batho Pele), 1997**

The Batho Pele called on national and provincial departments to transform public service delivery; the development of strategies should promote and improve the quality, quantity and equity of service delivery (DPSA, 1997). The White Paper states that national and provincial departments need to identify the following (DPSA, 1997):

*“Services standards, defined outputs and targets, and performance indicators, benchmarked against comparable international standards; Monitoring and evaluation mechanisms and structures, designed to measure progress and introduce corrective action, where applicable; Plans for staffing, human resource development and organisational capacity building, tailored to service delivery needs; Redirection of human and other resources from administration tasks to service provision, particularly for disadvantaged groups and areas; financial plans that link budgets directly to service needs and personnel plan”* (DPSA, 1997).

The White Paper is aimed at developing performance management systems on provincial and national level, through indicator development and indicator settings that aid in performance measurements. The Batho Pele principles are: Service Standards, Access, Consultation, Courtesy, Information, Openness & Transparency, Redress and Value for Money. The principles are aimed at enhancing service delivery quality, accountability and efficiency.

### 3.4 Public Finance Management Act 1 of 1999

The Public Finance Management Act (PFMA) promotes effective and efficient management of assets, liabilities, expenditure and revenue (Goldman, Phillips, Engela, Akhalwayo, Gasa, Leon, Mohamed & Mketi et al., 2014:352), on a national and provincial level. It holds managers accountable under the PFMA. Monitoring, reporting and provision of quality information are essential under the legislation, which is aimed at eliminating wasteful and fruitless expenditure. The Act states that it exists

*To regulate financial management in the national government and provincial governments; to ensure that all revenue, expenditure, assets and liabilities of those governments are managed efficiently and effectively; to provide for the responsibilities of persons entrusted with financial management in those governments; and to provide for matters connected therewith (Republic of South Africa, 1999:1).*

It entrusts persons with the responsibility to manage public finances; in addition, they are accountable for managing finances within the frameworks of this legalisation. PFMA Section 40 (a) instructs the accounting officer to keep proper and full record of all financial affairs as per prescribed norms and standards (Republic of South Africa, 1999:39); this will ensure that quality information is provided.

### 3.5 Policy Framework for a Government-wide Monitoring and Evaluation System, 2007

The Cabinet approved the policy framework for the government-wide monitoring and evaluation (GWM&E) system in 2007; the framework was published by the Presidency. This overarching document aims to achieve an integrated, comprehensive framework of M&E principles, standards and practices that are utilised throughout the entire government (The Presidency, 2007:5). Goldman et al. (2014:355) believe that the development of this document was aimed at enhancing understanding of upcoming reforms and simultaneously promote better aligned M&E initiatives aimed at coordinating departments. It provides guidelines and principles where M&E is implemented throughout government. Furthermore, the Presidency (2011:3) mentions seven guiding principles related to monitoring and evaluation; M&E should:

- Address development priorities and be development orientated;
- Be undertaken with integrity and good ethical standards;
- Be utilisation-oriented;

- Have sound evaluation methods;
- Advance transparency and accountability within government;
- Be participatory and inclusive;
- Promote learning.

The Presidency further states that the development of this system was difficult in practice (Goldman et al., 2014:356), presenting reporting challenges. The Presidency (2007:7) has set out three data terrains on which the M&E functions:

- *Programme performance information*: The National Treasury has the leadership role; however, all government institutions have a role in developing “information structures, processes and systems managing performance information” (The Presidency, 2007:8);
- *Social, economic and demographic statistics*: information collected by Statistics South Africa and those by government institutions. There are documents that play a role within the three terrains; in this particular case the NSS, SASQAF and the Statistics Act provided support (The Presidency, 2007:8-9).
- *Evaluations*: the focus was on processes, standards and techniques of evaluations and planning (The Presidency, 2007:9). The Presidency planned on developing guidelines and an evaluation framework to support the implementation process, but currently only the guidelines are available.

These three terrains are guided by their individual policy frameworks for successful implementation and how to be fully functional. The document is divided into three parts intended to communicate the principles of M&E: (1) three data terrains with their policies reporting on what is required to be completely functional, (2) the implementation of M&E; and lastly (3) implementation guidelines for the GWM&E system.

### **3.6 National Treasury Framework for Managing Programme Performance Information**

This document serves as support to M&E systems; it indicates how performance information can aid in establishing how well an institution achieves its aims and objectives (National Treasury, 2007:1). It forms part of the three critical terrains: the first is the programme performance information; the second is the social, economic and demographic statistics; the third is evaluations; presented in the GWM&E system. The GWM&E system point out there are systems collecting valuable information within government, but the gap of information

required for service delivery plans and analysis of policy success and reviews are still present; the GWM&E system is focused on narrowing the gaps (National Treasury, 2007:2).

Effective management includes budgeting, planning, monitoring and reporting. Performance management is an essential key; performance information will indicate whether performances meet the expected level; the framework further indicate how performance information facilitates accountability (National Treasury, 2007:1). This framework focuses on the non-financial aspect and is applicable to all spheres of governments.

The framework aims to:

*“Clarify definitions and standards for performance information in support of regular audits of such information where appropriate; Improve integrated structures, systems and processes required to manage performance information; Define roles and responsibilities for managing performance information; Promote accountability and transparency by providing Parliament, provincial legislatures, municipal councils and the public with timely, accessible and accurate performance information”* (National Treasury, 2007:1).

As indicated, this framework clarifies the definitions and expected standards within the framework, as well as providing guidelines on how to develop indicators (National Treasury, 2007:11). Development of consistency is clear throughout the document analysis. This document is a contribution from the National Treasury to performance management (Engela & Ajam, 2010:10); it deals with managing performance information and assigning responsibilities and promotes a clear understanding of relevant systems and structures. Similar to earlier institutionalising arrangements, the National Treasury (2007:13) points out that performance information systems and structures should be integrated into existing management structures.

The framework assigns responsibilities to accounting officers, ensures an appropriate level of capacity, stresses the need to have the systems in place to manage performance information, ensures appropriate systems and processes are in place to collect, capture, collate, verify and store performance information (National Treasury, 2007:13). The Constitution grants budgetary and control authority to the National treasury (Republic of South Africa, 1996). In agreement with Mtshali (1995:37), the National Treasury (2007) argues that performance information is important in the M&E function.

### **3.7 First edition South African Statistical Quality Assessment Framework (SASQAF) (1<sup>st</sup> Edition 2008 and 2<sup>nd</sup> Edition 2010)**

Forming part of the three GWM&E system components, the National Statistics division has recognised a quality, common standards, human resource and infrastructure gap (Statistics South Africa, 2008:1; Statistics South Africa, 2010:1). Statistics South Africa (Stats SA) developed strategies to address these gaps; the National Statistics System (NSS) was implemented to align statistics production and usage, especially those collected by organs of the state (Statistics South Africa, 2008:1). The South African Statistical Quality Assessment Framework (SASQAF) within the NSS, was developed to evaluate and certify statistics that are in the public domain against predetermined criteria and frameworks (Statistics South Africa, 2008:1).

SASQAF states that *“It provides the framework and criteria used for evaluating and certifying statistics produced by government departments and other organs of the state and, in some circumstances, by non-governmental institutions and organisations”* (Statistics South Africa, 2008:1). The framework makes provision for assessments by producers of statistics, data quality assessment team (in the context of national statistics system), data users and international agencies (Statistics South Africa, 2008:2).

The framework provides four levels of certification that can be issued: *level one poor statistics* – not fit for use and nil deductions can be made from them; *level two questionable statistics* – few quality standards are met where limited deductions can be made; *level three acceptable statistics* – meet most of the quality standards; they are acceptable and deductions can be made from them; *level four quality statistics* – they meet all the standard requirements as per SASQAF, and are known as quality standards that meet all requirements; deductions can be made from them.

The framework provides a structure to evaluate the quality of statistics. The data are measured against eight dimensions: relevance, accuracy, timeliness, accessibility, interpretability, coherence, methodological soundness, and integrity (Statistics South Africa, 2008:2; Statistics South Africa, 2010).

### **3.8 Green Paper: Improving Government Performance: Our Approach (2009)**

The Presidency (2009) presented the document titled *Improving Government Performance: Our approach*, aimed at translating the governments mandate into outcomes and output measures (The Presidency, 2009:1). Ten priorities were identified in the Medium-Term Strategic Framework (MTSF) transcribed into 25-30 outcomes with indicators; an additional five priorities were included to be fully effective: they are health, education, rural development, safety and jobs (Presidency, 2009:3). Report-back meetings are convened every six months to evaluate progress and identify problems; reports remark on the delivery chain, and on the following aspects: outcomes, outputs, activities and inputs (Presidency, 2009:3). The national Green Paper: Improving Government Performance is aimed at outcomes monitoring by looking at the inputs required and activities that will achieve the outcomes; outputs are used to measure and monitor progress. The Green Paper recognise past inadequacies, where objectives were not met and there was a poor performance culture; from this one can only conclude the Green Paper: Improving Government Performance is aimed at improving performances and achieve objectives.

### **3.9 National Evaluation Policy Framework (NEPF) (2011)**

This policy forms part of the approved cabinet GWM&E, directed towards quality evaluations throughout government; the framework provides a minimum system for evaluations (The Presidency, 2011: iv). The GWM&E system mentions three terrains on which it is focused; NEPF forms the last component of that terrain. The framework identifies the shortfall of evaluations influencing policy-making, planning and budgeting, hence missing the opportunity to improve the efficiency, effectiveness, relevance, impact and sustainability of government interventions (The Presidency, 2011:1).

The framework is aimed at incorporating evaluations in policy-making and management, in addition to institutionalisation, by making it part of the core functions and performance improvement practices. It also emphasises that the role is not to focus on personal and organisation issues, but to improve programme, policy and project performance.

The framework articulates the approach to evaluation by distinguishing between various evaluation-related activities such as research and investigation; furthermore, it mentions the connection between evaluation and planning; outcomes identification is essential in planning,

allowing progress measurement; Diagnostic analysis can be performed to establish the status quo, logic model and factors driving the development or change. Evaluation is also used to establish *casual relationships* between activities, outputs, outcomes and impacts as depicted in table 4 below (The Presidency, 2011:4). The framework explains the relation of evaluation to the theory of change and indicates how questions change at different process levels.

NEPF elements stem from the notion that “*quality*” evaluations will take place on all levels of government and within various departments. Furthermore, it provides guidelines to particular programmes that need to be evaluated within the identified government priority areas (The Presidency, 2011: IV). The NEPF is supported by the Constitution and other pieces of legislation, giving authority to the policy framework, and in addition promoting the intergovernmental approach to quality evaluations as well as promoting shared technical skills and quality assurance support, with the Department of Monitoring and Evaluation identified as the national champion (The Presidency, 2011: iv).

The framework unpacks the uses and types of evaluations in addition to the factors that should be taken into consideration in conducting evaluations. The Presidency (2011:6) mentions, first, unit of analysis, knowing the object of evaluation, and identification of the object, which can be a project, programme, policy, individual or an organisation; secondly, the primary intended users and how they will utilise the evaluation results; the third factor is the purpose and uses of evaluation; fourth, the framework states that the purpose of the evaluation influences the evaluation approach and methodology; fifth, the framework mentions evaluative questions (The Presidency, 2011:7). Questions can range from questions evaluating implementation aimed at finding out whether the theory of change is delivering services that are efficient, or even design evaluation which can occur prior to an evaluation, to establish whether an evaluation’s theory of change and objectives are clear (The Presidency, 2011:7). The evaluation questions are influenced by the purpose of the evaluation and are related to the evaluation function or type. The framework discusses different forms of evaluation and indicates that terms differ from country to country. The South African framework identifies evaluations types in Table 4.

**Table 4: Types of Evaluation**

<b>Type of Evaluation</b>	<b>Aim</b>	<b>Timing</b>
<b>Diagnostic Evaluation (Ex-Ante evaluation)</b>	This occurs prior to the intervention and it influenced the intervention design. The problem is identified and known, possible solutions are known with the likely effectiveness of different intervention options. This particular evaluation influences the evaluation design. This enable the drawing up of the theory of change prior to the intervention design.	Before design and planning.
<b>Design Evaluation</b>	The evaluation analyses the programme's inner logic and consistency, either ex-ante or during implementation. During the implementation it assesses whether the programme is working, in addition to assessing indicator quality and assumptions.	After the design of an intervention.
<b>Implementation Evaluation</b>	Aimed at evaluation of the operational activities assessing whether they are line with the achievement of objectives. It looks at the theory of change or logic theory (i.e. inputs, outputs and impacts) and causal links. It can aid monitoring systems to improve operational efficiency and effectiveness. Using in-depth fieldwork or secondary data.	During implementation phase.
<b>Impact Evaluation</b>	Aimed at evaluating the outcome change brought about by a particular intervention. In the public sector it might influence the continuity or termination of the intervention. The decision to modify the intervention is influenced by the impact evaluation.	Designed early, baseline implemented early, impact checked at key stages.

<b>Economic Evaluation</b>	It considers whether costs of a programme or policy outweigh the benefits. Economic evaluation types:  <ul style="list-style-type: none"> <li>•<b>Cost-effectiveness analysis</b>, it values the cost of the outcome achieved against the implementation and policy delivered. Producing the “cost per unit of outcome”.</li> <li>•<b>Cost-benefit analysis</b>, which also places monetary values on the changes in outcomes.</li> </ul>	Any stage
<b>Evaluation synthesis</b>	Synthesising results of numerous evaluation findings. In the case of the South African government, it can occur across sectors and the DPME undertakes synthesis evaluation.	After the completion of numerous evaluations.

Source: The Presidency (2011:9)

Evaluation has been identified as a tool to ensure evidence-based policy decision making, management, improved performance and accountability. The NEPF is aimed at institutionalising evaluation in government (The Presidency, 2011:2). The document provides information on evaluation, the importance thereof and other literature that promotes understanding of the subject. It further provides some guidance on how to adopt the function in practice (The Presidency, 2011:16). The Presidency (2011: viii) acknowledges the policy limitations but states the DPME can provide guidelines and guidance that will support this function.

### 3.10 Guide to outcomes approach (2010)

Although government has increased access and financial allocation to service delivery, the needed outcomes to achieve a better life for all have yet to be achieved (RSA, 2010:9). Hence, this document is aimed at achieving outcomes guided by the strategic priorities.

This document presents a broad overview of the 12 outcomes that deal with the government’s strategic priorities; furthermore, it explains the management of outcomes and government’s

M&E systems (RSA, 2010:6). It focuses on departmental performances whereby ministers are required to sign a performance agreement with the President, based on the outcomes guiding the strategic focus. Linking the actions and the achievement is a primary focus (RSA, 2010:10). This will aid identifying the link between outputs and outcomes, focus on results, identify failed processes and review resources within the theory of change. In short, managing should be undertaken by focusing on the results in the light of the theory of change and varies links from input to impacts.

Delivery agreements involving outcomes in more than one sphere have a legal status supported by the Intergovernmental Relations Framework Act (IRFA) (RSA, 2010:16), National departments are excluded from these legal obligations; the ministers are held accountable by the President, whereas sub-national government use delivery agreements and public accountability to hold members of executive committees and mayors liable. This document explains not only how outcomes agreements can be implemented with guidelines, but also the link between strategic plans, budgeting and reporting.

Institutionalisation of implementation forums is recognised as a way of achieving the 12 outcomes; the document explains that it provides a basic guideline on how they can be formulated; however, it allows enough discretion to make decisions (RSA, 2010: 19). It further stated the frameworks of the forums will appear identical, but procedurally they might and can differ; here too procedures are discretionary.

### **3.11 National Health Act 61 of 2003**

The National Health act provide the legislative framework in which programs and strategic plans are adopted within the South African government this include all three spheres. The National Health Act section 21 (2) (d) state the Director-general must “*identify national health goals and priorities and monitor the progress of their implementation*”. This indicate how the act bestow authority onto the Director-general to identify the needs within the country and to monitor the progress of the implementation of health programs.

The National Health Act, sections 74(1) state:

*“The national department must facilitate and co-ordinate the establishment, implementation and maintenance by provincial departments, district health councils, municipalities and the*

*private health sector of health information systems at national, provincial and local levels in order to create a comprehensive national health information system”.*

The provincial government has the authority to implement provincial programs and strategies however they are accountable to the National health department. The National Health act section 25 (2) confer the authority to the provincial premier to:

*“...plan, coordinate and monitor health services and must evaluate the rendering of health services” (Republic of South Africa, 2003).* The Ekurhuleni declaration on mental health, Western Cape health department healthcare 2030 are some examples of strategies and programme developed under the legislative umbrella of the national Health Act 61 of 2003.

### **3.12 Mental Health Care Act 17 of 2002**

The Mental Health Care Act (MHCA) is the national Act that protect the South African Mental Health Care Users (MHCU). The act is aimed at providing care, rehabilitation and treatment those affected by mental illness (Republic of South Africa, 2002:1); it also confers power and authorities to facilities responsible for mental health care provision but within the constraints of the law (Republic of South Africa, 2002:1).

This act also gives authority to a mental health board for oversight; protecting the MHCU. The Mental health care act section 19 (1) (b) state, the mental health review board must *“make decisions with regard to assisted or involuntary mental health care treatment and rehabilitation services”*. The intellectual disability persons are identified in this act and protected by the review board as indicated. The Mental health care act section 10 (3) state *“policies and programmes aimed at promoting the mental health status of a person must be implemented with regard to the mental capacity of the persons concerns”*. This act recognizes the different capacities of the MHCU; recognizing the need to adopt programmes and policies that are relevant to the type of MHCU achieving complete wellbeing.

### **3.13 White Paper on the Rights of Persons with Disabilities, 2015**

The White Paper on the Rights of Persons with Disabilities (WPRPD) 2015 was approved by cabinet on the 9<sup>th</sup> of December 2015 and it was developed as an amended version of the White paper on integrated national disability strategy 1997 (Republic of South Africa, 2015). The

WPRPD “*Integrate obligations of the UN convention on the rights of persons with disabilities (UNCRPD)*” (Republic of South Africa, 2015); furthermore it guides the domestication of the UNCRPD. The document is structured in a manner promoting the rights of the disabled person and a guide that provide clarity on the development of SOP’s.

This White Paper is built on nine strategic pillars, they are as follows (Republic of South Africa, 2015):

- Pillar 1: Remove barriers to access and participation.
- Pillar 2: Protect the rights of persons at risk of marginalisation.
- Pillar 3: Support sustainable integrated community life.
- Pillar 4: Encourage and support the empowerment of children, women, Youth and persons with disabilities.
- Pillar 5: Reduce economic vulnerability and releasing human capital.
- Pillar 6: Strengthen the representative voice of persons with disabilities.
- Pillar 7: Develop disability equitable state machinery.
- Pillar 8: Encourage international co-operation.
- Pillar 9: Monitoring and evaluation.

These pillars guide the implementation of programmes that will include those with disabilities in addition to providing measurable outcomes that can monitor the process. The pillars provide guidelines on how interventions can be modified to accommodate the person with a disability.

The directive state that government institution must consider using relevant parties and representatives that can assist in designing, budget formulation, legalisation, programme and service implementation and monitoring (Republic of South Africa, 2015:101). This White Paper recognises the need of using external sources to assist in developing programmes that will benefit the target group.

The WPRPD (2015: 31-36) acknowledges political, human, social, cultural and- economic rights; it promotes the right to enjoy equitable economic participation; social inclusion that can promote cultural inclusiveness, housing, healthcare and education; political inclusiveness that recognise those with the ability to participate as citizens; and human rights that is also enshrined in the Constitution of the Republic of South Africa.

The WPRPD is focused on developing legislation, programmes, policies, budget and reporting systems that are inclusive to persons with disabilities and it offers a framework that can be used as a tool to monitor and evaluate disability programmes (Republic of South Africa, 2015:38). The outcomes-based approach is recognised as an important part of evidence-based practices, which can direct policies, programmes, procedures and processes (Republic of South Africa, 2015:46). The M&E process is an important tool promoting evidence-based practices, which can assist improving programmes, policies and services (Republic of South Africa, 2015:109), furthermore identifying the lack of research informing government planning. The document provides directives that can assist with evidence-based disability programmes and services.

### **3.14 The Ekurhuleni Declaration on Mental Health**

The national mental health summit was held 12-13 April 2012 by government departments and non-government participants; an agreement was reached to increase the quality of mental health services, but simultaneously recognising the mental health challenges faced by this country (Western Cape Department of Health, 2014:155). Social and substance abuse challenges are identified as factor contributing to vulnerability, adding to the challenges that hinder good mental health. Government agencies are committed to realising the United Nations Convention on the Rights of Persons with Disabilities (2006) and to provide evidence-based mental health interventions (Western Cape Department of Health, 2014:155). Furthermore, government has committed itself to participate in planning, monitoring and evaluation of mental health programmes and services (Western Cape Department of Health, 2014:156). This declaration was adopted to get various stakeholders and role players involved to improve mental health services, considering South African social and other conditions, but also adopting evidence-based methods.

### **3.15 Provincial Legislative Framework and Guidelines: Western Cape Government Health Department Healthcare 2030**

The Healthcare 2030 document is a strategic framework aimed at achieving patient-centred health care services guided by a vision, values and principles, and collaborating with stakeholders and roles players in guiding strategic thinking and approaches (Western Cape

Department of Health, 2014: xii). This document signifies the third wave of health reform of its kind since 1995, considering the ever-changing environment in which services and policies exist both externally (i.e. resources, socio-economic conditions, health outcomes) and internally (i.e. quality of care). Policies like the National Health Insurance (NHI), the Millennium Development Goals (MDG), the 2030 National Development Plan (NDP), the UN Convention on the Rights of People with Disabilities, national health outcomes and provincial strategy are considered and provide the context in which it functions (Western Cape Department of Health, 2014: xiv).

The document recognises the importance of M&E in optimising performances in addition to being pivotal in improving quality information, accountability, decision making and process support (Western Cape Department of Health, 2014: xxii); it furthermore states that health research is important in understanding the wellbeing of the population. The strategy framework identifies the importance of monitoring and evaluation, and of developing systems that can aid in decision-making processes and implementing evidence-based interventions (Western Cape Department of Health, 2014:18). Utilising M&E systems can have numerous advantageous for health care services and programmes. Six priority areas have been identified by the Healthcare 2030 document: decrease infection disease incidence; promote healthy lifestyles; improve women's health; prevent road and violence injuries; and strengthen mental health (Western Cape Department of Health, 2014:18). This strategic document also mentions the need for deinstitutionalising people living with intellectual disability (PLWID), planning on progressively moving them into cost-effective facilities with the assistance of the Department of Social Development (PWGC Health, 2014:61). But this approach requires a cross-departmental participative approach.

The Department's principles are driven by person-centred quality of care, evidence-based interventions, a comprehensive primary health care approach, equity, efficiency, strategic partnerships and strong district health system models (Western Cape Department of Health, 2014:37-38). This guides the entire health care approach and influences strategy decisions made by the leadership.

### **3.16 International Legislative Influence: United Nations Convention on the Rights of People with Disabilities, 2007**

This international treaty was signed in 2007 protecting the rights of those living with disabilities. Its principles are based on respect, individual autonomy, non-discrimination and participation. This convention promotes, protects and ensures the human and fundamental rights of those living with disabilities, include mental, physical and intellectual disability (United Nations, 2006:4). Article 3 of the convention is based on the principles of equity, inclusivity, accessibility and consideration of personal capacity (United Nations, 2006:5). South African and Western Cape Health department are guided by this convention; it forms part of the strategic guidelines and frameworks. It also provides the principles and guidelines within which services should be delivered, forming an umbrella shaping the type, quality and standards.

### **3.17 Conclusion**

This chapter discussed monitoring and evaluation within the South African context, illustrating the M&E regulatory approach. It discussed the relevance of the Constitution (1996) in providing sovereign support to the legislation and policies related to M&E, in addition to highlighting the importance of the GWM&E system and other documents that reformed the South African approach to M&E.

## CHAPTER 4: RESEARCH DESIGN & METHODOLOGY

### 4.1 Introduction

This chapter explains the research design and methodology required to answer the research questions and achieve the research objectives. Study type selection is influenced by the study type's ability to answer the research questions (Mouton, 2001:49). The study's descriptive nature directs the research towards being a qualitative study. Kusek and Rist (2009:298) present three reasons for selecting a qualitative approach, namely when you:

- Want in-depth information and a narrative;
- Are not sure what you can measure;
- Are not required to quantify the results.

This study satisfies at least two of the above criteria justifying a qualitative design; firstly, it requires in-depth information and narrative; and secondly the results were not quantified. This chapter will also discuss the methodology employed throughout the study. It outlines the research design, sampling, data-gathering methods, data analysis employed and the ethical requirements of the research. The methodology provides the research project with the ability to explore the institutionalisation of an M&E system within an intellectual disability programme; the research project presents the results and findings in themes.

### 4.2 Research Design

*“Research design is a plan or blueprint of how you intend to conduct the research”* (Babbie and Mouton, 2001:72). The research design covers the plan and strategy for the scientific enquiry; it enables researchers to establish how they will find answers to the research question. In this case the exploratory study utilised a qualitative approach to investigate the institutionalisation of a monitoring and an evaluation system in an intellectual disability service (programme).

The study employed qualitative methods such as interviews using structured questions and documentary analysis to gather data that will address the research question. Bloomberg and Volpe (2016:38) state that qualitative research digs into the essence of the topic and wants to reveal range and variations within the research findings. There are three types of research designs: qualitative research, quantitative research and mixed method research. Focusing on

qualitative and quantitative research, there are considerable differences, as indicated in Table 5.

**Table 5: Qualitative and quantitative paradigm differences**

Quantitative	Qualitative
Uses numbers	Makes use of words and images as data
Seek to establish relationships between variables in order to explain or predict. Aimed at generalising findings.	Wants to understand and interpret meanings; it recognises data as collected in a context; in some instances produces knowledge that adds to general understanding.
Generate shallow but broad data, details that are obtained from participants are not complex. Participant numbers increase to generate statistical power.	Data gathered from participants are rich and thick descriptions, and complex and detailed.
General patterns, consensus or norms are often sought; average response is often deduced from diverse responses.	Lean towards seeking patterns but can accommodate and explore diverse data and differences within data.
Deductive; tends to theory testing.	Inductive; tends to be theory generating.
Values objectivity/impartiality and detachment	Values partiality and personal involvement.
Has fixed method; difficult to change focus once data collection has begun	Less fixed method; can accommodate shift in focus in same study
Completion time can be short	Tends to take longer due to interpretative methods.

Source: Braun and Clarke (2013:4)

The two designs each have their individual approach to research, which will influence the data collection and analysis process. The study explored the institutionalisation process of the M&E system within the ID programme. The qualitative design meant a case study was appropriate to examine the programme/service at the selected institution. The study context was a psychiatric hospital in the Western Cape, the study specifically researched the intellectual

disability programme with reference to the institutionalisation of an M&E system. The researcher was interested in the existing M&E system and processes. The study's participants included the Chief Executive Officer, Head of Clinical Area: IDS, ID Area Managers: Nursing, heads of departments (Social Work, Physiotherapy and Occupational Therapy), Quality Assurance Manager, Operational Managers: Nursing (unit manager) and a physiotherapist. The participants were selected based on their knowledge and the information required to achieve the research objectives.

The qualitative design enables the researcher to answer the research question, because this study was aimed at *exploring factors essential for institutionalisation of a monitoring and evaluation system within the intellectual disability programme*. This research question or problem was the starting point of this research study (Mouton, 2001:56) and provided direction for the research. The thematic approach that I am utilising includes the institutional arrangements for M&E focusing on six areas:

- organisational development, hence the study collected data on structural and organisational arrangements;
- human resources capacity, which entailed assessing the current human resources capacity;
- participation and governance within the institution as well as intergovernmental and with other role players;
- leadership and management in order to identify the different roles and their involvement with M&E;
- capacity building focused on system, organisation and human capacity; this also included technical capacity and training; and
- value systems, exploring the current legislation and policy guidelines related to M&E within the programme and institution.

The study explored the knowledge of the participants on M&E policies and existing M&E policy guidelines guiding M&E practices.

The ten steps of Kusek and Rist (2004) to structure and guide the processes of building M&E systems formed an important part of the fieldwork and data collection. The monitoring framework and indicators are derived from the data that are used to achieve the research objectives. The programme management literature will guide the study to assess whether the ID programme has the required elements to institutionalise an M&E system within the ID

programme. The study make use of the 7C's protocol to assess and research the implementation processes; this includes examining context, content, commitment, capacity, clients and coalitions, communication and coordination. These individual areas form the thematic design and guide the thematic approach.

The study is aimed at exploring the institutionalisation of an M&E system within a health programme, as well as examining the factors required for the effective institutionalisation of an M&E system within the health programme. The purpose of a research inquiry is influenced by the research question or problem. Babbie and Mouton (2001:79) indicate that descriptive, explanatory and exploratory forms of research are the most common in social research; research inquiries can have multiple purposes. This study made use of a descriptive research approach in building a theoretical base for the exploratory part, which took place during the field work, answering research questions.

This study utilises a qualitative research design. The focus is on the phenomenon itself, aimed at understanding it within that particular context (Babbie & Mouton, 2001:279). Bloomberg and Volpe (2016:39) argue it is more flexible and the researcher becomes an instrument to discover and understand the experience or phenomenon. Flick (2017:2-3) concurs that qualitative research studies phenomena in their existing nature in an attempt to understand and interpret them. A qualitative research design was used to explore M&E system institutionalisation in the academic literature, government publications and the organisational documents under study.

Primary and secondary data were used; primary data were gathered to provide a description of the phenomenon, aimed at understanding the institutionalisation of the DOH monitoring and evaluation system. Secondary data were gathered to explore the literature, government publications, organisational reports and strategies, legislation and frameworks.

### **4.3 Research Methods**

Babbie and Mouton (2001:75) refers to research methodology as the “*research process and the kind of tools and procedures to be used*”. Braun and Clarke (2013:31) clarify the difference between method and methodology by stating that method refers to the tools and techniques used to collect and analyse data, whereas methodology refers to the framework within which the researcher conducts the research. Research methodology focuses on the processes, tool and

methods used in a study. The next section discusses sampling, collection tools and data analysis.

### **4.3.1 Sampling**

The sample forms a crucial part of the research. The selection of the sample is influenced by what the researcher wants to know; Braun and Clarke (2013:55) adds that sample size is affected by the purpose of inquiry, what the researcher wants to know, usefulness of the data, what is at stake, what is credible, and the availability of time and resources.

The population selection was influenced by the knowledge, experience, strategic decision-making authority and influence at the institution. The subjects were selected based on their contribution to the study and the capacity to add valuable information. Purposive sampling was used; selecting this method was based on eliciting the required knowledge and information that would aid in answering the research question. In this case, this included the senior management of the DOH institution who have influence on the strategic decision making of the organisation; they also have experience and knowledge of the policy (programme and project) implementation process. The Chief Executive Officer, Head of Departments (Physiotherapy, Occupational therapy and Social Work), Quality Assurance Manager, clinical specialist of the area (ID) and a Nursing Department manager formed part of the population. There were 12 respondents approached to participate in this research; one refused, one could not participate for medical reasons, and two other departments could not be reached telephonically on multiple occasions; the participants were all contacted via telephone, excluding three where both telephone and emailing were used. A particular purpose is kept in mind when undertaking purposeful sampling (Morra-Imas & Rist, 2009:362). The researcher knows the criteria beforehand based on the research question and objectives. Selection is highly influenced by the sample group that holds the information or knowledge; it is therefore selected based on the ability of the participants to give adequate and relevant information. Braun and Clarke (2013:56) point out that purposive sampling is used in qualitative studies with the purpose of generating in-depth understanding and insight.

## **4.4 Data-gathering methods**

The study made use of primary and secondary data-collection methods. The former entailed conducting interviews using a semi-structured questionnaire guiding the process. Secondary data were gathered through institutional reports, strategies, institutional documents related to the programme and academic literature. The study ensured that the all data collected were relevant to the study.

### **4.4.1 Documentary Analysis**

Document analysis is the analysis of “*any written documents or materials that contain information about the phenomenon that is being researched*” (De Vos, 2005:55).

This study selected various documents based on their relevance to the research; they consisted of government publications, strategic plans, reports (quarterly and annual) and the literature. The purpose of collecting these documents is to analyse and evaluate evidence of the existing M&E system; institutional documents provide an indication of the M&E-related actions and activities within the institution (Morra-Imas & Rist, 2009:295). Document analysis is aimed at establishing existing institutionalisation practices and processes for the monitoring and evaluation system. Bloomberg and Volpe (2016:157) state that a document review contains all relevant written documents, visual data and artefacts; it is a valuable resource to confirm information through data-collection methods. The research project made use of legislative documents, frameworks, SOPs and other statistics to confirm the data collected through interviews. Chapter 3 in this this discussed the legislative framework in South Africa related to monitoring and evaluation; it makes mention of guidelines on institutionalisation and other legal frameworks that support and guide institutions in the institutionalisation of M&E systems.

### **4.4.2 Literature review**

A literature review is done to provide data on the subject matter. Bloomberg and Volpe (2016:104) point out the purpose of a literature review “*is to provide a clear and balanced picture of current leading concepts, theories, and data relevant to your topic or subject of study*”. Information was collected on M&E and other subject matter relevant to the study. Internet searches were performed to obtain information and arguments in this area of study. The study also made use of documents on South African national and provincial legislation

(such as frameworks and white papers) guiding M&E processes and systems. International and African M&E literature was also consulted, the latter providing research findings from third world experiences.

Chapter 2 reviews the literature on the subject matter; contents were carefully selected to answer the research questions and to achieve the research objectives. The document analysis/review further aided in qualitative data collection.

#### 4.4.3 Interviews

Data were collected through qualitative interviews aimed at obtaining the required information. Kvale (2007, in Braun and Clarke, 2013:77) defines interviews as professional conversations aimed at generating as much information as possible on the topic by way of the participant's experiences and perspectives.

The researcher conducted interviews with participants at the institution and used a semi-structured questionnaire to collect data from participants. This is called the 'interview guide approach', meaning the researchers are not strictly limited to the questions (Braun & Clarke, 2013:78). A semi-structured questionnaire was used to optimise the data-collection process. Throughout the interviews a research schedule was used to guide the interview process; in an attempt to elicit information the researcher was obliged to rephrase questions to obtain the essential information. The interview process presented certain limitations and some advantages, as indicated in Table 6.

**Table 6: Semi-structured interviews limitations and strengths**

<b>Strengths</b>	<b>Limitations</b>
Detailed data	Time consuming
Workable; flexible	Lack of breadth due to sample size
Researcher control on the data produced	Less control for participants

Source: Braun and Clarke (2013:80)

Interviews are recognised as an important method of information gathering (Cohen, Manion & Morrison, 2007:23). They allow the communication process to take place between participant

and researcher and provide an opportunity for information to complement documents used. Interviews provide the researcher with an opportunity to collect relevant and rich data from the participants, getting the participants' perspective (Bloomberg & Volpe, 2016:155). Bertram and Christiansen (2014:80) state that an interview is the direct personal interaction between researcher and participant. The researcher is responsible for managing the process in which the content is made available by the participant. The interview questionnaire was structured into various themes enabling the researcher to find answers to the research question and objectives. The interviews were audio recorded which the researcher used during the data analysis.

#### **4.5 Data Analysis**

Data analysis entails the division of data into manageable themes or trends directed towards gaining an understanding of the data collected (Mouton, 2001:108); it allows the researcher to establish trends or any other links necessary for the research inquiry.

Data collected during interviews and document analysis were organised to make it easy to process. The researcher made use of orthographic transcription recordings; this allowed the researcher to fully analyse what was said and how it was said; Braun and Clarke (2013:162) define orthographic transcription as an audio transcription that records what respondents say and how they say. The interviews were recorded using a fingerprint-locked phone and a password-protected laptop; orthographic transcription was followed during the interview recordings and transcribing the data into themes. The participants were anonymised on the recordings; they were given codes assigned by the researcher and only available to the researcher.

Qualitative data-analysis instruments were employed to understand and interpret data. Babbie and Mouton (2001:490) refer to qualitative data analysis as a method that uses qualitative techniques to manage research irrespective of the paradigm. Data-collection methods were used to explore the elements required for the institutionalisation of an M&E system; the questionnaire was crucial in the case study on M&E system institutionalisation.

Thematic analysis was used for data analysis; this is the process of identifying themes and patterns across the data related to the questions; it is guided by existing theories, epistemology and knowledge (Braun and Clarke, 2013:162).

Kusek and Rist's (2009) ten steps to a results-based M&E system was used to categorise themes, enabling the researcher to assess the existing M&E structures and systems against the literature.

#### **4.6 Research Ethics**

*Ethical considerations are essential to the protection and mitigation of risk of those who participate; maintaining confidentiality and anonymity is quintessential during data collection, data analysis and dissemination of findings; informed consent is pivotal to research ethics (Bloomberg & Volpe, 2016:161).*

The research project complied with the strict rules and regulations of both Stellenbosch University and the provincial government of the Western Cape. The fieldwork commenced after approval was obtained from the School of Public Leadership, Stellenbosch University Research Ethics Committee (REC), the Western Cape Government Health Department and the health facility where the research was conducted. Babbie and Mouton (2001:521) state the researcher has the right to search for information and the right to collect data, but not at the expense of the participants; they strongly argue for the protection of the participants or subjects. Furthermore, they highlight the importance of confidentiality, anonymity, no harm to participants and voluntary participation (Babbie & Mouton, 2001:520).

The participants were made aware that anonymity and confidentiality will be maintained at all times; informed consent was required to participate, and participants had the right to withdraw from the research at any time. The participants were given consent forms before commencement of research; their rights were explained, and they were asked to sign the document; no financial or any other exchange of rewards took place between the researcher and participant to encourage their willingness to participate. Confidentiality was explained, and they were reassured that the data are kept safe and locked. The participants were anonymised on the recordings; they were given codes assigned by the researcher and only available to the researcher. In transcribing of data, the participants' comments were used as evidence during the research; coded names were given to protect confidentiality, and data that could possibly bridge research ethics were excluded. Any research is obliged to collect data in such a manner that it mitigates the risk for the participants; informed consent, confidentiality and participant protection are important ethical issues (Bloomberg & Volpe, 2016:161).

## **4.7 Conclusion**

This chapter provided the discussion on the research, methodology and design used to collect both primary and secondary data. It further discussed the research design selected to best achieve the research objectives and aims. The study made use of a research schedule that guided the semi-structured interview. The respondents were selected based on the information the population was able to provide; this led the researcher to different institutional departments and the financial business unit (FBU), which provided occupational therapy, medical services, nursing, physiotherapy, quality assurance and social service to the case study. Information and data were successfully collected and analysed; document analysis was performed in the light of the national, provincial and institutional policies and legislation. This document included PGWC and institutional policies, SOPs and other statistics that guided M&E practices and functions.

## CHAPTER 5: CASE STUDY AND FIELD WORK RESULTS

### 5.1 Introduction

This chapter presents the case study and findings, focusing on the legislative framework and the strategic plan of the province and health department. Data were collected through semi-structured interviews guided by a research schedule as well as secondary data from documents and the literature in this field. The data are presented in themes; these themes also guided the data collection process. The interviews included senior manager, heads of departments, the operational manager and employees. The sample population provides information on the institution and the programme at different levels. Annexure B was used to conduct the interviews. A thematic approach was followed to present the case study; the themes are influenced by Kusek & Rist (2004) ten steps for building an M&E system.

### 5.2 Western Cape Health Department Background

The Western Cape government aimed to deliver people-centred services and is committed to deliver quality health services; however, it mentions the burden of disease challenge that impacts on the resource supply (Western Cape Department of Health, 2014:13). The people-centred services are focused to the extent that the Western Cape Health Facility Boards and Committee bill was drafted in addition to regulations related to the Independent Health Complaints Committee Act 2 of 2014 aimed at improving the quality of service. The UN Convention for the Rights of People with Disabilities was ratified by the South African government and it forms part of the policy and legislative environment of the Western Cape Health Department. Monitoring and evaluation are identified in the Healthcare 2030 document, which is aimed optimising health systems together with improved decision making and accountability (Western Cape Department of Health, 2014: xxii).

### 5.3 Overview of Strategic Plan

The departments vision is to achieve “Quality health for all” and their mission is a promise to “*undertake to provide equitable access to quality health services in partnership with the relevant stakeholders within a balanced and well managed health system to the people of the*

*Western Cape and beyond*” (Western Cape Department of Health, 2014:23). *Healthcare 2030 – the Road to Wellness* is the third health care reform tool since 1994 (Western Cape Department of Health, 2014:42). It is a strategic framework aimed at providing enhanced health care by guiding the departments in the light of the vision, mission and principles. The strategy is focused on the six priority areas (Western Cape Government Health, 2014: xiv):

1. Reduction of infectious diseases such as HIV/AIDS and TB;
2. Advance (improve) healthy lifestyles;
3. Injury and violence prevention;
4. Maternal and child health improvement;
5. Strengthen women’s health;
6. Improving mental health.

The Health Department’s 2030 vision is “*Access to person-centred, quality care*”; the department is not only guided by formal values as contained in legislation, but also by the following factors: accountability, integrity, responsiveness, competence and respect (Western Cape Government Health, 2014: xv). The strategic plan displays the priority areas the health department is focusing on.

#### **5.4 Legislative framework**

The Western Cape provincial government is guided by national, provincial and legislative frameworks and the Health Department is guided by international conventions and frameworks.

The Constitution of the Republic of South Africa, 1996 forms an important part of the legislative framework; not only does it provide the values, but it prescribes that all legislation and policies be in line with it. The Western Cape strategy is steered by national legislation and frameworks guiding provincial government M&E system and process. The performance plan identifies the following policy mandates:

- Mental Health Care Act, 17 of 2002
- National Health Act, 33 of 2005

- Green Paper on National Performance Management (2009)
- National Evaluation Policy Framework (2011)
- National Treasury Framework for Managing Programme Performance Information (2007)
- Policy Framework Government-wide Monitoring and Evaluation System (2007).

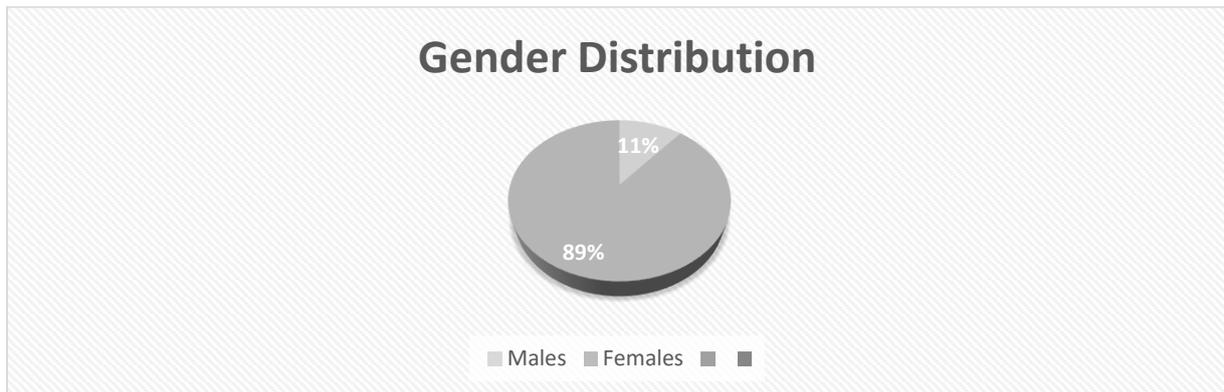
The above legislative frameworks are relevant to M&E; some of them and the policy mandates were discussed in Chapter 3.

## **5.5 Key Field Work Results**

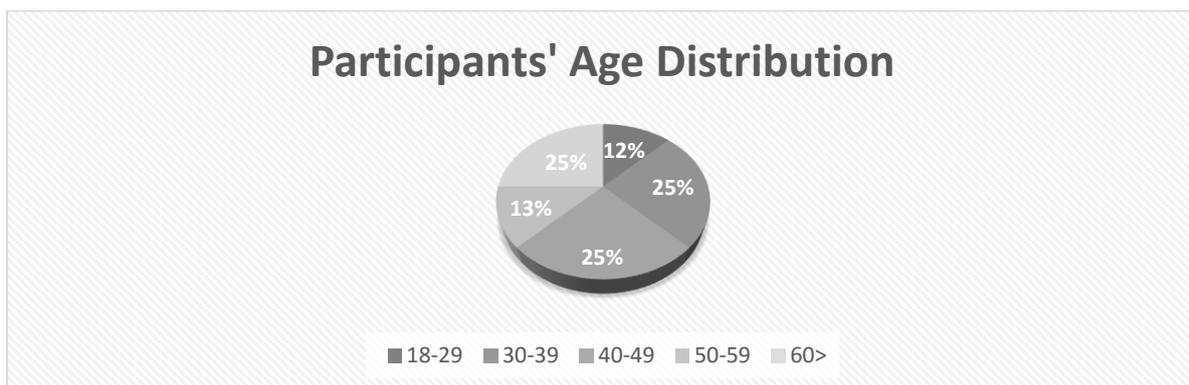
The study explored institutionalisation of an M&E system within the intellectual disability programme of the Western Cape Health Department. There were six main themes, namely institutional arrangements; process building M&E systems; monitoring framework and indicators; evaluation; programme management and implementation considerations. The results are generated from document analysis and semi-structured interviews guided by a research schedule.

### *Profile of Respondents*

The respondents were selected based on this study's research objectives; the majority were females of whom one declined to participate and appointment for another was scheduled, but on the day of the appointment the respondent was declared medically unfit for work. The entire sample consisted of eight Western Cape Health Department Employees. The respondents were divided Head of Clinical Area (Financial Business Unit), four Heads of Departments within their respective areas, one physiotherapist, one nursing unit manager and the Chief Executive Officer of the institution; one was appointed a Deputy Director a few months before the field work; this assisted the researcher in his study. The researcher approached 12 respondents, of whom eight agreed to participate, one refused to participate, one participant could not attend due to medical reasons, and two could not be reached, even though were contacted telephonically on numerous occasions. The respondents are quoted verbatim; they were coded from R\_1 to R\_8, and the codes assignments are available only to the researcher for the sake of confidentiality and anonymity.

**Figure 10: Gender distribution of respondents**

The gender distribution had no impact on the selection of the sample population; it is indicated for statistical purposes only, with no impact on the credibility of the study; along with the age distribution, it forms part of the respondents' profile.

**Figure 11: Participants' age distribution**

### 5.5.1 Institutional arrangements

The study was divided into six main themes aimed at providing theoretical guidance for both the literature review and the field work. The WC Health Department facility evaluated and researched based on these six themes, M&E institutionalisation was explored based on the literature presented. The programme had existing monitoring and evaluation functions;

however, the study explored whether the system contained all the required M&E system principles.

#### 5.5.1.1 Leadership and Management

Leadership and management represent a very important component in monitoring and evaluation; they are a key determinant to capacitate and provide guidance and leadership to the organisation and M&E within the department. Leadership and management style have a direct impact on whether M&E is valued as a positive and constructive review instrument rather than as a tool to enforce compliance. The discussion below will provide direct feedback from managers. One manager noted that:

*“EXCO meet on a weekly basis, they have a template we capture all our stats on a monthly basis of all the varies departments including quality assurance indicators, they discover trends...QA meetings every month which is attended by HODs...indicators based on information that is drawn from our system ... patient injuries, assaults, complaints & compliments, sexual incidents, pressure ulcers...” (R\_7).*

In terms of *leadership support and M&E promotion*, all of the participants agreed that monitoring and evaluation were supported by the various leadership groups within the institution. Other than the fact that the respondents agreed to the involvement of management and leadership, the respondents' response indicate management are constantly involved in monitoring and evaluating service delivery performances. Their answers were influenced by their interpretation of M&E; 5 persons argued ward rounds are an essential platform where clinical information and data are being monitored and evaluated within the Financial Business Unit (FBU); the FBU consists of the clinical head within that area, nursing, occupational therapy, physiotherapy, speech therapy, dietician, psychologist and the social worker. The FBU was identified as the intellectual programme management and leadership structure; the referral to the management meetings indicate the focus is mainly on the institutional management rather programme specific. The institution has an annual strategy planning which is tracked throughout the year; the various platforms are identified as the Clinical Assurance Morbidity and Mortality (Camm) meeting, Weekly Executive Committee (Exco) meeting, morning management meeting and quality assurance meeting. These platforms provide an opportunity for oversight of monitoring and evaluation practices, according to the respondents. The organisational reporting structure is another method for supporting M&E, whereby regular reporting keeps track of programme performance. The questions gathered some data, but some

respondents were not certain how to answer the questions, so the researcher had to probe and provide clarity on the question.

Monitoring and evaluation practices are not foreign to this institution; they are methods employed to keep track of daily service delivery practices and outputs monitoring; leadership roles are assigned to those to whom the respondents report and those receiving reports. This is more related to job description and reporting than the actual focus on M&E promotion. The document analysis revealed M&E is supported by the Western Cape Health Department (WCHD); it forms part of the provincial strategic plan; leadership support was identified by the national policies and framework. The study identified that there are various resources that support the implementation of M&E; the national and provincial leadership provides resources for organisational, programme, policy and M&E development.

#### 5.5.1.2 Capacity Building and Training

Capacity building and training refers to all institutional capacity-building systems including human resources, technical capacity and training.

The respondents noted that “*Capacity is a problem*” (R\_3); the respondent referred to staff shortages, which hinder the capacity to manage services. This is also relevant to the human resource section; another stated: “*training is a bit limited*” (R\_7). The respondent (R\_3) recognised the capacity challenges to their current functions and roles; respondent (R\_7) identified the lack of training that is currently present irrespective of the relation to M&E; respondent (R\_4) said there is always room for improvement; this indicates that there is a culture of training and capacity building. The respondents could not account for whether training, capacity and support for actual M&E was provided, but the training gap was identified by some of the respondents. However, the respondents mentioned that with every new system or development of the system, training and technical support are always provided; this relates to the current structures and systems in place. The respondents who have been with the institution for more than 15 years stated that no training on M&E was provided, and those with fewer service years cannot recall M&E-specific training. One respondent suggested M&E training is more relevant for senior managers and not for those on lower levels. Lack of M&E training was identified as a gap; in addition to intellectual disability programme training.

3 persons stated that capacity building is a problem in relation to human resources. The technical and human capacity to implement an M&E system is inadequate to completely adopt an M&E system. The quality control and assurance are in place touching on M&E practices; however, there is an absence of M&E systems and processes; during document analysis it was found M&E practices are in place but limited to the ID programme. The researcher found no training was provided that relates to actual M&E.

#### 5.5.1.3 Human Resources

Human resources are an important component of policy, programme and project implementation; strategies and plans cannot be realised without this component; it is required to implement strategies and plans adopted by government – in that respect they are crucial to the success of implementation.

There were different views and responses on this topic. One respondent said:

*“I think...with this new structure there is loop holes, the structure is working out the teething problems around it ... because it involve so many levels, but the idea around the tool is that support is supposed to be there from the various levels, it is about fine tuning how we function, there is a specific time frame that you have to do everything but gathering all those people involved within that time frame...” (R\_1).*

Respondent (R\_1) identified the presence of human resources at the institution, but the cooperation and function of those human resources are a problem; they have certain functions assigned to them, but the expected functions that need to be performed and the limited available human resource capacity put pressure on productivity. The study identified that in some departments human resources are adequate, whereas other areas they are limited; in getting smooth human resource cooperation among the different areas, the respective functions, responsibilities and roles need to be clear. Respondents provided mixed responses in terms of adequate resources to implement and support the M&E function; 2 respondents are certain there is enough resources, 4 disagree, stating there are not adequate resources, referring to employees, which will influence their current functioning, whereas 2 indicate they are highly dependent on the situation and the operational expectations. The study found that a human resource shortage is a problem identified by the respondents; some identified the functions that are not highlighted or recognised, but need to be performed, whereas others argued that the

meetings affected the time spent on clinical functions. The lack of human resources influences the intellectual disability programme quality, it creates service gaps that is difficult to fill as indicated by four respondents. The respondents identified that lack of control within their own departments was due to the new FBU system; it was said there are no actual boundaries that indicate where everyone in the FBU needs to act. It was further mentioned that the ability to interpret directives or SOP is also a problem; even if the capacity is there in terms of human resources, the ability to interpret directives or policy guidelines was identified as a challenge. The researcher found that human resources are present in some instances, but the inability to perform the expected functions is a problem. Monitoring and evaluation are existing functions known to health services within the Western Cape Health department as noted in documents but adopting an M&E system approach will require changes or development in different areas.

#### 5.5.1.4 Organisational development

Structural and organisational play an important role when it comes to the location of the M&E unit it can influence and impact the human resources, reporting structures, management support, M&E policy and other components within the M&E units. These components are of such a value they can influence the M&E unit's autonomy, use of findings and whether the unit will have an actual impact, because without management support, sustainability can be affected.

On structural and organisational arrangements the one respondent stated: *"The QA manager facilitate that space ... she is the one tracking information, but specific people dedicated, not that I know of"* (R\_1). In support of this argument some respondents said *"We have a QA officer ... she has the responsibility for the QA monitoring of the whole hospital"* (R\_3); some felt that *"I don't think we have an identified unit"* (R\_7), while another respondent noted the absence of the M&E unit, which was replaced with the QA unit: *"we don't have an M&E unit, but we have a QA manager"* (R\_6). There is not an assigned M&E unit at the institution that focuses on and specialises in M&E; however, seven of the respondents identified the Quality Assurance manager as performing an M&E function, although the office is not identified as part of the M&E unit. The respondents selected the QA office based on the functions performed by the office; the unit is constantly involved in monitoring performances and interventions; furthermore, it has a QA platform where the performances are assessed; the office is positioned under the Deputy Director: Medical Support, who reports to the Chief Executive Officer. This

unit is structured with a manager leading the office and interns that are changed annually; they are employed on a part-time basis. The researcher identified the direct and indirect links to the Deputy Director and the head of the facility. One respondent stated there is not an assigned unit, but that the QA office collects and collates data and information. The lack of an M&E unit within the organisation is also an indication that such a lack of M&E also occurs at the programme level.

#### 5.5.1.5 Value systems (Legislative and Policy frameworks)

The value system is highly influenced by the legislative and policy frameworks of the country, province and the institution; this will influence the behaviours of those affected by the value system, whether the values are written or unwritten.

One respondent stated: *“The hospital got its own protocol the one pertinent here is the QA protocols, which is statutory monthly QA meeting which looks at risk, keeps track of incidents, risk, mortality and morbidity...”* (R\_3). The protocols identified by respondent (R\_3) are used to manage incidents and other risk factors within the institution itself; however, it still lacks the intellectual disability programme M&E elements and processes.

The researcher found some SOPs contain M&E practices; however they are not in line with M&E system guidelines. It was found there is no actual intellectual disability M&E-related policy framework that guides M&E institutionalisation or processes. In some instances SOPs are drafted to function as a tool for monitoring and evaluating certain practices or clinical functions, but the alignment to the GWM&E policy framework and the National Evaluation Policy Framework guideline is not present. Respondents are not aware of any policies, guidelines and frameworks guiding M&E within the intellectual disability programmes; however, directives do exist from national and provincial governments, for example, wheelchair usage, monitoring disability stats within the country. One respondent pointed out: *“Not that I am aware of ... it is specific to the institution”* (R\_1). The White Paper on the rights of persons with disabilities 2015 is a guideline developed for this purpose, the study identified the respondents didn't have any knowledge on disability programme guidelines.

All respondents mentioned the standard operating procedures (SOP) are used as a monitoring and evaluation tool; for example; clinic risks SOPs ensure that risk is minimised. The standard operating procedures and policies are a requirement for any programme, which contradicts the

argument that they are an M&E tool. The researcher found that some SOPs contain some M&E aspects, but there are no SOPs guiding M&E practices and functions. The document analysis identified both national and provincial policy framework guidelines, but the respondents are not aware of these documents. The *Provincial-Wide Monitoring and Evaluation Framework* is one of the documents that provides guidelines on M&E institutionalisation, whether an institution or programme. However, the organisation is guided by the Batho Pele principles, which form an integral of service delivery and performance; these documents are available and in public domain; in addition to that, they form part of the National Core Standards (NCS) assessments requirements. The documents identified is more focused on the institutional aspects of the service delivery, the Batho Pele principles is an excellent document to modify values within the public service, however from an evidence-based approach these documents are not programme focused. Furthermore, the Constitution as the sovereign authority of the country guides the practices and service delivery, service delivery and principles should be in line with the Constitution.

#### 5.5.1.6 Participation and governance

Participation and governance form an important part of the South African government; these principles are found in the Constitution of 1996, which indicates that they should be in all South African legislative frameworks and policies. Participation is crucial for the involvement of stakeholders and other role players such as the community, as this promote transparency and accountability.

*“We have indicators on wheelchair use, that is something set provincially and nationally in terms of how they track disability and they use wheelchair and wheelchair issuing”* (R\_1). This indicates the national involvement; and the participative approach between sub-national and national departments to keep track of statistics and information.

The respondents also identified internal participation that is crucial for the day-to-day management of the institution. The respondents pointed out: *“The parties involved are the QA office, the clinical head, the CEO and all hospital senior management ... this is above FBU level ... we have our monthly FBU meetings”* (R\_3). Some identified the internal collaborations that are used to monitor progress stating: *“In terms of internal collaborations everyone is involved in providing reporting on progress made on any improvements following any type of incidents...”* (R\_7). Some respondents identified the level of interventions: *“we have our EXCO,*

*QA and CAMM; the agenda on CAMM the issues that have we can't resolve that needs to go to EXCO" (R\_6).*

In terms of clinical issues and progress, collaborations do occur within the Financial Business Unit (FBU); there are daily meetings between the FBU and Nursing Management that monitor the programme's progress. The Quality Assurance manager keeps track of risks and incidents, and monitors quality service delivery using statistics and data sheets. Results monitoring does take place within various platforms, hence results-driven approaches are guided by adverse incident identification. In the case of wheelchair usage, this collaboration takes place with national and provincial departments. The Quality Assurance manager has pre-established information for monitoring results with the input of EXCO and a monthly QA meeting, which is attended by all QA managers in the district to discuss the monthly stats and performance monitoring. The researcher found the institution intends to decrease the numbers of adverse incidents and acute medical conditions, but the actual results monitoring processes is not receiving the attention it would receive within an M&E system. The mental health services are governed by the mental health review board; they assess every admission or any complaints from the community or any other stakeholders; any discrepancy is investigated. One respondent said *"mental health review board, they check to make sure our mental health clients are properly cared for, respectfully and legally their rights are observed...every admission is run by them...they receive input from the community if mental health care is not correct..." (R\_3).*

*"We are always in the process of referring to other hospitals..." (R\_7).* The institution always works in cooperation with other government departments; the Department of Social Development is involved with ID population placement within the communities, as well as with problem cases and social conditions after placement. The Cape Mental Health Society provides training for both the community and to employees of the facility as well as the Western Cape forum for intellectual disability and Autism Western Cape. Furthermore, referrals between other general hospitals, tertiary hospitals and psychiatric hospitals are always on the table as the facilities and services are limited; for example, dental care cannot be provided at the facility. The QA manager is always liaising with other QA managers within the district at the monthly meetings. The National Core Standards are focused on the health care provision within the country; this requires cooperation and coordination with provincial and national government. The NCS assesses the standards of the institution in line with national requirements, but it does not focus on M&E principles and systems. *"Recently there was a*

*meeting between mental health institutions, to look at the services for IDS ... plans for IDS* (R\_6).

### **5.5.2 Process building M&E systems**

The step required the researcher to structure questions to extract data on the actual development and building of M&E systems. The researcher had to explain certain questions to some respondents to provide clarity, but he preserved the principle of the questions. Kusek and Rist's (2004) ten-step approach to build a results-based M&E system guided the questions and the data-collection process.

#### *Step 1: Readiness assessment*

The respondents could not confirm or deny whether a readiness assessment was done in the past; one said, *"I think this would have been done on provincial level"* (R\_7). The researcher established that monitoring and evaluation functions are taking place in the respective disciplines assigning some M&E roles and responsibilities. One respondent suggested that it could have been done on provincial level but was not certain. On an institutional level there is no evidence to suggest the completion of a readiness assessment, whereas one respondent maintained that some M&E functions are already performed within the institution, suggesting the institution is ready to adopt any new system. Considering current practices within the institution and the existing documents, some practices are already present and in line with what is required for M&E practices. National Core Standards assess service delivery, organisational standards and compliance against a benchmark for quality care. Annual performance assessment is performed by EXCO, but this is an establishment monitoring and assessment tool, not programme focused on evaluation. Considering the data collected a readiness assessment was not performed.

2 persons identified M&E championing as a joint function between HODs and the FBU Head (Clinical Head/consultant), the latter championing or leading the ID services' FBU and ensuring M&E practices are taking place, while the respective HODs lead the services within the different areas, for example, physiotherapy, occupational therapy and nursing. The rest of the respondents were divided into their functions as follows:

- 2 persons assign the role to QA manager, Deputy Director (DD): Medical Support, CEO, FBU Head and Nursing managers. Deputy Director: Medical Support are

responsible for allied services this include QA, the DD's role of overseeing and managing this area is crucial for M&E;

- 3 persons assign the role to the Nursing managers within the area, arguing they regulate and constantly oversee (M&E) the service provision;
- 1 person believe the FBU head is the champion, stating he is the person responsible for the FBU decision making, although done within a team.

The leadership roles were assigned to those contributing to the services within their individual departments, managers were identified as the leaders within M&E. The quality control function is always maintained by the QA manager and with the FBU system monitoring and evaluation are an inherent part of health care services. A respondent noted the following: *"the CEO has oversight but for other M&E functions it is broader than the QA..."* (R\_7). The respondents provided mixed responses, the researcher found the answers were given with great uncertainty and without the necessary knowledge on the subject matter.

#### *Step 2: Agreeing on outcomes to monitor and evaluate*

The outcomes form an important part of the results; this is an aspect that cannot be measured as you would measure outputs. The study found some respondents were confused between outputs and outcomes; they referred to the actual outputs or indicators against which they measure progress. However a respondent argued: *"the goal is to ensure that client get the best services, ensure that they can function on their own outside"*. The respondent identified the quality of life of the ID population; this answer referred specifically to those outpatient clients.

#### *Step 3: Selecting key performance indicators to monitor outcomes*

An indicator is useful to measure progress; it indicates what progress was made. The indicators were found to be present within the institution and used to monitor progress on interventions and statistics; but the purpose was not aligned to the outcomes, as would be the case within an M&E system. One respondent said: *We have indicators on wheelchair use, that is something set provincially and nationally in terms of how they track disability and they use wheelchair and wheelchair issuing*" (R\_1). This indicator is used to track wheelchair use, whereas another respondent said: *"indicators based on information that is drawn from our system ... patient injuries, assaults, complaints & compliments, sexual incidents, pressure ulcer"* (R\_7); these indicators are intended to monitor the progress of the intervention. The indicator system related

to the intellectual disability programme is under developed; the indicators used are focused on the institution itself not the programme exclusively.

#### *Step 4: Setting baseline and gathering data on indicators*

The baseline data are an important measurement tool; they are used to track progress by looking at current conditions in comparison to changes undergone. The question on baseline data was rephrased and explained, as some respondents did not understand what was meant by baseline data, but it was clarified for them.

The institution collects baseline data on Patient Safety Information (PSI); adverse incidents in addition to clinical incidents are driven by the QA manager with assistance through the completion of forms. One respondent argued that baseline data are not collected well enough. Another identified “*compliments & complaints, suggestions, patient injuries ... falls ... self-inflicted injuries ... accidental injuries or unknown injuries ... deaths, pressure ulcers ...assaults*” (R\_7). The institution is focused on data as a whole and not on a specific programme. One respondent pointed out that “*we have to split it between the residents and acute patients, the successful living out of your life to the best of your ability including physical health...*”; the respondents add: “*I think of informally and impression level quality of life, their dignity, self-concept, opportunity to participate in life that is challenging*” (R\_3). The occupational therapy department makes use of feedback sheets that contain the initial assessment of the patient, focusing on social, psychosocial, physical, recreational and cognitive aspects; this document contains initial assessment data. Individual care plans are drawn up from that document, which influences the nursing management on ward level. The respondent indicated the document makes use of other departments’ objectives containing initial assessment or intervention data that are used to monitor progress. Based on the document analysis, it was found Nursing made use of care plans; assessing the patients’ health care needs and service provision includes the initial assessment. The PGWC institution is currently using a number of incidents to track progress; the use of baseline data can establish the initial situation against interventions; the baseline data use is not present as the literature on the M&E system suggests it should be. The document analysis indicated the existence of useful data; however, the research identified a lack of an M&E approach and that such data is not available in a programme orientated M&E system.

#### *Step 5: Planning for improvements: Selecting results targets*

Targets are used to set achievements in a specific timeframe with the aim of achieving the outcome. One respondent said the target planning was department-specific: *“Process identified was departmental specific ... how can we as a department realistically achieve those targets”* (R\_1). Some respondents said, *“I think they are lacking here ... we got some ad-hoc processes like aspiration pneumonia”* (R\_3); *“Because of the lack of functioning we use positioning”* (R\_1). In the past the previous CEO held monthly meetings with the senior managers; targets were developed and assigned to all deputy directors, reviews performed monthly to check on the progress in achieving those targets, as indicated by one respondent. The institution’s new CEO is in the processes of employing the same strategies utilised by the previous CEO. The institution has departmental targets within e.g., the nursing, physiotherapy and occupational therapy departments; 6 respondents identified targets relevant to the departments not to the programme itself. Although the various departments serve the same programme, they appear to be disconnected; however, the FBU meetings provide an opportunity to combine all these different plans.

#### *Step 6: Monitoring for results*

Monitoring is an ongoing tracking of progress made; this is a tool used by management as an inherent function. The ways results are monitored differ; one respondent said the following *“Going in observing patients, engaging with nursing staff ... it is ongoing”* (R\_1). This was identified as one of the ways they monitor progress by observing the patient and through data collection by asking nurses. Monitoring of results is continuous; it takes place on different platforms from departments, unit level to EXCO, and all respondents agreed that the implementation and progress are under continuous monitoring. One respondent stated, *“comparing previous results with latest results and reporting it”* (R\_7). On a departmental level monitoring is part of the managerial function; the researcher found the monitoring function is present in all departments. The CEO makes use of a database which indicates the monitoring information with evaluations taking place in a similar way. Monitoring is part of the core function of the institution and occurs on a daily basis and at particular platforms. They are focused on implementation monitoring, focusing on the outputs and neglecting the monitoring of results. The approach adopted by the FBU is more institutional orientated, the programme results are monitored by senior management. In this case they are the stakeholders and benefits of programme management are not used to the programme’s advantage.

### *Step 7: Using evaluation information*

Evaluation is a useful way to identify the value, efficiency, effectiveness, relevance and impact of a programme, policy or project. The questions, “Are evaluations performed?” and “are findings used in your organisation?”; confused some respondents because the functions of evaluation and monitoring were used as a single function and not separate functions, while others responded by saying: “*We have our supervision sessions, so we have to re-evaluate our services, find how we in our services can actually impact that ... what we provide as a services, do we need to redesign our service*” (R\_1). The term evaluation was explained to some respondents; 3 respondents could not provide a detailed answer to the question. The different meetings like EXCO, management meeting, CAMM meeting and departmental meetings were identified as some platforms where the programme is evaluated. The evaluation findings are used to either maintain the status quo or develop alternatives. The NCS was identified as an evaluation system where the entire institution is assessed, not the intellectual disability programme; the NCS assessment results are provided rating the institutions quality care which is to some degree irrelevant to the programme. An example was given by a respondent that pneumonia was identified as common a problem within the ID programme, but then it was discovered that aspiration was a common cause. The necessary steps were taken to manage the situation and reduce the risk. This is a good indication that monitoring, and the use of the monitoring results can be effective to evaluate and adjust.

### *Step 8: Reporting findings (and format)*

Reporting is an important part of the M&E system; it provides feedback on policy, programme or project progress. The respondents confirmed their reporting system stating: “*the hospital has a monthly monitoring system, everything is tracked ... the QA manager has to do her quarterly feedback, she has to track it continuously*” (R\_1); “*EXCO performance template ... FBU provide a monthly QA report and that is how we check whether our data was completed and whether numbers is correct ... quality assurance submit an annual report*” (R\_7). M&E findings are reported at various time intervals; it is usually reported in terms of registers, Excel databases, graphs and reports (qualitative and quantitative). This is done weekly for senior management or EXCO, QA reports monthly and quarterly, and risk registers annually. The reports found recommendation plans; the institution calls this a quality improvement plan consisting of quarterly progress checks. The government is making use of data systems like Clinicom, institutional Excel databases and other data systems; they aid in uploading data and

keeping track of medical incidents and adverse incidents. The different meetings and platforms are all areas where reporting is taking place; the information management department is responsible for managing all this information. The online systems have a direct link to the provincial government, where the data can be accessed and monitored. The researcher found a strong reporting system in place; however, some respondents mentioned the reporting system makes it difficult to see to other functions and there are still instances where some are confused about the expectation for reporting information. One respondent argued that the online Clinicom system does not provide sufficient reporting fields; it is limited to some degree, meaning some practices are not reported on, even though this forms part of the clinical duties.

#### *Step 9: Using findings*

An important part of the M&E system is the use of findings; the system is useless if management does not make use of the findings. In the case of the institution one responded: *“management look to the FBU to deal with it on local level”* (R\_3). The respondent agree that findings are used within the organisation, and that some SOPs are the result of findings. Other examples are quality improvements plans that are used to track progress on interventions. The provincial government will implement certain changes, but this usually influences the ground-level input. The QA managers are also responsible for follow-ups to establish whether interventions are done and whether they have worked. The researcher established that evaluation do take place to some extent and the findings are tracked by the QA manager and senior management.

#### *Step 10: Sustaining and improving the M&E system*

The adoption of an M&E system is useless if we do not sustain the system and keep it alive. Some respondents believe *“there has to be a supportive and non-critical way around that”* (R\_3), whereas others argue *“improving is very much dependent on resources and that is the challenging part”* (R\_7). To the question on sustaining and improving the system, respondents replied that it should be clear to employees what is expected from them; the system should be supportive and non-critical; usage of it as a punitive tool should avoided. Respondents identified that training and more staff could assist in sustaining the system. 1 person stated that *“Awareness of the M&E systems and its importance”* will aid in sustaining and developing it. The reporting issues can hinder the system’s sustainability; one respondent stated, *“we are going through teething problems with regard to our reporting tool ... but things take time to*

*settle in*” (R\_1). The challenges identified were not related to M&E system, but the experience of respondents related to a system that was adopted.

### 5.5.3 Monitoring Framework and Indicators

The following two sections, namely content and evaluation, are focused on the approach to evaluation and the other elements required to build a monitoring framework. These sections establish the current practices and level of institutionalisation of the M&E system within the institution, guiding us towards achieving the research objectives.

The majority of respondents found it difficult to identify strategic objectives aligned to the intellectual disability programme; 2 persons questioned the existence of such strategies, whereas 1 person mentioned it appears the department is still in a grey area about the plans for ID. One respondent had the following to say:

*“It has gone through a reconfiguration process, realigning of different services and different people within the situation, the service itself still needs to identify itself there haven’t been collaboration within the team yet, I don’t know if we ... because they haven’t define themselves yet to say that they are aligned to strategic goals, I don’t think it has happened yet ... they still need to find themselves within the service ... a whole component was removed”* (R\_1).

Another stated that *“Healthcare 2030 is part of the healthcare strategic goals [and] we have to ensure we are in line with that”* (R\_7). One respondent stated the plan is to merge ID within the psychiatric services; the provincial government does have a mental health guideline plan, but at the time of the interview it had not been received by the institution. The document analysis shows the provincial government plans to deinstitutionalise ID services, using external partners to provide the services with the assistance of other departments. The plan of the government was identified by some respondents; however, there was uncertainty in the responses. The respondent (R\_2) said *“There was no planning ... there was no strategic planning in terms of services and the area within the disciplines as well”*. The indicator system exists and according to some respondents its custodians are identified as the QA manager and information management department. According to 2 persons, senior management make use of an Excel spreadsheet to track performances serving as indicators. The existing programme are using indicators to track programme interventions; this is measured by the outputs achieved. The document was not provided by the institution; approval was requested but no response

received. Some respondents argued “*Information management provide them with it ... I am sure the QA manager has an indicator system, but it is like you have your piece of the puzzle and you do your piece of the puzzles*” (R\_1), whereas another stated “*it will be called upon when it is needed*” (R\_2).

The programme outcomes are not identified, but the institution is working with indicators to monitor programme progress; the focus is placed on individual cases and to some degree on general indicators that reflect on the programme’s performance and clinical services. The respondents identified some indicators, for example, newly diagnosed and on-treatment tuberculosis cases, some chronic diseases, e.g. hypertension, sexual assault incidents, adverse incidents like injuries, bedsores and pneumonia cases. The outpatient services were identified by one of the respondents; it was stated although not always recognised that it forms part of the entire ID programme. The researcher found that the respondents do not recognise or identify the outpatients ID programme as part of the whole system.

Credibility of data is an inherent legal requirement for health-related professionals; 3 persons stated that this is an inherent part of the profession. There are no criteria for assessing credibility within the respective areas; however, parallel stats and reports are used to compare the credibility of data collected. Methods like random audits are performed by a senior member of the institution to assess the credibility of data. The respondent stated, “*we keep parallel stats on our outpatients*” (R\_3).

The respondents identified different reporting structures, for example: “*risk register, day/night report, Clinicom stats, Periodicals*” (R\_3). Respondents indicated CAMM meetings, monthly QA meeting, daily FBU meeting, ward rounds, Quarterly Reports, EXCO meetings, Clinicom, periodical reports and performance reporting are all systems that are in line with the reporting structures supporting M&E functions. These platforms assess the programme and intervention planning takes place at this level. Furthermore, the respondent stated these meetings are directives and it is an expectation that these types of platforms be made available to support governance and management of the institution. The institution’s organogram is an example of a primary reporting structure; reporting platforms are daily reports, weekly reports, monthly reports and meetings. The formats are usually qualitative or quantitative, depending on the audience; the institution also make use of online systems, i.e. Clinicom system, which reports to structures beyond the institution.

The adequacy of the existent reporting system was criticised by 5 respondents; they identified that (a) reporting structural boundaries is not clear or/and ignored, for example, the organogram not followed; (b) interpretation of reports and type of data to report are not always clear; (c) system limitations and challenges, for example, what type data can be generated; and (d) compliance and urgency, reporting is not done in some instances.

There were respondents who identified the gap in the system stating *“the department look at Clinicom stats but us doesn’t reflect what happens on the ground, we can do a lot of service that are not reported on Clinicom they don’t know about the problems and glitches that are reported on...they don’t report on that... (R\_3)*. Others argue: *“I think, I would say the system currently have a lot of challenges it has a lot of limitations on what type of data you can draw from the system, so the system itself press some challenges...” (R\_7)*. The respondents stated FBU is currently doing planning within the ID programme, but previously all department heads within the ID programme had the authority to do strategic planning within the respective departments; with the new FBU system authority changes occurred, the FBU system gives that authority only to the consultant (Psychiatrist), which influences the departmental planning that was done in the past, leading to operational challenges.

The anticipated outcomes provided mixed responses; 5 persons agreed they make use of anticipated outcomes, whereas 2 state they are not sure they make use of anticipated outcomes; 1 person did not provide a direct answer to the question, pointing out it will be a dilemma if utilised.

#### **5.5.4 Evaluation**

The respondents identified EXCO and quarterly QA report meetings as evaluation system platforms: *“this is where EXCO get involved and QA, this is in line with the directorate” (R\_6)*. This system allows the evaluation of services delivered throughout the year, quarterly or monthly. The CAMM meeting is also a platform where morbidity and mortality cases and management are evaluated; this provides management with the opportunity to evaluate services delivered. In addition, mental health periodicals were identified as tools that evaluate mental health services twice a year; this is required by the Mental Health Care Act 17 of 2002. The National Core Standards (NCS) are identified as part of the evaluation system by 7 respondents that assess institutional compliance against pre-established standards however it is not programme focused. The NCS focuses on seven domains: (i) Patient’s rights; (ii) Patient safety,

clinical governance and care; (iii) Clinical support services; (iv) Public health; (v) Leadership and corporate governance; (vi) Operational management; (vii) Facility and infrastructure. Service delivery is monitored on an establishment level setting a benchmark for quality care. *“I think here there is a gap in some aspects ... it has to do with the low staff resources ... we don't have a system to get capacity to get our whole team's input”* (R\_3). The evaluations are done allowing management to either decide on continuing with the current programme performance or improve it with set recommendations. These recommendations are filtered down to the FBU in the respective areas and the different committees are informed as well. The government-wide monitoring and evaluation system is not known to all respondents; however, they expressed an interest in this document; some responded: *“I don't have detailed knowledge of that”* (R\_3).

The reporting was criticised as good by 4 persons, 1 person believe it has improved throughout the years, whereas others argue that human error is a critical challenge and influences its quality. Some respondents identified the chain of command as an important part of reporting, but in some instances, it is not followed as per organogram. The researcher identified good reporting structures in place in both the interviews and the document analysis. However, the reporting structures should be in line with the different platforms and organisational core structure to assist in strengthening departmental goals and fully utilising the skills sets. *“In terms of how people relay information is good but there is room for improvement in documentation”* (R\_6).

Respondents are not aware of an actual evaluation plan within the government structures. The evaluations are taking place at different meeting platforms as well as online and in documentation; in this particular area reporting appears to be running concurrently with the evaluation and assessments. It provides an opportunity for the executive to evaluate performances.

The facility has various forms of evaluation reporting; the monthly reporting occurs after CAMM meetings, where all clinical discussions are held. The quarterly reporting is done by QA managers focusing on adverse incidents and other clinical aspects. Based on the respondents' answers, it appears that evaluation reporting is done by different departments and the hospital EXCO; at this platform all services are evaluated, and recommendations are provided where necessary.

Evaluation reports and policies (M&E function) are kept by information management and Quality Assurance managers, and there is an assigned clerk dealing with the filing of reports. However, some respondents are not entirely sure whether some functions are evaluation functions; a minority deny the existence of the repository.

### **5.5.5 Programme Management and Implementation Considerations**

Programme management is found to be an effective way of managing resources and projects to achieve a range of goals. The study found that the ID programme lacks the standard programme components, although to some degree it is managed like a programme. The programme does not contain projects, the scope of the different departments is patient- and incident-orientated, and there is not an assigned project life cycle. Change is occurring within and outside of the programme and managed by management team. The ID programme has some programme characteristics; it measures success by the reduction of incidents; this is somewhat similar to programme management which is focused on the needs and benefits of the beneficiaries. Budget allocation, goals and schedules are all in line with a programme.

The 7C's protocol was identified as an important component of the implementation process; the 7Cs was researched and assessed to ascertain whether they are present at the WC Department of Health Institution. The content of the policy is visible within the service delivery area, the institution is well informed about the policy expectation. The context is present in the daily functions, actors influencing the implementation process and institutional functions. The study identified the commitment necessary for the implementation of services as well as the coalition (participation) and client support, both the in- and the out-patient, although some limitations are present because of the level of functioning in some instances. The communication was identified as one aspect that is present, but some challenges were identified in the way communication is executed with regard to reporting; there is coordination between various departments, but also not well developed when considering the FBU areas. Some respondents identified the lack of coordination within some departments. The M&E are present but in relation to the 7C's protocol only to a limited degree because of the lack of M&E guidelines and principles.

## **5.6 Respondents M&E recommendations**

The respondents provided their own views and perspective for discussion. The M&E in the intellectual disability programme was identified by 7 respondents. They believe this area is a forgotten one within the Health Department stating policy makers need to give more focus to this aspect, hence this is a population that will stay with us for some time. The importance of structures was highlighted 3 respondents, who pointed out how poorly defined structures can influence the programme's performance; it can also lead to poor strategic goals within departments and FBU. 1 person expressed their concern about the real clinical benefits that are not acknowledged, stating that what is currently monitored does not include all services that benefit the programme. Respondents explained that M&E is an exceptional tool for evidence-based practices, as it can provide them with the needed information to make decisions not only within the FBU but strategic decisions as well.

## CHAPTER 6: CASE STUDY RESEARCH FINDINGS

### 6.1 Introduction

This chapter presents the findings of the case study based on the data collection; a research schedule was used to guide the semi-structured interviews of participants. The participants were selected based on the research objectives. The study is *an exploratory study of the institutionalisation of a monitoring and evaluation system in the case of the intellectual disability programme of the Department of Health in the Western Cape*. The data collection was influenced by the ten steps of building an M&E system by Kusek & Rist (2004); the themes that guided the data collection and analysis: first, institutional arrangements; second, process building M&E system; third, monitoring framework and indicators; fourth, evaluation; fifth, programme management; and sixth, implementation considerations. The participants were those with information relevant to the programme and the implementation of policies and strategic plans. The literature review provided a framework for the institutionalisation of an M&E system and the case study was conducted to establish the operations of current system and practices and compared to the framework derived from the literature.

### 6.2 Background

The research data were collected during fieldwork, where semi-structured interviews were conducted with eight participants, who were selected through purposive sampling on the basis of their knowledge. The researcher also made use of document analysis whereby statistics and other relevant documents were reviewed and analysed to compare the interview data against the existing data. Legislative documents, policies, frameworks and strategic plans were analysed to construct a complete picture of the study; in one of the sections dealing with values, the researcher completed his results and findings based on Chapter 3. This chapter provided a good indication of the current legislation relevant to M&E on a national and provincial level.

### 6.3 Case Study Results Findings

The findings are presented under four themes:

- Institutional arrangements

- Processes building an M&E system
- Monitoring framework and indicators
- Evaluation (the 'E' in M&E)
- Programme management and implementation considerations.

### **6.3.1 Institutional Arrangements**

#### **6.3.1.1 Leadership and Management**

Generally it was found from the document analysis that on a national and provincial level M&E is well supported and promoted. The National Evaluation Policy Framework encourages the use of M&E systems in organisations, programmes, individuals and policies; leadership is well promoted on that level, including the DPME. The study found that on an institutional level leadership and management are well structured in terms of the daily monitoring functions and evaluation, which is forms part of the mainstream function. These two functions are highlighted individually, indicating the existence of M&E; monitoring is led by various managers from operational to the CEO. On the senior management level M&E leadership is also present; it was noted M&E leadership was assigned to those who lead FBU and the institution, referring to the executive committee consisting of the deputy directors and the CEO. The 5 respondents claimed that the leadership role is assigned to the head of FBU with the support of the members within that team. The study found that the role between programme leadership and institutional leadership has brought some degree of uncertainty. The study found the quality assurance managers of the institution also perform the M&E leadership function; however, this was not recognised by most of respondents. This led to the conclusion there is some managerial support in terms of M&E, because this is an inherent aspect of the health care services at the institution.

#### **6.3.1.2 Capacity Building and Training**

The study found no M&E training was provided at the institution; the capacity was created by the Quality Assurance management office; however, there is a lack of technical M&E capacity, meaning no one specialises in the field of M&E. The researcher analysed documents and found some capacity to monitor and evaluate; the technical capacity, M&E processes and guidelines are absent, given the existing human resource shortages. The study found staff shortages place

extra pressure on daily operational requirements; the adoption of an M&E system will place more technical pressure on daily operations.

#### 6.3.1.3 Human Resources

The Quality Assurance manager is used to monitor and evaluate the programme's performance with the assistance of two interns who require training and support; this reduces the time spent on actual quality management. The study found that there is no one who is technically trained in M&E; 4 persons pointed out human resource shortage is an existing challenge influencing current functions within the intellectual disability programme. The M&E functions are performed by the QA manager and other departments, but a champion leading M&E is absent; the study found the absence of technical M&E capacity on an individual (employee) and institutional level. The study found current human resource shortages could negatively influence the adoption of an M&E system and in some instances its limited capacity to interpret directives, as indicated by some respondents.

#### 6.3.1.4 Organisational Development

The study found there was no assigned M&E unit within the institution. The analysis of the organogram showed that the other allied health services reports to the same DD. There was a strong claim made by 7 persons stating the QA unit is performing some M&E functions, but the study found the absence of M&E guidelines, principles and technical skills. The research found a lack of human resources within this unit; the use of interns is noted, but they are changed annually, which requires constant training and support from the QA manager. The quality control and assurance mechanisms are in place regarding M&E practices, but there is an absence of M&E systems and processes within the programme; during the document analysis it was found M&E practices are in place but limited to the ID programme. The researcher found no training was provided that relates specifically to M&E.

#### 6.3.1.5 Value systems

The document analysis found that national and provincial support to institutionalise M&E systems is available; the institution does not have any M&E guidelines or policies guiding the

institutionalisation of M&E systems. The health departments are using both monitoring and evaluation functions to manage interventions but lack the appropriate principles to implement at times. The researcher found the value of GWM&E framework, NEPF and DMPE, but they are not known to the respondents. The respondents referred to SOPs as tools for M&E, hence there were no M&E guidelines present. The institution makes use of SOPs for guidance operationally; some SOPs refer to M&E but no actual M&E SOP-related documents or guidelines were found. The Batho Pele principles are heavily present at the institution and form part of the values enshrined within the institution; this is an important part of M&E. The National Core Standards (NCS) were mentioned by the respondents as an M&E guided policy tool, but it was found that the aim of this NCS is to establish institutional compliance and not the programme's compliance. The NCS contains some useful information that can be used to institutionalise M&E systems, but it is limited due to the context of the NCS. It was discovered there is no existing legislation that focuses on M&E for this particular programme.

#### 6.3.1.6 Participation and governance

The intergovernmental participation is part of the institution's existence; this helps in service delivery that cannot be provided at the institution; the study found participative approaches are based on the institution itself and limited to the intellectual disability programme. The study noted there is constant collaboration taking place within the institution (i.e. FBU) and outside the institution (i.e. Quality Assurance District meeting). The FBU system presents an opportunity where programme management can be implemented as individual programmes (FBU), but the potential is not used, the division indicate separate programmes, but the institutional culture does not present an opportunity. The researcher discovered collaboration between the psychiatric hospitals where they aim to improve ID service delivery; the details were not provided but this platform is planning service delivery to this population. The review board forms part of the governance; the institution is required by law to complete a periodical report every six months. These documents contain the patient's current condition, services rendered, and progress made through the assigned period. If and when information is not clear, the review board visits the facility to investigate the situation. The review board forms an important part of governance as it consists of a member the community, a legal practitioner (i.e. magistrate, attorney or advocate), mental health practitioner.

### 6.3.2 Process Building M&E systems

The readiness assessment was not performed at the institution or within the intellectual disability FBU; the data gathered found no evidence of the readiness assessment. The researcher found that some M&E functions are performed by the institution as it forms part of the inherent requirements of Western Cape Health Services; however, the lack of technical capacity, human resources and organisational arrangements is evident. The different departments do have the right documentation and systems in place that will enhance and support the M&E function, and the different committees and platforms indicate they are on the right track in terms of readiness.

The Champion of M&E was identified by respondents, who provided a mixed response as to who leads M&E. The head of FBU was identified by 2 persons; because he leads the ID FBU the respondent's support was drawn in that direction. There were 3 persons who identified the nursing managers within the FBU, the DD: Medical Support, QA manager and the CEO. The study found the role of M&E champion was assigned to those who lead departments, FBU or even the CEO, without understanding the actual function of the champion. The researcher found this was influenced by the absence of an actual M&E unit. The researcher found, the majority indicated more than one person as the M&E leader; there was not an assigned champion for M&E. Considering the function of the FBU, the head of FBU is automatically head of the programme and is responsible for monitoring and evaluating performances holistically.

The existence of baseline data is evident; the researcher finds this these data are collected at different areas and not utilised in one database. The use of baseline data does exist in various departments (i.e. nursing, occupational therapy, physiotherapy); however, the value of the data is not fully utilised as baseline data. The document analysis indicated the existence of useful data; however, the M&E approach and guidelines are not utilised to the full extent. The study found databases are used to track the intervention's effectiveness, indicated by the reduction of incidents and adverse incidents. The M&E principles are present within the mainstream function; however, the not all the benefits of the system are experienced because of the gap in the current M&E practices.

The study found indicators are department-specific; the institution does make use of incidents, wheelchair usage and medical condition diagnoses numbers as indicators. The quality manager is in possession of a database where she tracks the incidents and these numbers of the entire

hospital. The ID programme itself does not have a list of indicators that are specific to it; the researcher discovered some respondents did not understand what was meant by indicators, and it had to be explained to them to get the relevant data from participants. The databases are institution-specific and not ID programme-specific; the study finds that institutions are run as different FBUs; this is not indicated as an M&E approach.

The fieldwork data found there are no assigned set targets, though the institution aims at reducing risk, incidents and medical incidents. The PGWC Health has strategies to deinstitutionalise the ID patients who have the capacity from an M&E perspective; it was found that this could be set as a possible target working towards deinstitutionalisation, though the institution does not identify this objective as part of M&E system building. The researcher found monitoring is an inherent part of the daily operations within the intellectual disability programme and at the institution aimed at decreasing the numbers of adverse incidents and acute medical conditions and so forth. However disability programme specific targets do not exist, the focus is on minimising incidents and medical conditions; there is an absence of focus on the programme targets. Results monitoring is not receiving the attention it would receive within an M&E area; the outcomes and impacts are neglected somewhat, whereas the output focus service delivery is important to the institution. The researcher discovered that the programme itself is not solely identified, it is seen as a part of the institution hence the FBU structured institutional system.

The study found that evaluations do take place within the programme itself; this related to medical conditions, observations, adverse incidents and other department-related issues; reports are evaluated on the various platforms; it was noted that evaluation is mostly used to establish other alternatives, neglecting the other benefits of evaluation. The programme implementation and theory of change could be reassessed, and evidence-based budget allocation, informed decision making based on evidence are some of the advantages that can be exploited. The study found the reporting structure to be well developed; there are methods and set time intervals for what needs to be reported, how and the targeted audience. Considering the challenges mentioned by some participants, the reporting system still appears generally well structured. The using of findings is noted to be an inherent part of the organisation; there are always ways to incorporate and use the findings, to the extent that the managers do follow up to establish whether findings and recommendations were used and implemented; this neglects the focus on the programme. Sustainability can be promoted if and when a non-critical culture is created, and the resources was identified as an important part of this. Furthermore,

some respondents are assigned roles and responsibilities to make them aware what is expected. Even though the existence of an M&E system is not fully institutionalised, the researcher interviewed the respondents based on their past experiences with implementation of new systems.

### **6.6.3 Monitoring Framework and Indicators**

The Healthcare 2030 (Western Cape Department of Health, 2014) aims to deinstitutionalise ID with intergovernmental cooperation and coordination, but from an institutional and programme perspective it appears unclear how this will be done. The study found there are no actual strategic plans for this within the programme and institution; on a provincial level there are plans that were discussed with the institution, but there was no clarity from the institution's side. Indicators are present but appear to be disconnected within various departments within the FBU; the programme will benefit if there is an ID indicator database. The various institutional clinical departments do make use of indicators relevant to their respective departments, the FBU system is not using the opportunity to build a connected indicator system.

The study found that the service delivery within this programme is individual case based; they are focused on implementation of monitoring focusing on the outputs and not on results monitoring, where outcomes are considered. The ID programme is minimised to deal with individual cases to improve their condition; this is good, but it neglects the benefit of evidence-based practices. The data credibility tool is not present; however, they are using a system that have advantages in identifying data that are not credible. The reporting structure is found to be well established within the institution, from ground level to top management. There are various reporting methods used depending on the audience and beneficiaries of the data.

It was found that the platform where patients are discussed individually is not sufficient; staff shortages make it difficult to address all the patient on FBU level, which leaves only the urgent cases. Even though on programme level reporting and monitoring are taking place, the fact that this part of the programme is neglected means that the possibility of missed data or information is great. The researcher found that the responsibilities related to the job description and the FBU are creating challenges not only on a reporting level but also for functioning; departmental planning is influenced by the FBU structure. The online system brings individual challenges to the system, to the point where users are challenged and have to distinguish between what

information is important and not important. It was found that what the respondents refer to as anticipated outcomes is not necessarily the case; if it refers to targets yes, but not anticipated outcomes; the case of outcomes is something that is not necessarily measured, whereas targets are.

#### **6.3.4 Evaluation**

The existence of an actual evaluation system is present to a degree; evaluations are performed, and the results was revealed throughout the interviews. The study established that evaluation platforms and practices do exist within the institution, but evaluation that focused on the programme itself is somewhat neglected. The NCS was identified as an evaluation tool; this is relevant to establish compliance but not programme evaluation, as some respondents suggested. Evaluation performed is either risk, medical condition or adverse incident specific, but not programme specific. The reporting structure is well established within the organisation, as stated earlier, but some aspect is identified as problematic. The study found that the respondents has no idea of the existence of the evaluation plan or the government-wide policy framework for the monitoring and evaluation system; they could not say whether their evaluations are in line with this framework; what was identified was the online system where reports are stored, as this is one of the GWM&E systems requirements. The existence of a repository was not agreed upon by some respondents; the study found that the institution this include the different programmes make use of the information management department to store and maintain information, and there is a specific administrator who deals with the minutes and reports of meetings and forums.

#### **6.3.5 Programme Management and Implementation considerations**

The study found there is some reasonable presence of programme elements within the ID programme, even though it lacks minimal features of a programme structure. The 7C's protocol is not fully present within the implementation process; the study found coordination and communication are some of the protocols that are absent. The M&E context and content are present but limited within the institution and programme. There is a lack of M&E guidelines and practices; those that are present are often not aligned within the various departments.

## 6.4 Document Analysis

The legislation, policy guidelines, framework and institutional documentation was analysed to provide an analysis of the existing policy environment. Various institutional clinical departments, for example, Nursing and Occupational Therapy (OT), have their individual monitoring reporting systems within their department. The baseline data are present, but not utilised to the programme's full capacity; the OT reports provide a thorough detailed account of all patients' initial state assessment. Furthermore, in cases like disability tracking and aspiration pneumonia, the physiotherapy department has the required guidelines to manage or reduce incidents. The institution keeps statistics of medical conditions, incidents, adverse incidents and other acute conditions. In most instances' SOPs are compiled and implemented to manage these identified problems. The use of SOPs is helpful in terms of monitoring of incidents or any other adverse incidents; the monitoring directives are evident within the SOPs; reporting structures are well articulated within SOPs, considering the scope and intent of the document. The reporting structures, for example, *Monthly Clinical Assurance Morbidity and Mortality (CAMM)*, *Quarterly QA Meeting*, *Quarterly Adverse Operational Planning Reviews (AOP)*, Clinical and Operational Governance (COG) Meetings and the Service Area Clinical Team are identified as monitoring and evaluation platforms; however, only the platforms in italics are M&E responsible. The documents assign M&E functions, but there are no SOPs that inform M&E guidelines. The SOP's analysed are focused on the institutions practices and protocols, due to the access limitations more documents could not be analysed. However, the study discovered documents on monitoring and evaluation; intellectual disability programme evidence-based practices is not in place. The documents reviewed are linked to medical (clinical) SOP's, incident and adverse incidents SOP's.

The Provincial Department points out the importance of M&E within the provincial health department. This information are presented in the Healthcare 2030 (2014) strategic plan; this document identified various legislation, frameworks and international treaties for example the United Nations Convention on the Rights of People with Disabilities; that not only promote evidence-based practices but also support improved quality of life for all citizens within the country. The strategic plan presents all these resources to promote M&E system adoption whether a programme or institution. The study discovered documents like the GWMES is unknown to those implementing the intellectual disability programme. The document analysis identified the Western Cape provincial government is aimed at deinstitutionalising the ID services, to only focus on those who are institutionalised for medical purposes; in addition the

service will only be given to some people in special cases. The study consider the Constitution of South Africa aimed at equal protection and benefit of the law; the constitution made way for documents like the National Evaluation Policy Framework which makes it clear that M&E systems can be implemented in departments, organisations and programmes. Then there are documents like the White Paper on the Rights of Persons with Disabilities 2015, which is a document responsible for the domestication of the UNCRPD. This document provides guidelines on how to utilise M&E system for the benefit of evidence-based disabled programmes, develop SOP's and it provides a framework against which service delivery can be measured (Republic of South Africa, 2015:38). The document identifies augmentative and alternative communication techniques (Republic of South Africa, 2015:3) as examples to improve the quality of life of disabled persons. The study found that M&E is not fully adopted by the intellectual disability programme hence the provincial governments plan to deinstitutionalize intellectual disabled programme can possibly go against the WPRPD. This document makes it clear, that current disability programmes is not ready for the mainstream function the gap lies in lack of evidence-based research that inform government planning (Republic of South Africa, 2015:109). The Department of Performance, Monitoring and Evaluation (DPME) provides online guidelines and legislative support for the institutionalisation of M&E systems, which are within public domain; this supports an evidence-based approach if the guidelines are used. The institutionalisation of the M&E system for the ID programme is not directly part of the strategy within the Western Cape Healthcare 2030 strategic plan, but they do plan on *improving mental health for all*, including those with an intellectual disability. In addition, they promote evidence-base practices, accountability and informed decision making, which evidently allows for the institutionalisation of an M&E system.

## CHAPTER 7: RECOMMENDATIONS AND CONCLUSIONS

This final chapter provides recommendations and a conclusion based on the objectives of the research study. The study focused on the institutionalisation of an M&E system within the intellectual disability programme; the research objectives were to build a theoretical framework for M&E systems, programme evaluation and identify key requirements and elements for effective implementation of an M&E system. The case study focused on the institutionalisation of an M&E system for an ID programme; an analysis was done in line with the literature as well as government policies and legislative frameworks. A research schedule was used to guide the semi-structured interviews that was organised into themes (i) institutionalisation; (ii) processes building an M&E system; (iii) monitoring framework, indicators; (iv) evaluation and (vi) programme management and implementation. The recommendations are provided to strengthen current M&E practices, monitoring, reporting and capacity building at the PGWC Health Institution intellectual disability programme. The conclusion and recommendations are drawn in the light of the limitations and challenges, but with aim to provide possible improvements.

### 7.1 M&E Institutional Arrangements

It was concluded the monitoring and evaluation practices are present; however, it is recommended that external evaluation should be performed by similar facilities, monitoring should take place on various platforms covering unit level to FBU; EXCO should be seen as the final reporting structure however the study suggest a 40 -60 days reporting cycle. There are M&E support and guidelines on national and provincial level; DPME made all these documents available within the public domain. The institution and the FBU can make use of the different guidelines to develop policies and M&E SOP guidelines.

The resources to implement an M&E system within the programme are not adequate, considering the current practices that involve monitoring and the additional M&E systems requirements. The capacity to implement is not present to support the function; time is an important factor which can be influenced by the lack of human resources and technical support. The study recommends that the institution make use of current resources, for example, the QA manager, but provide additional human resource support with training to enhance the technical capacity of the FBU unit and those identified to develop the intellectual disability programme.

The study proposes the personnel to familiarize themselves with M&E and the concepts associated with M&E; training can be provided by an external service provider, national government department or provincial department; this could possibly maintain the context. The researcher found structural placement of the M&E unit should be at a position where bias and institutional pressure can be avoided. The study suggests that the QA manager functions as the internal evaluation officer reporting directly to the CEO because the CEO is responsible for oversight and has the ultimate accountability of the institution; The M&E leadership role should be assigned to the head clinician of the programme. The ID programme include both inpatients and outpatients (ID); it is recommended that the FBU expand by including intellectual disabled outpatients. Programme collaboration within the programme can be achieved once every department identify the different disability limitations and management approach to those limitations. The research notes that existence of the QA manager is already a move in the M&E direction, but training and technical support are required.

The study found participation and governance are doing well at this institution; it is recommended that they maintain the strength of their participation. In addition they could build on M&E policies and guidelines to support the M&E principles. The study suggests the FBU design SOP's using the guidelines provided by government departments and literature; creating guidelines, theory of change or logic model. The researcher found cooperation and intergovernmental relations are taking place on an M&E level; the Directorate and PGWC do carry out oversight in terms of monitoring the institutional performance on a larger scale but not programme specific, the direction of the new approach will provide an evidence-based approach that might change the reporting to the provincial administration.

## **7.2 Process Building M&E systems**

The fieldwork and document analysis showed that no readiness assessment was performed; however; some M&E aspects do exist on an institutional level. The QA unit's current practices are important, but if this current function can be merged with M&E system elements, then this can enhance the evidence-based practices, however the intellectual disability programme need to be established as a separate programme within the institution. It is that recommended a readiness assessment is done to assess the institution's readiness to institutionalise the M&E system; it is important to obtain information on the institution's current state of affairs and

whether it is prepared to adopt an M&E system. Referring to the previous section, capacity building and readiness must be done as indicated.

The head clinician is fit for the M&E champion role because he oversees both inpatient and outpatient ID programmes.

The baseline data could be gathered by the individual unit with the assistance of the allied health services, but before this is done a strategy for the ID services needs to be established. A respondent identified the quality of life concept; it is recommended they use the quality of life concept to build on a strategic objective and then collect baseline data. The study also recommends they make use of the theory of change to guide them through the process. This will include all the other factors such as indicators, targets, outputs, outcomes and activities. The indicators are well established in various departments; it is proposed they use the theory of change model and then decide how they can collect indicator data. The data are already present, so it is advised they use the various departments and combine all those indicators but use those that are most relevant to the outcomes; the programme will reap benefits if the WPRPD guidelines and literature are utilised.

The existing outcomes and objectives are partially PGWC and national government directed; however, the recommendation is to expand and use the quality of life model as a guide. This model was created for this population and the level of functioning covers both individual and programme performance. The NEPF mentions the use of an M&E approach from individual to national programmes; it is recommended the programme champion utilize these resources towards implementing an M&E system's evidence-based approach.

Document analysis showed that the Client Satisfaction Survey (CSS) makes use qualitative data indicators; this can also be assigned to the ID programme, it can be adapted to fit various disabled groups; the indicator system is partially present but not fully developed to fit the ID programme. The study concluded that the theory of change and logic model approach can be used to present the programme image and the assumptions of the programme theory logic; this will allow the development of programme evaluation.

The study concluded that if a programme theory-based approach is utilized, it might assist the institution in building indicators using this resource. The use of a theory of change can provide invaluable structures and processes for the ID programme. The study advocates for technical capacity building through training, external support or employment of M&E officers; this will assist the development of the current evaluations, reporting structure and use of

findings. The study found the above functions are already in place but are not fully utilized to capacity. The targets and other elements can be fully utilized and developed if they adopt the theory of change model, as suggested. The study recommends that the institution move towards results monitoring and implementation monitoring, instead of being output orientated. This will allow EXCO to assess the resource allocation and evidence-based practice approach; informing evidence-based budgeting. The study advocates the use of findings to do evidence-based budget allocations, establish programme performance, improve programme performance, identify problems, and for training and development purposes.

The study recommends the use of both internal and external evaluations, internal evaluations can be performed by the QA manager. Reporting was identified as a problem; the amount of time spend on reporting can be reduced to increase clinical contact time; the method can be adjusted in a manner where it saves time with useful information that can assist in improving the programme quality. The submission of monthly statistics is advised with 40-50 days contact time (in person) reporting. Sustainability can be achieved if those directly involved are made accountable; for example, the nursing staff, physiotherapy and occupational therapist working directly with the patients are involved in the building of the M&E system.

The researcher concludes that the institution's mainstream function will use M&E tracking performances; however, the core M&E units function independently, which is essential for sustainability; this crucial dimension is recommended. The researcher found that clarity is an important part of sustainability, hence the institution's roles and responsibilities must be clear when adopting an M&E system; aligning the goals and targets to the strategic objectives will ensure demand is created, directly affecting sustainability.

### **7.3 Monitoring Framework, Indicators and Evaluation**

The study proposes that the institution make use of the existing indicators after they have established a theory of change; an indicator system can be built based on the existing data and possible new information.

The existing reporting structures are well structured; however, the study concludes there are a few structural arrangements that can be improved. It is recommended the institution organize reporting structures that will fully utilize and extract the most credible and valuable information

from the programme. The study recommends the institution utilize the existing resources but build on the shortcoming identified by respondents and, in addition to that, link reporting to monitoring and monitoring reporting to evaluation. The study recognises the importance of the institution in the success of this programme implementation, reference made to the institution is an acknowledgement of the authority and decision-making power that can influence resources and the success of the M&E institutionalisation. The study concluded there are existing indicators systems, but not fully developed; it is recommended the institution adopt an M&E system, develop a theory of change and get a platform for all relevant parties to participate in completing the theory of change. This method will provide the organisation with an opportunity to view the entire programme on a desktop view and guide M&E processes and actions. The institution is using existing departmental and professional job descriptions to a reasonable capacity in terms of indicator development; the researcher recommends that they continue with the current systems, but fully exploit the benefits of an M&E system that can create links between the resources and outcomes in addition to promoting informed decision making.

The NCS is a tool used assessing the establishment's compliance guided by a benchmark. Even though it appears to be an M&E tool, it touches on Batho Pele values and some M&E aspects, but still lacks important M&E components within the intellectual disability programme. It is recommended the institution use some of the benefits provided by the NCS to build and develop the M&E system however caution should be taken because the NCS is not suitable for the ID programme M&E. Training will aid the institution in fully understanding the M&E literature, the researcher recommends that all junior, middle and senior management undergo M&E training to fully understand this area and build an M&E culture.

Leadership is an important part of sustainability it can influence the way in which the institution can adopt the M&E. The importance of reporting within M&E has been mentioned in the literature, therefore this study recommends that the institution be aware of the importance of reporting within M&E, and not only reporting, but the credibility and usefulness of information. The institution is doing well in terms of monitoring and evaluation, but it is advised that they recognize *monitoring*, *reporting* and *evaluation* as an entire system that can provide evidence-based practices that can influence performances and the budget allocation to programmes.

## 7.5 Programme management and Implementation

The study recommends that the institution align the ID programme with the programme management elements and structures. This will not only enhance the departmental service provision but allow the various departments to practise within the programme and provide the FBU leader with the opportunity to act as a programme manager, giving more strategic plan-based actions to the various departments in addition to possible increased coordination. The rest of the 7Cs protocols will automatically improve in practice if the institution adopts the M&E approach with the programme management approach. The study recommends the use of the 7-C protocol to implement programme, the following should be considered:

1. Content: What are we set out to do; how will we equip our self with M&E knowledge to take on this programme?
2. What and who can influence the programme implementation processes both negatively and positively?
3. Who are the top-down and bottom-up role players? How can the programme get their commitment?
4. What is the existing tangible and intangible resources? What resources does the programme currently have?
5. How can we build coalition and client support?
6. Are the communication processes sufficient? If not, how can we develop it?
7. What coordination practices can we used within the FBU (programme), FBU (programme)-institution and institution-external role players?

Considering the programme management style requirements and the current system, the study recommends the adoption of the programme management approach in a way that respects the existing practices but accepts development and change to completely benefit from programme management approach.

## 7.4 Conclusion

The literature indicates that evidence-based models are relevant to intellectual disability services; a connection was revealed between the quality of life model and the United Nations Convention on the Rights of People with Disabilities. This convention was ratified by the South African government and forms part of the Western Cape government's legislative framework.

The promotion of quality of life is not only mentioned in the strategy of the Western Cape but adopted as an international policy as mentioned. The study identified the connection between the 7Cs Protocol and the institutionalisation of M&E and programme management; these elements forms an important part of the implementation process. The 7Cs protocol indicated communication, content, context, client/coalition, coordination, capacity and commitment are present, but there is room for development. The 7Cs protocol was identified within the themes of the study because it forms part of the implementation process.

The themes were focused on the institutionalisation and process building of an M&E system, monitoring framework, indicators, programme management and implementation. The focus on institutionalisation guided the study to focus on human resources, capacity building, organisational development, participation and governance, leadership and management, and value systems. The study found these elements present within the ID programme, especially governance and participation; however, important M&E elements are excluded.

The process building of an M&E system was guided by Kusek and Rist (2004) both in the literature review and the data-collection process. The study identified these ten steps in many areas within the programme, but they are not present in the system as a whole. The study established the adoption of a logic framework (i.e. theory of change) will be invaluable to the programme and it will promote evidence-based practices. Furthermore, a monitoring framework and indicators were found to be present but disconnected in any areas; the use of indicators is an example of how they are utilized within different departments, but they do not coordinate the programme. Evaluation is an important component of M&E, but it is neglected, and its benefits are not fully exploited to a point where it can positively influence evidence-based practices, establish programme value, efficiency or effectiveness.

The study discovered the health institution did not fully adopt the M&E system practices and could benefit if it adopts the quality of life model with the prospect of the deinstitutionalization of ID patients. Healthcare 2030 is aimed at this goal, but the execution of this plan is not known to those who are primarily responsible for delivering the services to disabled population. The M&E is mentioned in the strategic plan, but the study found it is not known on ground level.

The study identified the existence of M&E practices at the Western Cape health institution; how they use M&E practices is already an inherent part of the institution, but it lacks some essential elements that form part of an M&E system. Institutionalisation of an M&E system within the ID programme is possible when an integrated approach is followed through the

establishment of logic theory. The study identified the importance of monitoring, reporting and evaluation in programme, policy and project successes; furthermore, it identified how crucial reporting is for M&E. The study found numerous M&E guidelines and the provincial strategies mention M&E with the legislative framework guiding it, but this is not known to some public servants.

The organisational and structural arrangements are an important part of the institutionalisation of an M&E system, but it was discovered during fieldwork that it is equally key for effective and efficient mainstream functioning. Reporting was identified as equally essential to the sustainability of the M&E system as ‘monitoring’ and ‘evaluation’ one dimension cannot function completely without the other.

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## **Annexure A: Research Ethics Statement**

This study complies with the ethical considerations specified by the Research Ethics Policy of Stellenbosch University and the School of Public Leadership. Permission to conduct the research was obtained from the Stellenbosch University Ethical Clearance Committee. The identified participants were invited to participate in the study. Research objectives and reasons for the study were explained to participants, and sample selection was explained to them.

The participants were made aware of the important information and knowledge they possess that was relevant to this study. Participants were informed their participation was voluntary and they could withdraw at any stage. Consent to participate was obtained from each participant before the interviews were conducted.

The research schedule was used as a guide and completed by the researcher in an interview situation; the researcher made use audio-tape recordings with the permission of the Western Cape Research Committee and the participants. The identity of all participants will be kept anonymous and confidential and will not be included in any recording, reporting or publication of the study.

## **Annexure B: Research schedule**

For the fieldwork of a study titled:

*An exploratory study of the institutionalisation of a Monitoring and Evaluation system in the case of the Intellectual Disability Programme of the Department of Health in the Western Cape*

**Researcher:** Lindsey Jacobs

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### **Ethical statement:**

The respondents understand their rights and do the interview voluntarily, the interview is confidential, and they may refuse to respond to any particular question. (Added as an annexure)

### **Section A: General**

Name & Surname:

Age:

Department:

Component/Directorate:

Position / Rank:

Gender:

## Section B: Institutional

2.1 How is M&E promoted and supported by organisational leadership/champions? Please elaborate

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2.2 Are you aware of any M&E policy frameworks guiding institutional M&E implementation and processes? If so, name or provide copies of the policy framework.

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2.3 Does the institution have adequate existing capacity (resources) to implement or support the M&E function? Briefly explain your answer.

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2.4 Are there any existing capacity building, training or technical support for M&E or was it done in the past? Please explain

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2.5 Is there an existing M&E unit? If so, how is it structured and where is the M&E unit positioned? i.e. Strategic complex or line management

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2.6 To what extent are collaborations and partnerships involved in determining monitoring arrangements such as outcomes, indicators, baselines and targets for results monitoring?

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2.7 Are there existing policies, guidelines and frameworks within the Provincial government of the Western Cape, health department; that stipulate and guide the extent to which the

programme should be monitored and evaluated? If yes, please provide the names or copies of the policies and guidelines.

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2.8 Are there existing intergovernmental relations, cooperation and coordination inside and outside the department, both horizontally and vertically? If yes, please elaborate.

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### **Section C: Process**

3.1 Was any readiness assessment conducted as part of institutional M&E system establishment? If so what did this entail? When answer please refer to incentives, organisational capacity, roles & responsibilities.

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3.2 Who champions (lead) the M&E function in your institution (ID programme); implementing and sustaining the M&E system within this programme? If the M&E champion exist, briefly discuss the function and role.

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3.2 Are there existing programme objectives and outcomes? If yes, what objectives and outcomes are agreed upon to monitor and evaluate?

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3.3 What indicators are monitored to measure progress towards intellectual disability outcomes?

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3.4 Are there existing baseline data on indicators? If yes, how are they gathered?

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3.5 What process are followed formulating realistic targets?

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3.6 How do you monitor results?

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3.7 Are evaluations performed?

If yes, what were the findings and how are they utilised?

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3.8 What format are used to report M&E findings and at what time intervals (Quarterly or annual reporting)?

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3.9 Are findings used in your organisations?

If yes, how are they used?

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3.10 How can your organisation sustain and improve the M&E system?

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**Section D: Content (Monitoring Framework & Indicators)**

4.1 What are the desired outcomes of the programme aligned to the departmental strategic goals?

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4.2 Do you have an indicator system?

If yes, please explain or provide a copy of your documentation.

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4.3 What indicators are utilised to monitor progress towards achieving the programme outcomes?

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4.4 What are the criteria for assessing credibility of data that generated throughout M&E process?

If yes, please explain the methods utilised.

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4.5 What are the existing reporting system structures in your institution?

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4.6 In your opinion is the current reporting system adequate? Please explain your answer

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4.6 Do you make use of anticipated outcomes?

If yes, please elaborate.

## Section E: Evaluation

5.1 Does your institution have an evaluation system in place, if so please explain the existing system?

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5.2 How does the evaluation system guide the institution to assess and report on the programmes performance?

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5.3 The Government-wide Policy Framework for the Monitoring and Evaluation System was published by The Presidency in 2007. How does your evaluation system comply with the policy framework?

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5.4 In your opinion how good is your reporting system? Please elaborate on your answer.

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5.5 Are you aware of the existing government evaluation plan (provincial evaluation plan) requirements, and if so, does your department have an evaluation plan? Please explain and/or provide copies of the evaluation plan.

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5.6 How often are evaluations and evaluation reporting done? Please provide a brief explanation for your answer and copies.

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5.7 Does your department maintain accessible repository policy and programme evaluation reports?

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5.8 Do you have any other views or perspectives that you would like to discuss?

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Thank you for your cooperation!

End of Schedule