

**Assessing Human Capacity in Monitoring and Evaluation
Systems of health centres in Mpumalanga Province**

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DECLARATION

I, Sydwell Lethabo Mashego (Student no. 0715063t) hereby declare that this research report titled ‘Assessing human capacity in monitoring and evaluation of health centres in Mpumalanga province’ is my own, unaided work. I have acknowledged and referenced all sources that I have used and quoted. I hereby submit it in partial fulfilment of the requirements of the degree of Master of Management (Public and Development Management) in the University of the Witwatersrand, Johannesburg. I have not submitted this report before for any other degree or examination to any other institution.

Signature

Date

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I also dedicate this report to God, for his Glory!

ABSTRACT

There is a need to improve the functioning of health centres in Mpumalanga province. In order to improve public service delivery and the health of Mpumalanga citizens, it is important to have a well-functioning M&E system. The rationale for the research is to assess human capacity in Monitoring and Evaluation (M&E) of Health Centres in Mpumalanga Province. The research will unpack the department programmes and objectives. The research will assess human capacity gaps in the implementation of an M&E system. The study will also assess whether M&E unit has enough budget to undertake M&E activities. Stakeholder relationship will also be assessed between MDoH M&E unit and other departments. If there is no human capacity gaps an assessment will be done on the success factors. The findings of the study are important in determining the factors that prevents health centres from achieving their goals and objectives. The recommendations for the study can be used by MDoH M&E unit and other organisations in strengthening their policies for effective functioning of their health centres.

Using qualitative research strategy and unstructured interviews, participants were interviewed and the results revealed that there is a lack of human capacity and financial resources specifically referring to budget to undertake M&E activities. The study discovered that there are no plans in place to solve capacity gaps in the unit. In addition the study discovered that there are is no capacity building initiatives to capacitate and strengthen the skills development of employees. Lack of stakeholder relationship between MDoH M&E unit and other departments formed part of the findings. The overall findings of the research are attributed by lack of prioritisation by managers who do not view M&E unit as a priority of the MDoH. In addition the study found that MDoH M&E unit is also failing to apply New Public Management (NPM) in the execution of their M&E functions. The recommendations of the study include strengthening M&E unit, through budget allocation. The budget will help to address existing capacity gaps and capacity building initiatives. Stakeholder relationship is also important in improving the performance of MDoH M&E unit.

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List of acronyms

ACB: African Capacity Building

A.G: Auditor-General

ANC: African National Congress

ARV: Anti-Retro Viral

CEO: Chief Executive Officer

CODESRIA: Council for the Social Sciences Research in Africa

DAC: Development Assistance Committee

DBSA: Development Bank of Southern Africa

DEA: Department of Environmental Affairs

DLA: Department of Land Affairs

DPME: Department of Planning Monitoring and Evaluation

DTG: Department of Traditional Government

ECA: Economic Commission for Africa

ECB: Evaluation Capacity Building

EMC: Emergency Medical Service

GDoH: Gauteng Department of Health

GDHSD: Gauteng Department of Health and Social Development

GWM&E: Government Wide Monitoring and Evaluation

GWM&ES: Government Wide Monitoring and Evaluation Systems

HCD: Human Capacity Development

HIV: Human Immune Virus

IF: Ingoma Forum

JCPES: Joint Committee's Program Evaluation Standards

MDG: Millennium Development Goals

MDoH: Mpumalanga Department of Health

MDSD: Mpumalanga Department of Social Development

M&E: Monitoring and Evaluation

NDoH: National Department of Health

NDP: National Development Plan

NGOs: Non-Governmental Organisations

NHI: National Health Insurance

NPM: New Public Management

OAU: Organisation for African Unity

OECD: Organisations for Economic Co-operation and Development

PHC: Primary Health Care

POA: Programme of Action

PPA: Progressive Public Administration

PRC: Presidential Review Commission

PSC: Public Service Commission

SA: South Africa

SAENet: South African Evolution Network

SAPs: Structural Adjustment Programmes

STI: Sexual Transmitted Infection

TWG: Technical Working Group

UK: United Kingdom

UNDP: United Nation Development Programme

USA: United States of America

USAID: United States Agency for Institutional Development

CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Monitoring and Evaluation (M&E) in South Africa

Monitoring and evaluation is defined as the system of plans, strategies and tools used in the collection, analysis, collation, reporting and storage of information on programme and project (Guijt & Woodhill, 2002). According to Bowerman (1991) the notion of Monitoring and Evaluation (M&E) can be dated back to as early as 2200 B.C. with personnel selection in China. Rossi, Lipsey and Freeman (2004) argue that M&E functions were already appearing in the 18th century in the field of public health and education. Porter and Kruger (2001) stated that the work of Ralph Taylor was regarded as the catalyst in discovering M&E as distinct field. Tyler and his colleagues were the first group of people who suggested the importance of monitoring and evaluating programmes in relation to the accomplishment of specific objectives (Seedat, Duncan & Lazarus, 2001). Most scholars' documentation of M&E draws the link to the second world war when the federal government of the United States' social service budget allocations required a more rigorous and systematic review of spending.

In the South African government, M&E discussions began with a report presented to the former President of South Africa, Thabo Mbeki in 1998 by the commission named Presidential Review Commission (PRC). The PRC indicated that challenges facing the country included lack of effective mechanisms for M&E that will allow for regular review, monitoring and evaluation of government's performance. The report further highlighted the progress of government in the transformation of the delivery of government services that was seen to be lacking behind. This resulted in the development of a white paper in performance monitoring and evaluation. The conclusion from the findings of the Presidential Review Commission was that institutional arrangements within the state were lacking the systems of monitoring and evaluation that would

be capable of measuring and evaluating policy outcomes (Presidential Review Commission, 1998).

The implementation of M&E mechanisms has become essential due to the growing pressures on government to become transparent and accountable to its citizens as well as providing efficient and effective quality services to its citizens. These pressures emanate from organisations, system donor governments as well as developmental institutions, Non-Government Organisations (NGOs), citizens groups, civil society, the media, donor governments, organisations and the private sector. One of the solutions adopted by developed and developing countries is to implement monitoring and evaluation systems in government that could lead to improved service delivery (Gorgens & Kusek, 2009).

1.2 Monitoring and evaluation of health centres in Mpumalanga

The provincial offices of the Mpumalanga Department of Health are located in Nelspruit, Mpumalanga. The land surface area of Mpumalanga province is 78,370 km² and it represents 6.4 percent of the total land area in South Africa. The overall population in the province is 3 million, which represents 7.3 percent of the country's total population. Public health facilities in the province comprise of hospitals, community health centres and clinics. The main aim of health centres is to provide a variety of basic health services to the residents in the province. There are 471 clinics and 33 hospitals in Mpumalanga

The M&E unit in the Mpumalanga Department of Health (MDoH) is headed by a director responsible for M&E functions and is centralised in the provincial office in Nelspruit. The unit is responsible for the overall management and coordination of M&E activities in the province. It is also responsible for the coordination and management of the development of standardised data collection, reporting templates and forms, implementation and development of uniform data

management systems and processes across the department. It also ensures that templates and forms are used by all reporting levels as well as the compilation of department-wide performance monitoring and evaluation reports.

Health districts in the province, amongst others include Ehlanzeni district, Gert Sibande District Bushbuckridge district and Nkangala district. The Mpumalanga Department of Health provincial head office play an important role in the MDoH's M&E system as it ensures quality of information reported from sub-district offices. Finally, the sub-district offices are responsible for the collation, collection and analysis of data from health facilities.

Prior to the establishment of the Mpumalanga Department of Health M&E System in 2007, monitoring and evaluation at the department operated as a sub-unit of the reporting and planning unit. M&E focussed mainly on reporting. The reporting was mostly focused on output level. There was no tracking of outcomes and impacts; there were no institutionalised M&E processes and systems; there were no dedicated staff members or budget for M&E; and there was no M&E framework. The formal passing of the policy framework on Government-Wide Monitoring and Evaluation System (GWM&ES) in 2007 led to the establishment of the Mpumalanga Department of Health's Monitoring and Evaluation system. Subsequently, the monitoring and evaluation section in the department was established in order to carry out the M&E activities in the MDoH. Organisational alignment was done to accommodate the M&E system and finally the M&E systems and processes were developed (Mpumalanga Department of Health, 2015).

The Mpumalanga Department of Health's Monitoring and Evaluation Framework considers monitoring a continuous process that provides stakeholders, decision makers and managers with the progress made as well as regular feedback on the progress made regarding the attainment of goals and objectives of the department. Furthermore, the monitoring plan covers all the

performance indicators developed in relation to the annual performance plan of each financial year (Mpumalanga Department of Health, 2015).

The Mpumalanga Department of Health's Monitoring and Evaluation Framework is a tool that systematically assesses the performance, successes, relevance and challenges of projects and programmes. It seeks evidence in terms of the developmental changes in the lives of citizens as it further seeks to determine the effectiveness, relevance, efficiency, sustainability and impact. (Mpumalanga Department of Health, 2015).

1.3 Problem statement

Human capacity is one of the important components in the public sector, representing a major factor in the effective functioning of M&E systems. One major challenge facing public sector organisations is the shortage of staff to execute monitoring and evaluation duties. It is therefore necessary to consider human capacity as one of the essential components that can improve the performance of organisations (MDoH, 2010).

There is also lack of personnel to collect data in organisations in order to ensure that what has been reported is a true reflection of what is actually happening on the ground. There is a reported shortage of medicines especially in the clinics, the infrastructure is poor, and there is a challenge of overcrowding in the wards as well as the shortage of staff (MDoH, 2010). Corruption in the public sector seems to be undermining accountability, state legitimacy and democracy and results in the decline in the performance of organisations (Theron & Schwella, 2000). The research therefore outlined some of the factors on why human capacity is important in monitoring and evaluation in order to improve the performance of organisations, which in turn improves service delivery.

1.4 Purpose statement

The purpose of the research was to assess human capacity for monitoring and evaluation in health centres in the Mpumalanga Department of Health. Firstly, the research discussed relevant literature on monitoring and evaluation, as well as the reasons why it is important to assess human capacity in M&E. Secondly, the study discussed the role of human capacity in strengthening monitoring and evaluation as well as enhancing the performance of health centres in Mpumalanga. Thirdly, the study discussed the operationalisation of monitoring and evaluation in the Mpumalanga Department of Health. Lastly, conclusions underlying causes for human capacity constraints were identified, pointing to possible recommendations to the department.

1.5 Research question

This study addressed the following research question:

What are current levels of human capacity and related capacity-building needs among staff with M&E responsibilities in the Mpumalanga Department of Health?

In answering the research question, the following sub-questions were addressed:

- a) What challenges do M&E staff in the MDoH identify regarding the effective use of M&E?
- b) How do current levels of human capacity speak to the competencies identified in global and context-specific literature?
- c) What are the underlying processes and structures leading to current capacity levels?

1.6 Delimitations of the research

The study was limited in terms of time, as I did not have enough to conduct interviews. This is particularly relevant to be aware of, as M&E units in provincial departments across South Africa

are in a process of change, linked to the fairly recent introduction of M&E to the scope of work. Another delimitation is the fact that some of the research participants were reluctant to answer some of the research questions in details – particularly those that would raise the risk of disclosing participants' limited experience and/or training around monitoring and evaluation skills.

1.7 Justification of the research

The research provided an in-depth and clear understanding of different features found in the Mpumalanga Department of Health M&E unit. Human capacity cannot produce desirable outcomes without good M&E systems. On the other hand, monitoring and evaluation cannot function effectively without human capacity. Therefore, it is important to understand the skills needed as well as the capacity of people involved in the M&E system. It is important to address the capacity gaps as part of the M&E system.

It is nearly ten years now since the introduction of the Government Wide Monitoring and Evaluation framework (GWME) under the custodianship of the Department of Planning, Monitoring and Evaluation (DPME). The study focused on human capacity as one of the essential elements for well- functioning monitoring and evaluation processes and structures in the MDoH.

1.8 Overview of the research

This research report consists of the following six chapters:

Chapter 1: Introduction and Background to the study

This chapter included the general introduction which locates the study within national and international context.

Chapter 2: Literature Review

This chapter presents the relevant literature, which discusses monitoring and evaluation, including its history in South Africa; the role of M&E in Primary Health Care (PHC) and key components in M&E systems. This chapter also discusses the theoretical and conceptual frameworks of the study.

Chapter 3: Research Methodology

This chapter outlines the research methodology including the strategy, research design, techniques, processes, procedures, and ethical considerations.

Chapter 4: Discussion of Findings

This chapter discusses detailed presentation of the findings before key analysis points are presented in chapter 5.

Chapter 5: Analysis of Findings

This chapter analysis the findings presented in chapter 4.

Chapter 6: Conclusion and Recommendations

This chapter presents conclusions and leads to related recommendations concerning the strengthening of human capacity within Monitoring and Evaluation system in the Mpumalanga Department of Health.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

According to Cloete (2009) monitoring is the systematic, regular and continuous process that tracks policy implementation programme or project in order to determine the level of accomplishment and progress of objectives and goals. While evaluation is the systematic assessment and judgement of whether a programme or project has achieved its goals and objectives as planned as well as how it accomplished them as well as the lessons learnt towards the achievement of those goals (Gorgens & Kusek, 2009). Therefore, this chapter will discuss the theoretical and conceptual framework in assessing human capacity in monitoring and evaluation of health centres in Mpumalanga Province.

2.2 Description of M&E

The study will assess human capacity in monitoring and evaluation of health centres in Mpumalanga Department of Health. Guijt and Woodmill (2002) postulates that monitoring and evaluation consist of strategies, organisational structures, plans, reporting lines, management processes, standards, indicators, information system and accountability in building relationships which enables the municipalities, provincial and national departments and other institutions to perform their monitoring and evaluation activities effectively.

According to the Organisation for Economic Cooperation and Development (OECD) (2002) points out that monitoring is the continuous approach that apply systematic collection of information or data on specific indicators to provide stakeholders and management on an ongoing different development intervention with indications reflecting the extent of the achievement and progress of objectives with the allocated resources. However evaluation is

defined as the objective and systematic assessment of a completed or ongoing policy, programme, project aiming at determining the fulfilment and the relevance of the effectiveness, development, efficiency, objectives, impact and sustainability. Evaluation also involve incorporating lessons learned that assist in the decision making process, it also relates to the importance or the relevance of a programme, policy and activity (OECD, 2002).

It can be deducted that Monitoring is seen as the continuous management function while Evaluation is considered as the post-event function, which provides data back to the management to make decisions (Civicus, 2001). While one engages in monitoring, another one should be evaluating by making judgement or decisions about the progress made and intervention based on the outcome. OECD 's Development Assistance Committee (DAC) further define monitoring as the continuous function that apply the system of data collection, on an ongoing development as well as on specific indicators to provide stakeholders and management with the accomplishment and progress and objectives with the allocated financial resources.

There are different views on the meaning of Monitoring and Evaluation and it what it aims to achieve. The majority of scholars view Monitoring and Evaluation as a supporting component in performing accountability function. According to Cook (2006) states that Monitoring and Evaluation groupings align itself to the field of performance management, auditing and compliance. Different forms of M&E for accountability are an oversight that are exercised by internal and external role players. External players are role players or actors that are responsible for fulfilling the regulatory function including the auditor general, it further covers the civic oversight which comes when communities hold the government accountable in terms of performance and the use of funds on their programmes to deliver services (Cook, 2006).

2.3 Problem and knowledge gap

The literature search conducted by the researcher shows that there has not been many studies conducted on human capacity in monitoring and evaluation on health centres in Mpumalanga province. The literature search further shows that no studies were conducted on the assessment of health centres in Mpumalanga province, which is the knowledge gap that the study will attempt to address. There is however a few scholars' work that have attempted to review similar interventions. One study was conducted were on the reporting format of the Gauteng Department of Health. In regardless of conclusions made there are limitations related to the studies conducted. The examination of reports indicate that the research methodologies lacked rigour and theory in the interpretation of findings and other related matters. The study focused on the business sector and not necessarily in the assessment of monitoring and evaluation of health centres. The study also focused on other social interventions that were not related to monitoring and evaluation of health centres.

The studies were conducted in other provinces such as Gauteng etc. not in Mpumalanga. The focus of these studies was on analysing implementation and factors affecting implementation, human capacity, reporting format, but none focused on the assessment of health centres. Most importantly, the studies reviewed lack standard concepts related to monitoring and evaluation. This study will not attempt to address all the limitations identified in the above, but it will focus on those that can bring improvement in the functioning of health centres in the Mpumalanga department of health.

2.4 History of M&E in South Africa

Up to 1994, systematic programme evaluation in South Africa was most advanced in Non-Governmental Organisation (NGO) sector. It gained entry due to international donor agencies

that channelled firstly solidarity funding and later official Development Assistance (DA) to South Africa (Lee, 2004). After 1994, programme's evaluation's prominence in the NGO sector grew as donor agencies increasingly introduced this as an accountability mechanism. In the mid-2000s the public sector came on board in support of systematic programme evaluation stimulated by AfrEA conference in Cape Town in 2004. This was the rise of M&E in South Africa.

The SA government had to draw up regular internal annual departmental reports to be tabled in Parliament. There was monitoring of reports relating to project and programme inputs, activities and outputs; in some cases provide opinion-based qualitative assessments of achievements of the department during that financial year. This annual report was also audited by the Auditor-General, detailing departmental compliance with regulatory frameworks. The Public Service Commission (PSC) has a set of constitutional principles to monitor, evaluate and report on. Those constitutional principles include monitoring and evaluating; transparency and accountability; human resource management and development; representatives; impartiality and fairness; participatory development orientation; efficiency and effectiveness as well as professional ethics (PSC, 2008).

The South African Evaluation community emerged as a result of the establishment of AfrEA. Evaluation was regarded as full time occupation except in a few specialised units such as the Development Bank of Southern Africa (DBSA) where a dedicated M&E specialist was established in 1996. Dr Indran Naidoo was the first person who established M&E in South Africa while working for the Department of Land Affairs (DLA). In 2002 Dr Naidoo invited Michael Quinn Patton to South Africa, during the meeting a decision was then taken to establish the South African Evaluation Network (SAENet) (Ofir, 2014).

There was also a need for political support for Monitoring and Evaluation in South Africa. There have been high level political pronouncements in support of the approach. Internationally the implementation of Monitoring and evaluation processes has helped in putting this process at the

forefront as one of the tool to address developmental issues. The pronouncements assisted in ensuring that M&E is been reinforced and accepted at the different levels i.e. socially, administratively and politically in order to promote democracy, development and good governance (Patton, 2004).

In the context of South African monitoring and evaluation transformation depends on the administrative and political structures in order to create a conducive environment. However it should be noted that political pronouncements cannot deliver or create the culture of Monitoring and Evaluation in the society. Monitoring and Evaluation should serve a transformative agenda rather than be seen as an end to itself. Patton (2004) points out that Monitoring and Evaluation might cause waves and ripples as it pays specific focus on performance. Monitoring and Evaluation needs to pay specific focus on transformation rather than serving the political agenda (Patton, 2004).

2.5 History of Monitoring and Evaluation (M&E) in Latin America and in Africa

Chile has a public policy monitoring and evaluation system which is described as exemplary (May Shand, Mackay, Rodgers & Saavedra 2006). The system was developed in 1990 within the context of a unitary state with a presidential political system, where legislative initiative in matters of budgets and finance rests with the president. This implies that the executive branch is mainly responsible for the management and administration of public finances, with the respective powers concentrated with the Finance Ministry. In this context, Chile has developed monitoring and evaluation system, which is linked to management of the budget and imposed in a top-down manner from Finance Ministry and, from the management of Control Division of the Budget Department. Several factors have contributed to the implementation, design and consolidation of the system, including the good health of the Chilean economy and its finances in the early 1990s, which served to stimulate interest in accomplishing more transparent and effective

application of public resources (Guzman, Irarrazaval & De Los 2014). During this period a series of reforms were introduced in the management of public finances, including a review budget management and formulation process. There were also other initiatives aimed at modernisation of public sector management, such as the introduction of strategic planning, the development of information and communication technologies, typical NPM tools such as service charters.

In 1993, Finance Ministry started implementing monitoring mechanisms that allowed information to be generated on the performance of public sector organisations and programmes. The aim was to introduce practices that would improve the quality of spending and advance in matters of accountability and transparency (Arenas and Berner, 2010).

The practice of public policy evaluation in Mexico began in the late 1990s, coinciding with the start of a process of political change that enabled the country to advances in democratic quality and perform various administrative processes of reform. Mexico is a Presidentialist federal republic comprised of 31 states and the federal district. Executive power rest with the President of the nation elected by universal suffrage every six years, with no possibility of re-election. (Arenas & Berner, 2010).

In the mid 1990s saw promotion of a programme-based budgeting structure that continues until today and resulted, among other things, in the Chamber of Deputies becoming more involved in monitoring and control of the actions of the federal government. Furthermore, in the 1990s there was an emergence of ad hoc evaluations of social programmes (e.g. the Social Milk Supply, Rural Food Supply, and Employment of Training programmes) which generated partial information on the situation of elements of these programmes (Arenas & Berner, 2010).

The Budget and Fiscal Responsibility Act, enacted in 2006 and it was reformed in 2007, created the performance evaluation system for the purpose of evaluating the performance of public programmes and projects in order to contribute to a Result Based Budget (RBB). In practice, this performance evaluation system, was a set of evaluations, indicators and methodologies created to

provide objective information to assist in taking budgetary decisions. Performance evaluation system was applicable at the federal level and affected all public programmes including social programmes (Arenas & Berner, 2010).

Oosthuizen (1996), states that the history of evaluation in Africa is incomplete if one does not recognise the role of researchers, evaluators and policy analysts in resting colonial policies and rules. They played a pivotal role in providing alternative evaluative opinions and views about the role that western powers played on African development efforts especially concerning the history of the evaluation of Structural Adjustment experiences and policies. Oosthuizen (1996) recorded the role of African policy support organisations at the time and observes that some particular historical influences had an impact on the initiation of policy evaluation work done by policy organisations. Oosthuizen (1996), states that during that during the period from 1957 to 1980s, Africa was characterised by larger number of countries gaining independence from colonial rule and this was the first triumph for Pan Africanism. This development resulted in two further spill over consequences.

The first consequence was that the future consolidation of a newly independent African countries which was complicated by weak economies, financial dependence on colonial countries and severe resource constraints in capital and skills, so that independence for African countries becomes only a name. The second major consequence of independence is the power transfer and the fact that existing structures of the state were used to develop new government administrations. Citizens were expected to abide to the new political regime, opponents had to articulate their demands differently from those used during colonial rule (Oosthuizen, 1996).

Another essential development for evaluation in Africa was the adoption of the Lagos Plan of Action at the first Extraordinary Economic Summit in Lagos, Nigeria in April 1980. This plan of action was a reaction to Structural Adjustment Programmes (SAPs) imposed on African countries in the eighties. The main argument here is that Africa and other regions in Africa

should develop their own policy capacities that are parallel to African Capacity Building (ACB) of the World Bank and the UNDP. These development increased the need for more resources to be allocated to local researchers to do independent policy evaluation and research (CODESRIA, 1993). Other organisations that developed independent policy capacities that engaged in policy evaluation in 1980s in response to SAPs included Organisation for African Unity (OAU) and Economic Commission for Africa (ECA) (Oosthuizen, 1996).

2.6 Comparing M&E in South Africa, Latin America and other countries

A completed World Bank evaluation of Chile's monitoring and evaluation system found that the government's evaluations (which are outsourced to academia and consultants) are used by the Ministry of Finance for its resource allocation decisions within the budget process as well as imposing management and improvements on sector ministries in the programs for which they are responsible (World Bank, 2005). The Ministry of Finance also ensures that M&E information is fully reported to the Congress, which is highly appreciated. When comparing M&E in Chile and South Africa, in Chile the Finance Ministry plays a powerful role in the government to ensure the effective functioning of their M&E system, much more prominent than finance ministries in most countries, it augurs well for the sustainability of the Chilean government's M&E system. However, an unfortunate side effect of the forceful use of M&E information by the Finance Ministry has been the low level of ownership and utilisation of it by sector ministries and their agencies. There exists an unexploited opportunity for them to use this information for their own policy development, strategic planning and ongoing control and management (World Bank, 2005).

If we accept that Chile is a success story, does it represent a best practice model which other countries should emulate? The answer to this is yes and no. It is very dangerous to look for best practice. Each country is unique with its own circumstances and realities, each government has

developed its M&E functions in particular directions, for particular purposes. Chile is an upper middle income country, with a very respected and capable civil service. It's very centralised government system and Finance Ministry are not even of Latin American countries.

May, Shand, Mackay, Rodgers and Saavedra (2006), posits that countries such Brazil have stressed a whole-of government approach to the setting of program objectives and the creation of a performance system indicators. Other countries such as Columbia have combined this with an agenda of impact evaluations. Yet others, such as Australia, and United Kingdom have focused on broader suite of M&E tools and methods including performance reviews, performance indicators, impact evaluations and performance audits (Lahey, 2005). Some countries have succeeded in building a whole-of-government M&E system, while others such as Uganda comprise an as yet uncoordinated collection of about 16 separate sectoral monitoring systems. Poor countries are required by multilateral donors to prepare Poverty Reduction Strategies – stress the regular collection of performance indicators to measure the Millennium Development Goals (MDGs (Hauge, 2003).

Although SA experienced growth in the field of programme evaluation during the past 20 years, it is not advanced as it is in USA and United Kingdom. The reasons include the following i.e. firstly technical, sophisticated and relatively complicated nature of monitoring & evaluation necessitates a need for highly skilled, knowledge, insights and practical experience as well as the technologies and resources to be able to perform this efficiently and effectively. These requirements do not exist in South Africa and in other developing countries where basic service delivery is still a huge challenge (Sagone, 2008). Secondly the fact that systematic evaluation is new even in developed countries where it only started in 1980s and 1990s when compared to European countries which started 30 years earlier in the 1950s.

2.7 Emerging Government-Wide Monitoring and Evaluation System (GWM&ES) in SA since 2005

Until up 2005, only individual staff performance evaluations were institutionalised and regularly and systematically carried out in SA government. Programme monitoring and evaluation, were not undertaken, coordinated and managed systematically in South African Public Service. These activities took place sporadically by line function departments for their annual departmental performance report (Presidency, 2007). Some departments were more active than others in the process. On the other hand Public Service Commission committed itself in monitoring and evaluation in SA government's adherence to a restricted number of good governance that the PSC deducted from the constitution.

There are a number of reasons that led to cabinet's decision to develop the GWM&ES in South Africa. The following reasons led to cabinet's decision to establish GWM&ES in South Africa. The first reason was the need for regular government report-backs to the International United Nations Millennium Development Goals initiative on the progress with half poverty rate in SA by 2014; second reason was the fact that SA was the host of the World Summit on Sustainable Development in 2002 and during that period SA did not have M&E system to assess sustainable development as it was required by the Rio Convention of 1992 and reiterated at the Johannesburg Summit in which SA was the host country. Third reason was because of the announcement made by SA president Thabo Mbeki to regular inform citizens about progress with the Government National Programme of Action (POA). Fourth reason is the fact that donor agencies required systematic M&E of projects and programmes that they fund, so that their investment can be protected. The final reason is the fact that institutionalising national M&E systems proved to be international good governance practice. The above reason stimulate awareness in SA government that monitoring and evaluation of government activities in SA should be managed better to improve service delivery (Presidency, 2007).

Presidency (2007), states that in July 2005, SA cabinet adopted a strategy to establish Government-Wide Monitoring and Evaluation (GWM&ES) over two years. Government-Wide Monitoring and Evaluation System's functions was to coordinate systematic programme of policy monitoring and evaluation throughout government departments in SA. It is aimed at improving public management in the country. In 2007, GWM&ES was revised and updated because the time frames specified in the original proposal were too optimistic (Presidency, 2007). The revised M&E system was not only aimed at monitoring governmental performance processes, but it was aimed at determining the nature of external governmental outcomes and impacts on South Africa Society. It is basically aimed at determining the amount of time it take to improve public service delivery (Presidency, 2007).

GWM&ES is managed from the Department of Planning Monitoring and Evaluation (DPME) situated in the presidency. Government Wide Monitoring & Evaluation System elaborates on the roles and responsibilities of various agencies and stakeholders tasked in programme Monitoring and Evaluation Systems. The institutional stakeholders include Department of Planning Monitoring and Evaluation (DPME), which is tasked with controlling, implementation, coordination and evaluation of GWM&ES; National Treasury is responsible for measuring the value for money aspects of government programmes; Statistical South Africa (StatsSA) is responsible for data collection, quality control and storage (StatsSA, 2007).

Public Service Commission is responsible for interdepartmental evaluations of those constitutional process principles that the PSC has decided to measure and it has established a set of M&E guidelines about M&E in an attempt to synchronise various perspectives of main agencies of government involve in M&E (PSC, 2008). The Department of Cooperative Government is responsible for the assessment of programme performances of provinces and local authorities. Department of Environmental Affairs (DEA) is responsible for assessing the state of the environment and sustainable development. Public Administration Leadership and

Management Academy (PALAMA) is responsible for Monitoring and Evaluation capacity building by improving training of M&E skills among thousands of officials who will be responsible for the implementation of the M&E system (SAMDI, 2007).

2.8 Structure of M&E in Mpumalanga Department of Health (MDoH) and the role of M&E in Primary Health Care (PHC)

The following table outlines the structure of M&E functions within the Mpumalanga Department of health. The Office of the Premier (OTP) as the central office play a coordinating role for all the departments in the Province. Planning Monitoring and Evaluation (PME) directorate contains the provincial Plan of Action (POA) for all the M&E activities of all the Departments in the province. Mpumalanga Department of Health head office coordinates all the M&E activities at all the 4 district offices in the province and report the outcome back to the Premier’s Office for decision making. Table 1 below indicates how M&E offices in the MDoH are linked to each other.

Table 1: M&E in the Mpumalanga Department of Health

<p>Mpumalanga Office of the Premier</p> <ul style="list-style-type: none"> ➤ (Political nerve centre of all provincial departments in the province) ➤ (Coordinating Function to all the provincial departments)
<p>Mpumalanga Department of Health</p> <p>(Provincial head Office for all the provincial health districts)</p> <ul style="list-style-type: none"> ➤ Coordinates all the M&E activities in the 4 districts i.e. Mbombela

District, Bushbuckridge district, Nkangala District and Gert Sibande District.

- It also collects information from all the health centres in the province i.e. Hospitals, clinics, and Community Health centres
- The provincial head office reports to the Office of the Premier in order to make a decision.

District health Offices

- All the district offices, Mbombela, Bushbuckridge, Nkangala and Gert Sibande districts reports the M&E activities to the provincial head office.

2.8.1 Mpumalanga Department of Health's priority areas

The Mpumalanga Department of Health's main focus is on the following programmes i.e. National Health Insurance, HIV/AIDS, Tuberculosis, Primary Healthcare, Maternal child and women support and rehabilitation programmes. The priorities of Mpumalanga Department of Health include increasing life expectancy, decreasing mortality and maternal health, Combating HIV/AIDS and Tuberculosis, Strengthening Health System effectively by implementing National Health Insurance (NHI) (Mpumalanga Department of Health, 2015).

The Mpumalanga Department of Health has made numerous efforts to ensure the success of the National Development Plan which aims at increasing life expectancy to 70 years by 2030, as well as having a generation of under 20s free of HIV and AIDS. The department also focuses on reducing maternal and child mortality, as well as reducing communicable and non-communicable diseases. There are strategic plans in place to reduce maternal mortality by training 20

Professional Health Workers per district. The department is also emphasising the strengthening of human resources and systems in order to achieve the objectives set out in the National Development Plan vision 2030 (Mpumalanga Department of Health, 2015).

Mpumalanga Department of Health continues to implement the turnaround strategy for HIV/AIDS, Sexually Transmitted Infections (STIs) and Tuberculosis (TB) to reduce HIV infection. The plan is to protect the rights of people living with HIV, as well as the rights of women, children and members of vulnerable and key populations. Male circumcision provides an important way of reducing the spread of HIV infection. The department continues to work with General Practitioners and traditional initiation schools, surgeons and Ingoma Forum, to increase access to Voluntary Male Circumcision services points (Mpumalanga Department of Health, 2015).

2.8.2 The role of M&E in Primary Health Care

Primary Health Care is important in South African health system and it provides health services to people with their full participation. Primary Health Care allows groups and individuals especially those in rural communities' active participation in implementing, planning, monitoring and evaluating health interventions. Baker (2000) states that monitoring ensures that interventions are implemented as planned, it further identify specific problems and allows regular feedback. Monitoring primary health care ensures that activities are carried out in an effective manner in order to achieve the desired objectives.

This paper further argues that monitoring, evaluation in Primary Health Care empowers health care workers and communities to be able to make informed decisions on performance, and interventions and it further promote transparency, collaboration, accountability and sustainability (Koplan, 1999). Chan (2008) argues that public health have expanded beyond diseases to include violence, chronic diseases, threats, pathogens as well as social contexts that influence health

disparities. Evaluating public health interventions is more critical and complex for Primary Health Care in rural communities dealing with vulnerable and disadvantaged groups.

The role of monitoring and evaluation in Primary Health Centre is to assess progress of primary health intervention during implementation to periodically measure the actual performance or achievement against the planned activities, as well as identifying gaps as well as their causes. There are steps taken to keep activities and processes on course. Information and data derived from monitoring are then used to measure progress. Furthermore effective monitoring uses the right tools, examine and ask right questions, checks the intervention, plans budget and time to be able to provide accurate information for measuring progress regarding the primary health intervention (World Bank, 2006).

According to Chan (2008), health system reforms based on PHC must ensure that the health systems contribute to social justice and health equity; it should also move towards reorganised health services around people's expectations and needs; social health protection in order to make them relevant as well as replacing reliance on control and command and laissez-faire disengagement by inclusive, participatory and negotiated-based leadership.

2.9 Components of M&E

Gorgens and Kusek (2009) indicate that M&E system consists of 12 components that are then grouped into 3 basic components namely the components relating to the effective use of an M&E information for decision making; the component relating to planning, people and partnerships; and the components relating to the collection, collation and data verification. USAID (2002) states that the M&E system consists of five basic components namely the data dissemination; data collection; data analysis; goals and indicators. All the above components

complement each other. Some of the components will be discussed to provide a detailed and in depth information of what is M&E systems.

2.9.1 Component relating to people, partnerships and planning

This component consists of three sub components which is the location and the alignment of an effective M&E organisational structure; M & E Capacity and M&E partnership.

2.9.1.1 The location and alignment of an effective M&E organisational structure

Gorgens & Kusek (2009) indicate that it is important that the system of M&E is favourably located outside and within organisation so that it is effective in performing its activities. Some institutions have placed the system of M&E in the planning component to which it makes sense because the M&E system evaluates and monitors plans of the organisations. On the other hand other organisations placed its M&E system in its finance or budget component. It is also considered appropriate because M&E system ensures that resources are justified in terms of its performance and are used efficiently and effectively to achieve the objectives and aims of the organisations. However there are organisations that place the M&E system outside an organisation or as an independent entity, this assists in ensuring that M&E system is not biased as it is expected to measure and assess the organisation 's performance, and provide reliable and valid performance information.

2.9.1.2 M&E capacity

M&E capacity is one of the essential component in the implementation of an effective M&E system. This ensures that the organisation's M&E system is capacitated in terms of financial and human skills resources. It is important that the M&E staff are work-shopped to be updated

about new approaches and developments in the M&E field, because M&E is new competence (Gorgens & Kusek, 2009).

Schiavo- Campo (2005) states that M&E capacity improvement is required in four directions i.e. organisational capacity for adaptation and tailoring of M&E organisational architecture; institutional capacity that enable an organisation to move from less efficient to more efficient accountability incentives and rules; human capacity to provide the M&E staff with various skills to be able to perform their functions and Information and Communication Technology (ICT) capacity to assist organisation to utilise informatics for better and more timely information on the results.

2.9.1.3 M&E partnerships

The partnership in M&E involve groups of people, individuals or organisations who basically share the responsibility of the objectives of M&E in the organisation. The partners include staff members, NGOs, management, M&E champions, consultants, agencies and government departments. The United Nations Development Programme (UNDP (2002, p. 13) indicates the importance of the partnerships of M&E that “No development change is ever achieved in isolation” which has implications for organisations intending to implement the system of M&E. Gorgens & Kusek (2009) contend that the partnerships in M&E improve and increase participation, communication and accountability in different stakeholders involved in system of M&E; it helps to harmonise, simplify, and align the M&E, reporting procedures of civil society, government, private sector and development partners; it helps in mobilising the financial and technical support for implementing M&E system; it also helps in achieving the goals for effective implementation of M&E system, while partnerships improve and increase communications; mobilise the required financial and technical support; and harmonise and simplify M&E system.

2.9.2 Component relating to the use of M&E information for decision making

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

2.10 National Development Plan (NDP), vision 2030

According to National Development Plan (2011) South Africa's life expectancy should be around 70 years of age. An HIV free generation especially to the youth is also expected by 2030. A considerable amount of diseases should be reduced when compared to the previous two decades infant mortality rates should be 20 deaths per thousand births. There have been improvements in terms of efficiency, equity, effectiveness and quality of health care provision. In order to accomplish some of the above mentioned objectives, there should be a consistent use of Anti-Retro-Viral (ARVs) for all the HIV patients, pre-exposure of prophylaxis with ARVs should be universally available, microbicides should be available to all women 15 years and older as well as the consistent use of Condoms (National Development Plan, 2011).

NDP also indicates that mother to child transmission should drop below 2 percent nationally and the new HIV infections among young women between 15 and 24 years should be reduced to more than 4 times in the period approaching 2030. In order to monitor progress, realistic targets should be set by health authorities that will ensure that vision 2030 is reached. Furthermore,

vision 2030 also aims at improving Tuberculosis (TB) cure and prevention. It is aimed at reducing child and maternal mortality, reducing the prevalence of non-communicable chronic diseases by at least 28 percent. Vision 2030 also aims at reducing violence, accidents, and injury by 50 percent from 2010, complete health reforms, primary health care teams provide care to communities and families, health care coverage universally and filling posts with competent, skilled and committed employees (NDP, 2011).

2.11 Theoretical framework

2.11.1 New Public Management (NPM)

The theoretical framework for M&E subject area is on New Public Management (NPM). According to Vigoda (2003), the theory of NPM focus on an approach of public administration that employs experiences and knowledge acquired in business management and in other disciplines in order to improve the general performance of public services as well as improving efficiency and effectiveness in modern bureaucracies. The term “New Public Management” was coined in 1989 by Christopher Hood to denote “shifts from an emphasis on policy towards an emphasis on measurable performance and from reliance on bureaucracies toward loosely coupled quasi-autonomous units and competitively tendered services” (Lynn, 2006, p. 107).

According to Miller & Dunn (2006), the theory of NPM is related to the set of practical solutions and operating principles to the problems facing governments. NPM theory is relevant to public sector since its focus is on improving efficiency and effectiveness. It can be further argued that the system was introduced as a remedial action in fixing the broken system of government (Osborne & Gaebler, 1993). Furthermore, NPM promotes public and private sector management ideas with the aim of re-energising managers in the public sector by outlining the

mission in the public service comprising of high quality management derived from transferable good private sector practice (Osborne & Gaebler, 1993).

Adei & Badu (2006), emphasise that New Public Management theory has been in existence since 1980s as a new way of managing and studying public sector organisations. As a discipline and activity, it is different from traditional public administration, private or business management and public policy. NPM theory consist of techniques ranging from contracting out, decentralisation, privatisation, merit pay, partnerships and management by results and customer orientation. The success of NPM depend on government to move or shift from bureaucratic government towards entrepreneurial type of government (Adei & Badu, 2006).

Sharma (2006), point out NPM promotes de-bureaucratisation, innovation, flexibility, creation of an enabling environment for private enterprise growth, reliance on the private sector, and the use of different means other than public bureaucracy for service delivery. It is also argued that NPM put more focus on results, which is different from the traditional public administration process. For the purpose of the research, New Public Management (NPM) 's main focus is to highlight a new way of thinking or an approach that government should apply in the institutionalisation of its processes, programmes and its policies. Therefore, NPM is relevant and appropriate for the public sector as it proposes that government should be driven by their visions and missions of improving efficiency and its effectiveness.

2.11.2 New Public Management (NPM) critiques

Hood (2001), argue that New Public Management theory is the basic distinctions between themes and sorts of managerialism that scholars need to make as the government research deployed and the public sector reform movement was professionalised. Therefore, there is a need for more explanations to describe the technical and cultural variety of contemporary

managerialism and that led to a number of attempts to proclaim a move beyond NPM (Hood, 2001). It is further argued that NPM, is heavily based on private-sector management and business-school perspectives whose essential parts of reform has been postponed because of policy disaster. Advocates of NPM have a little impact on government effectiveness. In addition other scholars argue that the practice of NPM is institutionalised and do not displace elements of previous public management orthodoxies and it is sometimes characterised by Progressive Public Administration or PPA (Dunleavy, Margetts, Bastov & Tinkler, 2005).

Despite all the critiques mentioned above, the research acknowledges that the NPM theory was not discouraged as it continued to be utilised by various academics and practitioners alike. NPM is essential because it promoted or advocated for private and business management perspectives that are equally important in governments. It is further argued that NPM is important and relevant to the public sector as it enhances government to be driven by its visions, goals and missions in improving the efficiency and effectiveness. In this scenario Mpumalanga Department of Health adapted a new wave of thinking or result driven approach and plays a pivotal role in the implementation of processes, programmes and policies that are in one direction with the state or governments 's mission of improving its efficiency and effectiveness.

2.12 Conceptual framework

The study assesses human capacity for monitoring and evaluation in health centres in Mpumalanga province. In terms of the problem and knowledge gap, the literature search conducted by the researcher shows that there has not been many studies conducted on human capacity in monitoring and evaluation on health centres in Mpumalanga province. The literature search further shows that no studies were conducted on the assessment of human capacity in

Monitoring and evaluation of health centres in Mpumalanga province, which is the knowledge gap that the study attempted to address.

2.12.1 Monitoring and Evaluation (M&E) systems

M&E system is defined as a system that explains how the current M&E efforts of an organisation will be undertaken that include a definition of the responsibilities and roles of the members involved in performing and running the M&E systems. Experience has indicated that there is a number of generic system requirements for a functional M&E system. In order for the system to be significance, systems should be in place, the implementation aspects of M&E policies and strategies should be less complex. Global Fund (2009), states that associated performance goals and important dimensions in an M&E system can be summarised as follows:

Table 2: Components of M&E system (Global fund, 2009)

<p><i>Human capacity for M&E</i></p>	<ul style="list-style-type: none"> • Ensure adequate skilled human resources at all levels of the M&E system to ensure completion of all tasks defined in the annual M&E work plan. • This includes sufficient analytical capacity to use the data and produce relevant reports • Ensure that employee undergo training and development to familiarise themselves new
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	knowledge.
<i>National, multi-sectoral M&E plan</i>	<ul style="list-style-type: none"> • Develop and regularly update the national M&E plan, including identified data needs, national standardized indicators, data collection procedures and tools and roles and responsibilities for implementation
<i>Data dissemination and use</i>	<ul style="list-style-type: none"> • Disseminate and use data from the M&E system to guide the formulation of policy and the planning and improvement of programs
<i>Organisational with M&E functions</i>	<ul style="list-style-type: none"> • Establish and maintain a network of organisations responsible for M&E at the national, sub national and service delivery levels
<i>Evaluation and research</i>	<ul style="list-style-type: none"> • Identify evaluation and research questions, coordinate studies to meet the identified needs and enhance the use of evaluation and research findings

Presidential Review Commission PRC (1998), states that the importance of having M&E systems in place is that it assist in enabling an objective and systematic assessment of objective and

completed programmes, projects or policies as well as their implementation, design and the results. The main aim is to determine the fulfilment and relevance of policy or programme objectives, their effectiveness, efficiency and its sustainability. Scott and Joubert (2005), state that systematic evaluation mechanisms or programmes assist in providing the government with information useful and credible and incorporate lessons learned into the decision making process.

The sustainability of M&E system that can produce timely, relevant and trustworthy information of government s performance, private sector or civil society, policies and programmes requires overcoming M&E system challenges (Gorgens and Kusek, 2009). The system of the above implementation need an approach that is based on institutional capacity, skills and experience. Gorgens and Kusek (2009), argue that for M&E systems to be fully functional the following components should be taken into consideration. The components include routine monitoring; periodic surveys; structure and organisational alignment for M&E systems; database useful for M&E systems; functional M&E partnerships; human capacity for M&E systems; M&E work plans; using information to improve results; advocacy, communication and culture for M&E systems; supportive supervision and auditing; evaluation and research; and costed M&E work plans.

2.12.1.1 Human capacity in Monitoring and Evaluation systems

It is important to understand the capacity of people and the skills needed in the M&E system. In addition, the capacity gaps should be at the heart of M&E system. It is also important to focus on human capacity in order to improve M&E system as well improving the functioning of health centres in order to have an improved service delivery. M&E system should be designed in advance, skills requirements and human capacity development should be undertaken and

planned in advance before the system of M&E is resumed or undertaken (Gorgens & Kusek, 2009).

Human capacity is part of “people, partnerships and planning” the ring of the 12 components of an M&E system. Capacity is regarded as the ability to perform tasks in an effective, efficient and sustainable manner (Gorgens & Kusek, 2009). There are three (3) levels of organisational capacity. First level involves system capacity which refers to the system’s ability to deliver the objectives and goals of a process and it contributes towards fulfilling the objectives of an organisation. In a systems context, capacity is regarded as a set of entities that work together to accomplish a common purpose and in accordance with the rules and processes (Hopkins, 1994). According to the definition capacity is a continuous process, and that human resources are essential for capacity development, the overall context within which organisations performs their activities and functions are key considerations in capacity development strategies (Gorgens & Kusek, 2009).

The second level involves organisational capacity which refers to the capacity of the organisation and its processes to the goals of the organisation and development objectives. The third level involve individual human capacity refers to the individual ability to perform functions or tasks in an effective and efficient manner. It also involve the development of skills and appropriate use of professional, managerial and technical staff and volunteers. It is also involve identifying relevant personnel to be trained, providing an effective learning environment for education and training, in service and field supervision for continued transfer of skills and long-term mentoring (Lamprey, Zeitz, & Larivee, 2001).

2.12.1.2 The benefits and the element of human capacity as part of M&E systems

Gorgens & Kusek (2009) point out that M&E system do not function effectively without skilled personnel who can effectively execute the M&E activities. Therefore it is important to

understand the skills needed and the capacity of the people involved in the operationalisation of M&E system (by undertaking human capacity assessment and addressing the gaps (through structured capacity development programs) and is at the centre of the M&E system. The focus on human capacity is to improve M&E system. In an ideal scenario, M&E system should be designed in advance, skill requirements should be established and human capacity development should be planned and undertaken before the M&E system is implemented. In real life M&E skills in most instances are developed while M&E system is implemented. The interest of development partners in M&E has led to more funding in terms of M&E capacity development. Capacity development is central to accomplishing economic growth, equal opportunity, poverty reduction, bilateral and foundations and multilateral funding agencies have taken a new interest in this area (Gorgens & Kusek, 2009).

Mackay (2007) indicates that M&E systems may not operate or function effectively without the necessary personnel responsible for undertaking and performing M&E tasks for which they are responsible and it is also important to have well capacitated officials who are experienced and skilled in performing M&E activities. Capacity building plans should put more focus on provision of training in a range of M&E tools, concepts, approaches and the methods. It is important for the government and private sector organisations to ensure that officials performing M&E functions possess the necessary experience and skills necessary to manage and oversee monitoring and evaluations activities. It requires inclusive knowledge as well as the broader set of competencies than to simply perform monitoring and evaluations. Capacity building in M&E assist in raising awareness, as well as the demand for M&E information. Capacity building or training should also include the use of information for Monitoring and evaluation. There should be a clear understanding in terms of the limitations and strengths; the cost-effectiveness regarding the different types of M&E (Mackay, 2007).

There is a need for holistic M&E capacity development programmes that specifically focus on technical skills in enabling other components, especially managerial aspects of M&E systems. All officials in of the M&E unit should possess the necessary skills and competencies to be able to carry out their M&E activities (Gorgens & Kusek, 2009). Human resource capacity is an essential element of any well functional M&E system. Human resource skills ensure that the M&E systems at the different levels are present to ensure the completion of the different tasks defined in the annual M&E work plan. It further includes analytical capacity to use the information as well as producing relevant reports (Global fund, 2009).

According to Mackay (2007), Human capacity is one of the essential requirements of an effective M&E system. An effective and functional M&E system depends primarily on well-functioning human resources that keep the system running. Human capacity requires planning, design and developing tools, harmonisation, coordination, maintenance, implementation and utilisation of the products to enhance rational evidence, based decision making and results based management.

Human capacity of M&E system is considered as an essential part of people, partnerships and planning ring of the above mentioned 12 components of an effective M&E system. The roles and responsibilities of an effective M&E system of any organisation and its staff should be authorised and clearly defined, therefore it is important for M&E officials to possess the necessary competencies and skills to be able to carry out their tasks in an effective manner. Human capacity element basically refers to the ability to carry out the duties effective and efficient manner. As discussed above there are three elements of human capacity which is individual capacity, organisational capacity and the system capacity (Gorgens & Kusek, 2009).

2.12.2 Evaluation Capacity Building

With special emphasis on M&E systems and human capacity for M&E, therefore it is essential to focus on ECB. MacKay (2002: 83) defines ECB as “An organisation’s ability to bring about, align and sustain its objectives, structure, processes, culture, human capital and technology to produce evaluative knowledge that informs on-going practices and decision making in order to improve organisational effectiveness”. ECB is also defined as the building plans that provide improvement or training on a range of M&E tools, concepts, methods and approaches. ECB should ensure that knowledge from M&E is applied and it should encompass “a broad range of evaluative tools and approaches that include, but go beyond programme evaluation, capacity building being one step along a “results chain” (MacKay, 2002: 83).

Capacity is the ability of people, society and organisations in successfully managing their affairs. While organisational capacity is defined as the organisation’s capability to accomplish what it sets out to achieve. Furthermore the capacity of an individual or organisation is not stable it can change over time and it can be influenced internally and externally. Some of the changes occur randomly and are unplanned, for example when an organisation lose key staff members. Simister & Smith (2010) define capacity building as a deliberate process in which society, people and organisations create, maintain and strengthen capacity over time.

According to Boyne, Lemaire and Rist (1999), the reason government build evaluation systems is because of the belief that building such a system will improve the methods and means of governance. In addition, building capacity strengthens and enhances public sector performance management. According to Rist, Boily and Martin (2011), evaluation capacity can be assessed in terms of four dimensions which is institutional capacity, human capacity, technical capacity, and financial capital.

The study focused on Human Capital or Capacity and its relevance to the study. Human capacity is essential because M&E unit of the Mpumalanga Department of Health is under staffed and

experiences a mismatch in terms of personnel responsible for the execution of M&E activities. The dimension has been challenged due to the lack of a functional M&E unit as well as poor functioning of health centres in the province. Rist, Boily and Martin (2011) argue that human capacity is pivotal in order to produce M&E results. There is also a need to have good capacity in terms of the quality and quantity of human resources, M&E staff within the department and those from outside the organisations. Furthermore, proper experience and training is needed to ensure effective M&E system. It is also essential to have good human resource management in order to ensure stability in terms M&E personnel through retention, including implementation of measures for example individual incentives and tailor made career paths (Rist et al, 2011).

CHAPTER 3: RESEARCH METHODOLOGY

This chapter introduces the project's research strategy, design, procedure and the methods. It also discusses ethical considerations.

3.1 Research strategy

The objective of the research was to assess human capacity in monitoring and evaluation systems of health centres in the Mpumalanga Department of Health. Monitoring and Evaluation was introduced by the South African government with the aim of tracking the performance across government spheres. In health, M&E is used to complement certain processes such as service delivery, accountability and decision making. M&E was introduced to solve various problems that exist in health centres. The problems include longer waiting hours for patients, shortage of medication, and shortage of staff. It was also introduced to ensure that issues relating to poor infrastructure in various health centres are reported to the provincial office for decision making.

The research approach that was used in the study is qualitative research as it gives provision to systematic in-depth inquiry. Johnson (2010) elaborates on the importance of using qualitative research while also warning researchers to avoid being biased when applying qualitative research methods. In addition, it was indicated that qualitative data can be misinterpreted; therefore it is important to avoid biased interpretation.

The study employed a qualitative research approach, drawing on document analysis and in-depth interviews providing data that is based on meaning, values, the insights as well as the holistic views to the research questions (Neuman, 2006). The documents range from policies and legislation; training and research records, organograms, annual reports, training and research records, and provincial strategic plans for MDoH (Neuman, 2006).

3.2 Research design

Bryman (2012) describes research design as the framework of how data should be collected and analysed. Research design also reflects on certain decisions about priority given to the dimension of the research process. The main aim of the research design was to assist me to be able to conduct the research in a way that the research questions and objectives are addressed. Babbie and Mouton (2005) state that the research design focuses on research techniques, procedures and methods used in the implementation process of the research design. Babbie and Mouton (1998, as cited in Salie and Schlechter, 2012), state that descriptive research is the measurement and reporting of the characteristics of some of the population or the phenomenon under study. It is against this background that this study was conducted within the qualitative research paradigm.

3.3 Research procedure and methods

3.3.1 Data collection instrument

Bryman (2012) states that the research data collection instrument is a tool used to collect data from the research population sample in order to respond to the research questions presented together with the research problem statement. It is considered important to any research study and requires careful consideration from the researcher.

Ahuja (2001) further alludes that there are two functions of interviews as data collection instruments, which are to explore and describe the issue related to a problem. In light of the research purpose and its exploratory nature, semi-structured interviews were chosen as to assess human capacity in monitoring and evaluation systems of health centres in Mpumalanga Department of Health.

The interview schedule used open-ended questions. The interview guide was designed in English because most of the participants are professionals working in the Mpumalanga department of health. However, questions were also translated into Siswati and Xitsonga to cater for those who were inclined to answer in one of those languages. The advantage of conducting semi-structured interviews was to give me a chance to make follow up in clarity seeking questions and allowed the participants to answer questions in their own way.

3.3.2 Target population and sampling

Babbie & Mouton (2011) state that target population is a “theoretically specified aggregation of study elements or the object of study”; while Grove, Burns & Gray (2013) regard target population as the set of individuals that meet particular criteria for sampling. McBurney (2001) defines population as the sampling frame. Population is also defined as either elements or people that satisfy the researcher’s study criteria. According to Brink, Van Der Walt and Van Rensburg's (2009) research population is the total number of objects or people, which are of interest in the collection of data. Wagner, Kawulich and Garner (2012) further define a population as the group of individuals or units of analysis. Bryman (2012) refers to population as the universe of units on which the sample is derived from. It can also be in the form of individuals or organisations or a community or a programme

Cresswell (2013) defines sampling as a process whereby a researcher chooses a sub-set of the entire population to participate in the research study. The sub-set is chosen carefully in order to represent the characteristics of the total population in the same proportions and relationships. Bryman (2012) concurs with Creswell in describing and defining sampling as an exercise that selects a certain segment of a population by using a specific method in the selection.

Mbombela Municipality is one of the main municipalities in Mpumalanga province. Other municipalities include Bushbuckridge municipality, Nkangala municipality and Gert Sibande district etc. The sampling frame for this study consisted of Mpumalanga Department of Health provincial head office, clinics and community health centres. Wagner, Kawulich and Garner (2012) indicate that qualitative research is not prescriptive in nature and the methods are often unique to a particular study. Qualitative research usually consists of a smaller sample size and it allows for deeper and rich data collected from the participants. Sample is defined as the “group of participants, situations or treatments selected from a larger population” (Thomas, Nelson & Silverman, 2011). Purposive sampling strategy is usually applied in qualitative research in which participants are selected based on the research question (Bryman, 2012). The findings of purposive samplings cannot be generalised to broader population.

It is against this background that the study used purposive sampling method to select participants in the Mpumalanga Department of Health that participated in the study. The participants included managers and other officials working in monitoring and evaluation unit. The sample consisted of staff working in clinics and community health centres in the Mbombela Municipality. The sampling technique assumed that M&E managers and officials working in various health centres will provide rich information necessary to gain understanding of human capacity and M&E systems in the Mpumalanga Department of Health. The study was conducted in three (3) health centres based in the Mbombela Municipality, Mpumalanga Department of Health provincial head office and other districts within the Municipality. All officials working in the Mpumalanga Department of Health provincial M&E unit were interviewed.

3.3.3 Data collection

Bryman (2012) states that research data collection is a tool used by the researcher to collect data from the research population sample in order to respond to the research question presented with the research problem statement. Mouton (2001) states that it is impossible to anticipate all the potential obstacles when undertaking qualitative research. According Mouton (2001) the researcher must allocate enough time to cover for the unexpected events. For example, accessing research participants can be problematic. Mouton (2001) further argues that given the challenges that arise when collecting data, time allocated to conduct the research should be presented in broad terms. I used the following timeline in collecting and writing up data.

- a) Data collection: approximately 1 month (September to October 2016)
- b) Capturing and transcribing: 1 month (October to November 2016)
- c) Data analysis and interpretation of data: 2 months (November to December 2016)
- d) Integrating results and writing the final research report: 3 months (January to March 2017).
- e) Submission of final research report (March 2017).

Before interviews were conducted, I made telephone calls to organisations in order to set up dates for appointment on which interviews were conducted. One-on-one interviews were conducted to increase independency of the responses as well as giving freedom to participants to express their views. Once the date and time was set and confirmed, I conducted pre-test interviews with a few officials from Mpumalanga Department of Social Development (MDSD) under Monitoring and Evaluation unit. These pre-test interviews helped to test some of the questions and practice sequence and formulation of questions before the actual interviews within the MDoH took place.

During the interviews I took field notes and I also used a voice recorder that assisted me to compare data used to discuss research findings, analysis and interpretation. Interviews were carried out in the Mpumalanga Department of Health provincial head office, district offices and health centres in Mbombela Municipality. Interviews were conducted with individuals in the following sites:

- Mpumalanga Department of Health (Provincial head office)
- Ehlanzeni district health office
- Jerusalem Clinic (Jerusalem)
- Manzini Clinic (Manzini)

3.3.4 Data processing and analysis

Bryman (2012) indicates that data analysis involves the analysis, management and the interpretation of data. It is also described as the fundamental phase where the large amount of data is reduced in order to make sense of the information; it is also an analysis of secondary and primary data (Bryman, 2012). Qualitative data analysis takes the form of unstructured, narrative materials, such as verbatim dialogue between the participant and interviewer (Polit & Beck, 2008). Data analysis transforms data into findings, involving reducing the volume of raw information, identifying significant patterns, shifting significance from trivia and constructing a framework. The purpose of data analysis is to bring structure, order and meaning to the mass data collection (De vos, 2011).

I then followed Mouton's (2001) explanation that in order to start final data analysis, material from all interviews that speaks to the concept or theme must be placed in one category. Materials from categories were compared to look for similarities or variations in meanings. I then made a

comparison across different categories in discovering connections between themes. When consensus between themes emerged, a coding list was designed to develop final themes. The goal was to integrate concepts and themes into a theory that offers an accurate and detailed interpretation of the research area.

3.3.5 Ethical considerations

Bryman (2012), Ogletree and Kawulich (2012), and Cresswell (2013) all have an agreement that ethical issues need to be anticipated and carefully considered during the research process, starting from its design to its implementation until the final report write-up. The research involved individuals that responded to interview questions. Participants required some sort of protection from physical or emotional harm that might have emanated during the research process. The protection includes ensuring that the data gathered during the research process is protected and anonymised as far as possible.

Bryman (2012), Ogletree and Kawulich (2012), and Cresswell (2013) are all of the same view that there are specific ethical issues that need special consideration, including obtaining informed consent from the research participants, assuring confidentiality of participants' information, avoiding deception, as well as avoiding any harm towards the participants and recognition of gate keeping tendencies (Ogletree& Kawulich, 2012). Ethical considerations include informed consent, anonymity and confidentiality, voluntary participation and privacy (De Vos, Strydom, Fouché & Delpont, 2004). Fraenkel and Wallen (2009) further state that the participants should be informed on how the information or data they provide will be stored and utilised as well as how their confidentiality and privacy will be assured. Polit and Beck (2012) define confidentiality as the agreement with the researcher regarding what should be done with the data collected from the participant, as well as not revealing the participant's identity to anyone except to the researcher or the staff.

It is against this background that approval to conduct research in Mpumalanga Department of Health was obtained from the Head of Department (HOD) in line with policies of the organisation. I obtained ethical clearance from the ethics committee of the University of Witwatersrand before proceeding with the research. Permission to conduct the study was requested from the management of the provincial head office, district health offices, clinics and Community Health Centres (CHC). It should be noted that during the research process no deception of any kind was used in conducting the research study. A letter that confirms that the research study was a compulsory requirement in fulfilling the requirements of the Master's Degree in Management was secured from the Wits School of Governance. The letter provided the participants with my contact details and those of my supervisor for any enquiries that emanated throughout the research process.

The information received from the participants is kept securely. Participation in the research study was voluntary and the participants had the right to withdraw at any given point. Furthermore, participants were protected from any harm from the research study, both emotionally and physically.

Face to face interviews were conducted in the research study regarding the assessment of human capacity in the MDoH. I used a voice recorder as a backup to the answers captured during the interviews.

I complied with the following ethical considerations during the entire research project. I ensured participants of their anonymity and confidentiality before they participated in the research study. I obtained permission from the Mpumalanga Department of Health before undertaking the study. I also obtained permission from the participants if they were willing to take part or participate in the study. I did not manipulate the research information and the findings for any political or personal reasons. I did not deceive the participants and Mpumalanga Department of

Health with regard to the reasons why the study is undertaken. Finally, I also explained to the participants that research is for academic purposes only.

3.3.6 Research limitations

Qualitative research draws its strength from the richness and depth of the collected data. Data presented in this research is therefore rooted in the subjective perceptions and experiences of those interviewed. However, efforts were made to interview a large enough group of participants, all of whom have relevant, first-hand experience with M&E practice within the MDoH.

As with other qualitative research, research findings from this study are not generalizable but speak to the specific context of M&E in the sampled geographical boundaries within the Mpumalanga Province. Nonetheless, lessons can be learned from data presented in this study, which may be relevant to other similar or comparable contexts.

CHAPTER 4: PRESENTATION OF FINDINGS

4.1 Introduction

The aim of this chapter is to present the findings gathered regarding human capacity for monitoring and evaluation of health centres in Mpumalanga Department of Health (MDoH). It is worth noting that these are the viewpoints of the participants and how they have responded to the questions. Questions were asked in English, Siswati and Xitsonga to accommodate those who felt uncomfortable conversing in English. The discussion in this chapter was based on interviews with 12 participants, in which one participant is an M&E data management specialist from Right to Care and the other eleven participants are working under M&E unit.

4.2 Presentation of findings

As it was discussed previously, I used semi-structured interviews as the method of data collection. M&E officials at Mpumalanga Department of Health provincial head office and sub-district office were interviewed to gather information regarding the problem. In this chapter findings were presented in themes. The aim of the research was to outline the challenges faced by the Department of Health M&E unit. The themes identified comprise of (i) Human Resource and other technical skills, (ii) challenges arising from limited budget allocations to perform M&E activities, and (iii) obstacles arising around cooperation between the department and other stakeholders. In addition to the literature, the interviews were aimed at capturing responses with regard to establishing whether MDoH is aware of the importance of M&E systems, human capacity and capacity building initiatives in constructing a well-functioning M&E system.

A total number of 12 participants took part in my research study. Eleven of these work for the Mpumalanga Department of Health (MDoH) and one work for Right to Care data management unit. Right to Care provides technical assistance to Mpumalanga Department of Health, it also

support department of health initiatives such as medical male circumcision, monitoring and evaluation initiatives, and data management. Right to care also assist in treating patients with HIV, TB, cervical cancer, and Sexual Transmitted Infections. Therefore it was considered appropriate to interview an official from Right to Care M&E unit because of the technical assistance it provides in Monitoring and Evaluation and data management. Six participants are from the M&E unit, two are from human resource recruitment unit, three participants include two operational managers and one data capture from two health centres i.e. Jerusalem and Manzini Clinic and the last participant is from Right to Care. These participants were selected as they are best suited to provide data that is relevant to the research question.

Participants demonstrated a strong knowledge in M&E, while others indicated lack of knowledge regarding the concept of M&E – which in itself is a relevant finding, considering the fact that as M&E officers they perform M&E functions. The remainder of this chapter discussed the findings with regard to the identified three themes. The table below illustrates the participants’ no, current position, sex, and years of experience.

Table 3: Summary of the participant’s information

Participant No	Position	Sex	Years of experience in M&E or/ HR and health facilities
1	Admin Officer M&E	Female	3
2	Acting Deputy Director M&E	Male	4

3	Human Resource Officer	Male	Not disclosed
4	Human Resource Manager	Male	Not disclosed
5	Information Management Manager	Female	7
6	Manager M&E	Female	9
7	Information Management Officer	Male	3
8	Director Monitoring and Evaluation	Male	9
9	Data specialist M&E	Male	5
10	Operational Manager (Clinic A)	Female	27
11	Operational Manager (Clinic B)	Female	30
12	Data Capturer	Male	2

Participant 3 and 4 did not feel comfortable in disclosing their years of experience; hence their years of experience are not included in the above table.

Mpumalanga Department of Health consist of 3 districts which is Ehlanzeni, Gert Sibande and Nkangala District. The overall number of health facilities across the province equals to 297. Data collection was only conducted in one district which is (Ehlanzeni). The reason for the omission of other districts is shortage of time available to conduct the research. The table below illustrates the total number of MDoH health facilities per district. Of these, three were selected in the Ehlanzeni district.

Table 4: MDoH Health Facilities

Districts	No of health facilities
Ehlanzeni	131
Gert Sibande	78
Nkangala	88

4.2.1 Human Resource and other technical skills

The aim of this theme was to establish the level of human resource capacity experienced in the M&E unit in the Mpumalanga Department of Health (MDoH). The underlying question under here is “How do current levels of human capacity speak to the competencies required? “The focus hence is on existing capacity and capacity gaps as well as recent and current capacity building initiatives.

4.2.1.1 Existing capacity and capacity gaps

Six out of the twelve officials interviewed indicated that they have been working in the M&E unit for more than three years, but acknowledged that they are not getting enough support from the top management in terms of resource allocation. Participant 2, who is an acting deputy director M&E, pointed out that he is one of the officials in the department that played an instrumental role in establishing the M&E unit in the department. In consideration of that experience, he also highlighted the fact that gaps remain in terms of developing a well-functioning M&E unit in the Mpumalanga Department of Health (MDoH). Participant 2 highlighted the following:

“I have been working under monitoring and evaluation unit for more than 3 years which has been quite challenging in terms of insufficient resource allocation, human resource and lack of branch prioritisation, but on the positive side, I can gladly say I am part of the few officials who started with M&E branch, I also played a part in developing and drafting Mpumalanga Department of Health M&E Framework” (P2, September 26, 2016).

Besides experiencing challenges in terms of resource allocation, participant 2 did not shy away from raising his concern with regards to his wish of being permanently appointed to the post that he is currently occupying. He also indicated that the non-permanence of his appointment discourages him sometimes, but hoped that one day things will fall into place. He further stated that:

“I have been acting as deputy director for quite a while now, although I don’t find the reasons why my post has not been permanently filled by now, but I am hoping that the post will be permanently filled in due course. It is sometimes discouraging, but I don’t let that interfere with my duties” (P2, September 26, 2016).

Participant 7, an information management officer with three years of experience, concurred with participant 2 as he was also frustrated with the fact that he has been acting in a funded post for a period of 3 years, yet no efforts have been taken in appointing him permanently. He further indicates that the matter has been dragging on for quite some time. He states that:

“I have been acting in my position for a period of three years, what I don’t understand is that my post is funded, but why it is difficult to permanently appoint me in the post. When I try to raise my concern I am always told that my concern will be addressed. I have given up in following the matter” (P7, October 17, 2016).

Participant 8 just joined the department at the beginning of August 2016 as director for M&E. He has a degree in Medical Science, Master’s Degree in Public Health, and short course in M&E with the University of Pretoria. He previously served as a Deputy Director monitoring and evaluation at Gauteng Department of Health. Overall he brings a wealth of experience, rooted in nine years of M&E related practice, to the department, which he is hoping to put to good use in improving the Mpumalanga Department of Health's M&E work. He alluded that:

“I recently joined the Mpumalanga department of Health on the 1st of August 2016, from Gauteng Department of Health. I have 9 years’ experience in Monitoring and evaluation and I served at Gauteng Department of Health in Gauteng as Deputy Director under M&E unit. The unit is a bit disjointed when compared to where I previously worked, but I will work with the team in trying to change the situation” (P8, October 05, 2016).

Participant 5, currently an information management officer with seven years of related experience, suggested that the shortage of resources, including human capacity, in the department is one of the stumbling blocks that affect her daily activities. She further stressed that she is sharing an office with the M&E manager, and another two information officers, which

makes it difficult for her, she says, to perform her duties in an effective and efficient manner. Participant 5 also spoke of a shortage of transport to conduct site visits in the health facilities, which affects the functioning of the unit. She points out that:

“There is also a shortage of information officers in our unit, which often forces me to multitask in order to meet the set targets” (P5, September 30, 2016).

She further pointed out that:

“We are not getting enough human and financial resources in my unit, as you can see I am sharing an office space with my staff, my other staff doesn’t have a computer to work with data, which forces me to do her duties, we are also understaffed as you can see my table is overflowing with the activities that need to be completed before the end of the day” (P5, September 30, 2016).

In essence, concerns were raised by some participants who felt that they have been acting in their positions for a long time and steps need to be taken to ensure that they are permanently employed. Another major concern raised across the responses is that there are no initiatives that have been put in place in order to bring experienced staff into the M&E unit. In addition, concerns were also raised by one o participant regarding the shortage of resources i.e. financial and human resources in the department. The shortage ranges from lack of office space on one hand to transport on the other, to conduct site visits to the health facilities. Frustrations among participants are obvious, with a strong view that their superiors do too little to mitigate the challenges described.

The interviews also sought to determine whether officials in the M&E unit have the necessary skills and expertise to perform their duties. Most participants suggested that they have sufficient experience to work in the MDoH M&E unit. However, interviews have shown that a number of

them do not have relevant qualifications in Monitoring and Evaluation. Some have indicated that they are planning to enrol with institutions that offer M&E as an academic field of study. Seven (7) participants were of the opinion that they have enough experience working under M&E unit. However two (2) participants do not have relevant qualifications in M&E because as they emphasise, it is a new competence. To improve their knowledge and skills, two (2) participants indicated that they are planning to enrol with institutions that offer M&E as an academic competence.

The reason for the lack of knowledge to M&E participants is that M&E unit in the MDoH was recently established and most of the staff has not yet undergone training on it. To support this, one of the senior M&E official indicated that when he came to the M&E unit he only had an IT background; however, he made efforts in acquiring the skills needed to perform M&E functions. He further indicated that he played a major role in drafting of the current Mpumalanga Department of Health M&E Framework. The M&E manager also has a wealth of experience in M&E, having previously worked as a manager for M&E for a Non-Profit Organisation for nine years. The director for M&E, too, gathered significant experience in the past, when working for the National Department of Health and Gauteng Department of Health for nine years.

Participant 2, currently acting as deputy director for M&E, indicated the importance of adjusting in any situation. He further stressed that when he came on board he had to use his Information Technology qualification in the M&E unit. He completed and benefited from some short courses in M&E in order to gather new knowledge and skills. He stated that:

“I have been working in the Mpumalanga Department of Health Monitoring and Evaluation unit since its inception. I also played a pivotal role in compiling the departmental M&E framework. When I first started working in the unit I only had an IT qualification and that was 4 years ago, you can imagine how difficult it is was to move

from IT background to a totally different discipline without the necessary expertise, but with discipline and dedication I registered for short courses in M&E and that has helped me to adjust” (Participant 2, September 26, 2016).

Participant 2 also stressed that the shortage of staff in the district offices to do M&E activities critically affect the functioning of the health centres. He further states that:

“It is also difficult to work in the unit due to shortage of staff, we have been understaffed for more than 3 years now, we do not have staff in the district offices to do site visits, which often forces us to multi task so that issues facing the health facilities can be addressed”(Participant 2, September 26, 2016).

Participant 2 also posits that officials who could not find placements in other units are placed in the M&E unit:

“M&E unit is basically the dumping side of the MDoH, officials who could not be placed in the other units are basically placed in the M&E unit. Not only officials who could not be placed in other units are placed in the M&E unit, but also those who are less favourable, are dumped in our unit” (P2, September 26, 2016).

When discussing the role that previous experience plays, participant 6, with nine years of experience highlighted how her background was really helping her succeed in performing her duties. At the same time she acknowledged that there is not enough human and financial support in the M&E unit, but they have been doing well under prevailing circumstances. Participant 6 who is an M&E manager indicated that;

“Before I was employed by the Mpumalanga Department of Health as M&E manager I worked at Khethimpilo as a provincial M&E manager and that’s where I gathered

enough experience in M&E. What I can guarantee you is that if we had enough human and financial support we could have been far by now. However we are unable to perform our duties to the maximum level; we are constantly deprived of financial and human resources to perform our duties, for example we don't have permanent transport to conduct site visits to health facilities”(P6, September 30, 2016).

The overall findings of the study suggest participants working in the M&E unit experience difficulty in performing their duties due to lack of human and financial support.

4.2.1.2 Capacity building initiatives

The interviews also sought to identify what capacity building initiatives participants have recently or are currently participating in, as well as discussing the qualifications that participants brought to their job when appointed. Participants stressed that M&E has recently been established, and that not many institutions offer M&E as an area of study. Nevertheless, four (4) of them admitted to having been exposed to different M&E workshops, while two (2) have not done any short course in M&E.

Participant 2 is of the view that he has come a long way in making the M&E unit work in the department. He lamented, however, that M&E is not viewed as a priority in the department, which makes it difficult to carry out the duties on a daily basis. He pointed out that:

“When I came into the section there was no M&E director for a period of 3 years, with no prioritised budget. But me and my colleagues managed to build the unit; however there is still a lot to be done in ensuring that a well-functioning M&E is established”(P2, September 26, 2016).

The same participant also shared his view that there are no efforts made by the department to capacitate its members. He described how, whenever the unit tries to submit their budget they are told that there is no budget available to the unit. He states that:

“We always submit our budget on the things we need to do every financial year, but we always get the same response: that there is no budget for M&E. As a unit we continuously rely on other units, we have also tried to request funds to undertake capacity building initiatives but the response has always been the same, that there is no budget. I cannot even tell you when last our staff went for skills development workshop” (P2, September 26, 2016).

Participant 1 expressed how she is working in the M&E unit with a human resource qualification. She was adamant that she is planning to enrol for short courses in M&E so that she can gather knowledge on how to perform her duties. She also admitted that it is sometimes stressful to be doing M&E functions without the relevant M&E qualifications. She stated that:

“It is quite a challenge doing M&E activities without the relevant qualifications as there is a lot of things that need M&E knowledge, skills and expertise”(P1, September 26, 2016).

Participant 6, on the other hand, is one of the few participants who had a significant amount of experience, and she has various qualifications in M&E and in other disciplines. In addition, her previous experience has really assisted her, she says, in carrying out her duties. She states that:

“Over the years I have acquired qualifications in the following areas of study i.e. Human Resource Management, Monitoring and Evaluation and a certificate in management just to mention few of my qualifications. It also takes a lot of hard work and dedication to

master my job. Remember, M&E is a new area of work, so there is so much chopping and changing; it is also difficult since we are not getting enough capacity building workshops”(P6, September 30, 2016).

Hence, despite her vast experience and relevant qualifications, participants 6 see a need to advance her knowledge and skills around M&E requirements on a continuous basis. Participant 6 indicated that she grabs each opportunity that comes her way in terms of advancing her expertise. Over the past years, she managed to empower herself through attending various M&E courses with various institutions that offer M&E programmes. She states that:

“I am one of the privileged officials in the department who managed to attend various short courses in M&E over the years. However nothing has happened in the last financial year; all our requests for funding have been put on hold due to budget shortfall” (P6, September 30, 2016).

Concerns raised by the participants are that M&E is not prioritised in the department, and that there is no specific budget allocated for capacity building courses. It was also raised by the participants that M&E unit should be recognised and be allocated funds in order to send M&E officials to study advanced M&E courses.

Participant 2 emphasised that M&E is not taken into cognisance in the department. In the past our unit worked with people without relevant qualifications and experience, which made our jobs hard. He pointed out that:

“Those who could not find a place in other units were placed in our unit, as to create employment for them, without considering the skills and expertise needed to perform M&E activities. Another major reason that made it difficult for M&E unit to be

prioritised is that those in charge in the department have limited knowledge regarding M&E so they do not see it as a necessity to employ qualified staff to work in the unit. It is worth noting that this year a number of changes have taken place in order to strengthen the M&E unit, recently a qualified M&E director was appointed, and other supporting M&E posts were advertised” (P2, September 26, 2016).

Officials were also asked to discuss issues regarding capacity building courses that they attended in the past. In line with this question, most of the participants agreed that they have not engaged in any M&E training since the beginning of 2016. However, some participants agreed that they only attended short courses in M&E with universities that offer M&E programmes. The participants indicated that the courses really assisted them because they have acquired new knowledge and skills needed to perform M&E activities. They also understand that M&E as an area of work across the South African government landscape which is constantly evolving. They therefore see the necessity to be up to date with new developments happening in the M&E field. The participants indicated that they really benefited from attending the capacity building courses and/or short courses in M&E and they have had a direct impact on how they carry out their M&E duties.

Participant 8 explained that the shortage of budget in the unit affects the normal functioning of the unit. He emphasised that in the light of limited training within the department itself, institutions such as Right to Care do assist with training. He states that:

“If my memory serves me well I last attended a Capacity building course five years ago; since then we have been struggling to get funding. We now rely on other departments or private institutions to invite us for training” (P8, October 5, 2016).

Participant 6 sketched a similar scenario, by pointing out how frustrating it is to work under M&E unit due to lack of support. He indicated that some of the managers from other units do not take the importance of the M&E unit into consideration, that's why the unit continues to struggle with regard to budget allocation to execute its task. Participant 6 states that:

“Another frustrating factor is that there is no initiative taken by the managers to ensure that M&E officials undergo proper training and development to familiarise themselves with some of the concepts of M&E or what M&E entails. It is difficult to work in the M&E unit because there is not enough support given to us employees to execute our tasks” (P6, September 30, 2016).

There is a certain level of agreement by the participants that capacity building courses are not prioritised by the department. They also acknowledged that M&E is a new domain of work within the government arena, and academic programmes specifically speaking to M&E are hard to come by. As participant 5 highlighted:

“It is well known that M&E is a new competence, therefore only few institutions offer; M&E as an academic competence. I have attended a short course in M&E with the University of Pretoria and with Rhodes University, but I have to admit that capacity building courses are hard to come by in the unit, since M&E is not prioritised in the unit” (P5, September 30, 2016).

Participant 2 indicated that besides the challenge in attending capacity building courses, he was a bit fortunate to attend few courses in M&E with various institutions that offer M&E

programmes. At the same time he also acknowledged that there is a challenge of funds in the M&E unit. He states that:

“I have attended a short course in M&E with the University of Pretoria, M&E short course with the University of North West. The courses include theory of change, concepts of M&E, and the importance of reporting and developing indicators. I also attended courses in presentations skills, health issues and lastly I have attended a short course in understanding indicators. Overall it is increasingly difficult to undergo M&E training in the unit due to financial constraints” (P2, September 26, 2016).

Participant 2 emphasised that the provincial mandate that clearly states that no vacancies should be filled in the department. He suggested that:

“Overall it is increasingly difficult to undergo M&E training in the unit due to financial constraints. One major factor that prevents the filling of vacancies is the provincial moratorium which prevents the filling of vacancies in the department. The mandate clearly state that no vacancies will be filled for a period of 3 years” (P2, September 26, 2016).

In contrast with the above responses, participant 10 and 11 agreed that M&E courses are only held when there is a demand and a need to do so, as opposed to a regular approach to building and maintaining capacity. Participant 10, an operational manager, felt that capacity building initiatives should be included in the M&E strategic plan. Similarly, participant 11 argued that the budget is only allocated when there is a need to capacitate certain individuals in the institution. She states that:

“There is no specific budget allocated for any capacity building course, it depends on the individual's need and whether the course is beneficial or not, if there is a need then an official is capacitated”(P11, October 17,2016).

Some participants also reported on the shortage of vacancies, whereby participants indicated that there is a shortage of staff in the M&E unit. From the gathered responses, most participants agreed that M&E is not prioritised in the departmental budget which affects the functioning of the unit. The participants also agreed that if a budget is allocated to the unit it was going to be easy to fill the vacancies M&E unit.

Participant 2 alluded that there are only three M&E officials in the provincial head office, which, he says, makes it difficult to carry out some duties. The official further explained that he is expected to do fieldwork and also perform office work which include consolidation of all M&E reports. Participant 6 indicated that whenever the point of vacant posts is raised, she is told that there is no budget. She indicated that the working conditions are unfriendly, as she is sharing an office space with other four officials. Participants indicated that there are no M&E field workers responsible for site visits in the health facilities.

Participant 2 suggested that some of the challenges faced by the unit in the filling of vacancies are caused by the provincial moratorium whereby the department prioritised the filling of certain posts such as doctors and nurses. He stated that:

“Both the funded and non-funded posts have not been filled; the provincial moratorium across all the departments in Mpumalanga also affects the filling of vacancies, as the mandate clearly state that only critical posts should be filled” (P2, September 26, 2016).

4.2.2 Shortage of Budget to perform M&E activities

Participants repeatedly reported on budget constraints contributing to challenges within the M&E unit. Participant 1 who is an Admin Officer M&E agreed with participant 2 that they find it hard to conduct skills development for their employees due to budget shortfall. She indicates that:

“Our unit is always not prioritised whenever we try to request a budget; we are told that there are no funds that will be made available due to the provincial moratorium and that they need to perform under those prevailing circumstances” (P1, September 26, 2016).

Participant 5, and M&E manager, argued that the information management and M&E units do not receive enough attention when compared to other units; managers only remember that there is an M&E unit, when they are in need of certain reports needed by political principals to be able to make certain decisions. Participant 5 also indicated that managers from other units do not see the importance of M&E in the department and that that makes it difficult to prioritise the unit. She indicated that it has become a norm for the M&E unit to rely on other units in terms of budget. The participant believes that it will take time for M&E to be at the centre stage because of ignorance from other unit managers. She also stated that:

“M&E is not considered important in this department; hence no budget is allocated for skills development of employees in the department. It’s more than a year now since we went for skills training workshop in the unit, and overall M&E is not receiving equal treatment when compared to other units when it comes to budget allocations”(P5, September 30, 2016).

Participant 5 further emphasised the important role played by M&E unit in the department and how the shortage of budget has affected the normal functioning of the unit. She states that:

“M&E is continuously been treated as a non-existing unit in the department. In reality M&E is supposed to be the central part of the whole department: according to me all government departments should have M&E units. M&E plays an important role in improving public service delivery. M&E unit in the MDoH depends on other unit’s s budgets to perform their activities, no budget has been set aside to perform M&E activities over the years and it has become increasingly difficult to implement and execute our plans”. (P5, September 30, 2016)

Participant 6 pointed out that the challenges affecting M&E unit are that M&E is a new competence, and that only few officials have qualifications in it. However, participant 6 acknowledged that there is still a lot of work to be done in ensuring that M&E is fully functional. She stated that:

“One major reason that causes M&E to be dysfunctional in the department it’s the fact that it is a new competence and that a lot of officials including Managers and Politicians have not received any workshop on what M&E entails, what role it is playing, why is it needed; why should it be linked to other units” (P6, September 30, 2016).

Participant 6 concurs with participant 5 in that the provincial moratorium affects the normal functioning of the unit. Like some participants, she indicated that the shortage of budget affects the normal functioning of the unit. She clearly stated that:

“It’s difficult to conduct capacity building courses on a regular basis, due to insufficient funding that is given to M&E unit. The ongoing moratorium in the province has affected

our performance, because most of the work that we do on a regular basis requires money” (P6, September 30, 2016).

Respondents also pointed to what they considered a significant lack of understanding of the role of M&E amongst senior management. This was emphasised by participant 6 when she shared:

“Over the years we have tried to reflect the importance of M&E by drafting the reasons why M&E should be a priority in the department, but we are continuously being ignored. But surprisingly the same managers that are not taking M&E as an existing unit, continuously request M&E information when they have to report to the politicians. When we raise the issue of budget we are being told to produce results with the little resources that we have at our disposal” (P6, September 30, 2016).

A similar disregard for the role that M&E plays within the department is apparent when the acting deputy director, who himself was moved to the M&E unit with a background in information technology, states that:

“The lack of knowledge by some managers affects the normal functioning of the M&E unit. Some of the budget that is supposed to fund M&E activities is used to pay staff that doesn’t qualify to work in the unit. When we present our budget we are told that there is no budget, while they also expect us to perform our duties in an effective manner under such difficult circumstances” (P2, September 26, 2016).

Overall, the discussions with the participants indicate that the importance of M&E in the department is not reflected in the budget allocation. In consideration of the responses M&E is ignored because it is not well understood among senior staff as it is a new competence.

4.2.3 Lack of co-operation between M&E and other stakeholders

The interviews also sought to explore the level of cooperation with partners and other relevant stakeholders around the department's M&E work. The participant's responses clearly indicate lack of cooperation between M&E and other units or departments. The responses indicate that the unit has not been working closely with other departments.

Participant 6, an M&E manager, pointed out that lack of knowledge of what M&E entails is one of the contributing factors that cause M&E to be continuously overlooked. She asks:

“How can the unit be prioritised if the other managers from other units do not know what M&E entails? I can assure you that it was going to be better if they had a good background of what M&E entails, but now our unit is treated as a non-existing unit – that's why there is no budget reserved for M&E unit in every financial year. We continuously depend on other units for budget allocation” (P6, September 30, 2016).

In addition, participant 1, an Admin officer M&E, could not tell which departments are in collaboration with their M&E unit. She postulated that:

“Since I started working for M&E unit in the department I don't remember our unit collaborating with other departments regarding the execution of M&E activities. I have never attended an M&E workshop in other provinces, the only workshops that I attended are those organised by the department which took place 2 years ago” (P1, September 26, 2016).

The acting deputy director for M&E, participant 2, stressed the importance of cooperating with other stakeholders in order to achieve certain goals. He pointed out the importance of taking lessons from other departments that have done well. He states that:

“My experience always taught me the importance of taking lessons from others who are excelling in the same programme that we are struggling with. That’s why it’s important ...to cooperate with other units, other departments that have done well in M&E. Mpumalanga Office of the Premier M&E unit has been in existence for a while; therefore it is important to take lessons from their M&E unit. It is also important to take lessons from other departments of health in other provinces that are also doing well” (P2, September 26, 2016).

Participant 5 was of the view that M&E is not taken into account by managers and that that causes ineffective functioning of the unit. She emphasised, however, that:

“The department is in cooperation with other role players such as Right to Care regarding the management of data in the department; also the Mpumalanga Office of the Premier as it plays a central role as a political nerve centre. It also plays an advisory role in ensuring that MDoH implements its functions in as an effective and efficient manner as possible” (P5, September 30, 2016).

4.3 Summary of findings

4.3.1 Human Resource and other technical skills

This theme focused on human resource and other technical skills. From the responses gathered during the interviews, it was discovered that 2 participants working in the M&E unit do not have relevant qualifications to perform M&E functions. Although 6 participants indicated that they

have managed to familiarise themselves with M&E through enrolling in M&E short courses, evidence shows that many still lack the required skills and expertise to execute M&E activities. The participants indicated that M&E unit should be capacitated with well skilled and experienced M&E officials capable of performing their duties in the most effective and efficient manner. The participants also emphasised that managers in the department have not shown interest in understanding the role of M&E unit in the department, and as the result, the functioning of the unit suffers. Further challenges reported included funded and non- funded posts that have not been filled due to the provincial moratorium and shortage of field workers in the M&E unit needed to identify various health issues affecting service delivery in the department.

4.3.2 Shortage of Budget to perform M&E activities

The participants discussed various issues relating to shortage of budget in the department that affect the normal functioning of M&E unit and service delivery. The issues included the shortage of budget to be able to employ qualified personnel to perform M&E activities, MDoH's inability to provide skills development to M&E officials on a yearly or quarterly basis, inability of MDoH to provide necessary resources needed to perform M&E tasks in an effective and efficient such as enough office spaces, equipment, and transport. Participants highlighted the insufficient understanding amongst senior staff of the role that M&E should play within the department as a key underlying reason for the shortage of budget. In turn, this affects matters discussed in theme 1, namely the levels of capacity within the unit.

4.3.3 Lack of co-operation between M&E and other stakeholders

The participants indicated that there is a lack of co-operation within the MDoH specifically referring to the M&E unit and other relevant stakeholders in executing its functions. What

emerged during the interviews was that MDoH is failing to establish a good working alliance with other stakeholders outside the department that are believed to be performing well in M&E.

CHAPTER 5: ANALYSIS OF FINDINGS

5.1 Introduction

This chapter presents a synthesis of the analysis of the findings raised in the study regarding human capacity for Monitoring and Evaluation in Health centres in the Mpumalanga Department of Health. What is implied by the findings of the study is discussed in relation to the literature on monitoring and evaluation, and the current levels of human capacity and related capacity-building needs among staff with M&E responsibilities in the Mpumalanga Department of Health. I presented the perceptions of the twelve participants who were interviewed in chapter 4. Several themes emerged from the officials' accounts and I discussed three major findings or themes that manifested themselves in the data. These themes will be discussed in this chapter. I also began by discussing the human resource and other technical skills. Shortage of Budget to perform M&E activities is discussed next. Lastly, I discussed the lack of cooperation between M&E and other directorates.

It was found during the interviews that the MDoH's inability to implement effective monitoring and evaluation system has impacted negatively on the functioning of their M&E unit. Schiavo-Campo (2005) pointed out various managerial problems that could result in poor implementation of the M&E systems, including the lack of clear processes, procedures and structures for M&E data flow. For the purpose of this research, the inability to implement a proper M&E system can be attributed to the four challenges that participants raised, including the lack of human capacity to carry out tasks, insufficient funds to perform M&E functions, lack of cooperation between MDoH and other stakeholders, and the MDoH's failure to apply NPM theory in the implementation of its M&E system. The findings indicated that these challenges emerged as the result of the lack of support for M&E unit within the department. Proposed measures that can be adopted by Mpumalanga Department of Health or other organisations will

be recommended in the last chapter of this paper so as to eradicate these challenges facing the M&E unit in the MDoH.

5.2 Human resource and other technical skills

Literature reviewed (Kusek & Rist, 2004; Gorgens & Kusek, 2009) suggest that capacity building should focus on three levels in an organisation. The first level is system's capacity, which refers to the ability of a system to deliver the goals and objectives of a process context. The second level refers to organisational capacity relating to the capacity of the organisation and its processes to deliver organisational development objectives and goals. The third level refers to individual human capacity as the individual's ability to perform functions in an effective, efficient and sustainable manner. The Global Fund (2009) refers to human resource capacity as an essential element of any well functional M&E system. Human resource skills ensure that the M&E systems at the different levels are present to ensure the completion of the different tasks defined in the annual M&E work plan. It further includes analytical capacity to use the information as well as producing relevant reports (Global Fund, 2009).

Gorgens & Kusek (2009) further point out that M&E system cannot function properly without skilled people capable of performing M&E tasks for which they are responsible. Therefore it is of utmost importance to understand the capacity of people and the required skills involved in the M&E system. In addition it is important to focus on human capacity in order to improve the quality of M&E system. Gorgens & Kusek (2009) states that it is important to design M&E in advance, establish skills requirements as well as Human Capacity Development (HCD) planned and undertaken before the implementation of an M&E system. It is also important to recognise capacity building in order to achieve economic growth, creating equal opportunities, poverty reduction, foundations and bilateral funding agencies are now interested in the this important M&E field. The results indicated that there is no proper human capacity and related capacity-

building needs among staff with M&E responsibilities in the Mpumalanga Department of Health due to lack of training and support. This has impacted negatively on the functioning of the M&E unit as there is a lack of proper training and skills to perform M&E duties.

The M&E unit in MDoH cannot function appropriately in the absence of human capacity. It is pivotal to understand the skills that are needed and the capacity of people involved in implementing M&E system. Therefore capacity gaps should be addressed as part of strengthening M&E system in MDoH. Skills development and capacity building also plays an important part in tightening the performance of organisations. Employees on the regular basis should be capacitated to test their level of thinking as well as addressing the knowledge gap.

It appears then that skills audits should be carried out regularly as part of strengthening human capacity of employees that are still lacking behind. A good M&E system is less effective without financial resources to execute activities in the departmental strategic plan. It is important for MDoH to allocate funds to the M&E unit so that plans can be put into action. It is also pivotal to build a link between MDoH M&E unit and other stakeholders. This linkage will result in the sharing of knowledge useful to strengthen M&E unit in the department.

Aswathappa (2000) defines training as the systematic development of knowledge, attitudes and skills required by an individual to adequately perform a given task or job. Aswathappa (2000) adds that training assists in updating old talents and developing new ones. Participants indicated that M&E is a new competence and many are not familiar with it. As a result, they find it difficult to perform their duties due to lack of knowledge in M&E. Aswathappa (2000) stressed that successful employees placed on new jobs need training to perform their duties effectively. Therefore, it is important to invest in staff training and officials working in the MDoH M&E unit need to undergo training that will enhance their capacity to do their work successfully. This can assist the MDoH M&E unit to build a comprehensive M&E capacity that is sustainable and capable of discharging or performing its M&E functions in an efficient and effective manner.

Hopkins (1994) postulates that developing capacity goes further than just focusing on education and training. Capacity development should not only take place in a workshop format based on the following reasons (i) workshops take people away from their workplaces in which they do things that they are responsible for (ii) knowledge retention in workshop only additional capacity development programs is very high (McNamara, 2008). Capacity development strategies should be included in human capacity strategy and plan. For example capacity building strategies include providing M&E technical assistance as an opportunity for on-the-job (in-service) training; Conduct professional meetings and regional conferences to share experiences and develop capacity; establish and maintain regional knowledge networks; develop distance-learning and modular training courses as continuing education options; include M&E content in all pre-service courses at the tertiary level

The findings suggest that M&E officials in the MDoH are not exposed to the capacity building initiatives mentioned above. Eight of the twelve participants interviewed indicated that they have not attended any capacity building workshop for over a year now due to lack of prioritisation, managerial support and budget allocation.

The findings suggest that the officials interviewed understood the importance and the role of M&E in the MDoH. They have indicated that M&E play a significant role in public service delivery. Although participants acknowledged the need for M&E in the department, many of the challenges raised in the department are attributed by lack of human capacity to perform M&E activities. Hopkins (1994) defines capacity as the set of factors that operate to accomplish a common purpose and in accordance with certain processes and rules. Gorgens and Kusek (2009), refer to individual capacity as the ability of individuals to carry out their duties in an effective, efficient and sustainable manner, while organisational capacity is described as the capacity of an organisation and processes to deliver the organisation's goals and objectives. In relation to the study, the low levels of human capacity among staff with M&E responsibilities in

the department have resulted in M&E not being prioritised. In addition, low levels in capacity-building needs among managers within the department also affect the performance of the M&E unit. It was argued by participants that M&E unit does not receive equal treatment as other units within the department as it is not considered essential towards the attainment of the legislative mandate of the MDoH. Currently, the department does not have sufficient capacity to carry out M&E activities in an effective and sustainable manner.

Evidence indicates that the Provincial Moratorium affects the functioning of the unit as no efforts have been made to occupy certain critical positions. Although Rist, Boily and Martin (2011) posited that human capacity is crucial in producing positive results in M&E, it is apparent that this has not been the case within the MDoH. Most staff in the unit still need to obtain M&E-related training in order to improve their skills and knowledge that would assist them to execute their M&E functions in the department. In addition, it was discovered that the M&E unit is understaffed due to budget constraints, and many who work for this unit do not have the necessary skills and expertise. Pearce and Robinson (2009) expressed that when organisations do not have the necessary capabilities to implement, develop and monitor training and career development, outsourcing should be considered the best available option. However, outsourcing has not been considered in this department due to lack of knowledge by managers regarding M&E. In addition, outsourcing may not be the best option because it may increase costs and reduce influence and control over data.

Despite reports on lack of M&E skills and competencies, the results indicated that the department has shown little interest in wanting to improve the skills and therefore the effectiveness of the M&E unit. This speaks to the poor support the M&E unit receives from other units and stakeholders. This implies that the chances of acquiring M&E skills in the department are very slim, as M&E will continue to be undermined. It is crucial that the department realises the role of M&E unit as it assists in the healthy functioning of the

department as a whole. Boyne, Lemaire and Rist (1999) argue that it is important to allow space for evaluation systems as this is believed to assist in improving the methods and means of governance. The claims above are certainly true as they are supported by what Schiavo-Campo (2005) pointed out that unsuccessful implementation of M&E system impact negatively on the achievement of objectives and compliance of statutory requirements.

The participants indicated that it is challenging to work in the M&E unit without any background information on M&E. They suggested that attending workshops and courses which are aimed at improving their knowledge on M&E would be beneficial to the department and to the successful service delivery. For Nel, Werner, Haasbroek, Poisat, Sono & Schultz (2008), skills development through training and education is a powerful avenue for improving individual opportunity and institutional competitiveness in countries and companies worldwide. Taking this into account, it is important for the MDoH to provide necessary training to enhance human capacity for those working in the M&E unit. It is already known at this stage that many staff members in the M&E unit do not have the necessary qualifications for performing effectively in their role. However, through training, the knowledge of these staff regarding M&E can be improved. Zwane and Dúvel (2008) support this notion as their study in Limpopo province in South Africa has shown the importance of training and development around M&E. These authors argue that training enhances and strengthens the implementation of the M&E framework. In addition, Parmelee & Hudes (2012) point out that recruiting quality staff can be challenging. For these authors, flexibility is one of the key factors that employers look out for in an employee. The implication for this is that the M&E employees in the MDoH can master their duties through training, provided that they have the ability to adjust to new schedules.

Although efforts have been made recently to capacitate M&E unit in the MDoH, participants admitted that a lot still needs to be done in ensuring that M&E in the MDoH is functioning appropriately. To achieve this, the M&E unit depends on the MDoH's prioritisation of the M&E

capacity building so as to capacitate workers. Prioritising M&E unit begins with treating this unit as equally important as other units within the department. According to Mackay (2007) capacity building plans should put more focus on provision of training in a range of M&E tools, concepts, approaches and the methods.

Simister and Smith (2010) define capacity building as a deliberate process in which society, people and organisations create, maintain and strengthen capacity over time. Thus, with the right training, staff in the M&E unit could improve their knowledge on M&E. Training, development and experience is required to ensure effective M&E systems. Although the current levels of human capacity are low, certain officials in the unit possess relevant expertise and skills, and these could be used as champions in the process of enhancing skills level across the board. It is worth noting that M&E is an evolving discipline; it is therefore important that M&E officials in the unit receive M&E training and capacity building courses continuously.

5.3 Shortage of Budget to perform M&E activities

Nickson & Mears (2004) define budget as a plan of action accompanied by resources required to implement a plan. According to Nickson & Mears (2004), budget is generally divided into two categories known as the operating budget and the capital budget. Evans, Ward, and Rugaas (2000) state that budget serves three major purposes i.e. planning, coordinating and controlling. According to Evans, Ward, and Rugaas (2000), these three drive command that financial management and budgeting processes be flexible, but accountable throughout the fiscal process. Overall, budgets are a common denominator of an organisation and constant in the life of an organisation (USAID, 2002). USAID (2002) points out that there is no specific amount or percentage of the budget that should be allocated for M&E activities, but proposed that an average of 7% should be used as a reference.

Nickson and Mears (2012), define budget as a planning document, which contains a number of financial or non-financial information that refers to future activities and outputs. Given this definition, the results of the study indicate that M&E systems in the Mpumalanga Department of Health has not been considered with the necessary importance, as there have been no efforts to allow effective delivery of public services from M&E staff members. For example, participants indicated that there has been very little interest from management in providing training to M&E staff due to insufficient funds. This, however, is crucial in achieving a proper M&E system to ensure that staff can contribute effectively to the planning of departmental activities. Proponents such as Nickson and Mears (2012) argued that budget is necessary to organisations, as it assists in allocating resources, coordinating operations as well as providing a means for performance measurement. Mwaura (2010) supported this notion, and argued that budgeting is the most widely used technique for planning and control purposes. However, the findings in the study suggested that the agreement of budget priorities in the Mpumalanga Department of Health is not done to enhance any M&E activities, which in turn impacts negatively on M&E and the effectiveness of the M&E system. This indicates that M&E unit in the MDoH will continue to be challenged because appropriate measures are not considered to allow fair distribution of funds within the department.

Chaplowe (2008) shares the same sentiment with the USAID (2002) in that there is no set formula for budget allocation for M&E. Chaplowe (2008) recommended, however, that various organisations and donors should allocate between three and ten percent of a project's budget to M&E activities. Chaplowe (2008) further advised that any amount of money allocated to perform M&E functions should not be small so as to compromise the credibility and accuracy of the results, and neither should it divert project resources to the extent that functioning is impaired. Both Chaplowe (2008) and USAID (2002) supported the idea that when allocating budget for M&E, one needs to take into cognisance that the amount allocated is good enough to support the functions of M&E in order to ensure that the credibility of the results is not

compromised. In essence, these authors drive the point that the shortage of budget for M&E activities may compromise the quality data, which in turn may have a negative impact on how that data is going to be used as well as on how well or not M&E is being considered within the organisation. The findings in the study suggested that there is very little budget allocated for the M&E unit in the MDoH, which in turn affects the functioning of the unit as well as its reputation. Only when the unit provides relevant, good-quality data will its value in improving service delivery be recognised by other stakeholders within the department.

The results indicated that the M&E unit is not considered important in the department. The International Federation for Red Cross (2011) states that it is pivotal to budget for M&E functions as early as possible. In addition, project or programme design processes ensure that funds are allocated and are available for M&E activities. For the International Federation for Red Cross (2011), it is important that the human resource budgets for staffing include full time staff, capacity building/training, external consultants, and other related expenses such as data entry for baseline surveys, and translation etc. It is also important to budget for capital expenses such as the facility costs, supplies, office equipment, accommodation, travelling, computer software and hardware, publishing, printing and distribution of M&E documents (IFRC, 2011). Although budgeting for M&E is important, as indicated above, this seems to not have been considered so within the MDoH. The results have shown that the budget allocated for M&E within the department is considered inadequate by the study participants. In addition, it was found that the MDoH M&E unit is not included in the department's budget plan.

Having excluded the unit in the budget plans suggests that the MDoH overlooked what the National Treasury (2010) highlighted about budget plan. The National Treasury (2010) stated that plans and budgets should interact with each other in order to improve operational effectiveness of organisations. Budget plans are linked with strategic plans to ensure that priorities and objectives are budgeted for, and accomplished. However National Treasury (2010)

argued that one cannot shy away from the inherent tension between budgeting and planning, which makes it difficult to achieve the desired level of integration between the two. This could explain the reason as to why it is challenging for the MDoH to include their M&E unit in their budget plan.

Department of Planning, Monitoring and Evaluation (2014), on the other hand, reminds us that effective budgeting depends solely on a good quality planning system, which is informed by the availability of resources. The results of the study indicate that the M&E unit is not prioritised within the department. It can then be concluded that the lack of resources in the MDoH has a negative impact in the implementation of effective M&E processes. This means that the department at large is likely to be at risk in its functioning.

It should be noted that the findings indicated that M&E is a new area of competency and many of the managers in the MDoH have limited knowledge on it. Together with other staff members, these managers have not been exposed to M&E training. No efforts have reportedly been made to provide training, so as to enhance human capacity among staff with M&E responsibilities. Creating job opportunities for those with M&E qualifications has been a challenge due to the shortage of budget. Participants indicated that a lot still need to be done in order to have the M&E unit prioritised in the department and receive adequate budget allocations.

5.4 Lack of cooperation between M&E and other stakeholders

Stakeholders are defined as individuals or groups that influence the failure or success of an organisation's activities (Bourne, 2009). Stakeholders are individuals or groups who provide critical resources or place their valuable resources at risk through investment of funds, time or career in pursuit of the organisation's business goals or strategies. Alternatively, stakeholders may be individuals or groups opposed to the organisation or some aspect of its activities (Bourne, 2009). Therefore, communication is important because it is a human endeavour and the complex

communication necessary for managing stakeholder relationship within an organisation and around its activities and requires planning, monitoring and leadership. Therefore it is important for the team to apply skills, analysis and experience to succeed in communicating to engaged stakeholders (Watkins, 2003).

Gorgens and Kusek (2009) define M&E partnerships as an agreement between two or more parties to work together towards accomplishing common aims. Partners share resources, ideas and experience, to support and enrich each other's capacity and better accomplish common goals. M&E partnership is regarded as a special type of partnership. Partnership also refers to cooperative relationship between groups or people who agree to share responsibility in order to implement an M&E system. These partnerships are normally characterised by the commitment to cooperate and achieve a common goal. Partnerships also involve shared responsibility.

Gorgens and Kusek (2009) emphasise the importance of undertaking human capacity development assessment for the M&E system. In addressing human capacity gaps in the implementation of an efficient M&E system, it is important to use bottom up approach and top down approach. In bottom up approach stakeholders involved in the M&E system are asked which areas of their capacity need to be developed in order for them to fulfil their M&E functions. Human Capacity Development (HCD) plan is developed based on the responses from different stakeholders. Bottom up approach views stakeholders as experts who are capable of gauging their own level of knowledge and capacity building needs (Morra-Imas & Rist, 2009). Under the top down approach, capacity development and needs are determined by comparing the required capacity system with the capacity that exists in those taking part in the system. The top down approach does not mean that capacity building needs are imposed in any way but rather that the starting point is what the M&E system requires and not what the stakeholders believe they need (Gorgens & Kusek, 2009). The findings reveal that MDoH M&E unit has not been in collaboration with other stakeholders regarding the functioning of their M&E activities.

One participant indicates that the only time where their M&E unit cooperate with other stakeholders is when they have been invited for a workshop by Mpumalanga Office of the Premier. The findings reveal that there are no lessons learned from other departments of health in South Africa that have well-functioning M&E capacity.

Ford (1980) states that organisations pursue relationships with other companies in order to obtain benefits associated with reducing their costs or increasing their revenues. Evans & Laskin (1994), point out that when organisations enter into relationships, they hope to gain stakeholder satisfaction and loyalty while other stakeholders look for quality. Han, Wilson, & Dant (1993) state that there are risks associated with stakeholder relationships, other organisations may not be willing to give up benefits associated with the relationship even if they are likely to reduce operating costs if they are to deal with other organisations. In addition if an exchange partner represent an important portion of the other business, there may be a risk of over dependence caused by lack of diversification (Han, Wilson & Dant, 1993). According to the findings MDoH is not cooperating with other stakeholders in performing its duties, hence there are capacity gaps and capacity building initiatives.

Stakeholder engagement is an important management function when leading an organisation. It is important to engage with other stakeholders when running a business. Tague (2004) states that for better stakeholder relationship management it is pivotal to take extra time to better understand the stakeholder community and how best to engage the importance of stakeholders, than to deal with the aftermath of the disinterest or lack of support of abandoned stakeholders. Phillips (2003) alludes that organisations are dependent of their stakeholders for their success or their failures. Scott & Davis (2007), states that no organisation is self-sufficient, for their survival they all depend on the types of relations with larger systems. Companies cannot operate as self-contained, fully capable units without dedicated partners, they depend on their employees, their

suppliers, dealers and distributors and their advertising company (Freeman, Harrison, Wicks, Parmar & De Colle, 2010).

In contrast with the latter above there is a lack of co-operation between M&E unit and other units or branches in the Mpumalanga Department of Health. Gorgens & Kusek also emphasises the importance of using M&E Technical Working Group (TWG). TWG is a multi-sectored partnership which represents all M&E stakeholders in a given country and is established for national-level M&E systems. M&E TWG serves a number of functions i.e. coordinating M&E activities; provide advice on technical M&E issues and provide a partnership or consultation forum. Additionally there is also a lack of co-operation between M&E unit and other departments in Mpumalanga in executing M&E tasks. Most departments in the Mpumalanga operate independently and that negatively affects the functioning of the unit. Another concern is the inability of the MDoH's M&E unit to take lessons from other departments or institutions that have done well in their M&E tasks. Additionally M&E unit in the MDoH hasn't done much to collaborate with Mpumalanga Office of the Premier (OTP) which has fully functioning M&E unit responsible for overseeing all the departments in the province. The only institution that the department is in collaboration with is Right to Care which specialises in data management.

Gorgens & Kusek (2009) emphasise the importance of collaborating with development partners around M&E system by supporting the institutions technically and financially, that lead to the M&E TWGs linking their own budgeting and planning processes with government. Development partners should be aware of the latest information about development partnership and communicate in a coherent and coordinated manner with government in ensuring that they are familiar with the latest government policies. The findings indicate that there is no working alliance between M&E unit in MDoH and development partners. The findings also revealed that there are no efforts made in bringing development partners on board.

Stephens, Malone, & Bailey (2005) state that organisations should not rely only on the knowledge of its team, but on the knowledge of other stakeholders as well, the sum is better than the individual results. MDoH's M&E unit should take lessons from Gauteng Department of Health which has a fully functional M&E unit with the largest health centres in the country regarding how they undertake their M&E activities. There is no continuous consultation between MDoH and Department of Planning Monitoring and Evaluation (DPME) regarding new developments in the M&E framework. There is no close collaboration between M&E unit in the provincial head office and other districts regarding M&E tasks.

5.5 Relationship between Human Resource, Budget and Stakeholders

This section integrates the three themes identified in the study. The three themes identified refer to human resources and other technical skills, shortage of budget and lack of cooperation in performing M&E activities.

The challenges that emerged during the discussion of the themes involve weak selection, inadequate placements and placement of unskilled staff to do M&E activities. These challenges are rooted in a shortage of skills and expertise to perform M&E functions, lack of dedicated staff to do M&E activities and insufficient appreciation of M&E. There is also a shortage of budget to carry out M&E activities. This shortage of budget is caused by a lack of appreciation by managers in prioritising the M&E unit in the MDoH. Another major cause is the lack of knowledge by managers in the MDoH regarding the importance of M&E. There is also a lack of cooperation between MDoH M&E unit and other stakeholders regarding M&E activities. This lack of cooperation is a result of a lack of M&E culture in the department. Managers are not trained sufficiently on what M&E entails, why it is needed, its functions and purpose in the department.

Even if officials can go for short courses in M&E with various institutions that offer M&E as an academic competence, it remains important to identify the root causes of the existing challenges. In this instance, the problem is caused by shortage of appreciation for M&E and its role in planning, implementation and learning. In addressing this challenge, it is hence important to bring on board top management. M&E advocacy and culture should start at the managerial level. Capacity building should be provided to management too, because only when managers are well aware of the role and importance of M&E, it will then become easier for them to prioritise the work of the M&E unit. The Office of the Premier as the political nerve centre should also play a major role in ensuring that managers are provided with the necessary training and development on what M&E entails.

Based on the findings it is pivotal to strengthen performance and expenditure in MDoH. The reported lack of funds allocated to the M&E unit, affects its performance and its health facilities. According to the participants' reports, M&E is under staffed; there is no budget for capacity building and skills development. This, Latib and Goldman (2012) suggest, has a direct link to poor service delivery. In order to mitigate the above mentioned factors, it is of paramount importance to develop estimations of the cost of policy initiatives through detailed budget analysis in the implementation plans. It is also essential to design monitoring systems that link expenditure monitoring to clusters of performance measures in order to allow monitoring of expenditure and policy performance initiatives across all spheres and institutional boundaries.

Politics affects the performance of M&E unit MDoH. This was established during the discussion with the participants where they indicated that politics affects their daily activities in the Unit. Participants stated that whenever they request budget, they are always told that there is no budget to perform to M&E activities and that they only rely on other units to prioritise them. M&E unit in the MDoH serves as a compliance function rather than that of accountability. In dealing with the challenges mentioned above it is important to develop political consensus on

the importance of internal monitoring and evaluation as part of the broader public service reform and management development process.

Participants also specified lack of coordination between M&E unit other departments. Participants illustrated that M&E unit do not collaborate with Mpumalanga Office of the Premier, other Department of Health, Public Service Commission (PSC), and other departments that are doing M&E. Due to the mandate that all public sector departments should have M&E units as part of improving service delivery, the department only collaborates with DPME regarding the improvement of the structure. Therefore it is essential to work with other departments of health, Mpumalanga Office of the Premier, DPME, Public Service Commission and other departments in building a coherent M&E unit that improves the performance of health facilities as well as the livelihood of all the citizens in Mpumalanga Province.

5.5.1 Advocacy, Communication, and Culture for M&E Systems

This section will discuss advocacy, communication and culture of M&E systems. This section will also discuss M&E culture and its barriers.

Gorgens & Kusek (2009), define advocacy as an act of arguing on behalf of something. It is basically intended to sensitize, educate, influence and to change opinion. It requires commitment and passion to advance the cause or interest of another. It motivates to take the lead and do more than what is expected or required. This component is important for the study, because there is a lack of commitment amongst staff and managers regarding the importance role played by M&E unit in the MDoH. Therefore if this component is applied properly they will be improvement in public service delivery, because it influences, educates and changes opinion.

Gorgens & Kusek (2009) define communication as the process of sharing and exchanging information using various means or media, it is characterised by content, purpose, reliable

source, effective transmission channel, appealing form and is delivered to the intended recipient. Due to lack of cooperation in the MDoH M&E unit, this component is appropriate because it promotes the sharing and the exchange of information. In this regard M&E unit in the MDoH should be able to share information with other stakeholders that perform M&E activities. The M&E unit should be able to share information with other departments of health across the country on how to advance M&E unit in MDoH.

M&E culture share the set values, conventions or social practices regarding M&E. A positive culture of M&E is welcomed, accepted, valued and encouraged by all members of the team as plays a pivotal part of accomplishing implementation success (Gorgens & Kusek, 2009). In MDoH M&E culture is still lacking behind because other officials do not know the role of M&E in the department. M&E is perceived as the dumping side for staff without M&E qualifications. Managers do not see the need to advance M&E hence it is not prioritised.

Cloete, Rabie & De Coning (2014) outline culture based barriers to M&E. They stipulate that problems are not treated as an opportunity for learning and improvement; Senior management do not champion M&E unit and honesty about performance; M&E is regarded as the job of the M&E unit, not for all managers; there is no strong culture of M&E in the department; M&E is seen as policing and a way of controlling staff; M&E unit has a little influence in the department; there is a fear of admitting mistakes or problems; the hierarchy makes it difficult to openly and robustly discuss performance; there is a little respect for evidence-based decision making in the department, there is resistance from managers to make decision making processes transparent. The final barrier is that problems are not concealed.

The above barriers are similar to those recurring in the MDoH M&E unit. M&E managers in the department do not bother understanding what is M&E, its function, and why is it needed in the department. Overall the findings revealed that M&E has little influence in the department, there is no strong M&E culture, and other managers from other units are not interested in

understanding the functions of M&E. Finally M&E is seen as non-existing component hence it is not prioritised.

Additionally advocacy and communications create a positive M&E culture. Advocacy and communication promotes information regarding M&E. Advocacy and communication also change attitudes, perceptions, actions and the behaviour relating to M&E. Advocacy and communications influence organisations, people, structures and systems at different levels, it create set of positive values about the value and importance of M&E (Gorgens & Kusek, 2009). If applied appropriately advocacy and communication can change the perceptions and behaviour of officials working in the MDoH M&E unit, which will yield positive outcomes in the functioning of health facilities.

5.6 The challenges regarding the implementation of New Public Management Theory in the MDoH M&E unit

Efforts have been made in demonstrating a new wave of thinking or results driven approach that could have been applied in relation to the institutionalisation of the processes and programmes. The results show that MDoH as an organisation has not been in line with NPM theory. This study was therefore premised on the operational notions that allude to the fact that New Public Management (NPM) is relevant for public sector as it proposes that government departments should be driven by their mission of improving public service delivery (Sharma, 2006). NPM has been criticised by some scholars claiming that it is mainly focused on private sector and business school management perspectives whose key parts of reform message have been reversed because they lead to policy disasters (Dunleavy et al, 2005).

Besides the critics by some scholars, NPM is still considered relevant for the study it is also been used by different practitioners and academics (Miller & Dunn, 2006). The NPM theory is

important for the research study because this approach promotes management styles used in the government (Vigoda, 2003). The NPM advocates that government should be driven by their mission to improve efficiency and effectiveness (Osborne & Gaebler, 1993). Additionally the government will adopt a new wave of thinking or the results driven approach that will be used in the implementation of their programmes, policies and processes.

Adei and Badu (2006), emphasises that NPM theory provisions is more focused on the results-based turnaround strategy which focuses more on improving efficiency and effectiveness. I then realised that the Mpumalanga Department of Health did not create an enabling environment because of internal processes that illustrates the willingness to be driven by its mission of improving the functioning of health centres across all districts in the Mpumalanga Province. A turnaround strategy including M&E framework was created by the department with the aim of improving M&E systems in the department. This in turn, would lay a foundation for how MDoH Monitoring and Evaluation unit will perform its functions across all its health centres in all the districts in the province. This should be taken into cognisance since it leads to service delivery improvement and it is according to the MDoH's M&E unit which focuses on monitoring all health centres in all the districts in the province.

5.7 Conclusion

This chapter's main aim was to analyse the findings raised in the study with regard to the challenges faced by the Mpumalanga Department of Health M&E unit in terms of human capacity for monitoring and evaluation of health centres in the province. In the first part of the chapter, I realised that the challenges found in the MDoH's M&E unit were attributed by various factors challenges. The first challenge identified is a lack of sufficient human resources and other technical skills which refers to existing capacity and capacity gaps, as well as capacity building

initiatives; the second challenge relates to shortage of budget to perform M&E activities, which evolves around the unavailability of funds needed to perform M&E activities; and the third challenge refers to lack of cooperation between the M&E unit and other stakeholders. Lack of stakeholder cooperation is the inability of the MDoH M&E unit to work with other stakeholders that can be of support in M&E. The chapter also discussed components of M&E which Advocacy, Communication, and M&E culture. All the above mentioned components are important in building a well-functioning M&E systems.

One other critical element is the department's inability to abide by New Public Management Theory which proposes that the government should be driven by their visions and missions of improving efficiency and effectiveness. NPM is also relevant to the department as it provides remedial action in fixing the broken system of government. NPM focuses on highlighting a new way of thinking or an approach that the government should apply in the institutionalisation of its processes, programmes and its policies.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This chapter provides a summary of conclusions and recommendations based on the findings of the study. The research problem was that the Mpumalanga Department of Health (MDoH) 's M&E unit has failed to perform its duties due to shortage of human capacity to undertake M&E activities. It was not clear whether MDoH's M&E unit lacked adequate capacity and skills needed for Monitoring and Evaluation of health centres. The study also focused on identifying whether MDoH, has capacity building initiatives aimed at empowering officials in the M&E unit. Additional reasons for undertaking the research was that it was also not clear whether MDoH has an adequate budget necessary to carry out M&E activities. The study carried out was also to establish whether the M&E unit co-operates with other units or other departments in executing its functions.

The purpose of the study was to assess human capacity for Monitoring and Evaluation of health centres in Mpumalanga Department of Health. The study also investigated some aspects of MDoH's M&E system. The study was also carried out in order to get the broader and deeper understanding of the systems, processes and structures used in monitoring and evaluation, how M&E is carried out, its strengths and weaknesses. There were weaknesses also identified in its human capacity to carry out M&E activities. Recommendations were made on how to strengthen MDoH's M&E system based on the research findings. The research report does not cover all the issues and challenges affecting MDoH 's M&E system, but contributes towards assisting the department to understand and identify the gaps in its M&E system, in order to come up with remedial actions necessary to strengthen M&E system in the department. The remedial actions provided by the study will assist MDoH in improving public service delivery and performance information. The conclusions and recommendations of the study will be outlined below.

The following are conclusions identified from the study:

- There is a lack of human and financial resources for monitoring and evaluation of health centres in MDoH.
- There is a reported shortage of budget to carry out M&E functions in the department.
- There is a lack of co-operation between the MDoH and other departments in the execution of M&E functions.
- The M&E system implemented is for compliance, rather than for the improvement of service delivery, performance information and accountability.
- There is a low morale amongst the staff in the MDoH.
- There is lack of training and development of staff in the MDoH M&E unit.

6.1.1 Lack of human resource and other technical skills

It was discovered in this research that the Mpumalanga Department of Health's M&E system lacks human resources and other technical skills to undertake or perform M&E functions in an effective and efficient manner. Shortage of resources includes inadequate budget for M&E, shortage of M&E staff to perform M&E activities, lack of skills and expertise to perform M&E functions, and shortage of capacity building workshops to conduct M&E activities. The above challenges exist in all the reporting levels in the department. For the purpose of this research, reporting levels include the sub-district level, district level, and provincial level. The outlined challenges found are as follows:

- At the sub-district level, the challenges are characterised by a shortage of staff to perform M&E functions.

- At the district level, the challenges stem from a shortage of well-trained M&E staff to conduct M&E functions. This is evident in the submission of incomplete reports required from the M&E unit.
- At the provincial level, the challenges are characterised by a lack of good governance, leadership and management. Other challenges include the lack of skills and expertise amongst staff tasked to perform M&E functions. The results have shown that these challenges exacerbated by the interference of politics within the department. It must be noted; that these challenges are interdependent and have huge influence on each other.
- The challenges caused by the lack of training and development amongst M&E staff are also noted as the challenges faced in the MDoH M&E unit.
- Furthermore, the challenges are apparent in the unit, as most M&E officials do not have M&E qualifications that can assist in carrying out their duties in an effective and efficient manner.
- There is a lack of exposure to managers from other directorates on what M&E entails.
- Moreover, there is a low morale amongst staff performing M&E functions in the department. Poor management, leadership and governance caused low morale. Lack of training, development and shortage of resources also caused challenges. In addition, the low morale negatively affects internal systems and processes including the collection of data and reporting. This further escalates to the MDoH's M&E system at large, thus affecting the quality of its performance information and service delivery.
- Lastly, M&E unit in the MDoH was implemented with no clear purpose, and thus, negatively affecting the performance improvement and service delivery. It

should be noted that all government departments are required to implement well-functioning M&E systems. Therefore it is expected that staff members in the MDoH M&E unit enhance and promote M&E as a way of managing results and improving the quality of performance information rather than compromising its values.

6.1.2 Shortage of budget to perform M&E activities

There is a shortage of budget to perform M&E functions in the unit. The challenges identified result from a limited knowledge of what M&E entails. The challenges include the following:

- There is no specific budget allocated to perform M&E activities, and the unit relies on other directorates for its budgeting.
- The M&E unit is treated as a non-existing unit. It is only considered when the employers seek reports from M&E unit; but when funds are requested, they are told that there is no budget.
- There is no budget to take officials to skills development workshop.
- There is no budget prioritisation to allow the filling of vacancies in the MDoH M&E unit.
- There is a shortage of budget to take officials to institutions to study M&E courses.
- Lack of budget to allow officials to travel to other provinces, to acquire skills necessary to advance M&E in the unit.
- M&E is a new discipline and only a few higher institutions offer M&E as an academic competence.
- Most managers in the department including some officials in the M&E unit have not yet undergone workshops on M&E- what M&E entails, its function, its goals

and objectives. With this little or no knowledge on M&E, these officials find it challenging to prioritise it.

6.1.3 Lack of co-operation between MDoH and other departments

The research findings indicate that there is a lack of co-operation between MDoH M&E unit and other departments. The challenges include the following:

- Lack of working relationship between M&E unit and other directorates in the MDoH.
- Lack of knowledge and skills amongst other managers on what M&E entails.
- There are no capacity building workshops dedicated to M&E staff and other managers regarding the functions of M&E.
- Political interference also affects the functioning of M&E unit in the department.
- There is no linkage between M&E directorate, Mpumalanga Office of the Premier (OTP), and other departments that have well-functioning M&E units.
- M&E unit in the MDoH is not cooperating with other Departments of Health. For instance, the Gauteng Department of Health has a well-functioning M&E unit, which MDoH can use as point of reference to enhance its performance.

6.2 Recommendations

The following are proposed recommendations to mitigate the challenges faced by the MDoH M&E unit.

6.2.1. Appointing or delegating a strong and visible M&E champion at the highest level of administration

- Combined leadership between the MEC (Member of the Executive Council), as a Politician, and HOD (Head of Department), as an Accounting Officer, is recommended to enforce and effectively implement the M&E framework.
- The Chief Financial Officer (CFO) is also important in providing central leadership in the institutionalisation of results based on M&E.
- It is also essential to appoint or employ well qualified, experienced, and dedicated M&E staff consisting of the Chief Director, Directors, General Managers and Officials that will perform M&E activities at the sub-district, district and provincial level to assist in the co-ordination of M&E implementation process.

6.2.2. Establishment of M&E forum in the MDoH Monitoring and Evaluation unit

The following are recommendations with regard to strengthened cooperation:

- The establishment of an M&E forum is vital to detect and rectify unreliable and inaccurate performance information.
- The forum will also improve duplication, credibility, quality, and utilisation of performance information at a long run.
- Furthermore, the forum will also act as a platform for performance information feedback as well as correcting the gaps related to performance of service delivery.
- The forum may assist, on a monthly basis, in mitigating and providing remedial actions to challenges identified in the health centres.

6.2.3. Enforcing and strengthening the use of performance information

The following were recommendations considered with regard to the improved use of performance information:

- The results suggest that performance information is not taken into cognisance. It is therefore essential that this process is part of the seniors and programme managers' performance contract to strengthen and improve service delivery as well as enhancing management accountability.
- It is also important to strengthen incentives such as monetary and capacity building initiatives as a way of driving and motivating the use of M&E information at all levels.
- Furthermore, it is crucial to conduct monthly assessments amongst staff working at the M&E unit as a way of managing performance.
- Lastly, training and development of staff is recommended by well skilled and experienced M&E experts on a regular basis as way of ensuring that M&E officials are well equipped with new advanced knowledge in M&E.

6.2.4. Appointment of M&E practitioners across districts in the province

It is recommended that practitioners be provided with tools of trade to be able to carry out their duties in an effective manner. M&E practitioners will perform the following duties:

- Undertake research on issues affecting health centres in the province.
- Perform Monitoring and Evaluation duties across all health centres within the province.
- Liaise with Hospital Chief Executive Officers (CEOs) and Operational Managers on burning issues in the health centres.

- Conduct announced and unannounced visits to health centres to identify challenges faced by various health centres.
- Report on various issues identified in the health centres. Issues such as hygiene-related issues, longer waiting hours, shortage of medication, shortage of hospital wards, and shortage of equipment needed to perform medical procedures and shortage of staff, as well providing remedial actions to mitigate the challenges identified.
- Consolidation of reports needed by the HOD, MEC and other politicians required to make informed decisions.
- To perform administrative functions and other related activities.

6.2.5 Alignment and Staffing of M&E unit

It is essential to capacitate the M&E unit with well-trained officials. The following are recommendations under alignment and staffing of M&E unit:

- The M&E unit must be capacitated with mix-skilled personnel managed by devoted and dedicated Chief Director who will assist in re-enforcing and aligning of the M&E unit as well as filling of funded vacancies.

For satisfactory service deliver, it is recommended that the M&E unit be divided into four components including:

- Performance monitoring and evaluation, which consists of all components;
- Corporate monitoring, which focuses on programme performance, monitoring and reporting;
- Site verification and quality assurance component, which conducts announced and unannounced visits to health facilities; and

- Evaluation and research component, which conducts evaluation of programme performance.
- Lastly, it is recommended that the roles and responsibilities of M&E components be clearly defined as part of MDoH framework.

6.2.6 Networking

The following are the recommendations made regarding improved networking.

- It is recommend that M&E specialists and experts, various agencies and organisations, health professionals and M&E champions establish a network of M&E specialists to exchange and share knowledge, information and expertise on M&E related challenges.
- MDoH should also collaborate with other stakeholders such as Right to Care, Mpumalanga Office of the Premier (OTP) on how to improve its performance.
- It is recommended that networking not only be limited to the provincial level but also be extended to the national level wherein the MDoH collaborates and take lessons with national departments such as the Department of Planning, Monitoring and Evaluation (DPME), PALAMA, and National Department of Health, on how they perform their activities.

6.2.7 Budgeting and prioritisation of M&E unit

The following recommendations regarding budgeting and prioritisation of the M&E unit are outlined as follows:

- The M&E unit should be prioritised with dedicated M&E budget that will be used to strengthen information technology and human resources such as training and development of staff, capacity building workshops, infrastructure and skills development.
- I recommend that priority be given to the M&E unit in order to perform its activities in an effective and efficient manner.

6.2.8 M&E capacities

The following recommendations regarding M&E capacities were proposed:

- Training and development of MDoH should focus on the following i.e.
- Results based management;
- results based M&E system;
- project management;
- strategic management; and
- M&E including the use of information for decision making and auditing of performance information.
- Lastly, it is vital that training and development also focuses on DHIS (District Health Information Systems and other health related data collection tools and evaluation research.

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Appendix A: Informed Consent

Who I am

I am Sydwell Lethabo Mashego. I am studying towards a Master's Degree in Public and Development Management at the University of Witwatersrand.

What I am doing

I am conducting a research on Human Capacity for Monitoring and Evaluation of Health Centres in Mpumalanga Province. I am conducting the study to find out whether Mpumalanga Department of Health (MDoH) has enough capacity to do Monitoring and Evaluation activities.

What is monitoring and evaluation

This letter serves as an invitation to participate in the Monitoring and Evaluation research. Monitoring is defined as the systematic, regular and continuous process that tracks the policy implementation programme or project in order to determine the level of accomplishment and progress of objectives and goals. Evaluation is a systematic assessment and judgement of whether a programme or project has achieved its goals and objectives as planned as well as how it accomplished them and the lessons learnt towards the achievement of those goals. The research requires 1-2 hours of your time. The main aim of the study is to assess human capacity in monitoring and evaluation of health centres in Mpumalanga Province.

Confidentiality

The interview will be conducted at your office. There are no risks in participating in the study as the researcher will give his/her name, details of the researcher's employment, address, and contact details. The interview will be enjoyable and rewarding as it will bring changes to the institution in future. The information discussed during the interview will be kept private and there are steps taken to ensure that the participant's identity and anonymity is protected. Once

the information is typed the information will be destroyed. In addition the typed interviews will not mention your name. The typed interviews will be kept in locked filing room at the University of Witwatersrand and only the relevant personnel (sworn to confidentiality) will have access to the interviews.

Your participation

The information will be destroyed after 5 years. Participation in the research is voluntary, the participant can withdraw at any time from participating in the research and the information will be destroyed. Please note that the purpose of the research is to produce my masters' degree only. I have read the above information regarding this research study on assessing human capacity in monitoring and evaluation of health centres in Mpumalanga Department of Health and consent to participate in this study.

Enquiries

Supervisor: Marcel Korth: 011 717 3812

Research Director: Prof Pundy Pillay : 011 717 3501

.....

Signature of the researcher

.....

Date

I hereby agree to the tape-recording of my participation in the study.

.....

Signature of the participant

.....

Date

Appendix B: Interview guide

Data collection questions

Category 1: Monitoring and Evaluation Systems
Research question <ul style="list-style-type: none">• What the M&E systems currently in use in the MDoH
Who should respond <ul style="list-style-type: none">• M&E Managers and officials
Interview questions <ol style="list-style-type: none">1. What are the achievements since M&E systems was implemented in the department?2. Where does M&E system sit in the unit?3. What happens to the reports after they are submitted to the provincial office?4. What are the processes used for reporting and decision making in the department?5. Who is responsible for data analysis in the M&E unit?6. What informs the analysis of data in the unit?7. Who is allowed to have access to data in the unit and what happens to the data once it is collected?8. What is the reporting format in the department, do the reports goes back to health

centres with solutions or remedial actions?

9. Do the reports only used for accountability or for reporting purpose?

10. Why are the reports not used to improve the functioning of health centres?

11. Who is responsible to provide recommendations and solutions concerning the issues identified in the health centres?

12. Who is responsible for data collection from the starting point to the final stage?

Category 2: Human Capacity and Skills

Research question

- How do current levels of human capacity speak to the competencies required of the current M&E systems?

Who should respond

- M&E managers and Human Resource Managers

Interview questions

1. How many years do members M&E unit have in doing M&E work?
2. What prior experience in research or other M&E related areas do they have?
3. What qualifications do members in the M&E unit possess in performing their day-to-day activities?
4. What M&E capacity-building courses, if any, have members of the M&E attended in the past?
5. How regularly are the courses held and which institutions provide them?
6. How skilled do you consider unit members to be presenting M&E reports?

7. What skills and experience do members of the M&E unit possess that are related to the implementation of the departmental M&E system?
8. Are all the vacancies or posts in the M&E directorate filled
9. Is there any budget set aside to be able to send M&E staff to study advanced M&E courses?

Category 3: Competencies and Organisational structure

Research question

- What capacity-building initiatives are proposed to bridge current Health Centre gaps?

Who should respond

- **M& E managers, Human Resource Managers and M&E officials**

1. What are the principal desired outcomes of M&E?
2. What are the key responsibilities and roles of members of M&E unit?
3. How are responsibilities of members of M&E defined? What was/is the process of developing these job specifications?
4. How measurable is the implementation of M&E outcomes and recommendations?
5. What system exist that facilitates the feeding of District M&E units generated reports into the provincial MDoH?
6. What plans are in place to institutionalise the departmental M&E system?

7. What skills exist in the unit tasked with processing reports generated by M&E members across the province into implementable programmes?
8. How is the importance of M&E reflected in the budget allocation for the skilling and capacity building of the members of the unit?
9. What is the per capita allocation for training and development for members of M&E units in districts and at provincial level?
10. How does the MDoH appraise the capacity of the M&E to carry out its key responsibilities?
11. What efforts did the MDoH embark upon in capacitating M&E unit?
12. What informed these efforts?
13. What are the desired outcomes of such a capacity-building exercise?
14. What plans are you aware of integrating M&E units into the planning and execution functions of the MDoH?
15. What stakeholder involvement does the MDoH encourage in the function of its M&E unit regarding implementation of recommendations and execution of tasks?

Category 4: The relevance of M&E in the MDoH

Research question

- Why is M&E relevant in the MDoH?

Who should respond

- All M&E managers and officials

Interview questions

1. Why would you say Monitoring and Evaluation system in Mpumalanga Department of Health are important?
2. In your view what have been the achievements, if any, since Monitoring and Evaluation systems and processes have been introduced in the department?
3. What are some of the challenges that the department experienced which lead to the introduction of Monitoring and Evaluation?
5. Why do you think it is important to monitor and evaluate the work in health centres?
6. Who is responsible for planning for sites visits to the health centres?
7. Do M&E practitioners conduct unannounced visits to health centres?

Category 5:(Roles and responsibilities of M&E)

Research question

- Who is responsible for decision making in the M&E unit and does M&E officials have tools of trade?

Who should respond

- M&E managers and officials

Interview questions

1. What kind of transport do the department's M&E practitioners have to collect data and conduct site visits?
2. How often do M&E practitioners report on the progress made by the health centres?
3. Who is responsible for decision-making and for providing remedial actions to the challenges identified in the health centres?
4. In your view, what role does M&E play in improving service delivery in the department?

