

**AN INVESTIGATION INTO THE GAUTENG DEPARTMENT OF HEALTH AND SOCIAL
DEVELOPMENT'S MONITORING AND EVALUATION SYSTEM**

by

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ABSTRACT

The Auditor General identified some gaps in the quality of performance information that was reported by the Gauteng Department of Health and Social Development (GDHSD) to the public. The information was inaccurate and unreliable (Gauteng Department of Health and Social Development, 2009; 2010; 2011). The National Government passed the *Policy Framework on Government-Wide Monitoring and Evaluation System* in 2007. Some of the objectives of which were to improve the quality of performance information and service delivery in government. This development required government departments to develop and implement strong and effective M&E systems. The GDHSD formally implemented its M&E system in 2007; one of the objectives of which was to generate good quality performance information. The GDHSD's M&E system has failed to achieve this objective.

The study investigated some aspects of the GDHSD's M&E system with regard to its poor quality performance information. The study found that some of the problems in the GDHSD's M&E system, which the study highlighted, were the lack of adequate and appropriate capacity and skills for monitoring and evaluation; the absence of proper structures, processes and systems for monitoring and evaluation; the absence of quality assurance mechanisms for performance data; the selective application of data management rules and regulations; and a low morale amongst some staff members of the GDHSD. One of the notable findings was that there is manipulation of some performance information for political reasons.

The study made some recommendations on how to strengthen the GDHSD's M&E system based on the identified gaps. Some recommendations are that the GDHSD needs to capacitate its M&E directorate; develop proper monitoring, evaluation, reporting and data management processes and systems; address the problem of manipulation of performance information for political reasons; and promote a culture of good work ethics within the staff members of the GDHSD. The implementation of these recommendations may assist to strengthen the GDHSD's M&E system, thus also helping it to improve the quality of its performance information and service delivery.

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DECLARATION

I, declare that the research report entitled *An investigation into the Gauteng department of health and social development's monitoring and evaluation system* is my own work, and it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Phillip Dube

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LIST OF ACRONYMS

AGSA	: Auditor General of South Africa
DHIS	: District Health Information System
DHS	: District Health Services
ECD	: Evaluation Capacity Development
GCRA	: Gauteng City Region Academy
GDHSD	: Gauteng Department of Health and Social Development
GWM&E	: Government-Wide Monitoring and Evaluation
HIM	: Health Information Management
HOD	: Head of Department
HPCSA	: Health Professions Council of South Africa
M&E	: Monitoring and Evaluation
MEC	: Member of Executive Council
NGO	: Non-Governmental Organisation
PHC	: Primary Health Care
PoA	: Programme of Action
PSC	: Public Service Commission
UN	: United Nations
WHO	: World Health Organisation

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 Introduction

There are growing pressures on governments across the world to become more accountable, transparent and to provide effective and efficient services to their citizens. These pressures come from development institutions, donor governments and organizations, the private sector, non-governmental organizations, the media, citizens' groups and civil society. These pressures have caused some governments to adopt strategies that are geared towards measuring and improving their performance in service delivery. One of the strategies being employed by both developed and developing countries is to implement monitoring and evaluation (M&E) systems in their governments (Gorgens & Kusek, 2009). Some of the countries that have implemented M&E systems in their governments are Chile (Mackay, 2006; Zaltsman, 2006), Argentina (Zaltsman, 2006), Ireland (Boyle, 2005), Australia (Mackay, 1998; Mackay, 2004), New Zealand (Norman, 2004), Ghana (Dassah & Uken, 2006), Uganda (Hauge, 2001) and Tanzania (Ronsholt & Andrews, 2005).

Guijt and Woodhill (2002) define an M&E system as set of tools, plans and strategies for the collection, collation, analysis, storage and reporting of data on project and programme performance. An M&E system includes human, physical and financial resources that are allocated to the functions of monitoring, evaluation, data management and reporting in an organization.

An effective M&E system indicates whether a project or programme is on track or not in achieving its results; identifies risks and challenges that are encountered during the implementation of a project or programme; devises corrective measures that need to be implemented to address any identified risks and challenges; and provides mechanisms to measure and improve the achievement of results (Kusek & Rist, 2004).

In South Africa, the government formally initiated a process of implementing an M&E system across the government in 2005 by developing a policy document called *Proposal and Implementation Plan for a Government-Wide Monitoring and Evaluation System: A Publication for Programme Managers*. Prior to 2005, no formal M&E system existed in the South African government; only individual staff performance evaluations were regularly carried out (Ijeoma, 2010). Moagi (2000) is of the opinion that no formal M&E system existed in the South African government because the government was still focussing on laying the foundations of a newly-formed democratic society. This included the development of legislation and policies to set the agenda for service delivery to improve the lives of the people of South Africa.

In 2007, the South African Cabinet passed *The Policy Framework on Government-Wide Monitoring and Evaluation System*. The policy framework was meant to boost the implementation of government-wide monitoring and evaluation (GWM&E) system and to provide a broad framework for monitoring and evaluation principles, practices and standards to be used across government. The policy framework required government departments across the country to develop and implement M&E systems (Engela & Ajam, 2010).

The Gauteng Department of Health and Social Development (GDHSD) formally implemented its M&E system in 2007. The study investigates some aspects of the GDHSD's M&E system with regard to its poor quality performance information.

1.2 Problem statement

The GDHSD's M&E system has failed to generate accurate and reliable performance information since its inception in 2007. The Auditor General identified this problem in five consecutive years (2007, 2008, 2009, 2010 and 2011), during the audit of performance information of the GDHSD. He identified the following weaknesses in the quality of performance information from the GDHSD:

- Reported information was not consistent with planned objectives, indicators and targets;
- Reported indicators were not reliable when compared with source documents;
- Reported indicators were not reliable as adequate supporting source information was not provided; and
- Reasons for major variances between planned and actual reported targets were not supported by adequate and reliable corroborating evidence

(Gauteng Department of Health, 2007; 2008; Gauteng Department of Health and Social Development, 2009; 2010; 2011).

It was not clear whether the GDHSD lacked capacity and skills for monitoring and evaluation; or lacked clearly defined structures, processes, roles and responsibilities for monitoring and evaluation; or lacked support and buy-in from some senior managers and the staff members. It is important that the GDHSD's M&E system generates high quality performance information to provide decision makers, the public and other stakeholders with accurate and reliable performance information on health service delivery.

1.3 Purpose statement

The purpose of the study is to investigate some aspects of the GDHSD's M&E system with regard to its poor quality performance information. Through the study, an investigation is undertaken to get a broader and deeper understanding of some structures, processes and systems involved in monitoring and evaluation; their roles and responsibilities in monitoring and evaluation; and their strengths and weaknesses. Gaps are identified in the system and its implementation; and recommendations are made on how to strengthen the GDHSD's M&E system, based on the findings of the study.

1.4 Research questions

The study set out to answer the following research questions regarding some aspects of the GDHSD's M&E system:

1. What are the structures, processes and systems involved in monitoring and evaluation in the GDHSD?
2. What are the roles, responsibilities and capacities of the structures, processes and systems involved in monitoring and evaluation?
3. How is data collected, collated, analysed, stored and reported?

1.5 Significance of the study

The study presents a clearer and in-depth understanding of some aspects of the GDHSD's M&E system. It highlights areas for improvement that require additional focus in terms of M&E capacities, skills, support and technical assistance. It also provides some recommendations on how to strengthen the GDHSD's M&E system and to improve the quality of its performance information. The study contributes to literature on monitoring and evaluation.

1.6 Definitions of key concepts used in the study

The key concepts that are used in the study are explained below.

- **Monitoring**

Cloete (2009) defines monitoring as a regular, systematic and ongoing process that tracks the implementation of a policy, project or programme to determine the level of progress and achievement of goals and objectives.

- **Evaluation**

Evaluation is a systematic judgement or assessment of whether a project or programme has achieved its objectives and goals as planned, how it has achieved them (if it did) and what are the lessons learnt (Gorgens & Kusek, 2009).

- **Performance**

Performance refers to a degree to which a policy, project or programme operates according to specific criteria, standards and guidelines, or achieves results in accordance with stated plans (United Nations, 2004).

- **Data**

Data refers to information about the performance of a policy, project or programme. This information can be numerical (numbers, quantities) or qualitative (text). It is usually generated by an M&E system (United Nations, 2004).The phrase *performance data* is used interchangeably with the term *performance information* in the study.

- **Monitoring and evaluation**

Monitoring and evaluation (M&E) are two different processes that are interdependent and complementary to each other; hence the term M&E is used for the two processes. (Gorgens & Kusek, 2009).

- **Monitoring and evaluation(M&E) system**

A monitoring and evaluation system is a set of tools and strategies for the collection, collation, analysis, storage and reporting of data on project and programme performance (Guijt &Woodhill, 2002).

- **Effectiveness**

Effectiveness is the degree to which a policy, project or programme achieves its intended goals and objectives. It arises out of a comparison of what was planned and what was realised (Tomkins, 1987).

- **Efficiency**

Efficiency refers to the measure of how resources, such as finance and skills are converted to results (outputs and outcomes) (Organization for Economic Co-operation and Development, 2002).

1.7 Structure of the research report

The research report is divided into five chapters:

- **Chapter One: Introduction and background.** This chapter locates the study within the broader international and national context.
- **Chapter Two: Literature review.** This chapter provides a review of literature on monitoring and evaluation, and the theoretical and knowledge settings that are relevant for the study.
- **Chapter Three: Research methodology.** This chapter provides detailed research methods, techniques, and procedures that were used in the study.
- **Chapter Four: Findings of the study.** This chapter provides a detailed analysis and presentation of the findings of the study.
- **Chapter Five: Conclusion and recommendations.** This chapter provides conclusions and proposes recommendations on how to strengthen the GDHSD's M&E system, based on the findings.

1.8 Conclusion

The chapter provided an introduction and background to the study. It broadly covered the international and national contexts of monitoring and evaluation; the problem statement; the purpose statement; the research questions; the significance of the study; and a brief definition of key concepts used in the study. The chapter concluded by providing an outline of the remainder of the report.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter reviews literature on monitoring and evaluation. Literature review provides a theoretical and academic background to the study, and indicates the researcher's grasp of the subject matter under investigation (Neuman, 2010).

The chapter consists of eight sub-sections. Sub-section one focuses on monitoring and evaluation, what it means, what is the difference between the two concepts, and how the two concepts relate to each other. Sub-section two explains the components of an M&E system to give a broad understanding of what an effective M&E system is supposed to be. Sub-section three discusses the benefits of an effective M&E system to pinpoint value that can be derived from an effective M&E system. Sub-section four deals with the challenges of implementing an effective M&E system. This indicates that despite the benefits of implementing an effective M&E system, there are also challenges that require solution. Sub-section five discusses the global context of monitoring and evaluation to give an international perspective of M&E. Sub-section six discusses the South African context of monitoring and evaluation, and the evolution of the government-wide monitoring and evaluation (GWM&E) system in South Africa. Sub-section seven discusses the GDHSD's M&E system to give a departmental perspective of an M&E system. Sub-section eight explains the quality of performance information that needs to be generated by an effective M&E system, and also gives a picture of what is meant by good quality performance information.

2.2 Monitoring and evaluation

Kusek and Rist (2004) argue that monitoring and evaluation (M&E) is a powerful management tool that can be used to achieve the results of an organisation in an effective and efficient way. This argument is supported by the Organisation for Economic Co-operation and Development (OECD) (2002) and the United Nations Programme on HIV/AIDS (UNAIDS) (2002), but they

further indicate that M&E promotes transparency and accountability. Mackay (2006) warns against an over-reliance on M&E to solve all the challenges facing an organisation. He argues that M&E is one of the various management tools that can be used to improve organisational performance, but it cannot replace good management.

The process of monitoring and evaluation is made up of two distinct, yet complementary processes of monitoring and evaluation. Monitoring gives information on where a policy, project, or programme is at a given time in relation to planned performance targets and time-frames; evaluation gives evidence of why and how the targets have been achieved or not. Monitoring records events as they happen; evaluation seeks to address the issue of causality. Monitoring sends signals that implementation is going off-track; evaluation provides explanations that clarify the realities and trends noted in monitoring (Ijeoma, 2010). The complementary roles of monitoring and evaluation are illustrated in table 1.

Table 1: The complementary roles of monitoring and evaluation

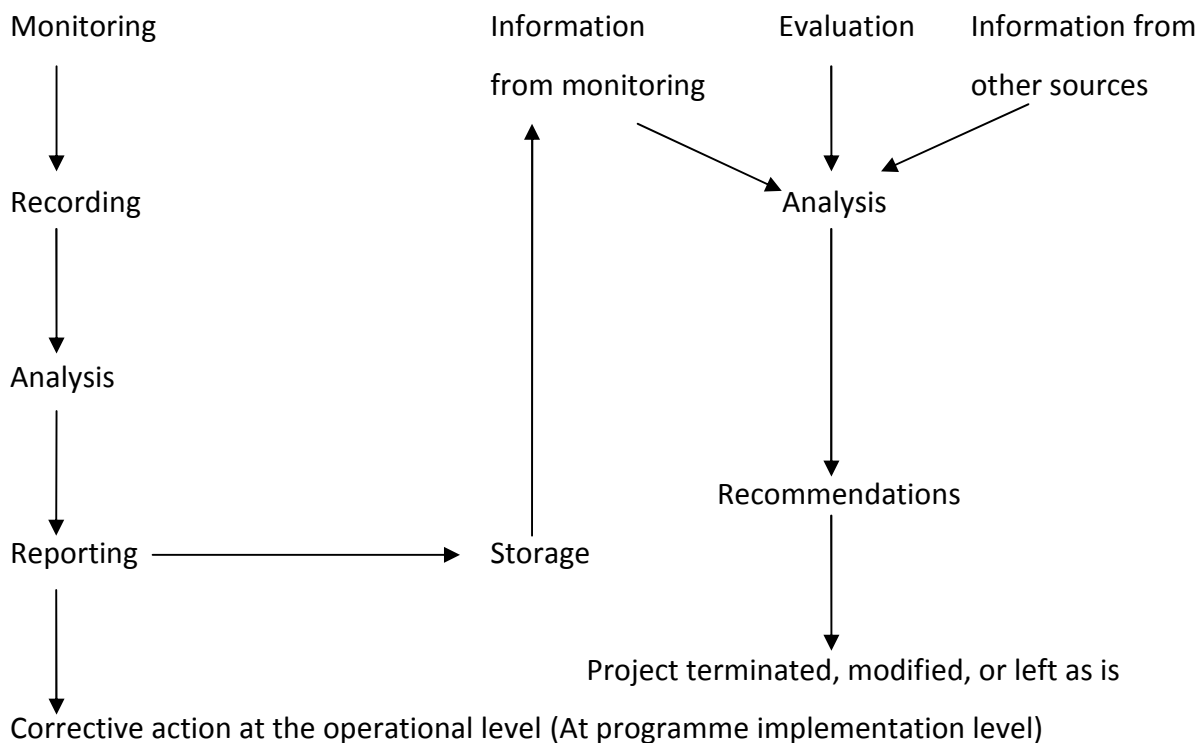
Monitoring	Evaluation
<ul style="list-style-type: none"> • Is continuous from the beginning to the end of project or programme. 	<ul style="list-style-type: none"> • Is periodic. It happens at important milestones such as at the beginning, mid-term, end of programme, or long after programme has ended.
<ul style="list-style-type: none"> • Keeps track; oversight; analyses and documents progress. 	<ul style="list-style-type: none"> • In-depth analysis; compares planned with actual achievements.
<ul style="list-style-type: none"> • Focuses on inputs, activities, outputs, implementation processes, continued relevance, likely results at outcome level. 	<ul style="list-style-type: none"> • Focuses on outputs in relation to inputs; results in relation to cost; processes used to achieve results; overall relevance; impact; and sustainability.
<ul style="list-style-type: none"> • Answers what activities were implemented and results achieved. 	<ul style="list-style-type: none"> • Answers why and how results were achieved. Contributes to building theories and models for change.

Monitoring	Evaluation
<ul style="list-style-type: none"> Alerts managers to problems, and provides options for corrective actions. 	<ul style="list-style-type: none"> Provides managers with strategy and policy options.
<ul style="list-style-type: none"> Self-assessment by programme managers, supervisors, community stakeholder and donors. 	<ul style="list-style-type: none"> Internal and/or external analysis by programme managers, supervisors, community stakeholders, donors and/or external evaluators.

(Source: adapted from UNFPA, 2004)

The complementary roles of monitoring and evaluation are further illustrated in figure 1 below.

Figure 1: The linkages between monitoring and evaluation



(Source: adapted from Ijeoma, 2010)

The diagram in figure 1 illustrates that a monitoring system collects and records data on the everyday activities of a project or programme. The M&E data is then analysed to generate performance monitoring reports. Performance monitoring reports contain vital information

about the implementation of a project such as the activities undertaken, the target population reached and any implementation challenges that were encountered. Corrective measures are then devised and implemented in situations where there are deviations. Information from the monitoring processes and other sources (interviews, questionnaires, observations, case studies, and other project documents) is thoroughly analysed during the evaluation process. The evaluation report is compiled based on the analysis of collected data. The evaluation findings and recommendations provide valuable information on the achievement or non-achievement of project results and the lessons learnt. This information can be used to terminate a project, improve it, modify it, or leave it as is (Ijeoma, 2010).

Proper monitoring and evaluation requires the establishment of an effective M&E system in an organisation or a government. But what are the components of an effective M&E system? The following paragraphs answer this question.

2.3 The components of an effective M&E system

Gorgens and Kusek (2009) state that an M&E system consists of 12 components that are grouped into three basic components, namely the component relating to people, partnerships and planning; the component relating to the collection, collation and verification of data; and the component relating to the use of M&E information for decision-making. The UNAIDS(2004) indicates that an M&E system is made up of five basic components, namely an M&E unit, clear goals, indicators, data collection and analysis and data dissemination. These components complement each other. The components suggested by Gorgens and Kusek (2009) are discussed below because they provide an in-depth and detailed information of what is an M&E system.

2.3.1 The component relating to people, partnerships and planning

There are three sub-components under this component, and they are discussed in the following paragraphs.

2.3.1.1 The location and alignment of an M&E organisational structure

It is important that an M&E system is favourably located within or outside an organisation to make it more effective in discharging its functions. Some organisations place an M&E system within planning. This makes sense because an M&E system monitors and evaluates the plans of an organisation. Other organisations place an M&E system within budget or finance. This is also appropriate because M&E has to ensure that the allocated resources are justified in terms of expected performance, and are used effectively and efficiently to achieve the aims and objectives of an organisation. There are some organisations that place an M&E system as an independent entity within or outside an organisation. This enables M&E to be impartial and unbiased as an M&E system is expected to assess and measure the performance of an organisation from an independent and an unbiased perspective, and to provide valid and reliable performance information (Gorgens & Kusek, 2009).

These views are supported by Mackay (2007), but he further states that all the factors that can influence an M&E system in a positive way need to be taken into account when deciding on where an M&E system can be located. This includes factors such as the objectives of an M&E system, the resources available for implementing an M&E system, who is the champion for an M&E system, and where would an M&E system be most prominent and accepted by all or most stakeholders.

2.3.1.2 The M&E capacity

Adequate M&E capacity is one of the most important aspects in the implementation of an effective M&E system. This calls for organisations to ensure that their M&E systems are well capacitated with adequate and necessary human, financial and skills resources. It is also important that M&E staff members are continually work-shopped to update them on new developments and approaches in the field of M&E because M&E is a new and a developing discipline and practice (Gorgens & Kusek, 2009).

The issue of M&E capacity is further emphasised by Schiavo-Campo (2005) who states that improvement of M&E capacity is required in four directions, namely institutional capacity to enable an organisation to move from less efficient to more efficient accountability rules and incentives; organisational capacity for tailoring and adaptation of an organisational architecture of M&E; information and communication technology capacity to enable organisation to use informatics for better and more timely information on results; and human capacity to provide M&E staff with skills to perform their functions.

The benefits of adequate and appropriate M&E capacity and capacity building for an organisation are invaluable. Gorgens and Kusek (2009, p. 94) emphasise that “Focusing on human capacity for M&E will improve the quality of the M&E system. In an ideal scenario, the M&E system would be designed in advance, skill requirements for it established, and human capacity development (HCD) planned and undertaken before the M&E system was implemented”.

It is important that organisations focus their M&E capacity and capacity building efforts not only on the staff members who are directly involved in M&E, but to all staff members of an organisation. This would assist in promoting the support and buy-in for an M&E system across an organisation.

2.3.1.3 M&E partnerships

M&E partnerships are individuals, groups of people or institutions who share a responsibility for achieving M&E objectives in an organisation. The partners may include management, M&E champions, staff members, service providers, NGOs, municipalities, consultants and government departments and agencies.

The United Nations Development Programme (UNDP) (2002, p. 13) emphasises the importance of M&E partnerships by indicating that “No development change is ever achieved in isolation...” This implies that any organisation that implements or intends to implement an M&E system

needs the support and buy-in of all its partners and stakeholders. Gorgens and Kusek (2009) contends that M&E partnerships increase and improve communication, participation and shared accountability among stakeholders involved in M&E; enable the lead agency to coordinate the M&E efforts of development partners, government agencies, civil society and the private sector; help to simplify, harmonize and align the M&E and reporting procedures of government, civil society, the private sector and development partners; help to mobilize required technical and financial support for implementing an M&E system; help to achieve the goal for implementing an effective M&E system because partnerships increase and improve communications; simplify and harmonise M&E; help to mobilise required technical and financial support; and help to achieve the goals of an organisation.

The importance of M&E partnerships is further echoed by the UNAIDS (2002, p. 8) when it indicates that “No matter how sound an M&E system may be, it will fail without wide-spread stakeholder buy-in. Thus, a large scale, participatory process is essential to build ownership and buy-in from the start”.

It needs to be noted that the benefits of M&E partnerships as mentioned by the UNDP (2002); Gorgens and Kusek (2009) and the UNAIDS (2002) cannot just happen because an organisation has identified and established its M&E partners, but they depend on a number of factors including the nature and commitment of each partner to promoting an M&E system; their views on an M&E system; the objectives of an M&E system; and their levels of influence in an organisation.

2.3.2 The component relating to the collection, collation and verification of M&E data

This component is about the collection, collation, analysis, interpretation, verification and reporting of M&E data. It includes monitoring, evaluations, development of M&E database and appropriate data quality assurance processes. The proper implementation of this component contributes to the improvement of the credibility of M&E data, and can help to improve the use

of M&E data for decision-making and planning processes, thus improving programme performance (Gorgens & Kusek, 2009).

The view by Gorgens and Kusek (2009) is supported by Guijt and Woodhill (2002), but they warn that if this component (the component relating to the collection, collation and verification of M&E data) is not properly implemented, it can result in unreliable and inaccurate performance information on service delivery. They propose a number of factors that may assist in implementing this component properly, including the availability of resources, the specification of data that need to be collected, and identification of the data limitations and information requirements of the users.

The views by Gorgens and Kusek (2009) and Guijt and Woodhill (2002) imply that the final product of an M&E system (M&E performance information) is a result of many factors within an M&E system. This includes the structures and processes that make up an M&E system, and the people who manage the system. To address the challenge of poor quality performance data, one needs to address the shortfalls identified within the entire M&E system.

2.3.3 The component relating to the use of M&E information for decision-making

Gorgens and Kusek (2009) suggest that this component is about the use of M&E data for decision-making, policy-making and planning processes. Decision-makers and policy-makers cannot use M&E information if they perceive it to be of poor quality. There are measures that can be put in place to improve the quality of M&E data. The United States Agency for International Development (USAID) (2008) proposes three strategies to improve the quality of M&E data. They are to verify the quality of reported data for key indicators at selected sites; the assessment of the ability of an M&E system to collect and report quality data; and the development of action plans to improve both strategies, and implement them. These strategies are supported by Gorgens and Kusek (2009) and Guijt and Woodhill (2002).

An effective M&E system is not only valuable in generating credible M&E data, but also promotes accountability and transparency. It needs to be emphasised that as much as an M&E system can have all the features of a good M&E system, it is destined to fail if it is not managed properly. Guijt and Woodhill (2002) state that an M&E system is not and cannot be a substitute for good project management. For M&E to succeed, it needs to be driven by the managers' needs for information and their desire to use the information to improve performance. An M&E system in any project is as good as the quality of the overall management of an organisation.

2.4 The benefits of an effective M&E system

The benefits of an effective M&E system are numerous (Mackay 2006; Mackay, 2007; Zaltsman, 2006). Mackay (2007) suggests that the overall benefit of an effective M&E system is to contribute to good governance. Other benefits are supporting policy making and decision-making processes; helping government ministries and agencies to manage activities at sector, programme and project level; enhancing transparency; and promoting accountability. Mackay (2006, p.9) warns that “The value of M&E does not come simply from conducting M&E or from having such information available; rather, the value comes from using the information to help improve government performance”. This is echoed by Guijt and Woodhill (2002).

The United Nations Development Programme (UNDP) (2009) indicates the importance of an effective M&E system in generating valuable information and knowledge that can be used for programme planning and implementation. It states that knowledge generated by an M&E system goes beyond an organisation. It contributes to national, regional and international knowledge development and evaluation. Guijt and Woodhill (2002) suggest that an effective M&E system promotes participation of all stakeholders in a project. The participation of all stakeholders in a project has the potential of improving project performance. Civicus (2001) suggests that an effective M&E system helps to identify problems and their causes; suggests possible solutions to problems; questions the assumptions and strategies; reflects on where an organisation is going and how it is getting there; provides information and insight; encourage

organisations to act on the information and insight; and increases the likelihood that an organisation will make a positive development difference.

These benefits are achievable provided an organisation addresses the challenges that relate to both the system and its implementation as indicated by Schiavo-Campo (2005).

2.5 The challenges of implementing an effective M&E system

Schiavo-Campo (2005) categorises M&E implementation challenges into organisational and political problems; managerial problems; and problems of focus. Kusek and Rist (2004) state that in addition to these challenges, developing countries face even more complex and broad challenges of weak political system and institutional capacity, and the lack of sufficient governmental cooperation and coordination.

The conclusion that can be drawn is that M&E challenges are both internal (within an organisation or a government) and external (outside an organisation or a government). What is key is for an organisation or a government is to be able to identify these challenges and address them.

2.6 The global context of monitoring and evaluation

A number of countries throughout the world are struggling to find a balance between the needs of citizens and limited resources. This has given rise to a variety of mechanisms to address this mismatch. Some countries have moved towards implementing a results-based M&E systems in their governments. Results-based M&E system assists governments to channel resources to where they are needed most and to where they have the greatest impacts. Some countries that have implemented M&E systems are Chile (Kusek and Rist, 2004; Mackay, 2006; Mackay, 2007), Australia (Mackay, 1998; Mackay, 2004) and Uganda (Hauge, 2001).

These countries would provide a global perspective and experience of M&E in both developed and developing countries, and they would serve as a benchmark for implementing an effective M&E system in the South African government. The implementation of M&E in these countries is discussed.

2.6.1 Chile

Mackay (2007) regards Chile as one of the Latin American countries that is the best practice country for monitoring and evaluation. Its M&E system evolved progressively over many years of trial and error; partly in response to financial pressures, and partly in response to the changing landscape of public sector reforms (Zaltsman, 2006).

The major milestones in the development of Chile's M&E system include the ex-ante cost benefit analysis of all government projects in 1974; the collection of data on 1 600 indicators to compile reports and to provide key information for various types of evaluation which are conducted in 1994; the comprehensive spending reports in 1996; the government programme evaluation in 1996; the vigorous impact evaluations in 2001; and the comprehensive spending reviews in 2002 (Mackay, 2006).

Each milestone had specific objectives to achieve. The four overarching objectives of Chile's M&E system were to re-enforce government's capacity to undertake effective national planning; to align government's policies and national strategic planning; to assess the ministries' and agencies' compliance with the President's Policy priorities; and to serve as an accountability tool. Chile's M&E system was introduced through a number of national laws and decrees including Law 18.993 of 1990; Decree 7 of 1991; and the Budget Law of 1995 (Zaltsman, 2006). Chile's M&E system is located in the ministry of finance, which is a very powerful portfolio in the government of Chile. The negative side effects of this arrangement was the low level of ownership and utilisation of M&E by sector ministries and their agencies, who perceived M&E as a financial compliance issue rather than a service delivery improvement issue (Mackay, 2006).

2.6.2 Australia

Australia's M&E system was implemented in two phases referred to as the first generation of 1987 to 1997; and the second generation of 1997 to present (Mackay, 2004). Each generation was characterised by certain developments as indicated below:

- The first generation of 1987 to 1997 was characterised by priority public sector reforms, which saw the devolution of powers to managers, the introduction of the principle of programme management and budgeting, with a focus on the effectiveness and efficiency of government programmes.
- The second generation of 1997 to present is characterised by the development of formal strategy for evaluations, which amongst others, requires that every government programme be evaluated every 3 – 5 years.

Australia's M&E system was implemented by the ministry of finance (Mackay, 2007). Its objectives were to encourage programme managers to use evaluation to improve their performance; to aid the Cabinet's decision-making process and prioritisation; and to strengthen accountability in a devolved environment (Mackay, 2007). These objectives were reviewed with the implementation of the second generation M&E system. They focussed on supporting government's policy development; supporting the departments' internal management; and strengthening external reporting for accountability purposes (Mackay, 2004).

Australia's M&E system, as Chile's, was supported by the introduction of Cabinet agreements which had the force of law. The Cabinet agreements included the Cabinet agreement of 1987, Cabinet agreement of 1988 and Cabinet agreement of 1995 (Mackay, 1998).

2.6.3 Uganda

Uganda's M&E system evolved slightly different from those of Chile and Australia. It was championed by three different organs of state, namely the Ministry of Finance, Planning and

Economic Development; the Office of the President; and the Office of the Prime Minister. Another notable feature was the involvement of donors in some elements of Uganda's M&E system. This might be due to the fact that the donors financed some of the public investment projects of Uganda. Each stakeholder had a different approach to M&E (Hauge, 2001). The existence of two parallel monitoring strands in Uganda's M&E system, one for financial resource monitoring and the other for poverty monitoring, might be one of the consequences of this arrangement. The challenge is echoed by Kusek and Risk (2004, p. 32) who argue that the lack of sufficient governmental cooperation and coordination stall the implementation of an effective M&E system.

The objectives of Uganda's M&E system were to encourage, facilitate and promulgate the use of monitoring and evaluation information in policy-making and resource allocation throughout all levels of government in Uganda (Office of the Prime Minister of Uganda, 2008). Uganda's M&E system had good intentions on paper. It remains to be seen whether these intentions translate into actions, considering the fragmented coordination of its M&E system and the involvement of donors, who might have different objectives from those of Uganda's government.

The M&E systems of Australia, Chile and Uganda provided interesting perspectives and experiences of an M&E system in both developed and developing countries. The conclusion that can be drawn is that there is no single best approach to an M&E system. Each approach is highly diverse and depends on a number of factors within and outside a country. The development and implementation of an M&E system in the South African government is discussed in the following paragraphs.

2.7 The South African government-wide monitoring and evaluation system

The South African government formally initiated a process of implementing a government-wide M&E system in 2005, when the then President of the Republic of South Africa, Mr Thabo Mbeki announced in his speech on the state of the nation address, that government would pay more

attention to M&E, to measure its performance in service delivery (State of the Nation Address, 2005). This was followed by the approval of *A Proposal and Implementation Plan for Government-wide monitoring and evaluation System* (GWM&E system) by the South African Cabinet. The proposal and implementation plan envisaged that the GWM&E system would include functions such as monitoring, evaluation, early warning signs, data verifications, data collection, analysis and reporting. The GWM&E system would be able to measure the performance of government in service delivery by gathering and analysing information on service delivery and providing decision-makers and planning processes with easy access to regular, credible and reliable information. The proposal and implementation plan included dates for the phased-in implementation of the GWM&E system (Engela & Ajam, 2010). The roles and responsibilities for planning and implementing the GWM&E System were also clarified. They were to be carried out by a number of stakeholders within government, each with a particular function as indicated below:

- The Office of the Presidency would be responsible for principles and practices of GWM&E system.
- The Department of National Treasury would coordinate non-financial information in pursuit of improved effectiveness, efficiency and economy.
- Statistics South Africa would coordinate performance data quality.
- The Department of Public Service and Administration would assess human resource practices across government.
- The Department of Cooperative Governance and Traditional Affairs would serve as oversight for municipal performance and for provincial support.
- The Public Administration Leadership and Management Academy would serve as training agency for government employees, particularly on M&E.
- The Public Service Commission would assess adherence to the principles of public administration as outlined in the Constitution (1996).
- The Auditor General would audit performance data against predetermined objectives and targets (Engela & Ajam, 2010).

The proposal and implementation plan laid the foundation and provided a conceptual framework for GWM&E system in the South African public sector. However, the actual implementation was stalled because a lot of time was spent on clarifying roles and responsibilities (Engela & Ajam, 2010).

The delay in the implementation of GWM&E system prompted the South African Cabinet to intervene by passing *The Policy Framework on Government-Wide Monitoring and Evaluation System* in 2007. The policy framework was meant to boost the roll-out implementation of GWM&E system, and also to clarify some implementation challenges. It contained a set of principles, key monitoring and evaluation concepts, GWM&E system goals, description of the various component parts of the system, the roles of departments and civil servants as implementing agents of M&E, and the institutional arrangements and legal mandates underpinning the GWM&E system (Engela & Ajam, 2010). The policy framework was further strengthened and supported by additional policy documents including *From Policy Vision to Implementation; M&E Guidelines for Premier's Offices; Managing Programme Performance Information* and *South African Statistical Quality Assurance Framework*.

As the government was laying the foundations for GWM&E system through policy frameworks and guidelines, there were parallel processes within government departments across the country to develop and implement their M&E systems. This was partly to comply with the policy mandates and partly to improve performance information and service delivery. The Gauteng Department of Health and Social Development was one of the departments that started to build and implement its M&E system in 2007. A summary of the GDHSD's M&E system is briefly discussed in the following paragraphs.

2.8 The Gauteng Department of Health and Social Development's M&E system

Prior to the formal establishment of the GDHSD's M&E system in 2007, monitoring and evaluation operated as a sub-unit of the Strategic Support and Planning Unit. The M&E focussed mainly on reporting, which is a very small element of M&E. The reporting was mostly

on output results. There was no tracking of outcomes and impacts; there were no proper M&E processes and systems; there were no dedicated staff members and a budget for M&E; and there was no M&E framework.

The passing of the *The Policy Framework on Government-Wide Monitoring and Evaluation System* in 2007 necessitated the formal establishment of an M&E system in the GDHSD. The GDHSD formally established its M&E system in 2007. An M&E directorate was established to manage all the M&E activities in the GDHSD. A budget was allocated for the directorate; an M&E framework was developed; some organisational alignment was done to accommodate the system; and M&E processes and systems were developed. The main components of the GDHSD's M&E system were:

The M&E directorate: The directorate is headed by the director for M&E. It is located at the provincial head office. It is responsible for the overall coordination and management of M&E in the GDHSD, including the coordination and management of reports from all reporting levels; the development of standardised data collection and reporting forms and templates, and ensuring that the forms and templates are consistently used by all reporting levels; the development and implementation of uniform data management processes and systems across the department; and the compilation of department-wide performance monitoring reports.

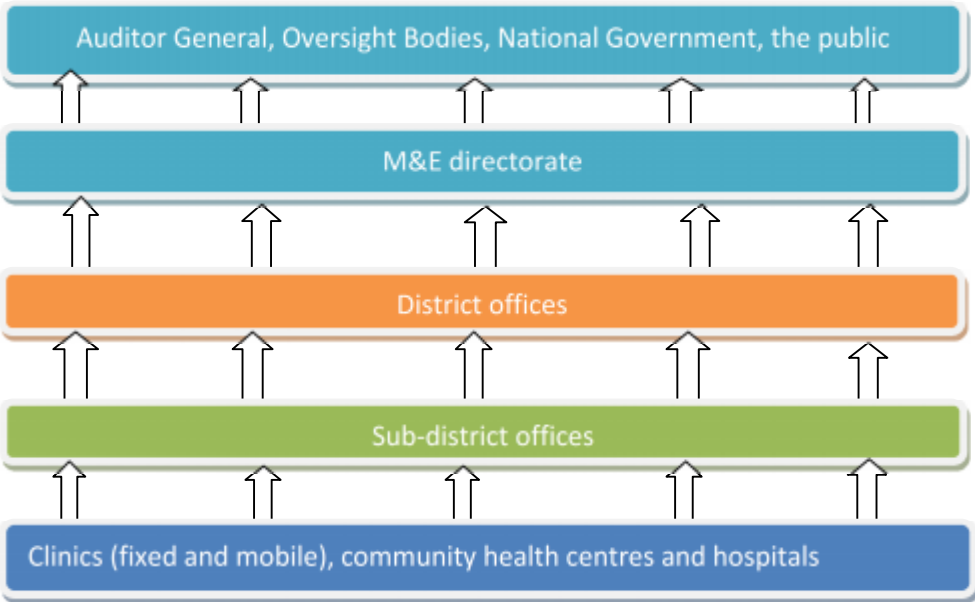
The district offices: The district offices are the level below the M&E directorate in terms of reporting levels. There are 6 health district offices across the province. The district offices play a crucial role in the GDHSD's M&E system. They are responsible for, amongst others, ensuring the quality of data from sub-district offices before it reaches the M&E directorate

The sub-district offices: The sub-district offices are the second reporting level after the health facilities. There is a total of 26 sub-district offices across the province, which are responsible for, amongst others, the collection, collation and analysis of data from health facilities; and ensuring its quality.

The health facilities: The health facilities are all the public health institutions in the province, including clinics, community health centres and hospitals. Their core function is to provide a variety of health services to the people of the province. Their major function in the GDHSD’s M&E system is to manage the patients ‘data and files.

The M&E framework: The framework is a blueprint for the implementation of effective M&E in the GDHSD. It contains indicators that are supposed to be used to monitor and evaluate progress in health service delivery; the type of data that need to be collected, analysed and reported; the data flow processes within the system; the different forms and templates for data collection, collation and analysis; the budget for M&E; M&E capacity building; the time-frames for the implementation of various activities of M&E; and the Legislative and Policy Frameworks that govern the implementation of M&E in the GDHSD. It is the document that is supposed to be adhered to and implemented by all reporting levels to ensure that there is proper implementation of M&E in the GDHSD. The flow of data within the GDHSD’s M&E system is illustrated by the diagram in figure 2.

Figure 2: M&E data flow process for some performance indicators in the GDHSD’s M&E system



(Source: own illustration, 2012)

The M&E data within the system is supposed to flow through three reporting levels before it reaches the M&E directorate at the provincial head office. The three reporting levels are the health facilities, sub-district offices and district offices.

The M&E data at each reporting level is supposed to be checked for quality and signed-off by the responsible manager. Once the data reaches the M&E directorate, it is processed, analysed and interpreted to generate department-wide performance reports. These include reports to the Auditor General, national departments, the Office of the Presidency, the Provincial Legislature, Oversight Bodies and the public. All reports are approved and signed-off by both the Head of the Department (HOD) and the Member of the Executive Council (MEC) before they are disseminated to the stakeholders.

The challenge with the GDHSD's M&E was that it failed to generate good quality performance information since it was established in 2007. But what is good quality performance information, and what are the characteristics of good quality performance information. The following paragraphs answer these questions.

2.9 Good quality performance information

Chapman (2005) states that good quality information is information that is appropriate to use for the purpose in question. Vannan (2001, p. 56) says that "Quality data don't have to be perfect, just accurate, complete, consistent, timely, and flexible enough to meet business needs". Both Chapman (2005) and Vannan (2001) agree that quality data is data that can be used for the purpose it is meant for. But what are the purposes of M&E data? The M&E data has numerous purposes, some of which are to:

- Help in formulating and justifying budget requests;
- Help in making operational resource allocation decisions;
- Help motivate staff to continue making programme improvements;
- Help provide services more efficiently;

- Support strategic and other long term planning efforts (by providing baseline information and later tracking progress); and
- Trigger in-depth examinations of what performance problems exist and what corrections are needed.

(Kusek & Rist, 2004)

If the M&E data does not achieve these objectives, it is regarded as poor quality data. It needs to be noted that data quality is not determined by one characteristic or dimension, but by a number of factors. Vannan (2001) mentions five dimensions of good quality data, which are accuracy, completeness, consistency, timeliness and flexibility. These dimensions of good quality data, and others, are explained in table 2 below:

Table 2: The characteristics of good quality data

Dimension of data quality	Operational definition
Accuracy	Also known as validity. Accurate data are considered correct: the data measure what they are intended to measure. Accurate data minimize errors (e.g., recording or interviewer bias, transcription error, sampling error) to a point of being negligible.
Reliability	The data generated by a programme's information system are based on protocols and procedures that do not change according to who is using them and when or how often they are used. The data are reliable because they are measured and collected consistently.
Precision	This means that the data have sufficient detail. For example, an indicator requires the number of individuals who received HIV counseling & testing and received their test results, by sex of the individual. An information system lacks precision if it is not designed to record the sex of the individual who received counseling and testing.
Completeness	Completeness means that an information system from which the results

Dimension of data quality	Operational definition
	are derived is appropriately inclusive: it represents the complete list of eligible persons or units and not just a fraction of the list.
Timeliness	Data are timely when they are up-to-date (current), and when the information is available on time.
Integrity	Data have integrity when the system used to generate them is protected from deliberate bias or manipulation for political or personal reasons.
Confidentiality	Confidentiality means that clients are assured that their data will be maintained according to national and/or international standards for data. This means that personal data are not disclosed inappropriately, and that data in hard copy and electronic form are treated with appropriate levels of security (e.g. kept in locked cabinets and in password protected files).

(Source: adapted from UNAIDS, 2004)

These data quality characteristics are dependent on a strong and an effective M&E system.

2.10 Assumptions of the study

The study assumes that since monitoring and evaluation is a new development in the South African government (Engela & Ajam, 2010), the GDHSD is still grappling with the issues of developing and implementing an effective M&E system that is able to generate good quality performance information; thus it faces challenges that prevent it from achieving this objective.

2.11 Conclusion

The chapter reviewed literature on monitoring and evaluation in the global and the South African contexts. Literature reviewed provided some lessons to be learnt on the development and implementation of an M&E system. It showed that implementing an M&E system is a process that needs to take into account a number of factors, including the purpose and objectives of the system, the resources available for the system, the support and buy-in for the

system, and the geographical and political situation of a country or an organisation. An M&E system is not a one glove fits all process, but differs from one country to another as it takes into account the uniqueness of each country or organisation. Literature reviewed showed that despite the uniqueness of each organisation or country, there are some basic common steps that are applicable across the spectrum for implementing an effective M&E system.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Babbie and Mouton (2005) state that research methodology focuses on research methods, techniques and procedures that are used in the process of implementing the research design. This chapter provides research methodology that was used in the study and serves as a framework on how the researcher collected, managed, analysed, interpreted and presented data in a systematic and logical way. The research methodology is explained in the following paragraphs.

3.2 The study approach

The researcher adopted a qualitative approach in the form of a case study of the GDHSD's M&E system. Babbie and Mouton (2005, p. 646) suggest that a qualitative approach studies human behaviour from the insider's perspective. It emphasises methods of observation and analysis that "stay close" to the research subject. This is echoed by Neuman (2010) who goes further to indicate that in a qualitative approach, reality is socially-constructed as experienced by social actors. Hughes (1990) suggests that a qualitative approach requires methods that are appropriate to the phenomenon of perceptions and experiences as exhibited by people in their daily lives.

The strengths of a qualitative approach, as suggested by Kirk & Miller (1986) are that the investigation happens in the real world of the participants, in their own language and at times, in their own workplace without any manipulation of the research context.

The researcher chose the qualitative approach because it provided an in depth information and understanding of some aspects of the GDHSD's M&E system; and allowed flexibility to explore new ideas and issues that were not anticipated during the research design.

3.3 Research design

3.3.1 Case study

The researcher chose the GDHSD's M&E system as his case study. Fouché (2005) states that a case study may refer to a process, activity, event, programme or an individual; and takes place through a detailed and in-depth data collection methods involving multiple sources of information that are rich in context. These methods may include interviews, documents, observations or archival records.

The study sought to explore some aspects of the GDHSD's M&E system, and as such, a case study was a suitable design. The case study provided in-depth information and understanding of some aspects of the GDHSD's M&E system. In addition, the researcher approached the respondents with an enquiring and open mind that allowed them to respond to questions in a non-limiting way. Despite these strengths of a case study, Campbell and Stanley (1963) have criticised the case study for being too subjective, biased and allowing some prejudices to crop in, which might compromise the integrity and quality of the study.

Yin (1994) proposes six steps for conducting and organising a case study.

- Step 1: Determine and define the research questions;
- Step 2: Select the cases and determine data gathering and analysis techniques;
- Step 3: Prepare to collect the data;
- Step 4: Collect data in the field;
- Step 5: Evaluate and analyse the data; and
- Step 6: Prepare the report.

The researcher adopted these steps because they provided a process and approaches that enabled the researcher to conduct an investigation in a systematic and organised way.

3.3.2 Data collection methods

The researcher used documentary analysis and semi-structured interviews as methods for data collection. These methods allowed the researcher to extract in-depth information and understanding of some aspects of the GDHSD's M&E system. Both methods are discussed.

3.3.2.1 The interviews

Frey and Oishi (1995, p.1) define an interview as a “purposeful conversation in which one person asks prepared questions (interviewer) and another person answers them (respondent)”. The purpose of interviews is to gain information on a particular topic or a particular area to be researched. Interviews are a useful tool which can lead to further research using other methodologies such as observation and experiments (Neuman, 2010).

Interviews can be conducted through telephone, internet (web-based and e-mails) or they can be face-to-face. In telephone and internet interviews, the interviewer and the respondent are not in direct contact. These interviews are flexible, fast and inexpensive; but one of their shortfalls is that people who do not have access to telephones and internet cannot be reached. In face-to-face interviews, there is direct contact between the interviewer and the respondent. The face-to-face interviews have the highest rate of return; but some of their biggest pitfalls are that they are very expensive and the possibility of interviewer bias is the greatest (Neuman, 2010).

Qualitative interviews can be unstructured and semi-structured interviews. The purpose of unstructured interviews is to understand the experience of other people and the meaning they make of that experience. It is used to determine individuals' perceptions, opinions and facts. Babbie and Mouton (2010) have criticised these interviews as lacking in objectivity. In semi-structured interviews, the purpose is to gain a detailed picture of the participants' beliefs about, or perceptions or account of, a particular topic. This method gives the researcher and participants much more flexibility. The researcher is able to follow up particular interesting

avenues that emerge in the interviews, and the participant is able to give a fuller picture (Greeff, 2005).

The researcher interviewed five officials of the GDHSD. He applied one-on-one semi-structured interviews. This enabled the officials to express their perceptions, opinions and experiences regarding the GDHSD's M&E system. The interviews provided an opportunity to follow-up and interrogate new ideas that emerged during interviews.

Data collection instrument for interviews

The researcher developed an interview schedule to guide the interview process. The interview schedule provided the researcher with a set of pre-determined questions that were used as an appropriate instrument to engage the participants and enabled the researcher to think beforehand on what he hopes the interview might cover. The researcher used probing questions to get more details and clarity. Greeff (2005) states that once the researcher has thought about the overall issues to be tackled in an interview, the researcher has to think about a broad range of themes to be covered in the interview. The researcher developed five key themes and sub-themes. The themes were developed based on the main components of an effective M&E system as proposed by Gorgens and Kusek (2009). The pre-determined themes are indicated below.

- Theme 1: The documented M&E organisational structure, capacities and culture
- Theme 2: The GDHSD's M&E Framework
- Theme 3: The data management processes and reporting
- Theme 4: The data quality assurance processes and systems
- Theme 5: The links between GDHSD's reporting system and national government's reporting system

The researcher then carefully formulated appropriate questions under each theme and sub-theme. For example, under Theme 1: M&E organisational structure and capacity, the researcher asked the following questions, amongst others,

- Is there a documented M&E organisational structure in the GDHSD?
- Are the functions of M&E staff in the M&E organisational structure clearly indicated?
- Is there a dedicated budget for M&E?
- Are all positions in the M&E organisational structure filled?
- Has all staff responsible for M&E received training in M&E in the past 2 years?
- Is there a training plan for all staff members responsible for M&E?

The interview schedule contained both closed-ended and open-ended questions. Closed-ended questions provided a greater uniformity of responses and were more easily processed. The pitfall of closed-ended questions is that they may overlook some other important responses that were not included in the choice (Babbie & Mouton, 2005). Open-ended questions enabled the respondents to express their views and opinions regarding specific issues of the GDHSD's M&E system that were raised by the researcher, and provided in-depth and rich data for the question under investigation. Open-ended questions can also be disadvantageous because "responses may be irrelevant or buried in useless details" (Neuman, 2010, p.287). The researcher used both types of questions so that the advantage of one type can complement the disadvantage of another. The interview schedule is attached as Annexure A.

The advantage of an interview schedule was that it provided some form of consistency in the nature of data collected from the interviewees and prevented the risk of the researcher introducing some biasness in the way he formulated questions.

The interview settings

The interviews were conducted after the researcher obtained permission from the head of the Gauteng department of health and social development. The selected officials were requested

for the interview verbally and in writing during February 2011. However, due to time constraints on the part of the researcher, the interviews were conducted in June 2012. At the beginning of each interview session, the researcher formally introduced himself, and informed the participants about the following issues:

- The aim and purpose of the research;
- The role interview plays in the research;
- The approximate time of the interview;
- That their names would be kept anonymous and would not be linked to any particular part of the research;
- That they answer questions as honestly as possible;
- That interviews will be tape recorded as agreed by both parties;
- That the research is undertaken for academic purposes; and
- That the researcher will make follow up interviews through the phone to verify data provided during interviews, and also to seek clarity if needs be.

The interviews were conducted in places that were suitable for both the researcher and the interviewee.

3.3.2.2 Documentary analysis

Documentary analysis is another data collection method used by the researcher. Strydom and Delport (2005) classify documents into four categories, namely personal documents, official documents, mass media and archival materials. Documents in a qualitative study are valuable sources of data. Merriam (1998) points out that the strength of documents is that they already exist and do not intrude upon or alter the settings in the way that the presence of the researcher does. Glaser and Straus (1967) agree with Merriam (1998), but further argue that documents are easily accessible and the content of documents does not change. Mason (2002) warns against the liberal use of documents by pointing out that documents are written in a particular context, by particular people, and with particular purposes. Thomas (2004) advises that to guard against the liberal use of documents, the researcher needs to select documents

that are authentic and credible. Burgess (1982) supports the advice by Thomas (2004), but states that documents should not be used in isolation, but they should be used with other sources of data.

The researcher used documents from the United Nations (UN), the World Health Organisation (WHO), the South African government and the Gauteng Department of Health and Social Development (GDHSD).

The UN and WHO are credible international bodies that have written widely about M&E systems in both developed and developing countries. They have assisted a number of countries to establish and strengthen their M&E systems. The documents from these institutions provided benchmarks on how to implement an effective M&E system in the South African government. The documents from the South African government provided a government perspective, guidelines and expectations of an M&E system in terms of a government-wide monitoring and evaluation system. The documents from the GDHSD provided a department's standpoint on an M&E system, and served as points of reference between what is happening and what is supposed to happen regarding an M&E system in the GDHSD. The researcher analysed the following documents:

- Guidelines for medical record and clinical documentation, WHO, 2007.
- Monitoring & Evaluation Guidelines, UN, 2002.
- Monitoring and evaluation toolkit: HIV/AIDS, tuberculosis and malaria, UNAIDS, 2004.
- Handbook on planning, monitoring and evaluating for results, UNDP, 2009.
- Report on the audit of reporting requirements and departmental monitoring and evaluation systems with government, Public Service Commission, 2006.
- National evaluation policy framework, The Presidency, 2011.
- Gauteng M&E policy framework, Gauteng Provincial Government, 2009.
- District health management information system, National Department of Health, 2011.
- Performance information handbook, National Treasury, 2011.

- Organisational structure of the GDHSD, GDHSD, 2011.
- Job descriptions of the M&E directorate's staff members, GDHSD, 2011.
- GDHSD's M&E Framework, GDHSD, 2009.
- Standardised data collection and reporting forms, GDHSD, 2011.
- M&E data management manual, GDHSD, 2011.
- Gauteng department of health and social development annual reports, GDHSD, 2007; 2008; 2009; 2010 and 2011.
- Attendance registers for M&E training course, GDHSD, 2009; 2010; 2011.
- Contents of M&E training course, GDHSD, 2009; 2010; 2011.

The documentary analysis was used to verify and substantiate results from the interviews' responses. Richie and Lewis (2003) are of the view that documents can be complementary to or contrasted with other research, in order to confirm or reject previous findings.

3.3.3 The sampling method

Neuman (2010, p. 219) defines a sample as "A smaller set of cases a researcher selects from larger pool and generalizes to the population". Strydom (2005) proposes a number of reasons for using samples, some of which are the possibility of being unable to reach the entire population, the lack of resources (time and money), the purpose of the study and the suggestion that a sample may provide even more accurate and in-depth information about the problem under investigation than the entire population.

The researcher chose purposive sampling method to select interview participants and documents to be analysed. The sampling method enabled the researcher to choose samples that were representative of the whole. Neuman (2010) views purposive sampling method as a technique that is used with a specific purpose in mind. This technique is appropriate to unique cases that are especially informative.

The criteria that were used to select the sample for interviews and documents to be analysed are explained below.

3.3.3.1 The selection criteria for interview participants

The researcher selected managers who work in the GDHSD's M&E directorate. The selection of interview participants was based on the following criteria:

- The managers' current roles and responsibilities had to be in the GDHSD's M&E system;
- They had to be in management position (assistant director, deputy director, director and upwards);
- They should have a minimum of 3 years working experience in M&E; and
- They should have reasonable knowledge and experience of how the GDHSD's M&E system operates.

The selection criteria for interview participants were to ensure that the researcher selected relevant participants who would be able to provide rich and in-depth information about some aspects of the GDHSD's M&E system.

3.3.3.2 Selection criteria for documentary analysis

The sample of documents to be analysed was based on the following section criteria:

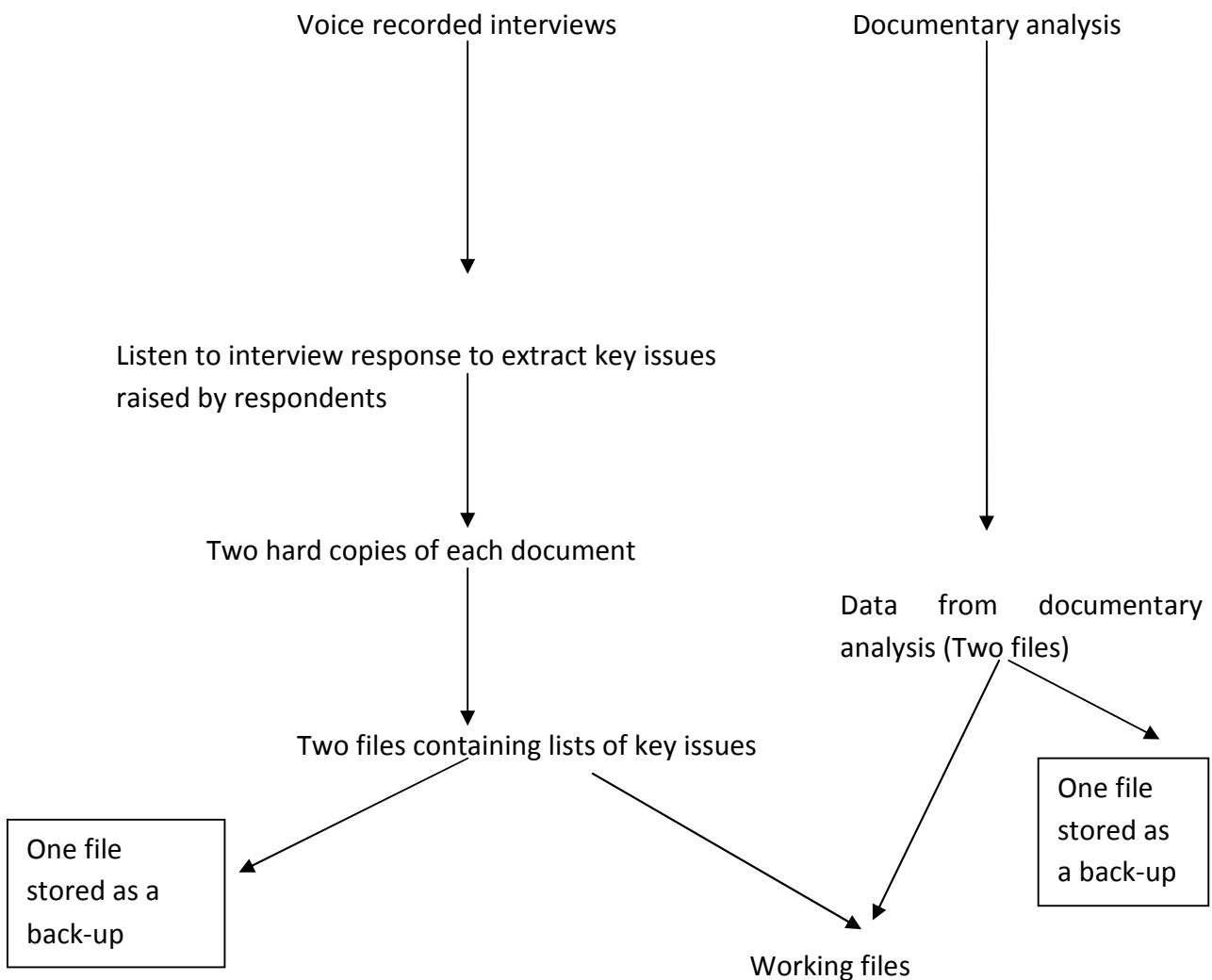
- They had to be documents that deal with monitoring and evaluation; or some aspects of monitoring and evaluation;
- They had to be credible documents, written by credible organisations, institutions and individuals; and
- They had to be easily accessible.

The selection criteria for documentary analysis were to ensure that only documents that were credible, relevant and accessible were selected and are analysed.

3.4 Data management

Data management is one of the vital steps in the data analysis process (Neuman, 2010). Cresswell (1998) suggests that at an early stage of data analysis process, the researcher organises data into files, index cards or computer files. He further states that besides organising files, the researcher converts the files to appropriate text either by hand or by computer. The researcher organised data that was collected from interviews and from documentary analysis as indicated in figure 3.

Figure 3: The management of collected data



(Source: own illustration, 2012)

Interview data: The researcher used a voice recorder to record interview responses. The researcher listened to each interview a number of times and wrote down key issues raised by each respondent under each pre-determined theme and sub-theme. The researcher created two files, each containing key issues raised by each respondent under each theme and sub-theme. One file was stored as a back-up and another file was used as a working file for analysis purposes.

Documentary analysis: The researcher collected all documents to be analysed and made two files of each. In cases where the document was too large to be photo-copied in its entirety, the researcher copied only specific sections that were relevant for the study. One set of the copies was stored as a back-up and another set was used as a working file for analysis purposes.

3.5 The data analysis methods

De Vos (2005) defines data analysis as a process of bringing order, structure and meaning to the mass of collected data. Data analysis methods that were used by the researcher are described below.

3.5.1 The data analysis techniques for interview responses

The researcher listened to each interview response several times in relation to the research questions. The interview responses were then categorised and clustered into pre-determined themes and sub-themes as indicated in the interview schedule. For example, all responses to the theme *documented M&E organisational structure, capacity and culture* and sub-theme *M&E organisational structure* were clustered together. Emergent themes (themes that were not pre-determined) were also identified and analysed. Patterns and trends were identified in the way interview participants responded to each question in each theme and sub-theme. De Vos (2005) states that the processes of categorising data involves sifting and sorting data, reducing it into smaller, and manageable set of themes to write into the final narrative. The information pertaining to one theme was summarised. Similarities and differences in the way the interview participants responded within each theme and sub-themes were identified. The

researcher then used pre-determined themes and sub-themes to analyse and present the findings of the analysis of the interview responses.

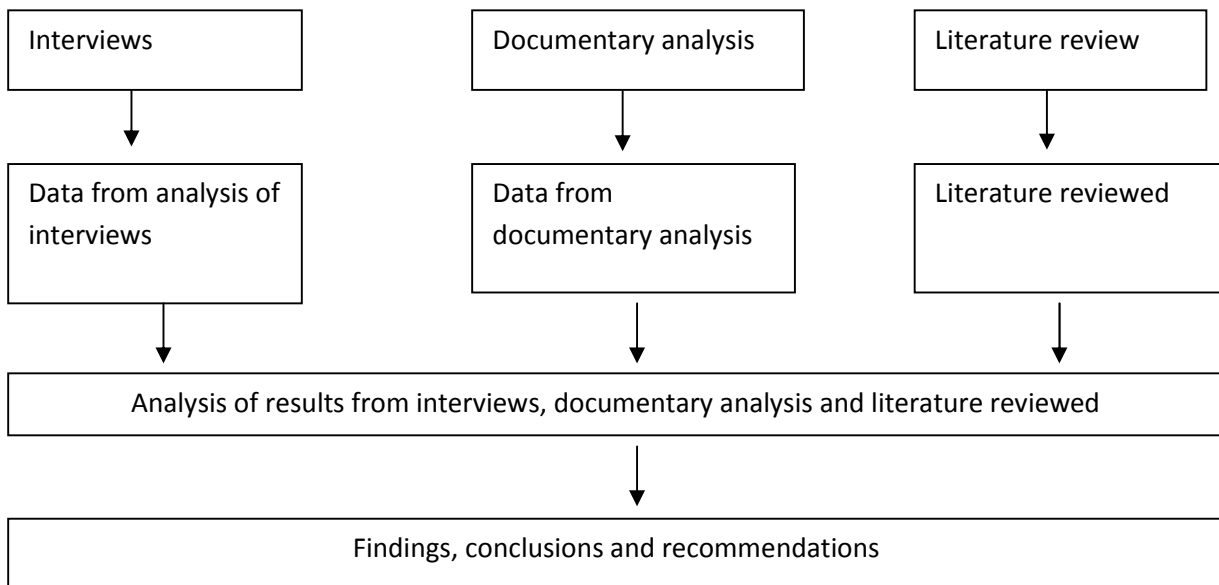
3.5.2 The data analysis techniques for documentary analysis

The researcher read all the sampled documents thoroughly with the purpose of identifying and extracting answers to the research questions and complementing and contrasting the interview responses. The answers were then noted and organised into pre-determined themes and sub-themes. The data was then analysed against the data from the analysis of interview responses.

3.6 The analysis of results

The results from the analysis of interview responses were compared to, and analysed against the results from the analysis of documents and literature reviewed. This enabled the researcher to describe some aspects of the GDHSD's M&E system. The analysis of data is indicated figure 4.

Figure 4: The analysis process of collected data



(Source: own illustration, 2012)

3.7 Data validity and reliability

Data validity: Data validity, as defined by Delpont (2005), has two main aspects. Firstly, that the instrument measures the concepts in question and secondly, that the concepts are measured accurately. The researcher ensured the validity of data by critically and objectively interpreting data. The researcher applied the criteria for data validation by Silverman (2000) as indicated below:

- The refutability principle: The principle aims to avoid the use of selected examples from the data rather than the critical investigation of all the data. The researcher analysed all the data collected.
- The constant comparative method: The researcher inspected and compared all the data fragments that arose from the study, and analysed and compared data that were generated during the research process;
- Comprehensive data treatment: All data were included in the analysis. The data was subjected to repeated analysis and reviews; and
- Deviant case analysis: The deviant data that did not fit into pre-determined themes was also analysed and interpreted as emergent themes and sub-themes.

The researcher applied these principles throughout the data analysis process. The researcher analysed and interpreted all the collected data. For example, the viewpoint on the manipulation of data for political reasons was not part of the pre-determined themes, but emerged during the analysis of interview responses. It was analysed and interpreted, and allocated a new theme.

Data reliability: Data reliability means that the same measurement will produce the same results when used repeatedly under the same conditions (Neuman, 2010). Although there is no perfect reliability (Delpont, 2005), there are some procedures that can be followed to ensure some reliability. The researcher adopted the following procedures, as explained by Neuman and Kreuger (2003), to ensure some data reliability:

- Used two or more questions to measure the same aspect. For example, respondent E was asked the same question differently (Interview, June 05, 2012)
- Avoided ambiguity: Explained and clarified all the concepts and questions. For example, one respondent was not sure what I meant by an M&E organisational structure. I explained this to him/her.
- Made phone call follow-ups for issues raised during interviews that needed further clarity. For example, I made two follow-up questions, through the phone, to respondent E.

3.8 Limitations to the study

The study was limited by the following factors:

Limited knowledge and understanding of M&E in the government: M&E is a new discipline in the South African public sector, and as such, there was limited knowledge and understanding of M&E amongst the officials selected for the interviews, despite the fact that the researcher followed a very strict criterion for their selection. The researcher had to explain the questions thoroughly, asked the same question in many different ways and make phone call follow-ups. Documentary analysis was used to complement this shortcoming.

Working in the GDHSD: The researcher worked in the GDHSD. Working in the GDHSD posed some limitations to the study. Some interview participants, particularly those who are in senior in positions to the researcher, would sometimes be unwilling to respond to some interview questions, particularly those questions they perceived as questioning their integrity and management skills. The researcher had to explain and clarify that the study is for academic purposes, and anonymity of the respondents would be protected. If the questions were not responded to despite this explanation, the researcher phrased the same question differently at a later stage.

Change of work (career): The researcher changed his career during the course of the research project and joined the Gauteng Department of Sport, Arts, Culture and Recreation from the GDHSD. This limited the researcher's access to some interview participants and to some documents that the researcher had easy access to when he was in the GDHSD. However, the researcher had already collected and stored most of the documents that he needed for the research project. He used phone calls to make a follow up on some interview participants to seek some clarity, and to have access to documents that he needed.

3.9 Ethical considerations

The researcher is aware of the ethical issues that need to be considered when undertaking a research project. The researcher adhered to the following ethical considerations during the entire process of the research project:

- Obtained permission from the GDHSD to undertake the study;
- Obtained permission from participants to interview them;
- Ensured confidentiality and anonymity of the respondents;
- Did not manipulate research data and findings for any personal and political reasons; and
- Did not deceive the GDHSD and participants about the reasons for undertaking the study. He explained that the study is for academic purposes.

3.10 Conclusion

The researcher selected a qualitative research methodology that included a case study of the GDHSD's M&E system. The methodology was suitable for the study. It enabled the interview respondents to express their views, perceptions and experiences regarding the GDHSD's M&E system in a non-limiting manner. Documentary analysis and literature reviewed were used to complement and contrast the interview responses where it was possible. This provided detailed and in-depth information about some aspects of the GDHSD's M&E system. The methodology further provided a comprehensive framework on how the researcher collected, managed, analysed and interpreted data.

CHAPTER FOUR FINDINGS OF THE STUDY

4.1 Introduction

The purpose of the chapter is to present the findings of the study. The data that was collected through interviews is presented and analysed against the data from documentary analysis and literature reviewed to present the findings of the study. The presentation and analysis of data is done concurrently based on the pre-determined themes and sub-themes. The data from interview responses that could not be categorised under any of the pre-determined themes and sub-themes is also analysed and presented as emergent themes. The main emergent themes are the manipulation of performance information for political reasons; the implementation of the GDHSD's M&E system to comply with policy mandates rather than to improve performance information and service delivery; and the low morale amongst some staff members of the GDHSD. These emergent themes are also presented and analysed in this chapter. The findings of the study are discussed in the following paragraphs.

4.2 Documented M&E organisational structure, capacity and culture

Under this theme, the researcher explored three sub-themes that are discussed in the following paragraphs.

4.2.1 Documented M&E organisational structure and functions

On the question of whether the GDHSD has a documented M&E organisational structure or not, all respondents (A, B, C, D and E) indicated that the GDHSD has a documented M&E organisational structure, but each respondent pointed out some weaknesses in the organisational structure.

Respondents A and B stated that the GDHSD's M&E organisational structure does not support effective implementation of monitoring and evaluation because it is at the directorate level. They argued that this level is too low for the buy-in and support for M&E by all the stakeholders of the GDHSD. They further contended that the GDHSD is allocated an annual budget of more than R20 billion and provides public healthcare services to about 9 million people in the

province. They proposed that an M&E organisational structure needs to be at chief directorate level because this is the level that will give it more authority and prominence, and will allow it to discharge its functions in a more authoritative and influential way (Interview, June 1, 2012a; Interview, June1, 2012b).

Respondent C said that the M&E organisational structure is just a public relations exercise and a compliance with the requirements of the Auditor General. It is there so that when the officials from the Office of the Auditor General visit the GDHSD to audit its human resources, there is a visible M&E organisational structure. He went on to say that “...*this is just a paper that has no meaning for monitoring and evaluation... it just serves the interest of some people in the department*” (Interview, June 04, 2012a).

A follow up question to respondent C on what he meant by this statement. He clarified that it is a requirement in terms of Legislation that the GDHSD, just like any other government department in the country, needs to have an approved and documented organisational structure that reflects all the business units of the department and allocated human resources. If the department complies with this legislative requirement, it is for the good of the authorities because they will be in good standing with the Auditor General when he audits the department’s organisational structure and its compliance with the Legislation.

Respondents D and E pointed out that an M&E organisational structure only provides for the monitoring aspect of M&E, it does not cater for evaluations and data quality assurance of reported performance information. Respondent E went on to say that the GDHSD has not done any evaluations of its projects and programmes since 2008 due to inadequate M&E capacity. The only evaluation that was conducted was an evaluation of a project called *Bana Pele* (Children First), which is a project about the social services that are rendered to children by the GDHSD. Respondent E further indicated that she has raised the issue of inappropriate and inadequate M&E organisational structure with the human resources unit of the department, but no responses has been received.

The gap raised by respondents A and B that the M&E organisational structure is at a directorate level is actually not a challenge. According to literature reviewed (Gorgens and Kusek, 2004, p. 64) there is no “correct” location for an M&E organisational structure in terms of where it should be located and at what level it should be placed; but all factors that can influence M&E in a positive way need to be taken into account when deciding on the location and level of an M&E organisational structure. This includes factors such as the objectives of M&E, the resources available for M&E, who is the champion for M&E and where will M&E be most prominent and accepted by stakeholders of an organisation.

The gap identified by respondents D and E that the M&E organisational structure does not cater for evaluations and data quality assurance mechanisms is a serious challenge. It has the potential of impacting negatively on the quality of M&E performance information.

The analysis of a *Handbook on Planning, Monitoring and Evaluating for Results* (UNDP, 2009) and the *National Evaluation Policy Framework* (The Presidency, 2011) reveals the importance of evaluations in supporting programme improvements, providing lessons to be learnt and promoting accountability and transparency. The analysis further indicates that evaluations provide evidence-based information for decision-making and planning processes. It is therefore essential that evaluations form part of project and programme management.

4.2.2 M&E capacity and capacity building

On the question of whether all the positions in the M&E organisational structure are filled or not, all respondents (A, B, C, D and E) indicated that there are two vacant positions. Respondent A said that the two positions have been vacant since the departure of the two staff members about two years ago. He (respondent A) pointed out that to make up for the work that is supposed to be done by the two staff members who left; their supervisor has divided these duties amongst the two deputy directors and an assistant director. This has created more pressure on the already under-resourced M&E directorate.

Respondent D indicated that the two positions are vacant because their supervisor told them that the filling of vacant positions has been frozen by the human resource unit because the department does not have money. The posts will be prioritised for the 2013/14 financial year as the current budget is mostly for key service delivery programmes such as HIV and AIDS, chronic diseases, district health services, primary health care and hospital services.

Respondent E pointed out that the shortage of M&E staff prevents the M&E directorate from performing its functions in an effective and efficient way. She went on to say that this is not only a departmental challenge, but is a challenge that faces the country as a whole. She said that despite these constraints, the M&E staff members are very committed and dedicated to their work.

On the analysis of the *M&E Organisational Structure and Job Descriptions of the M&E Directorate's Staff Members* (GDHSD, 2009), the researcher identified the following gaps:

- A misalignment between the functions of M&E directorate's staff members as indicated in their job descriptions and the actual functions that they perform. For example, the assistant director for M&E performs some functions of the deputy director. This might be an internal arrangement due to the fact that the position for the deputy director is vacant; but this might compromise the quality of M&E data.
- The inadequacy of the M&E organisational structure. The M&E organisational structure caters for the positions of monitoring and the positions of evaluations. It does not cater for the positions of data quality assurance. The inadequacy of the organisational structure in relation to the positions for data quality assurance implies that the reported performance data is not verified and validated.

On the question of M&E capacity building, all respondents (A, B, C, D and E) said that there is no documented plan for M&E capacity building and training, but they have all attended M&E training, workshops and conferences. Some of the training and workshops were a partnership

project between the national department of social development and the World Bank; whereby the World Bank provides its M&E experts to the South African government to assist it in building its M&E capacity. The GDHSD is one of the beneficiaries of this project. Other M&E training and workshops were conducted by the Gauteng City Region Academy (GCRA), which is a Gauteng Provincial Government entity that is responsible for the coordination and provision of capacity building and training for all the employees of the Gauteng Provincial Government.

The challenge with M&E training and workshops, as respondents A, C and D have pointed out, is that most of them emphasize the monitoring aspect of M&E. Respondent C said that *“I have never conducted or managed any evaluations, and I am not sure whether I can be able to conduct one”* (Interview, June 04, 2012a). He attributes his lack of knowledge of evaluations on the absence of evaluation content on the M&E training course and workshops that are provided, and on the fact that the GDHSD has never conducted any evaluation since 2008. If asked whether the problem was raised with the relevant authorities and/or the human resource development unit, he said that their supervisor is aware of the challenge and has raised it with relevant stakeholders, but nothing has happened.

The analysis of the *Attendance Registers for the M&E Training Courses* and *The Contents of the M&E Training Courses* (GDHSD, 2009; 2010 and 2011) revealed that:

- Some M&E staff members attended the same M&E training course more than once. This is an indication that there are no proper management and control mechanisms for M&E training and workshops in the GDHSD.
- The contents of M&E training courses are not comprehensive. Most courses cover aspects of monitoring and some aspects of evaluations. They do not cover data quality assurance. Some of the trainings are not accredited by the South African Qualification Authority (SAQA). This indicates the poor quality of M&E training courses that are

attended by M&E staff members. Such trainings do not equip staff members with the requisite M&E skills to perform their duties properly.

Literature reviewed (Kusek & Rist, 2004; Gorgens & Kusek, 2009) suggest that capacity and capacity building need to focus on three levels in an organisation, namely:

- **Systems capacity:** the ability of a system to deliver the goal and objectives of a process and thereby contribute toward fulfilling the organisation's objectives. In a systems context, capacity is defined as a set of entities that operate to achieve a common purpose and according to certain rules and processes;
- **Organisational capacity:** the capacity of the organisation and its processes to deliver the organisation's goals and development objectives; and
- **Individual (human) capacity:** ability of individuals to perform functions effectively, efficiently and sustainably.

M&E capacity and capacity building is a multi-faceted approach. It needs to be approached from all angles and levels, and needs to be a continuous process. This approach can help the GDHSD to build a comprehensive M&E capacity that is sustainable and is capable of discharging its M&E functions in an effective and efficient way.

On the question of the availability of a dedicated budget for monitoring and evaluation, particularly for evaluations, all respondents (A, B, C, D and E) agreed that there is a dedicated budget for monitoring and evaluation, but the budget is mostly for operational costs such as payment of staff, procurement of goods and services, including stationery, computers, printers, hiring of facilities and venues. Some of the budget is for monitoring functions. They indicated that the allocated budget is not adequate to cover evaluations and data quality, yet these two processes form an important component of M&E.

Documentary analysis of the *Monitoring and Evaluation Toolkit: HIV/AIDS, Tuberculosis and Malaria*, (UNAIDS, 2004, p. 8) indicates that there is no specified amount or percentage of budget that needs to be allocated for M&E, but proposes that “On average, 7% should be used as a reference”. This percentage is within the range that is proposed by Chaplowe (2008, p. 10) that “There is no set formula [for budget allocation for M&E], but various donors and organizations recommend that between 3 to 10 percent of a project’s budget be allocated to M&E”. Chaplowe (2008, p. 1) further advises that whatever amount is allocated for M&E “it should not be so small as to compromise the accuracy and credibility of results, but neither should it divert project resources to the extent that programming is impaired”

Both UNAIDS (2004) and Chaplowe (2008) support the view that the key factor that needs to be taken into consideration when allocating budget for M&E is not the amount, but is whether the allocated amount is able to support functions of M&E so that credible data can be generated by an M&E system.

4.2.3 M&E organisational culture

On the question of an M&E organisational culture, all respondents (A, B, C, D and E) concurred that the organisational environment in the GDHSD does not promote a positive culture for M&E. M&E is not fully supported by, and does not have the buy-in of most staff members and managers. All respondents pointed out that some factors that prevent an implementation of an effective M&E system in the GDHSD are that some staff members and senior managers perceive M&E as a policing tool that is there to find faults in them. Respondent A went on to say that *“There is no M&E in the department. The department implements many projects in our communities but has never conducted any monitoring visits to these projects...When you talk about M&E in the department, you scare people, it seems you are talking about a big, scary monster”* (Interview, June 01, 2012a).

Literature reviewed (Khan, 2003) suggests that an M&E organisational culture can destroy or build an M&E system, depending on whether the culture is positive or negative. Khan (2003)

further suggests that if an organisation is implementing an M&E system, it needs to create a positive environment by building trust in which people are not hesitant to talk about their experiences and failures.

On the analysis of the *Handbook on Planning, Monitoring and Evaluating for Results* (UNDP, 2009), the researcher identified that a positive M&E organisational culture is one of the most critical factors for the effective implementation of an M&E system. The analysis revealed that an M&E organisational culture cannot develop overnight, but there are some interventions that can be implemented to promote it. This includes the promotion of a buy-in and support from senior officials, conducting advocacy and awareness campaigns and promoting M&E as a better way of doing things in an organisation.

4.3 The GDHSD's M&E framework

On the question of whether the GDHSD has an M&E framework or not, respondents A, D and E said that there is an M&E framework; and respondents B and C said that they have never seen any M&E framework, and are not sure whether the GDHSD has one or not. When respondents B and C were asked on how do they carry out their M&E functions and activities without an M&E framework, which is such an important document that informs all M&E activities in an organisation; they indicated that at the beginning of each financial year, their supervisor gives them an M&E business plan for the entire M&E directorate to prepare their own individual operational plans, that is what they use throughout the year.

Respondents A and D stated that the current M&E framework is flawed. Respondent A said that the M&E framework is not compliant with the basic requirement of what must be the contents of an M&E framework. The M&E framework must contain, amongst others, a list of all performance indicators that are used for data collection and reporting, and their detailed definitions and explanations as an annexure. This makes it easier for any person who is responsible for data collection and reporting to know what data to collect and to report on, and what are the limitations to that data.

Respondent D further said that the M&E framework was developed about three years ago by an external consultant. The M&E framework has become irrelevant because it is not consistent with the changes and developments that have taken place in the GDHSD over the past three years. For example, some key performance areas for some projects and programmes have been revised. These developments need to be incorporated into the M&E framework, but this has not happened. Respondent D went on to say that perhaps the M&E framework was developed to comply with the *Gauteng Monitoring and Evaluation Policy Framework*, which requires that all provincial departments need to develop an M&E frameworks for their respective departments.

Respondent E said that the M&E framework is a valuable document for implementing M&E in the GDHSD. The only challenge is that some M&E directorate staff members do not utilise the M&E framework because they complain that it is not user-friendly and is outdated. Respondent E agreed that the M&E framework is outdated, but was quick to point out that it is only a few things that need revision, including performance indicators and baselines. The rest of the information in the M&E framework is still relevant and applicable. She said that if the M&E framework is reviewed, all stakeholders of the GDHSD have to be consulted; review workshops have to be organised; and an external consultant has to be hired to facilitate the whole process. This has financial implications for the GDHSD, and the GDHSD does not have budget for this.

On the analysis of the *GDHSD's M&E Framework* (GDHSD, 2009), the researcher identified the following gaps in the framework:

- Some performance indicators in the M&E framework are no longer applicable. They are linked to projects and programmes that have long been terminated. This concurs with the gap identified by respondent D that the M&E framework is outdated and has never been reviewed since it was developed some three years ago.
- The results chain, which is a linkage between inputs (resources), processes (programme activities), outputs (direct programme results) and outcomes and impacts (changes

experienced by beneficiaries as a result of participation in the programme) is not contained in the M&E framework. The results chain serves as tool to assist programme managers to focus all their efforts and activities on achieving results that will have positive impacts on project beneficiaries.

- The M&E framework is supposed to be signed off by both the HOD and MEC to authorise its implementation, but this has not happened. This might be the reason why the M&E framework is not taken seriously and is not properly implemented; and
- The M&E framework is not hundred percent aligned to the overall GDHSD's Strategic Plan. Some of the strategic objectives, goals and outcomes that are contained in the GDHSD's Strategic Plan are not reflected in the M&E framework. The two documents need to be hundred percent aligned to each other because the strategic plan provides the GDHSD with strategies to achieve its aims and objectives; and the M&E framework provides the GDHSD with strategies to measure and assess the achievement or non-achievement of its goals and objectives. This confirms the gap identified by respondent D that the M&E framework is irrelevant.

The analysis of a *Handbook on Planning, Monitoring and Evaluating for Results* (UNDP, 2009) reveals that an M&E framework is a comprehensive narrative document on all M&E activities in an organisation. It describes key M&E questions to be addressed and the performance indicators to be assessed, how, how often and from where. It includes baselines, targets and assumptions; how data is analysed or interpreted; and how often reports on the performance indicators are developed and distributed.

Documentary analysis is supported by literature reviewed (Gorgens and Kusek, 2009), but it further indicates that an M&E framework must contain performance indicators that are derived from, and linked to the strategic plan of an organisation and programme objectives. The

performance indicators must be clearly defined and explained as an annexure to the framework. These requirements are absent in the GDHSD's M&E framework.

4.4 Data management processes and reporting

Under this theme, the researcher explored whether standardised data collection and reporting forms are available and are used consistently; what are the reporting timelines; and how M&E data flows.

4.4.1 Standardised data collection and reporting forms

On the question of the development of standardised data collection and reporting forms, all respondents (A, B, C, D and E) concurred that the M&E directorate has developed and distributed standardised data collection and reporting forms to all reporting levels. They pointed out that the major challenge is the inconsistent use of the forms.

Respondent E said that there are some specific programmes in the District Health Services, Primary Health Care Services and Emergency Medical Services that are the most non-compliant when it comes to the consistent usage of the forms. She said that the reason that is usually provided for non-compliance is difficulty in completing the Microsoft Excel forms. The managers at some reporting levels are not familiar with the Microsoft Excel. She commented that *"Reporting levels always have excuses for not using the standardised forms. We [M&E directorate] provided them with training on Microsoft Excel, but they still complain that they cannot use Microsoft Excel. Microsoft Excel is the only programme that enables us to analyse collected data much simpler. We cannot use Microsoft Word because it limits us and does not have all the advantages of Microsoft Excel"* (Interview, June 05, 2012).

On the question of whether clear instructions on the completion of the forms are provided or not, all respondents (A, B, C, D and E) indicated that the forms are sent with clear instructions on how to complete them.

Respondents A, B and D pointed out that it appears that the standardised forms have complicated reporting even more than before. This is because the number of reporting levels that submit incomplete and inadequate reports has increased since the development of standardised data collection and reporting forms. Respondent B said that before the standardised forms were developed, all reporting levels submitted comprehensive reports in any format that was user-friendly to them. The challenge was with the analysis of these reports by the M&E directorate. Because the reports were submitted in any format, it was more complicated to analyse them compared to reports submitted on standardised forms. Respondent D indicated that the current forms are advantageous to the M&E directorate, but disadvantageous to the lower reporting levels because they have difficulties in completing the forms.

Respondent E said that their main challenge is with the forms they receive from lower reporting levels. The forms are incomplete, inaccurate and contain inadequate information. Asked what she thought was the problem; she responded that *“There is generally a culture of non-reporting in the department. Some reporting levels report just comply. If this problem can be addressed, I think there could be some improvements in the quality of reports”* (Interview, June 05, 2012). She added that the staff members of the M&E directorate are hard workers and are committed to their work, but *“there is generally a low morale amongst the majority of the department’s employees. Some of them come to work just for the sake getting a salary. They are not here to work”* (Interview, 05, 2012).

The gap identified by respondent E (absence of a culture of reporting) is echoed by documentary analysis of a *Report on the Audit of Reporting Requirements and Departmental Monitoring and Evaluation Systems with Government* (Public Service Commission, 2006), which states that reporting is a crucial part of the feedback system within the monitoring and evaluation system, but most departments see it as merely complying with demands.

The analysis of the *Standardised Data Collection and Reporting Form* (GDHSD, 2011) reveals that:

- Instructions on how to complete the standardised forms are clear, and are written in a user-friendly language. The instructions are written in one of the two spread sheets in a workbook; the other spread sheet is for data collection and reporting. This is to ensure that whenever the workbook is opened, the instructions can be easily accessed and opened.
- The standardised form is in Microsoft Excel. The completion of the form requires both basic and advanced Microsoft Excel training. This is because the form has some in-built calculations and formulae that require application of advanced Microsoft Excel. If a manager or any person responsible for the completion of the form has undergone the basic Microsoft Excel training, it is not adequate for the complete completion of the form.
- The standardised form requires reporting levels to provide a lot of information on the same spread sheet, some of which repeats itself. Furthermore, the information that is captured on the spread sheet might display a different figure or text due to in-built calculations and formulae. This might be confusing and complicated to managers who have not undergone advanced Microsoft Excel training.

The resulting effect of these gaps is that reporting levels send incomplete forms to the M&E directorate. The M&E directorate has to continuously return the incomplete forms to the respective reporting levels. This delays the compilation of department-wide performance reports and has the potential of compromising the quality of M&E performance reports.

4.4.2 Reporting timeliness

On the question of compliance with reporting timelines by each reporting level, all respondents gave different responses. Respondent A said that at the beginning of each financial year, all

reporting levels are given a schedule of reports that are expected from each reporting level and their due dates for submission. Reminders are continuously sent to each reporting level in this regard. Despite all these efforts, the submissions rate on due dates is poor. Respondents A, B and D pointed out that the most non-compliant reporting level are the health facilities. Respondents A, B and D are of the opinion that the delay is caused by the fact that health facilities have to deal with large amounts of patient files, and yet they are the most under-resourced in terms of data management capacity and skills.

Respondent E commented that the reason that is usually provided for non-compliance with submission deadlines are that the reports are received late from other reporting levels. For example, some sub-district managers would indicate that they receive reports late from the health facilities; hence they also submit reports late to district offices.

When respondent E was asked as to why they do not extend submission deadlines so that all reporting levels can have adequate time to compile and complete their reports and submit them on time. She said that they have limited time due to the alignment of GDHSD's submission timelines to national government's submission timelines. She went on to say that *"National departments and the Office of the Presidency provide us with submission deadlines for their reports, and the department has to comply with these dates despite their tightness"* (Interview, June 05, 2012).

Documentary analysis of the *Gauteng Monitoring and Evaluation Policy Framework* (Gauteng Provincial Government, 2009) attributes non-compliance with reporting timelines to lack of M&E culture. The policy framework indicates that compliance can only improve if the overall management ethos is one which is oriented towards performance. Unfortunately, a culture of accountability for results is not yet completely entrenched within the South African public sector. As a result, M&E may sometimes be regarded as being intrusive. Line departments may not always be cooperative or may initially view M&E initiatives in a hostile or adversarial manner. This unfortunately, is the case in most change management initiatives. The M&E

practitioners will have to play a role in changing mind-sets, attitudes and negotiate organisational politics to achieve their M&E objectives.

4.4.3 Data flow processes for performance indicators

On the question of whether there are clear data flow processes for all performance indicators in the GDHSD, all respondents (A, B, C, D and E) indicated that there are two main data flow processes, namely the data flow process that is managed by the M&E directorate (M&E data flow process) and the data flow process that is managed by the Health Information Management (HIM) directorate (HIM data flow process).

Respondent A indicated that the M&E data flow process is clearly documented in the *M&E Data Management Manual*, but was not sure with the HIM data flow process. Respondent A clarified that the M&E data flow process is responsible for about 60% of performance indicators and the HIM data flow process is responsible for about 40% of performance indicators. When asked how the data from all performance indicators is collated and analysed to compile department-wide performance reports. He responded that at the end of each month and quarter, or when requested, the HIM directorate send data for these performance indicators to the M&E directorate. The M&E directorate would then consolidate data from all these performance indicators and compile department-wide performance reports.

Respondent B and C pointed out that the presence of two different data flow processes within one department poses a serious challenge. This implies that there are two sets of rules and regulations that govern the management of M&E data in the department. This challenge has a potential of compromising the quality of performance information. Respondent E commented that the presence of two different data flow processes within one department is a complex challenge because it involves the national department of health.

Documentary analysis of the *District Health Management Information System* (national department of health, 2011), the researcher identified that the HIM data flow process is part of

the national department of health's initiative to coordinate and regulate data flow processes for specific performance indicators in the health sector across the country. The national department of health (2011, p. 9) states that:

The National Department of Health (DoH) is required in terms of the National Health Act (Act 61 of 2003) to facilitate and coordinate the establishment, implementation and maintenance of the information systems by provincial departments, district health councils, municipalities and the private health sector at national, provincial and local levels in order to create a comprehensive national health information system. One such system is the District Health Management Information System (DHMIS), which is a system for deriving a combination of health statistics from various sources, mainly from routine information system used in the public sector to track health service delivery in sub-districts, districts, provinces and nationally

This is an indication that the existence of two data flow processes is a national department of health's initiative. This may be advantageous for the national department of health but is disadvantageous for the GDHSD as pointed out by respondents B, C and E.

On the analysis of the *M&E Data Management Manual (GDHSD, 2011)* the researcher discovered that only the M&E data flow process is clearly explained in the manual. The HIM data flow process is not even mentioned in the manual.

Literature reviewed (Schiavo-Campo, 2005) reveals that one of the challenges in implementing an effective M&E system in an organisation is managerial problems, one of which is the lack of clear processes, procedures and structures for M&E data flow. This challenge is evident in the GDHSD as indicated by all respondents and documentary analysis.

4.5 Data quality assurance processes and systems

Under this theme, the researcher examined data quality control systems that are in place; written procedure to address poor data quality; the availability of source documents for the audit of performance information; and the maintenance of data according to international and or / national confidentiality guidelines

4.5.1 Data quality control mechanisms in place

On the question of whether data quality control mechanisms are in place or not for when data from paper-based forms is captured into the computers (e.g. transfer of patients' data from paper list to computer), all respondents (A, B, C, D and E) concurred that control mechanisms are in place at each reporting level. The challenge is that they are inadequate and are not consistently implemented. They agreed that human errors do occur when paper-based data is captured into computers. They pointed out a number of errors as indicated in their responses.

Respondents A, B and D pointed out that most data capturing errors occur at health facilities. The common errors are the omission of the patient's name and particulars in the computer list, or the capturing of incorrect patient's medical data, or the double entry of a patient's name. They indicated that as a corrective measure, the computer list is supposed to be compared to, and verified against the source documents (paper lists) at the end of each week. This control measure is meant to identify and rectify any errors in the data capturing processes.

Respondent E said that at the end of each quarter, once all M&E quarterly performance reports from each reporting level have reached the M&E directorate, the M&E staff members undertake audit of programme performance information by visiting a sample of clinics, CHCs, hospitals, sub-district offices and district offices to verify reported data. She indicated that this is a challenge because the M&E staff members have to go through thousands of source documents and compare them with reported performance information. This exercise, although time-consuming and very strenuous, enables the M&E directorate to verify reported performance information, thus improving the quality of M&E performance information.

A follow up question on whether or not the audit and verification of reported data actually happens or not. She responded that they did it once in 2009, but since the departure of the two staff members in the M&E directorate, they have never done it. She indicated that human capacity resource constraints are some of the challenges that prevent them from undertaking this exercise. She went on to say that even if they consistently implement these data quality

assurance mechanisms, the Auditor General will still find faults in their performance information. She indicated that at times they have to adjust some performance figures as per the instructions of the powers that be. When asked who are the powers that be and why does this happen. She declined to mention who are the powers that be, but responded that performance figures are adjusted so that they are “*suitable for public consumption*” (Interview, June 05, 2012). When asked to clarify what she meant by this, she said that this is probably done to improve the image of the department in the public eye and to appease the public.

The same respondent (respondent E) was later asked who is responsible for running the department. She replied that it is the HOD, who is the administrative head (accounting officer) and the MEC, who is the political head. This response indirectly answered the question initially asked by the researcher that who is the powers that be, which the respondent was referred to in the initial question.

4.5.2 The availability of source documents for audit purposes

On the question of whether the source documents for the audit of programme performance information are available or not, all respondents (A, B, C, D and E) indicated that this is a challenge. Respondent C said that when the officials from the Office of the Auditor General visit reporting levels to verify information that is reported to the public, they encounter challenges of misplaced, badly-written, incomplete or damaged patients’ files. This challenge is impacting negatively on the quality of M&E performance information.

Documentary analysis of the *Performance Information Handbook* (National Treasury, 2011) clarifies that source documents for all performance indicators have to be managed in such a way that they are always available for audit purposes. This implies that all reporting levels must be able to provide any evidence and source documents that may be required for the audit of programme performance information by the responsible institutions and government agencies such as the Office of the Auditor General, the Public Service Commission, the Public Protector, the Provincial Legislature and the National Parliament. This does not happen in the GDHSD.

4.5.3 Maintenance of data according to international and national confidentiality standards

On the question of whether confidential information, including patients' confidential medical records, is maintained according to international and national confidentiality standards or not, all respondents provided different views. Respondent A said that patients are allowed to go home with their files, and once the patient files are out of the health facility, anything can happen. When asked why do patients have to take their files home with them, she responded that there is no space for all these files in health facilities.

Respondents B and C said that the *M&E Data Management Manual* contains some clause on the confidentiality of personal data, but it is only one sentence that does not give any full details on how to manage confidential data. Respondent D said that she once attended an M&E workshop, and the facilitator told them that there is some information that is personal and confidential and such information need to be managed properly. Respondent E said that there is no clarity on how to manage confidential information. This is because the GDHSD does not have any written guideline to this effect. She went on to say that this is a serious challenge because the department can be sued should any patient's confidential information be leaked to the public.

On the analysis of the *M&E Data Management Manual* (GDHSD, 2011), the researcher could not identify any explanation on how to manage confidential information. Instead, the manual refers readers to the guideline by the Health Professions Council of South Africa. On the analysis of the guideline, entitled *Guidelines for Good Practice in the Health Care Professions* (The Health Professions Council of South Africa, 2007); the guideline is very clear on this aspect. The guideline indicates that patients have the right to expect that information about them would be held in confidence by health care practitioners. The guideline further stipulates that where health care practitioners are asked to provide information about patients, they need to seek the consent of patients wherever possible, whether or not the patients can be identified from the disclosure; keep the identity of the affected person anonymous; keep disclosures to

the minimum necessary; and the health care practitioners must always be prepared to justify their decisions in accordance with these guidelines.

The researcher analysed the *Guidelines for Medical Record and Clinical Documentation* (World Health Organisation, 2007). The guidelines states that confidentiality of information can be safeguarded by developing and implementing systems and practices that protect confidentiality of information, disposing of documentation (where appropriate to destroy) in a manner which maintains confidentiality (e.g. confidential bins /shredding), and those accessing (or seeking to access) documentation have the authority to access it.

It should be noted that confidential information needs to be protected but access to it cannot be entirely denied. Some Legislation in the country, namely The Promotion of Access to Information Act (Act 2 of 2000) and Protected Disclosure Act (Act 26 of 2000) give access to such information provided that this is justified. This Legislation and other international and national standards and best practices can be used to draft some guidelines on how to manage confidential data in the GDHSD.

4.6 Links between the GDHSD's and the national government's reporting systems

Under this theme, two sub-themes were explored and are discussed below.

4.6.1 Reporting channels between the GDHSD and the national government

On the question of whether or not a single reporting channel is used to report to provincial government and national government departments, all respondents (A, B, C, D and E) concurred that there are many channels for reporting to provincial and national government. They indicated that the GDHSD has to report to the provincial office of the premier, provincial treasury, national department of health, national department of social development, national treasury and to the Office of the Presidency. All of them provide their own reporting forms that need to be populated with specific information that they require.

Respondent E said that although the information that is to be reported to national departments and the Office of the Presidency is the same information, it is packaged according to their requirements. She is of the opinion that duplicate reporting is justified in such cases. Respondent D differed, and is of the opinion that duplicate reporting is too demanding on the already under-resourced M&E directorate.

Documentary analysis of the *Performance Information Handbook* (National Treasury, 2011) and the *Report on the Audit of Reporting Requirements and Departmental Monitoring and Evaluation Systems with Government* (Public Service Commission, 2006), the researcher identified that duplicate reporting is justified because of different information requirements for each user. For example, the national treasury requires reports on the use of financial resources in relation to the achievement or non-achievement of performance targets; national department of social development requires reports on service delivery for social services; national department of health requires reports on service delivery for health services; and the Office of the Presidency requires reports on Programme of Action (PoA) , which is progress report on the implementation of electoral mandate for the term of office of the current government.

The Gauteng provincial government (2009) and the Public Service Commission (2006) express a view similar to that of respondent D that duplicate reporting places an inordinate administrative burden on provincial departments, which have to report virtually identical indicators and other information to the Office of the Premier, the provincial treasury and national departments.

4.6.2 Alignment between the GDHSD's and the national government's reporting timelines

On the issue of whether the GDHSD's reporting timelines are aligned to national government's reporting timelines, all respondents (A, B, C, D and E) agreed that GDHSD's reporting timelines are harmonised with relevant national government's reporting timelines. Respondent D said

that the GDHSD is obliged to adhere to these dates and ensure that reports reach the relevant national department on time.

Respondent B said that the alignment of the two reporting timelines is disadvantageous for the GDHSD. It does not give it (GDHSD) adequate time to prepare reports to national government. For example, the Office of Presidency requires the PoA report to be submitted within seven days after the end of each reporting month. He said that seven days is not adequate to prepare a PoA report. The resulting consequence is that the report ends up being rushed through so that it can be submitted on time. This compromises the quality of performance information.

4.7 Conclusion

The data from the interviews, documents analysis and literature reviewed was analysed and presented based on the three research questions that were asked in chapter one. Some patterns and trends regarding some aspects of the GDHSD's M&E system were identified. This enabled the researcher to explore these aspects of the GDHSD's M&E system. The findings and recommendations of the study are discussed in the following chapter (Chapter five).

CHAPTER FIVE CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter provides a summary of conclusions and recommendations based on the findings of the study. The research problem was that the GDHSD's M&E system has failed to generate accurate and reliable performance information since it was established in 2007. A reason for undertaking the research was that it was not clear whether the GDHSD's M&E system lacked capacity and skills for monitoring and evaluation; or lacked clearly defined roles and responsibilities for monitoring and evaluation; or lacked support and buy-in from some staff members and senior management of the GDHSD.

The purpose of the study was to investigate some aspects of the GDHSD's M&E system. Through the study, an investigation into some aspects of the GDHSD's M&E system was undertaken to get a broader and deeper understanding of the structures, processes and systems involved in monitoring and evaluation; how monitoring and evaluation is carried out; and what are the strengths and weaknesses of the system. Weaknesses were identified in both the system and its implementation, and recommendations were made on how to strengthen GDHSD's M&E system based on the findings of the study.

The research report does not cover all the issues regarding the GDHSD's M&E system, but provides a modest contribution in an attempt to assist the GDHSD to identify and understand the some gaps in its M&E system and its implementation so that corrective measures can be taken to strengthen the system and its implementation, thus assisting it to improve the quality of its performance information and service delivery. The conclusions and recommendations of the study are discussed below.

5.2 Conclusions

The study made the following conclusions:

- There is lack of both capacity and support for monitoring and evaluation in the GDHSD.
- There are gaps in monitoring, evaluation, data management and reporting processes and systems.
- There is manipulation of performance data for political reasons.
- There is low morale amongst some of staff members of the GDHSD
- The M&E system is implemented for compliance, rather than for the improvement of performance information and service delivery.

These conclusions are briefly discussed in the following paragraphs.

5.2.1 There is lack of capacity and support for monitoring and evaluation

The GDHSD's M&E system lacks capacity to perform its functions effectively and efficiently. This includes inadequate budget for M&E, shortage of M&E staff members, lack of requisite M&E skills and inadequate capacity building initiatives.

The effects of these challenges are apparent at all reporting levels.

- In health facilities, the effects are manifested by the poor management of patient files and other source documents. The patient files and source documents are damaged, lost, misplaced or improperly completed.
- At district office level, the effects are manifested by the submission of incomplete and inadequate reports to the M&E directorate.
- At the M&E directorate level, the effects are manifested by the poor quality of department-wide performance reports that are compiled by the M&E directorate.

These weaknesses are inter-dependent and influence each.

5.2.2 There are gaps in monitoring, evaluation, data management and reporting processes and systems

For effective monitoring and evaluation to take place, there are some M&E processes and systems that need to be developed and implemented. The gaps in the GDHSD's M&E system are that some processes and systems have been developed, but they are either not implemented at all, or are implemented inconsistently, or do not meet the benchmarks and standards. In other instances, the processes and systems do not exist at all. These weaknesses are discussed in the following paragraphs.

The GDHSD has developed its M&E framework, which is one of the key documents for the implementation of an effective M&E system. The framework is flawed. It was never fully implemented since it was developed in 2009; it is outdated because it was never reviewed and does not meet the requirements of an M&E framework in terms of best practices and benchmarks.

The GDHSD has developed standardised data collection and reporting forms that were supposed to provide all the reporting levels with a uniform data collection and reporting tools that would make reporting better, but this did not happen. Some reporting levels used the forms consistently; others used them sometimes. There are those who never used them at all.

One of the strengths of GDHSD's M&E system was the existence of some data quality control mechanisms at each reporting level. These data quality control mechanisms were meant to assess the quality of data at each reporting level, so that the data that reaches the M&E directorate is of good quality. A gap was that the data quality control mechanisms were inadequate and were not consistently applied.

The existence of two separate data flow processes (M&E directorate's data flow process and HIM directorate's data flow process) in one department was one of the weaknesses of the GDHSD's M&E system. The consequence of this was that the M&E data is managed by two sets of rules and regulations. This has the potential to compromise the quality of M&E performance

data. The PSC (2006) recommends that a potential for a single way of reporting will have to be explored. This will assist in streamlining reporting so that a single channel of reporting can be used to report to national government. This may ease the reporting burden that is experienced by the GDHSD, thus improving the quality of its M&E data.

The unavailability and inaccessibility of source documents for some reported performance information and the lack of clear guidelines on the management of confidential information is a concern. The unavailability and inaccessibility of source documents impacts negatively on the quality of performance information because reported information cannot be verified if there are no source documents or they are inaccessible. The absence of clear guidelines on the management of confidential information might result in some people easily accessing confidential patients' information. The GDHSD might face litigations from patients in relation to the disclosures of their confidential information.

One of the strengths of the GDHSD's M&E system is the proper alignment between the GDHSD's submission deadlines and the national government's submission deadlines. The weakness is that the timelines of national government do not give GDHSD adequate time to prepare and submit quality performance reports to the national government.

5.2.3 There is manipulation of performance information for political reasons

The department-wide performance reports need to be approved and signed-off by the HOD and the MEC before they are disseminated to the external stakeholders. Some performance data, particularly the data that has implications for the performance of the GDHSD in health service delivery are modified to give a false reflection of the performance of the GDHSD. The effect is that there is discrepancy between reported performance information and source documents. This may be one reason for the finding of the Auditor General that there is no consistency between the actual reported information and source documents.

5.2.4 There is low morale amongst the GDHSD's staff members

There is low morale amongst some staff members of the GDHSD. The low morale is impacting negatively on the internal processes and systems including data collection and reporting. This could escalate to the GDHSD's M&E system, thus affecting the quality of its performance information.

5.2.5 An M&E system is implemented for the sake of compliance

All government departments are required to implement M&E systems. It is expected that the staff members of the M&E directorate in the GDHSD would promote M&E as a better way of managing for results and improving the quality of performance information rather than emphasising the compliance aspect of it.

5.3 Recommendations

The following recommendations are based on the findings of the study. If implemented, they may assist in strengthening the GDHSD's M&E system.

5.3.1 Review of the GDHSD's M&E framework and development of M&E implementation plan

The GDHSD needs to review its M&E framework and develop an M&E implementation plan. The M&E framework is supposed to be reviewed on an annual basis to accommodate any changes to the plans for the following financial year. The revision of the plan can be coordinated internally by the M&E directorate, but be driven by the HOD. Internal venues and facilitators can be used. Using internal resources can save some money for the GDHSD since the GDHSD has some budgetary constraints.

An M&E framework is of little value when it is not implemented and monitored. The implementation of an M&E framework requires an M&E implementation plan, which is an activity-based plan that shows the budget, M&E tasks, responsibilities, time-frames and performance targets and indicators. This plan needs to be monitored at the level of the HOD so

the framework is implemented as planned. This would also give an indication of how far is the GDHSD in the implementation of its M&E system.

5.3.2 Revision of M&E organisational structure and building M&E capacity

The GDHSD needs to revise its M&E organisational structure so that all the core functions of M&E, including evaluations, data quality assurance and reporting functions are properly catered for in the structure. The structure needs to be well capacitated with the requisite human, financial, capital and skills resources so that it is able to deliver on all its key performance areas.

The GDHSD needs to ensure that all the M&E positions that are vacant or become vacant are given a priority. Budgetary constraints are acknowledged, but such positions are critical for the success of the GDHSD in service delivery.

5.3.3 Promotion of a positive organisational culture for M&E

The GDHSD needs to promote a positive culture for M&E by conducting communication, education and awareness campaigns to get the buy-in and support for M&E in the GDHSD. These undertakings can help to overcome misconceptions and knowledge gaps about M&E among senior managers, decision-makers, programme implementers and policy-makers who often have very little understanding of the subject (Gorgens & Kusek, 2009)

5.3.4 Appointment of an M&E champion

An M&E champion can be able to influence a positive culture for M&E in an organisation and assist in the acceptance of M&E as a better way of doing things. An M&E champion is not necessarily a full-time function, but needs a person who will always talk about M&E and supports M&E at all levels of the GDHSD; hence a senior person in either the MEC's office or HOD's office might be appropriate for the position of an M&E champion.

5.3.5 Development of a single data flow process for all performance indicators

The GDHSD needs to look at the possibility of developing a single M&E data flow process for all its performance indicators. This would be a complex process as it would need to involve the national department of health and other provincial health departments, but it could go a long way in helping to address the poor quality of performance information not only in the GDHSD, but in all the provinces.

5.3.6 Review of the national government's reporting timelines

The timelines for the submission of GDHSD's performance reports to national government need to be reviewed. The national government's reporting timelines are too compressed and do not give adequate time for the GDHSD to prepare and submit quality performance reports to the national government. This contributes to poor quality performance information because the GDHSD ends up rushing to finish the reports to comply with national government's submission deadlines.

5.3.7 Development and implementation of a guideline on the management of confidential data

The GDHSD needs to develop and implement a guideline that clarifies how confidential information will be managed in the GDHSD. This will assist to answer the question of who has access to, and who has no access to, confidential information. The Promotion of Access to Information Act, 2000 (Act 2 of 2000) and the Disclosure of Information Act (Act 26 of 2000) provide valuable information that can be used to develop a guideline. Further information on this subject can be obtained from documents by World Health Organisation and Health Professions Council of South Africa.

5.3.8 Address the challenge of data manipulation

The manipulation of data for political reasons is a challenge that needs urgent resolution. The provincial government needs to investigate this allegation so that if it is true, disciplinary process can be instituted.

5.4 Conclusion

The study was based on documentary analysis and interviews with five managers who are responsible for the development, implementation and management of an M&E system in the GDHSD. It is an exploratory study which cannot be generalised to the whole of the GDHSD. It provided important pointers to the weaknesses of both the system and its implementation. These weaknesses may well be replicated elsewhere in some government departments.

It was quite disturbing that some managers in the M&E directorate have never seen or accessed the GDHSD's M&E framework. The researcher expected that all the staff members of the M&E directorate would have unlimited access to, and knowledge of the GDHSD's framework. However, this was not the case. This impacted negatively on the proper implementation of the GDHSD's M&E system.

The GDHSD's M&E framework was developed by a consultant. The consultant had very little or no knowledge of the GDHSD's projects, programmes and plans, as pointed out by some respondents. This may be one of the reasons for the misalignment between the M&E framework and the GDHSD's strategic plan; and the lack of support and buy-in for the GDHSD's M&E system.

The existence of two parallel data flow processes for the GDHSD's M&E system is quite unique and a challenging situation. What makes it peculiar is that one data flow process (HIM data flow process) is indirectly managed by the national department of health, while the other (M&E data flow process) is managed by the GDHSD. This situation has created a challenge of selective application of rules and regulations because the HIM data flow process applies the rules and regulations from the national department of health, whereas the M&E data flow process applies those of the GDHSD.

The manipulation of some performance information for political reasons, as pointed out by some respondents, is quite a disturbing considering that the government is in the process of

institutionalising M&E across the government. One of the objectives of which is to improve the quality of its performance information. The manipulation of performance information in the GDHSD defeats the very objective the government is trying to achieve.

The absence of a culture of reporting is common in government departments across the country. What makes the situation worse in the GDHSD is that performance data has to pass through three reporting levels before it reaches the M&E directorate. The quality of data might be compromised along these reporting levels.

The GDHSD has an average annual budget of about 25 billion but fails to capacitate its M&E directorate. The M&E directorate is one of the most strategic units in the GDHSD. It provides crucial information for decision-making and planning processes. The M&E directorate deserves adequate budget and full capacity to be able to perform its work effectively and efficiently.

The finding that some patients are allowed to go home with their files because there is no space in the health facilities is unbelievable. What if the file contains confidential medical information and is leaked to the public? What if the patient loses the file? What if the file is required for audit purposes? These are intriguing questions require answers from the authorities.

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APPENDIX A

Appendix A: Interview schedule

This interview schedule served as a guide for discussions during interview process

THEME1: M&E ORGANISATIONAL STRUCTURE, CAPACITY AND CULTURE

Questions	Responses				Evidence	Give comments regarding your response
	Completel y	Mostl y	Partly	Not at all		
1. Is there a documented M&E organisational structure in the GDHSD?					M&E organisational structure	
2. Are the functions of M&E staff in the M&E organisational structure clearly indicated?					M&E job descriptions	
3. Is there a dedicated budget for M&E?					M&E budget	
4. Are all positions in the M&E organisational structure filled?					Vacancy list	
5. Has all staff responsible for M&E received training in M&E in the past 2 years?					List of trained M&E staff	

Questions	Responses				Evidence	Give comments regarding your response
	Completel y	Mostl y	Partly	Not at all		
6. Is there a training plan for all staff responsible for M&E?					M&E training plan / schedule	

Summary

Please provide strengths and weaknesses of the M&E organisational structure, functions, capacity and culture

Strengths	Weaknesses

Recommendations

What are your recommendations to strengthen the M&E organisational structure, capacity and culture?

Weaknesses	Recommendations

THEME 2: GDHSD’s M&E FRAMEWORK

Questions	Responses				Evidence	Give comments regarding your response
	Completel y	Mostl y	Partly	Not at all		
7. Is there an M&E Framework that provides an overall strategy for implementation of M&E in the GDHSD?					M&E framework	

Summary

Please provide strengths and weaknesses of the GDHSD’s M&E framework

Strengths	Weaknesses

Recommendations

What are your recommendations to strengthen the GDHSD’s M&E framework?

Weaknesses	Recommendations

THEME 3: DATA MANAGEMENT PROCESSES AND REPORTING

Questions	Responses				Evidence	Give comments regarding your responses
	Completel y	Mostl y	Partly	Not at all		
8. Have standard data collection and reporting forms been developed?					Standardised data collection and reporting forms	
9. Have clear instructions on how to complete the data collection and reporting forms been provided to all reporting levels?					M&E Data Management Manual	
10. Are there clear data flow processes from the source up until data reach central office?					M&E Data Management Manual	
11. Are there clearly documented data processing steps to be followed when collecting, collation, analysing and storing data					M&E Data Management Manual	

Summary

Please provide strengths and weaknesses of data management and reporting processes in the GDHSD

Strengths	Weaknesses

Recommendations

What are your recommendations to strengthen data management and reporting processes in the GDHSD?

Weaknesses	Recommendations

THEME 4: DATA QUALITY ASSURANCE PROCESSES AND SYSTEMS

Questions	Responses				Evidence	Give comments regarding your response
	Completel y	Mostl y	Partly	Not at all		
12. Are there data quality controls in place for					M&E Data	

Questions	Responses				Evidence	Give comments regarding your response
	Completel y	Mostl y	Partly	Not at all		
when data from paper-based forms are entered into computer					Management Manual	
13. Are all source documents and reporting forms available for verification and audit purposes?					Source documents	
14. Is data maintained according to national and/or international confidentiality Guidelines?					M&E Data Management Manual	

Summary

Please provide strengths and weaknesses of data quality assurance processes and systems

Strengths	Weaknesses

Recommendations

What are your recommendations to strengthen data quality assurance processes and systems?

Weaknesses	Recommendations

THEME 5: THE LINKS BETWEEN THE GDHSD’S AND NATIONAL GOVERNMENT’S REPORTING SYSTEM

Questions	Responses				Evidence	Give comments regarding your response
	Completel y	Mostl y	Partly	Not at all		
15. When applicable, is data reported through a single channel of national reporting system?					Data flow process map	
16. When available, are relevant national forms used for data collection and reporting?					Completed National Forms	
17. Are GDHSD’s reporting timelines harmonised with relevant national government’s timeliness					Reporting schedule to national	

Questions	Responses				Evidence	Give comments regarding your response
	Completel y	Mostl y	Partly	Not at all		
					government	

Summary

Please provide strengths and weaknesses of linkages between the GDHSD’s reporting system and national reporting system

Strengths	Weaknesses

Recommendations

What are your recommendations to strengthen linkage between the GDHSD’s reporting system and national government’s reporting system?

Weaknesses	Recommendations