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THE STATE OF READINESS OF LIMPOPO HEALTH DEPARTMENT TO IMPLEMENT A RESULT-BASED MONITORING AND EVALUATION FRAMEWORK

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A research report submitted to the Faculty of Law, Commerce and Management, University of the Witwatersrand, Johannesburg in partial fulfilment of the requirements for the degree of Masters of Management (in the field of Public Policy)

September 2013

DECLARATION

I, Shinyumisa Sellinah Dumela, declare that this research report is my own unaided work; it is being submitted in partial fulfilment for the Degree of Masters of Management in Public Policy at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other university.

SHINYUMISA SELLINAH DUMELA

September 2013

DEDICATION

I dedicate this research report to my mother and late father, whose support made me to be, who I am today; and to my children and grandchildren, “education has no age limit”.

ABSTRACT

Globally, there is an increasing emphasis on results-based monitoring and evaluation (M&E) systems. The emphasis on M&E systems is driven by the need to: promote good governance; improve government's performance and public accountability; comply with international donor funding requirements; achieve the millennium development goals; and respond to economic and social pressures experienced by countries. A readiness assessment is considered a critical first step and the foundation of results-based M&E system. In light of limited evidence, the aim of this study was to examine the state of readiness of the Limpopo Department of Health (LDOH) to implement the new results-based M&E policy framework.

The research approach selected for this study was qualitative in nature, and provided a systematic inquiry of the state of readiness of the LDOH for the implementation of the new results-based M&E policy framework. The study employed in-depth interviews and document analysis to obtain information, in order to bring rich insights, meaning, values and holistic views to the study questions. A key finding that emerged from the study is the existence of an enabling legislative and policy environment for the implementation of the results-based M&E system. However, there are several factors that mitigate against the successful implementation of the results-based M&E system. These included sub-optimal leadership and accountability; structural weaknesses with high vacancy rates and unclear roles and responsibilities; lack of integrated management information and M&E systems; inadequate infrastructure and resources; and problems with M&E culture, capacity and skills development. The overall conclusion of the study is that the LDOH is not ready to implement a results-based M&E system.

Key recommendations include dedicated resources (finances, staff, etc.) for implementation, strong leadership at political and management level, strengthening capacity and systems; and focus on the establishment of an integrated results-based M&E system, without neglecting processes and the organisational culture.

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The LDOH Research Committee for granting me permission to conduct research and all key informants who provided their valuable time and views utilised for this research report.

Family and friends, to whom I am so grateful for their helping hand and advice in this research.

LIST OF ABBREVIATIONS AND ACRONYMS

APRM	African Peer Review Mechanism
CHIP	Child Healthcare Problem Identification Programme
DBSA	Development Bank of Southern Africa
DHIS	District Health Information System
DPSA	Department of Public Service and Administration
ECD	Evaluation Capacity Development
EPI	Expanded Programme on Immunisation
ESEZA	Special Economic Zone Authority
FLSD	Frontline Service Delivery
GWM&E	Government Wide Monitoring and Evaluation
HST	Health Systems Trust
HOD	Head of Department
LDOH	Limpopo Department of Health
LDOHSD	Limpopo Department of Health and Social Development
MfDR	Managing for Development Results
MDGs	Millennium Development Goals
MEC	Member of the Executive Council
MCWH	Maternal, Child and Women's Health
M&E	Monitoring and Evaluation
MPAT	Management Performance Assessment Tool
MTSF	Medium Term Strategic Framework
LPG	Limpopo Provincial Government
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Cooperation and Development
PALAMA	Public Administration Leadership and Management Academy
P&DM	Public and Development Management
PHC	Primary Health Care
PFMA	Public Finance Management Act
PPIP	Peri-Natal Problem Identification Programme

PWMES	Provincial-Wide M&E system
PSC	Public Service Commission
PSETA	Public Service Sector Education and Training Authority
RSA	Republic of South Africa
SCOPA	Standing Committee on Public Accounts
TB	Tuberculosis
UN	United Nations
UNDP	United Nations Development Programme
USAID	United States Agency for international Development

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CHAPTER 1: INTRODUCTION

1.1. Background

Globally, there is an increasing emphasis on results-based monitoring and evaluation (M&E) systems at country level. Some developing countries, including South Africa and the Organisation for Economic Cooperation and Development (OECD) have taken a political decision to measure outcomes in order to improve performance and accountability (Brushett, 1998; Claude, 2007; Doherty, 2006; Koranteng, 2000; Kusek & Rist, 2002; Mackay, 2006; Mackay, 2007; Obong'o, 2008; Odhiambo, 2000; Segone, 2009; Seydou, Mohamed & Sani, 2008; The Presidency Republic of South Africa (RSA), 2009a; United States for International Development (USAID), 2009; Yaha, 2007). In addition, institutions such as The World Bank, the United Nations Development Programme (UNDP) and the Commonwealth of Learning have developed guidelines to assist countries with developing action plans to overcome barriers prior to designing and implementing M&E systems (Farrel, 2009; Kusek, & Rist, 2004; Mackay, 1999; Mackay, 2009; UNDP, 2009).

The emphasis on M&E systems is driven by the need to: promote good governance; improve government's performance and public accountability; comply with international donor funding requirements; achieve the millennium development goals (MDGs); and respond to economic and social pressures experienced by countries (Brushett, 1998; Claude, 2007; Doherty, 2006; Holvoet & Renard, 2007; Koranteng, 2000; Kusek & Rist, 2001; Kusek & Rist, 2002; Kusek & Rist, 2004; Kusek, 2011; Mackay, 2006; Mackay, 2007; Seydou, *et al*., 2008; Odhiambo, 2000; The Presidency RSA, 2009a; USAID, 2009; The World Bank, 2000; Yaha, 2007). In South Africa, political and civil society pressures to improve service delivery have also resulted in a shift towards results-based M&E (Public Service Commission (PSC), 2007; July; The Presidency RSA, 2009a).

Various studies have been conducted to determine the state of readiness of countries prior to the implementation of results-based M&E systems (Hauge, 2001; Hauge, 2003; Kannae, 2000; Koranteng, 2000; Kusek & Rist, 2001; Kusek & Rist, 2002; Kusek & Rist, 2004; Mackay, 2007; The World Bank, 2000). These countries include developing countries such as Uganda, Niger, Egypt, Ghana, Romania, Bangladesh, The Philippines, Kyrgyz Republic, Chile, Colombia and Brazil. Studies conducted in these countries show that M&E systems are characterised by: inadequate governance structures and systems; lack of political will,

ownership, incentives, demand and culture of evaluation; insufficient institutional capacity; and poor infrastructure (Hauge, 2001; Hauge, 2003; Kannae, 2000; Koranteng, 2000; Kusek & Rist, 2001; Kusek & Rist, 2002; Kusek & Rist, 2004; Kusek, 2011; Mackay, 2007; The World Bank, 2000).

In South Africa, many of the challenges are also evident within the public sector, which is struggling to develop M&E systems, and to build capacity to improve performance and accountability (PSC, 2007, July; The Presidency RSA, 2009a; The Presidency RSA, 2009b). Other identified challenges in South Africa include: insufficient focus on long-term planning; poor co-ordination across sectors or departments; inappropriate institutional design; fragmented systems; lack of clear roles and responsibilities; lack of measurement of performance or outcomes of public entities; sub-optimal leadership and management; and the absence of a strong performance culture (PSC, 2007, July; The Presidency RSA, 2009a; The Presidency RSA, 2009b).

Nevertheless, there are encouraging South African Government initiatives aimed at closing the gaps highlighted above. These are listed below.

- In terms of section 133 of Constitution of RSA Act no. 108 of 1996, the Public Finance Management Act (PFMA) no. 1 of 1999, there are constitutional mandates requiring National Cabinet and Provincial Executive Councils to provide oversight on the performance of public entities.
- The Public Audit Act no. 25 of 2004 regulates the introduction of auditing of performance information for public entities in South Africa.
- The 2007 policy framework for managing programme performance information is aimed at guiding the development of M&E frameworks for all public entities. Furthermore, the policy forms a basis for auditing performance information (National Treasury, 2007).
- The National Department of Health developed public entity guidelines for strategic plans and annual performance plans (National Department of Health, 2009a; National Department of Health, 2009b).
- National Treasury developed a quarterly reporting system, which focuses on sector specific performance indicators (National Treasury, 2007).
- The South African Government developed a government-wide M&E (GWME) policy framework to guide public entities on programme performance and outcome evaluation information (The Presidency RSA, 2007).

- The establishment of the Ministries of Performance M&E and of National Planning marked a shift towards performance-based M&E.
- The South African Government developed a policy on Improving Government Performance to be implemented across all spheres of government in 2009 (The Presidency RSA, 2009a). This policy framework "draws on the existing GWME system" Engela and Ajam (2010, p.vi) and emphasises the move towards performance-based M&E as a strategy to improve government outcomes and accountability (Engela & Ajam, 2010; The Presidency RSA, 2009a).
- The evaluation policy was approved in 2011 as a basis for the implementation of government-wide evaluation. Furthermore, the National Evaluation Plan was approved by Cabinet in November 2012 (The Presidency RSA, 2011).
- The Management Performance Assessment Tool (MPAT) was developed in 2011 to assess practices in departments and municipalities (Phillips, 2012).
- In 2012, the South African Government developed a framework for frontline service delivery (FLSD) aimed at "facilitating improved service delivery" (Phillips, 2012, p.15).

The detailed milestones for the development and implementation of the results-based M&E policy framework are outlined in Table 1 below (Bester, 2009; Chabane, 2009, June; Chabane, 2010, February; Chabane, 2010a, September; Chabane, 2010b, September; Chabane, 2010, October; Cloete, 2009; Engela & Ajam, 2010; Phillips, 2012; PSC, 2007, July; The Presidency RSA, 2008, July; The Presidency RSA, 2009a; The Presidency, RSA, 2009b; The Presidency RSA, 2010, May; The Presidency RSA, 2010c, May; The Presidency RSA, 2010d; The Presidency RSA, 2007a; Zuma, 2010, July).

Table 1. Detailed milestones of results-based M&E framework in South Africa

Timeline	M& E initiative
From 2003	Agenda setting based on annual country report on MDGs, African Peer Review Mechanism (APRM); 10 & 15 year review, and citizens' reports.
2005	Approved implementation of GWM&E policy framework.
2007	Approved GWM&E policy framework and constituted GWM&E co-ordination forum.
2008	Developed M&E good practice guide for Premier's Offices
2009	Established Ministry of Performance M&E and Ministry of National Planning.
	Budget speech by the Minister of Performance M&E outlining the outcome based M&E approach.
	Deliberation on M&E policy in consultation with the Executive Council, Forum for South African Director Generals and ministerial clusters.
	Developed outcome-based strategic planning guidelines for implementation by government departments and agencies.
	Approved ten priorities for Medium Term Expenditure Framework (MTSF).
	Published Green Paper on Improving Government Performance: Our approach.

Timeline	M& E initiative
	Published green paper for National Strategic Planning
2010	Department of Performance M&E and National Planning Commission established
	Approved 12 outcomes of government aligned with the MTSF.
	Service delivery implementation forums established.
	President commenced signing of sector service delivery agreements with ministers based on approved 12 outcomes with high level outputs.
2011	Published national evaluation policy framework.
	Commenced implementation of MPAT and FSLD.
	Approved national evaluation plan to measure government performance.

Notwithstanding these developments, it is important to obtain information on the state of readiness of the LDOH for the implementation of a results-based M&E system, thereby developing recommendations on what action is required to ensure successful implementation.

1.2. Brief Profile of Limpopo Province

Limpopo is one of the nine provinces in South Africa, which borders Gauteng, North West and Mpumalanga. It also borders three countries: Zimbabwe, Mozambique and Botswana. In 2009, Limpopo Province had a population of 5.23 million located in five district municipalities, as in Figure 1 (Limpopo Department of Health and Social Development (LDOHSD), 2010a; LDOHSD, 2010b). The majority of the population in the Province is Black Africans. Limpopo has the highest official unemployment rate in the country. Limpopo has the highest proportion of the population under the age of 20 with no schooling (Statistics South Africa, 2011).

According to the 2011 antenatal HIV survey, the Limpopo HIV prevalence rate is at 22.1%, an increase from 21.4% in 2009 (National Department of Health, 2011). The tuberculosis (TB) cure rate has increased from 60.8% in 2006 to 66.7% in 2008, whilst TB defaulter rate improved to 7.9% in 2008 (Health Systems Trust (HST), 2010). The 2009 immunisation coverage for children under one year was at 99.2% (HST, 2010).

The LDOH provides district health services, secondary and specialised health care services; tertiary hospital services and clinical support services within the Limpopo Province. It is also responsible for the training of future health care professionals. In the 2009/2010 financial year, the LDOH had a budget of R9.3 billion (LDOHSD, 2010a; LDOHSD, 2010b; Provincial Treasury, 2010). In the same financial year, the Department had a staff complement of 31 870, with a vacancy rate for professional nurses of 48% and attrition rate for doctors of 14% (LDOHSD, 2010b).

In 2010, there were 41 hospitals with 1.6 useable beds per 1 000 population providing services across the Limpopo (HST, 2010). The Primary Health Care (PHC) services were rendered through five health districts and 416 PHC facilities (LDOHSD, 2010a). The PHC

utilisation rate was 2.9% in 2009, while the utilisation rate for under five years was at 6.2% (HST, 2010; LDOHSD, 2010b).

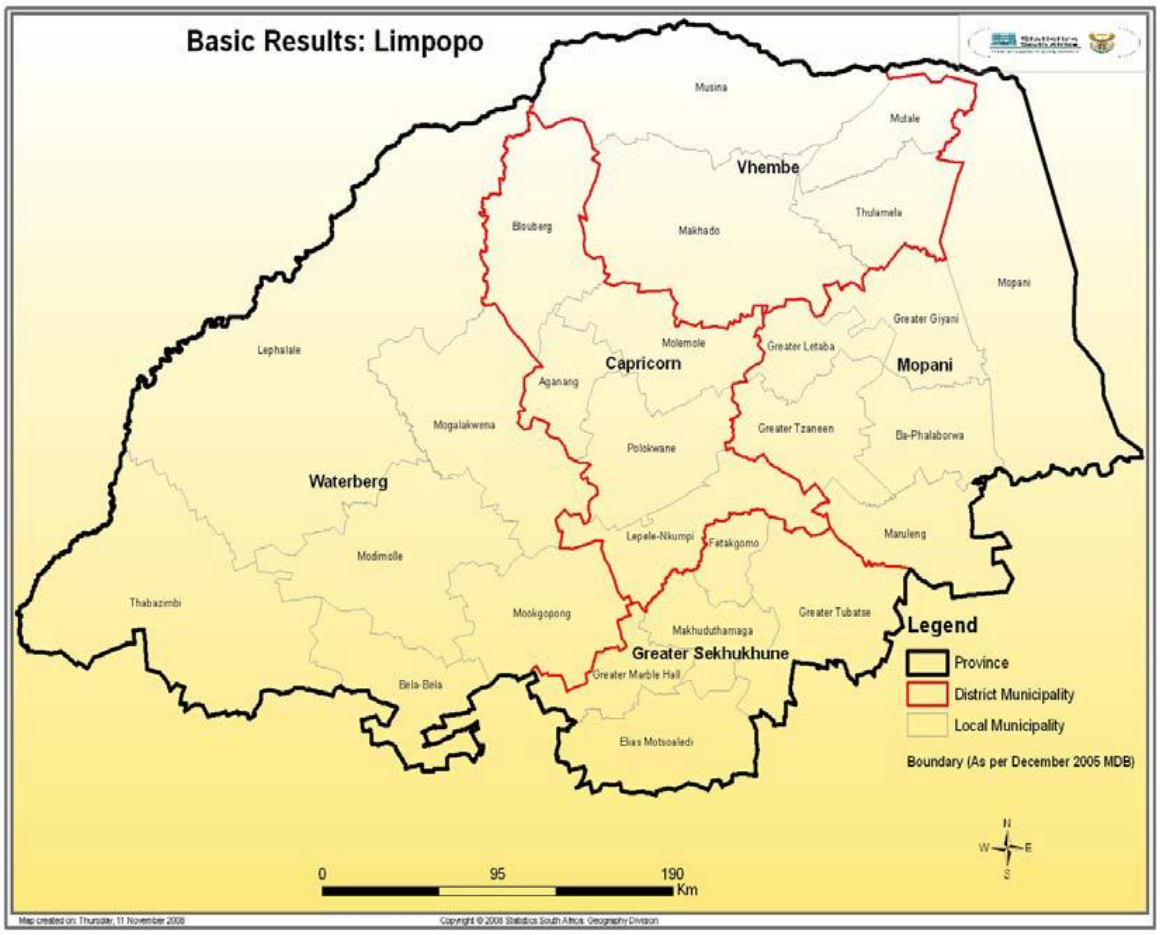


Figure 1. Map of Limpopo Province

Source: Statistics South Africa Limpopo Community Survey Report 2007

1.3. Rationale for the Study

A readiness assessment needs to be a pre-requisite for the development of M&E systems at national, sub-national and departmental level as was the case in Romania, Egypt, Uganda, Zimbabwe, Bangladesh and Colombia (Brushett, 1998; Gomez, *et al.*, 2009*;* Hauge 2001; Hauge, 2003; Kusek & Rist, 2001; . Kusek & Rist, 2002; The World Bank, 2007).

Although the Presidency RSA (2009a) indicated that government departments and public entities have built capacity and established processes for M&E, very few formal readiness assessments had been conducted at national, provincial or line department levels prior to the

implementation of the new policy (Bester, 2009; Cloete, 2009; Engela & Ajam, 2010; Ijeoma, 2010).

In 2007, the PSC conducted a baseline audit on M&E and reporting systems in order to develop GWM&E framework, which in turn formed the basis for the development of the new policy on Improving Government Performance (PSC, 2007, July; The Presidency RSA, 2007; The Presidency RSA, 2009a). The Provincial Government of the Western Cape (PGWC) (2009) also conducted a readiness assessment for the development of a Provincial GWM&E framework. In Limpopo, the Office of the Premier conducted a rapid situational analysis on M&E reporting systems and structures, but there was no focus on the organisational capacity of the various line departments (Limpopo Provincial Government (LPG), 2007). At least Mokobi's (2008) study on implementing government's M&E in Limpopo confirmed the findings of the provincial rapid appraisal regarding inadequate capacity and systems within the provincial government departments to implement the GWM&E system.

A key assumption of the study is that South Africa has the political will to implement the performance-based M&E framework, which is evidenced by the existence of the Ministry for Performance M&E within the Presidency as well as the service delivery agreements between the President and Ministers (Chabane, 2010, May; Phillips, 2012; The Presidency RSA, 2009a).

The study was motivated by the following:

- The lack of information on the LDOH's state of readiness prior to implementation of the results-based M&E framework;
- The importance of having empirical information on the current status of M&E systems, existing organisational capacity, key success factors and potential barriers within the LDOH; and
- The need to develop key recommendations on what is needed to implement the results-based M&E system successfully in the LDOH.

1.4. Definition of Terms

Monitoring

Monitoring is a systematic, standardised process of collecting, analysing and reporting on specific performance indicators to stakeholders on progress with the implementation of organisational objectives and outcomes. Monitoring is aimed at providing performance information for decision-making and/or oversight (Cloete, 2009; PSC, 2008, February; The Presidency RSA, 2007).

Evaluation

Evaluation refers to "the systematic and objective assessment of an on-going or completed project, programme or policy, its design, implementation and results. The aim is to determine the relevance and fulfilment of objectives, development efficiency, effectiveness, impact and sustainability" (PSC, 2008, February, p.3).

Evaluation can be formative, process or summative in order to provide credible information and to guide decision-making process and/or planning (PSC, 2008, February; Cloete, 2009).

M&E system

An M&E system is "a set of organisational structures, management processes, standards, strategies, reporting lines and accountability relationships, which enable national and provincial departments, municipalities and other institutions to discharge their M&E functions effectively" (The Presidency RSA, 2007, p.4).

Results-based M&E

In the context of this study, results-based M&E will be used interchangeably with performance-based M&E and refers to a performance management strategy aimed at achieving improved performance and demonstrable short, intermediate and long-term results for a programme, project or policy through a results chain of inputs, activities, outputs, outcomes and impacts. Inputs are defined as: "financial and human resources, infrastructure,

organisational structure and equipment"; activities "as tasks personnel undertake to transform inputs to outputs"; outputs "as products and services produced"; outcomes "as an immediate effects of outputs on clients" [and] "impacts as a long-term, widespread improvement in society" (Kusek & Rist, 2004, p.99).

State of readiness

In the context of this study, state of readiness means the LDOH's ability, capacity and willingness to build and implement the results-based M&E policy framework (Kusek & Rist, 2004; Mackay, 2007).

Readiness assessment

Within the context of this study, readiness assessment is defined as an analytical framework to diagnose a given country's, province's or department's ability to build and implement a results-based M&E system. The assessment focuses on issues of organisational capacity, demand related to the existence of champions, incentives, information utilisation and management; existence and functionality of structures and systems (Kusek & Rist, 2004; Mackay, 2007).

M&E capacity building

For the purpose of this study, M&E capacity building will refers to an ongoing process of development of the ability of person or organisation to monitor and evaluate the goals and objectives or to perform better (LaFond, Brown & Macintyre, 2002; LaFond & Brown, 2003; Simister & Smith, 2010). M&E capacity building will focus on the existence of technical and managerial skills to monitor and evaluate policies and programmes (LaFond, Brown & Macintyre, 2002; LaFond & Brown, 2003; Kusek & Rist, 2004; Mackay, 2007; Simister and Smith, 2010).

LDOH

The LDOH previously known as (LDOHSD): Heath Vote 7 refers to a provincial government department assigned with the mandate of rendering health, clinical support services and training of health care professionals (Provincial Treasury, 2010).

1.5. Significance of the Study

The study will inform the design and planning of results-based M&E system within the LDOH. It will contribute to the national debates and discussion on organisational capacity, structures and systems development that are needed at departmental level. The findings will stimulate debates on the process of institutionalisation and design of results-based M&E systems in South Africa at the different spheres of government. The lessons learned from the study can be utilised in similar government settings within South Africa.

1.6. Problem Statement

Concerns have been expressed that the South African government introduced the results-based M&E policy framework before determining the overall state of readiness of government departments. This includes determining the state of existing organisational capacity, structures and systems for the implementation of the new results-based M&E policy framework (Bester, 2009; Engela & Ajam, 2010; Ijeoma, 2010). There is little information available on the status of the current planning and M&E processes within government departments (National Department of Health, 2009a; National Department of Health, 2009b; The Presidency RSA, 2009a). In light of these concerns, empirical information is needed on the state of readiness of the LDOH for the implementation of a results-based M&E system.

1.7. Research Goals and Objectives

The main goal of this study is to examine the state of readiness of the LDOH to implement the new results-based M&E policy framework, thereby proposing recommendations for successful implementation of the policy framework.

The objectives of the study are to:

1. Identify and describe the drivers of the need and demand for a results-based M&E system;
2. Identify the extent to which current M&E structures and systems exist;
3. Determine the functionality of existing structures and systems to support the proposed results-based M&E framework;
4. Describe the existing organisational capacity to implement the results-based M&E framework; and
5. Identify the barriers, strengths and opportunities that influence the design and implementation of the results-based M&E system.

1.8. Research Questions

What is the state of readiness to support the implementation of the new results-based M&E policy framework in the LDOH?

- What is the need and demand for results-based M&E in LDOH?
- What are the drivers of these needs and demands?
- Does the LDOH have M&E structures in place?
- Do these structures have well defined functions that support the results-based M&E?
- What current capacity exists to support a results-based M&E system?
- How does the lack of capacity (if any) affect performance?
- What are the barriers, strengths and opportunities influencing the design and implementation of the results-based M&E system for the LDOH?

1.9. Outline of Research Report Chapters

Chapter 1: Introduction

This chapter introduced the study and provided a background and context of the South African results-based M&E framework. The challenges for building M&E systems in South Africa were discussed. The chapter outlined the definition of terms, highlighted the problem statement, and discussed the research goal, objectives and questions.

Chapter 2: Literature review

The second chapter focuses on the review of the literature. The drivers and implementation of results-based M&E framework are described. Structural arrangements and capacity building for results-based M&E; existence and functionality of structures, systems and processes for results-based M&E are highlighted in this chapter.

Chapter 3: Research methodology

This chapter describes the research process, including design and methodology utilised in this study. Furthermore, in this chapter, the researcher outlines ethical approval and sampling procedures; data collection methods, data analysis and concludes with the validity and reliability of the data.

Chapter 4: Findings

Chapter four presents the results that emerged from the key informants' interviews, and documents analysis according to the study themes. It concludes with a summary of the research findings.

Chapter 5: Discussion

The discussion chapter provides an analysis of the findings and discusses the research findings presented in chapter four with reference to the existing body of knowledge. The discussion is outlined based on the identified themes.

Chapter 6: Conclusion and recommendations

Chapter six concludes the study and makes recommendations to strengthen the implementation of results-based M&E.

CHAPTER 2: LITERATURE SURVEY

2.1 Introduction

Although there is a large body of literature on M&E, there is a dearth of empirical research studies that focus on the readiness of individual government departments. The World Bank appears to have taken a lead in driving the concept of readiness assessments partly in response to the Paris Declaration on Aid effectiveness and the Accra agenda for action (Holvoet & Inberg, 2011; Kusek & Rist, 2004; OECD, n.d). In general, the literature tends to be descriptive in nature, often focusing on country or sub-national level assessments.

The assessments at national and sub-national level tend to be published in technical or government reports, rather than in peer-reviewed journal articles. This is because their main focus is on institutionalisation of M&E systems and capacity building at country level. Another gap in the literature is that there are few studies that focus on the health sector.

This chapter provides a review and critique of the relevant international and local literature as it relates to the overall aim of the study, and is divided into the sections for: readiness assessments on results-based M&E; the drivers of the need for results-based M&E; and issues regarding the implementation of results-based M&E. These sections overlap, but for the sake of clarity are described separately**.**

2.2 Readiness Assessments on Results-Based M&E

A readiness assessment is considered a critical first step and the foundation of results-based M&E system (Kusek & Rist, 2002; Kusek & Rist, 2004; Mackay, 2007). In the last decade, the majority of M&E readiness assessments have been conducted by the World Bank primarily in low-and middle-income countries (Castro, Lopez-Acevedo, Busjeet & Ordonez 2009; Gómez, Olivera & Velasco, 2009; Kusek & Rist, 2002; Kusek & Rist, 2004; Kusek, 2011; Lahey, 2005; Mackay 2007; The World Bank 2004; The World Bank, 2007). The studies commonly assess the readiness of countries according to key factors that are critical prior to building and implementing results-based M&E systems. These key factors include regulatory framework, leadership, M&E structures and systems, and capacity building. Table 2 below summarises these assessments and their main findings.

Table 2. Countries readiness assessment summary findings

Country	Summary of readiness assessment findings	Sources (authors)
Egypt	• Existence of high level capacity and an enabling M&E legal framework. • The M&E strategy was fragmented to support the implementation of the results-based M&E system. • Centralised high level leadership provided by the Minister of Finance, but management structure was lacking.	(Kusek & Rist, 2002; Kusek & Rist, 2004; Kusek, 2011).
Romania	• Enabling M&E legal framework. • Centralised high level leadership provided by the Minister of Finance. • High level of M&E expertise to implement. • Lack of M&E implementation strategy and system. • Insufficient knowledge of developing the performance-oriented management culture.	(Kusek & Rist, 2002; Kusek & Rist, 2004; Kusek, 2011).
Bangladesh	• Lack of dedicated M&E funding, legal framework and reform initiatives. • Lack of a champion to provide leadership for results-based M&E. • Inadequate capacity with limited formal M&E training and lack of alignment of planning and budgeting processes. • Poor quality of data.	Kusek & Rist, 2002; Kusek & Rist, 2004; Kusek, 2011).

Country	Summary of readiness assessment findings	Sources (authors)
Chile	• M&E resource allocation prioritised. • Centralised high level leadership provided by the Minister of Finance • Enabling M&E legal framework. • Country has two functional M&E systems and an "evaluation factory" consisting of a well-developed process for planning, commissioning, managing, reporting and using a range of types of evaluation" (Burdescu, del Villar, Mackay, Rojas & Saavedra, 2005, p.1) • Utilisation of information submitted to the Parliamentary Congress and for budget allocation was sufficient.	(Burdescu, *et al.*, 2005; Mackay, 2007).
Colombia	• Strongest M&E system in Latin America, supported by enabling M&E legal framework. • Strong political commitment and utilisation of performance information. • Unclear roles and responsibilities. • Lack of integrated M&E processes. • Poor quality and credibility of information.	(Gomez, *et al.*, 2009; The World Bank, 2007).
Mexico	• Enabling M&E legal framework. • Centralised high level leadership provided by the Minister of Finance. • Functional M&E system. • Improved capacity at federal level.	(Castro, *et al.*, 2009; Mackay, 2007).

Country	Summary of readiness assessment findings	Sources (authors)
	• Co-ordination and M&E system was insufficient. • Information overload. • M&E system was not yet institutionalised.	
Jordan Special Economic Zone Authority (ESEZA)	• Existence of enabling M&E legal framework. • Lack of appropriate capacity to support M&E initiative. • Unclear roles and responsibilities. • Inadequate management information system. • Limited capacity, skills and results-based M&E knowledge.	(Lahey, 2005).
Ghana	• Lack of a champion to provide leadership for results-based M&E • High level of M&E demand. • Misalignment of M&E processes; inadequate incentives, performance culture and resources. • Inadequate M&E system with poor quality of information. • M&E capacity and skills inadequate. • Existence of agency to provide M&E training.	(The World Bank, 2000).
Zimbabwe	• M&E central leadership was provided by the Presidency. • Slow implementation of the M&E system. • Inadequate incentives and stakeholder participation.	(Brushett, 1998)

Country	Summary of readiness assessment findings	Sources (authors)
	• Lack of M&E system and receptive culture.	
Uganda	• Poverty reduction was a key focus of the M&E strategy. • M&E processes were not aligned. • Capacity and skills inadequate. • Availability of M&E systems producing a large amount of information. • Management information system not integrated. • Poor quality of data. • Inadequate utilisation of data. • Inadequate incentives and stakeholder involvement.	(Hauge, 2001; Hauge, 2003).

These studies have found that there are common factors across countries, including the need for high level leadership to drive the M&E reform; inadequate M&E capacity, particularly human resource and technical skills; insufficient M&E training, inadequate M&E systems, lack of M&E framework in certain countries; and poor utilisation of performance information as summarised in Table 2 above. In Africa, these readiness assessment studies have also revealed poor infrastructure, fragmented M&E systems, lack of a culture of M&E, lack of ownership and political will, all of which impact on the results-based M&E system (Hauge, 2001; Hauge, 2003; Kannae, 2000; Koranteng, 2000; Saide & White, 2007; The World Bank, 2000). However, all these assessments tend to be high level and superficial, covering breadth, rather than depth.

Very few studies have focused on the sub-national level or on individual line departments in government. The study conducted by Lahey (2005, p.1) regarding Jordan's ESEZA, focused on assessing organisational capacity for implementation of the M&E system, in order to

recommend strategies to improve results-based M&E capabilities and government performance. Interviews with officials were conducted across the local authority. In this Jordan study a very small number of officials were interviewed, which limits generalisability of these results. The purpose of the rapid appraisal was to implement a sub-national results-oriented management (RoM) approach in a municipality in Colombia (Gómez *et al.*, 2009). The study focused on assessing the capacity of strategic planning, M&E and budgeting before implementing the results-oriented budgeting system.

In consort with the national readiness assessments, these studies found that there are limited institutional capacity and technical skills; knowledge of results-based M&E, inadequate M&E systems, coupled with manual processes (such as data collection) and high reliance on outside technical assistance (Gómez, *et al.*, 2009; Lahey, 2005).

In South Africa, the Public Service Commission has conducted a large scale audit focusing on "assessing M&E and reporting systems in government departments thereby developing the M&E plan for implementation across government departments" (PSC 2007, July, p.vii). Rapid assessments have also been conducted in the Western Cape and Limpopo Provinces, as well as in the Gauteng Department of Health (LPG, 2007; Mokobi, 2008; Mtshali, 2010; PGWC, 2009; PSC, 2007, July). The Western Cape assessment found that over 70% of line departments have dedicated M&E units and M&E strategies whilst 91% have developed M&E frameworks. The overall assessment was favourable, showing that the province was ready to implement the results-based M&E system in all the government departments.

In 2007, the LPG conducted a rapid situational analysis to ascertain the current status of M&E capacity and systems LPG (2007); whilst Mokobi's (2008) study focused on the capacity for development and implementation of a results-based M&E framework in Limpopo. The findings of these studies showed that M&E across line government departments is still underdeveloped, as a result of inadequate leadership and capacity; lack of M&E strategies and systems; misalignment of systems and processes; and insufficient structural arrangements to facilitate the implementation of the results-based M&E. Similarly, Mtshali's (2010) readiness assessment study found that the Gauteng Department of Health is not ready to institutionalise M&E due to insufficient M&E culture and resources, inadequate M&E capacity and systems.

However, all these studies suffered from several weaknesses and limitations such as: poor response leading to inappropriate respondents being interviewed and the inability to validate the information received; late receipt of information and small scale studies or audits and rapid reviews resulting in an inability to generalise the findings (LPG, 2007; Mokobi, 2008; Mtshali, 2010; PGWC, 2009; PSC, 2007, July).

The South African government policy analyses conducted by Bester (2009) and Cloete (2009) indicated that, notwithstanding the existing human, systems and structural capacity constraints, government departments go ahead with implementing results-based M&E system without doing the necessary assessments. Hence Bester (2009, p.5) further emphasised that "It would be instructive for government to conduct an assessment of the readiness of departmental M&E systems to respond to the new approach to M&E proposed by the Ministry for Performance, M&E".

Despite the limitations of the studies described above, there are useful lessons to be gleaned from these that are critical in building and implementing a results-based M&E system at national and/or sub-national levels.

What required is political will with high level commitment and national champions, either in the finance ministry or the Presidency. Engela and Ajam (2010), Kusek and Rist (2004) and Mackay (2007) have argued for the need for visible champions at the highest level, as strong political leadership and incentives are essential for sustainability of any M&E system. This perspective is supported by Kusek and Rist (2001, p. 21) who noted that "a champion highly placed in government can give a strong voice to the need for better informed decision making".

Some degree of centralised national M&E system is needed. It is critical to build an M&E system through a phased-approach over a long period of time. Furthermore, developing simplified M&E systems with unambiguous goals, objectives and standardised measurable indicators is critical. These M&E systems should ensure production of reliable and credible performance information (Burdescu, *et al.*, 2005; Brushett, 1998; Castro, *et al.*, 2009; Engela & Ajam, 2010; Gómez, *et al.*, 2009; Kusek & Rist, 2001; Kusek & Rist, 2004; Lahey, 2010).

The utilisation of complex high level performance information by oversight institutions, ministries and the Presidency is essential for resource allocation, planning and decision making and promoting an M&E culture. Consideration should also be given to high level M&E prioritisation; with dedicated and sufficient budget as is the case in Brazil, Mexico and Uganda (Castro, *et al.*, 2009; Gómez, *et al.*, 2009; Hauge; 2003; Schiavo-Campo, 2005).

In addition, according to Lahey (2010), appropriate incentives to promote and enforce a culture of utilisation of performance information and learning rather than reporting performance information for compliance are needed. Hauge (2003) has argued that the success of results-based M&E of Uganda depended on strong demand inclusive of political will and built-in incentives for staff. At the same time, there is need for appropriate sanctions (Mackay, 2007).

Developing M&E capacity requires an adequate mix of technical skills, which include data collection, capturing, analysis and utilisation of performance information; planning and results-based M&E. Furthermore, developing legislative and policy framework is critical to provide clarity in terms of M&E activities; roles and responsibilities of M&E structures. (Castro, 2006; Castro, *et al.*, 2009; Engela & Ajam, 2010; Hauge, 2003; Kusek & Rist, 2001; Kusek & Rist, 2004; Lahey, 2010; Mayne, 2007; Schiavo-Campo, 2005; Scott, Joubert & Anyogu, 2005; The World Bank 2007).

2.3 The Drivers of Need for Results-Based M&E

Specific studies on what drives the need for results-based M&E are limited, especially at line government department level and in the health sector. As indicated above, most of the literature tends to be published in government and/or agency reports or as conference papers.

The key drivers for the need for results-based M&E are: Legislation and over-arching policy framework to guide the implementation of M&E system, performance-based reforms and poverty reduction programmes are available in Colombia, Chile, Brazil, Australia, Canada, Kenya, El Salvador, South Africa, Kenya, Benin, Burkina Faso, Uganda, Zimbabwe, Niger and Timo Lester. In addition, key drivers such as the information demand and utilisation of performance information, the need to achieve the targets for the MDGs in South Africa, Tanzania, Ghana and the increasing accountability and transparency for government

performance in El Salvador, Tanzania, Ghana, South Africa, Chile, Columbia and Australia were also identified (Brushett, 1998; Claude, 2007; Cloete, 2009; Doherty, 2006; Engela & Ajam, 2010; Mackay, 2006; Mackay, 2007; Makaruka, 2000; Obong'o, 2008; Odhiambo, 2000; The Presidency RSA, 2009a; Segone, 2009; Seydou, *et al.*, 2008; Sheperd, 2011; USAID, 2009; White, Balasundaram & Lahey, 2006; Yaha, 2007; Zwane & Düvel, 2008).

There is a need for donor funding to move towards results-based M&E to improve public accountability especially in developing countries. Donor funding is co-ordinated through the Highly Indebted Poor Country initiative by The World Bank and The International Monetary Fund, which provide debt relief and support poverty reduction strategies in poor countries including improving performance information (Kusek & Rist, 2001; Kusek & Rist, 2004). "The main aim is to create a global force of accountability and proven results" (Kusek & Rist, 2004, p.5) whilst providing monetary relieve for poverty reduction and development results (Kusek & Rist, 2004).

In South Africa, the need for results-based M&E reform is linked to the commitment to reduce poverty and MDGs targets by 2015; and political and civil society pressures to improve service delivery (Engela & Ajam, 2010).

2.4 Issues Regarding the Implementation of Results-Based M&E

Despite the limited research on the implementation of results-based M&E, different scholars have demonstrated that the issues of structural arrangements, functionality of structures and systems; and capacity building are essential for implementation of results-based M&E (Kusek & Rist, 2004; Mackay, 2007; Mawelela, 2012; Mokobi, 2008; Mtshali, 2010; UNDP, 2009; The World Bank, 2000).

2.4.1 Structural arrangements for results - based M&E

Structural arrangements for results-based M&E systems are often documented as part of readiness assessments. Mtshali's (2010) study revealed that despite the existence of M&E structures within the Gauteng Department of Health, there was a misalignment between the staff and the structure. In addition, the staff allocated to the M&E structure was insufficient to carry all the M&E functions across the Department. In Limpopo, Mokobi's (2008) study

pointed out that the line departments do not have dedicated M&E structures and personnel, but the M&E systems are implemented as an add on function. In addition, the majority of departments have a high vacancy rate. As a result, the M&E roles and responsibilities of these M&E structures were considered unclear. This is despite the South African M&E legislative framework, which suggests that government departments ought to have established M&E structures in preparation for the implementation of the national M&E policy framework.

In contrast, the Western Cape Province's readiness assessment revealed that the majority of line government departments have dedicated M&E structures and staff (PGWC, 2009).

In Uganda, it was found that the M&E structure did not align with other M&E related functions and Egypt had no structure to manage the results-based M&E reform (Amudo & Inanga, 2009; Kusek & Rist, 2002). Countries such as Brazil and Colombia, which commenced institutionalisation of M&E have M&E structures but with unclear M&E roles and responsibilities (Pares, 2006; The World Bank, 2007).

2.4.2 Existence and functionality systems, structures and processes

Some Latin American countries such as Colombia, Costa Rica, and Uruguay have one integrated GWM&E systems whilst Chile has two and Argentina has three functional M&E systems (Burdescu, *et al.,* 2005; Gómez, *et al*., 2009; Zaltsman, 2006). Castro *et al.* (2009) noted that Mexico has commenced the implementation of performance evaluation system in an attempt to institutionalise the results-based M&E system. There is also fragmentation of M&E systems in Egypt (Kusek & Rist, 2004). The various readiness assessments in El Salvador, Timor Leste, Uganda, Colombia, Tanzania have found that there has been misalignment of processes, often influenced by inadequate and ineffective processes and lack of controls for institutionalisation of M&E (Amudo, & Inanga, 2009; Doherty, 2007; Rodriguez-García, White & Terme, 2006; The World Bank 2000; The World Bank 2007). In contrast, Yaha (2007) illustrated how the alignment between the budget and plans has strengthened the results-based M&E system in the Benin Ministry of Environment, Habitat and Urbanisation.

In sub-Saharan countries, the general finding is that there are inadequate M&E systems (Adeghe, 2006; Hauge, 2003; Lahey, 2005). Although South Africa is relatively well-resourced, South Africa's GWM&E system is a combination of different M&E systems, rather than an integrated system. However, the intention is that the system should support the performance measurement of the outcome-based strategic and annual performance plans that commenced in 2010 (Bester, 2009). Similarly, Limpopo Province and Gauteng Department of Health's M&E systems were found to be inadequate to support the institutionalisation of results-based M&E system (Mokobi, 2008; Mtshali, 2010). As indicated above, these M&E systems are not integrated because the other transversal systems in the country such as the Basic Accounting System, PERSAL, HIV and AIDS are implemented. For an example, it is difficult to integrate HIV and AIDS M&E system with other systems due to its vertical design, exacerbated by inadequate skills and leadership commitment (Kawonga, Blaauw & Fonn, 2012). However, the Western Cape and the North West Provinces have commenced the implementation of an integrated provincial M&E system (Ishmail, 2012; Mawelela, 2012; PGWC, 2009).

In some South African provinces, there are inadequate frameworks or strategies in line government departments, which are implemented in a fragmented manner (LPG, 2007; Mokobi, 2008; Mtshali, 2010; PSC, 2007, July). However, two departments in the Western Cape Province also did not develop M&E frameworks and strategies due to lack of dedicated M&E units (PGWC, 2009). In South Africa, there is also insufficient integration between planning, budgeting, performance management system and M&E (Mokobi, 2008; Mtshali, 2010; PSC, 2007, July).

Another process, which is required for institutionalisation of M&E is auditing of performance information, which allows managers to understand the weaknesses in order to improve government performance (Rivenbark & Pizzarella, 2002; Wilkins & Mayne, 2002). In Uganda, Amudo & Inanga (2009, p.124) revealed non-compliance with laws, regulations and procedures due to "ineffective internal control systems".

In the case of the health sector, sub-optimal health information systems influence the implementation of results-based M&E systems (Herbst, Little johns, Rawlinson, Collinson & Wyatt, 1999; Heeks, 2002; Littlejohns, Wyatt & Garvican, 2003). South Africa commenced with the implementation of an integrated national district health information systems (DHIS)

in 1998, and there have been successes demonstrated (Braa & Hedberg, 2002; Garrib, Stoops, Mckenzie, Dlamini, Govender, Rohde & Herbst, 2008; Shaw, 2005; Williamson, Stoops & Heywood, 2001).

However, Moodley (n.d.) noted that many departments in South Africa still use manual systems for collecting, analysing and reporting performance information contributing to inadequate utilisation of performance information for decision making. *G*arrib *et al.* (2008) and Aqil, Lippeveld and Hozumi (2009) indicate that despite staff's good knowledge on collection and collation of data, there is inadequate analysis and utilisation of performance information for decision making and planning. Hernandez (2006) has noted a link between information use and system completeness which influenced institutionalisation of the M&E system in Mexico.

M&E scholars often have also pointed to the inaccurate, unreliable and poor quality of data on performance reports submitted to oversight institutions e.g. Treasury and Parliament, making it difficult to exercise the oversight functions (Aqil, *et al.,* 2009; AbouZahr & Boerma, 2005; Mokgoro; 2000; Rodriquez-Gracia, *et al.,* 2006). Unless integrated management information systems are developed and quality control measures of performance information are improved, the quality and credibility of the performance information for decision making will be completely lost (Aqil, *et al.,* 2009; AbouZahr & Boerma, 2005; Mokgoro, 2000; Senay & Besdziek, 1999; Shaw, 2005; Tilbury, 2009). AbouZahr *et al.* (2005), Mtshali (2010) and PGWC (2009) suggest that as long as there is over-emphases on reporting for compliance, quality of data will remain questionable. This view has been supported by Rivenbark and Pizzarella (2002, p.419) noting that "Although performance measures are being reported, the accuracy, reliability and comparability are still in question".

2.4.3 Capacity building for results-based M&E

It is critical to acquire institutional capacity including technical and managerial skills prior to the implementation of a results-based M&E system that can be sustained over-time (Kusek, Rist & White, 2005).

M&E related capacity in terms of human resource and skills have been considered inadequate especially in developing countries (Schiavo-Campo, 2005; Mokobi, 2008; Mtshali, 2010;

Lahey, 2005; PGWC, 2009; Porto de Albuquerque, Prado & Machado, 2011; Taylor-Powell, 2006; Tilbury, 2009).

These inadequate skills have been influenced by the lack of formal training opportunities for M&E by external institutions (Adrien, 2001; Bana & Shitindi, 2009; Castro, *et al.*, 2009; Dassah & Uken, 2006; Engela & Ajam, 2010). In contrast, the Niger implementation of the M&E network of specialists was an attempt to strengthen the growing demand and this initiative has resulted in strengthening the M&E system (Segone, 2000).

Castro (2006); Pares (2006); Zavala's (2006) found that the national results-based M&E systems would have been implemented successfully on time if capacity limitations were identified and eliminated prior the establishment of these systems. This was also found in Brazil (Hernandez, 2006).

Uganda's lack of M&E technical and management capacity identified prior to the establishment of a system was beneficial (Hauge, 2003). In summary, the following constraints have also been identified in other countries:

- Inadequate data collection, analytical and statistical skills AbouZahr and Boerma (2005), Aqil *et al.* (2009), Garrib *et al.* (2008), Lahey (2005), Mokgoro (2000), Mtshali (2010) and Taylor-Powell (2006);
- Insufficient utilisation of data Garrib *et al*. (2008) and Taylor-Powell (2006);
- Inadequate planning, results-based M&E and co-ordination of M&E processes Taylor-Powell (2006);
- Insufficient financial and auditing skills appropriate for auditing non-financial information Wilkins and Mayne (2002) and The World Bank (2000); and
- Poor information technology knowledge (Porto de Albuquerque, *et al.*, 2011).

In South Africa the PSC's (2007, July) audit has also revealed that there is inadequate capacity, supported by the studies in Limpopo Province and the Gauteng Department of Health (LPG, 2007; Mokobi, 2008; Mtshali, 2010).

2.5 Conclusion

Experience from other countries has shown that readiness assessments, strong political leadership, information demand and culture, functional structures and systems and capacity building are critical and can facilitate successful implementation of results-based M&E systems.

The proposed study will fill an information gap, regarding the state of readiness of the LDOH to implement a results-based M&E system. In addition, it will respond to the current policy environment in South Africa of moving towards results-based M&E.

These findings of the study in determining the LDOH's state of readiness for implementing results-based M&E framework will make an important scholarly contribution in generating information and to the practical application of the M&E system. These issues have been considered in the study methods described in the next chapter, Research Methodology.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research design, sampling approach, and data collection methods and data analysis.

The research approach selected for this study was qualitative in nature, provides a systematic inquiry of the state of readiness of the LDOH for the implementation of the new results-based M&E policy framework. The study employed in-depth interviews and document analysis to obtain information, which brings rich insights, meaning, values and holistic views to the study questions (Badenhorst, 2007; Marczyk, DeMatteo & Festinger, 2005; Neuman, 2006; Welman, Kruger & Mitchell, 2005).

3.2 Research Design

The design adopted for this study is descriptive in nature to provide insights and meaningful descriptive information to answer the research question: What is the state of readiness to support implementation of new results-based M&E policy framework in the LDOH? (Badenhorst, 2007; McDaniel & Gates, 2007; Marczyk, *et al.*, 2005; Neuman, 2006; Welman, *et al.*, 2005).

3.3 Ethics Approval

Ethics approval was obtained from the Human Research Ethics Committee of the University of the Witwatersrand, Johannesburg (reference number M10729) in Appendix 1. The LDOH and Social Development Research Committee also gave approval to interview senior officials and to access departmental records (reference number, 4/2/2) in Appendix 2.

3.4 Sampling Procedures

Non probability or purposive sampling was used to select 27 key informants based on their seniority, experience, knowledge and expertise in M&E, information and/or financial management (Neuman, 2006; Welman, *et al*., 2005). A purposive sample was used as it does not require a specific sample size or a population to be sampled, and because the researcher sought to get the views of individuals knowledgeable on the subject (Neuman, 2006; Welman, *et al*., 2005).

The target population selected for the study was senior officials at provincial and facility levels within the LDOH and institutions supporting the LDOH M&E system within the Limpopo Province as in Appendix 6.

The study setting was the Limpopo Province, with a specific focus on the LDOH facilities.

Within the LDOH, the inclusion criteria for the study were:

- Executive managers of health programmes;
- Senior officials responsible for M&E, information and/or financial management;
- Located at the provincial office, training colleges and hospitals; and
- At least two years' experience of working in the LDOH.

Outside the LDOH, the inclusion criteria for institutions were:

- Other Limpopo government departments involved with M&E for Health;
- Physical presence in Limpopo Province;
- Senior officials in those institutions, involved with M&E for health services; and
- At least one year work experience in the institutions within Limpopo Province. The sample is shown in Figure 2 below.

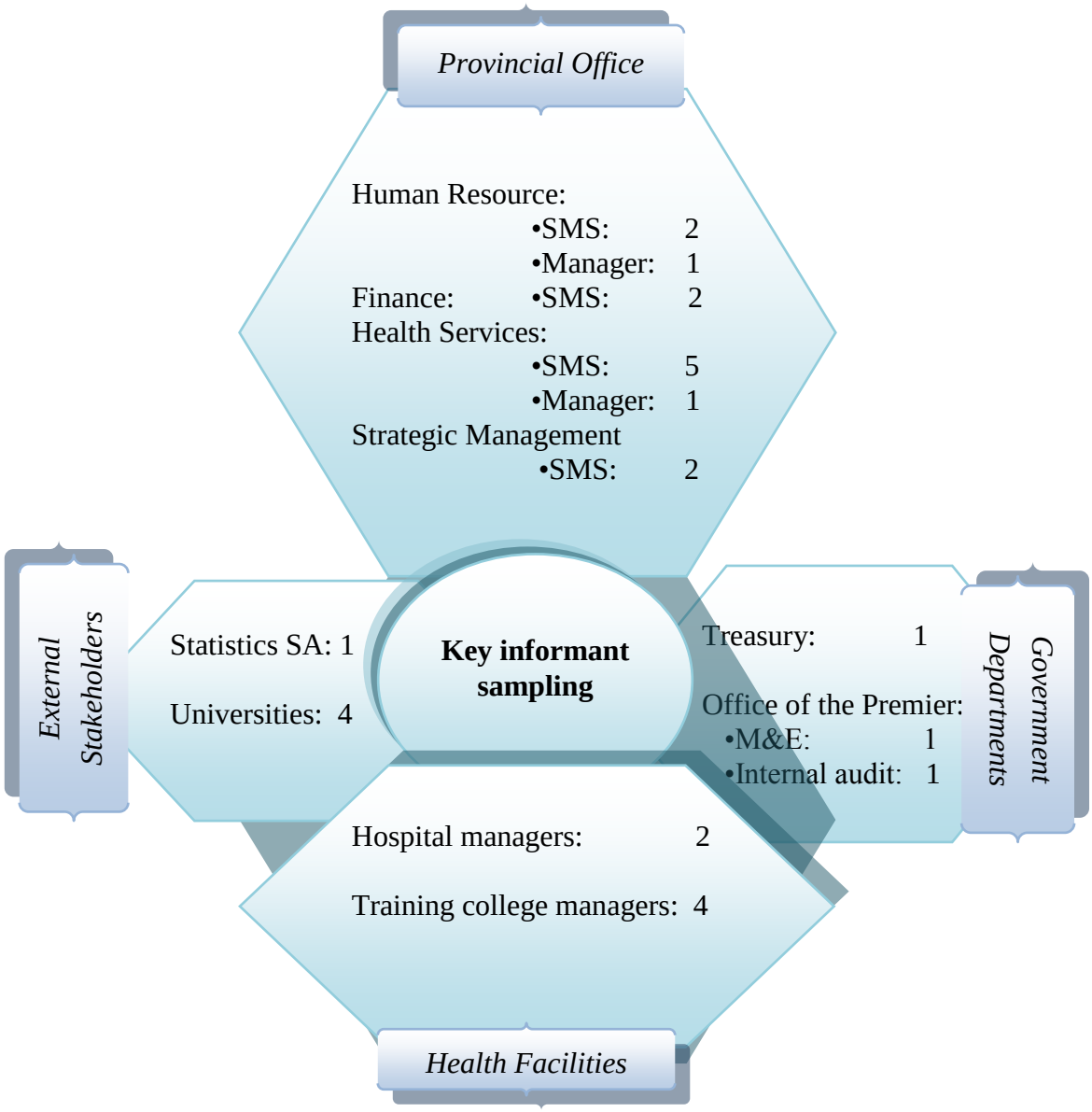


Figure 2. Approaches to the selection of key informants

Document analysis

Only documents relevant to answering the research question were selected. These documents ranged from national policies and legislation; organisational structures, training and research records; annual report, provincial plan, and plans for the LDOH between the period of 1996 and 2010 as outlined in Table 3 below (Neuman, 2006; Rossi, Lipsey & Freeman, 2004; Welman, *et al*., 2005)

Table 3. Type of documents selected and criteria

Research question	Type of documents selected	Criteria
M&E related legislation, policies, plans and reports		
What is the need and demand for results-based M&E in LDOH? What are the drivers of these needs and demands?	The Constitution of the Republic of South Africa Act no. 108 of 1996	Key drivers; legislative mandates; key priorities; objectives and implementation plan
	PFMA no. 1 of 1999 as amended by the PFMA no. 29 of 1999	
	The National Health Act no. 61 of 2003	
	The Public Audit Act no. 25 of 2004	
	The Green Paper: National Strategic Planning, 2009	
	Improving Government Performance: Our Approach, 2009	
	Policy Framework for the Government-Wide M&E system, 2005	
	Framework for managing programme performance, 2007	
	Delivery Agreement: Outcome 2: A long and Healthy Life for all South Africans, 2011	
	Chapter 5 of the Treasury regulations for departments, trading entities, constitutional institutions and public entities (in terms of the PFMA), 2007	

Research question	Type of documents selected	Criteria
	LDOHSD Health (Vote 7) 2010/12-2013 Annual Performance Plan	
	LDOHSD Health (Vote 7) 2010/11-14/15 Strategic Plan	
	Limpopo Growth and Development Strategy	
Capacity development policy framework and training records		
What current capacity exists to support a results-based M&E system?	LDOHSD capacity development policy/programme/framework LDOHSD training records 2010/2011 financial year	Type of institutions proving training; type of training and purpose and category of personnel trained
	Public Service Sector Education and Training Authority (PSETA) annual training report 2009/10 and workplace skills plan 2010/11: LDOH L520729019	
	LDOHSD Human resource policy, 2007	
Departmental organisational structures		
Does the LDOH have M&E structures in place? Do these structures have well defined functions that support the results-based M&E system?	LDOHSD revised Health organisation and establishment structure: Provincial head office. Approved 07 November 2007	Type of monitoring and units and systems; description of systems; roles and responsibilities
	LDOHSD Health approved organisation and establishment structure for five Health district offices: Vembe, Mopani, Waterberg, Sekhukhuni and Capricon Primary health care services. Approved 09 June 2010	
	LDOHSD Health organisation and establishment structure for five regional hospitals: St Ritas, Tshilidzini, Philadelphia Mokopane, Letaba. Approved 09 June 2010	

Research question	Type of documents selected	Criteria
	LDOHSD Health proposed organisation and establishment structure for two large district hospitals; Elim and Lebowakgomo hospitals. Approved 09 June 2010	
Research documents		
Does the LDOH have M&E structures in place?	LDOHSD research report on staff turnover, absenteeism and misconduct 2006/07 LDOHSD approval letters for research	People and organisations conducting research; type and purpose of evaluation studies; and availability of evaluation research reports

3.5 Data Collection Methods

The key informant interviews

The key informant interviews were used as the primary method of data collection, as it allowed in-depth information to be collected from senior officials, and it allowed the researcher to gauge their views, experiences and knowledge about the current status of the LDOH M&E system (Neuman, 2006; UNDP, 2009; University of Witwatersrand, 2009; Wengraf, 2006; Welman, *et al.*, 2005).

Following informed, written consent, the researcher conducted face to face interviews with 27 key informants described above (see Appendix 3). The interview schedule focused on the following questions (see Appendix 3 and 4).

- The need and demand for results-based M&E in LDOH and the drivers of these needs and demands;
- Existence of M&E structures in the LDOH;
- Functions of the structures and whether these functions support the results-based M&E;
- Current capacity to support a results-based M&E system;
- Whether and how the lack of capacity (if any) affects performance; and
- The barriers, strengths and opportunities influencing the design and implementation of the results-based M&E system for the LDOH.

All interviews were conducted in English from September to December 2010. The researcher used probes to clarify responses and to obtain more detailed information. Each key informant interview lasted for approximately one hour, although the duration varied in some cases depending on the responses by informants. Interviews were digitally recorded, with consent, but the researcher also took detailed notes during the interview and wrote a synopsis summarising the interview after each interview.

Digital voice data were transferred into the computer after completing interviews and coded to maintain confidentiality. The transcription of voice data from the computer was done after the interviews by listening to the voice data. The researcher compared the digital voice data with research notes to ensure reliability and quality of information for data analysis (Welman, *et al*., 2005).

The consent forms, transcripts and notes are stored in a locked place to maintain confidentiality. These documents will be destroyed two years after publishing the research report (Welman, *et al*., 2005).

Document analysis

The document analysis was used as a secondary method to complement the key informant interviews and to provide objective analysis and social meaning from reports, legislation, records and other departmental documents (Neuman, 2006; Treece & Treece, 1982). Analysis of these documents was essential to reveal valid and reliable information on the current status of organisational capacity in the LDOH and statutory requirements.

The researcher analysed the content of documents to examine the legislative mandates, objectives and key priorities, institutions providing training, types of training, category of personnel trained, M&E structures and systems, roles and responsibilities and evaluation research conducted. The selected LDOH documents in Table 3 were analysed and categorised as follows: M&E related policies and related legislation; plans and reports; capacity development policy framework and training records; departmental organisational structures; and research documents.

3.6 Data Analysis

3.6.1 Analysis of key informant interviews

The process of data analysis combined both manual and computerised data analysis procedures by the researcher over a period of three months as outlined in Figure 3 below. At first, data analysis was done manually followed by the MAXQDA10 qualitative data analysis programme to strengthen the accuracy and exclusivity of all key themes, categories and variables required to answer the research question (Creswell, 2003; Welman, *et al.,* 2005).

The researcher assigned codes to all 27 data recorded files from key informants' interviews to maintain confidentiality after each interview. The same codes were recorded to the questionnaires with notes taken for each key informant during the interviews. All 27 transcripts were assigned codes corresponding to the data files codes. The researcher carefully transcribed all 27 key informants' tape recorded information from data files into notes after all interviews and follow the process of qualitative data analysis according to Neuman (2006) and Welman, *et al.,* (2005). The key informants transcripts were also analysed using MAXQDA10 qualitative data analysis programme. The identified themes and sub-themes are indicated in the findings chapter four, Table 4.

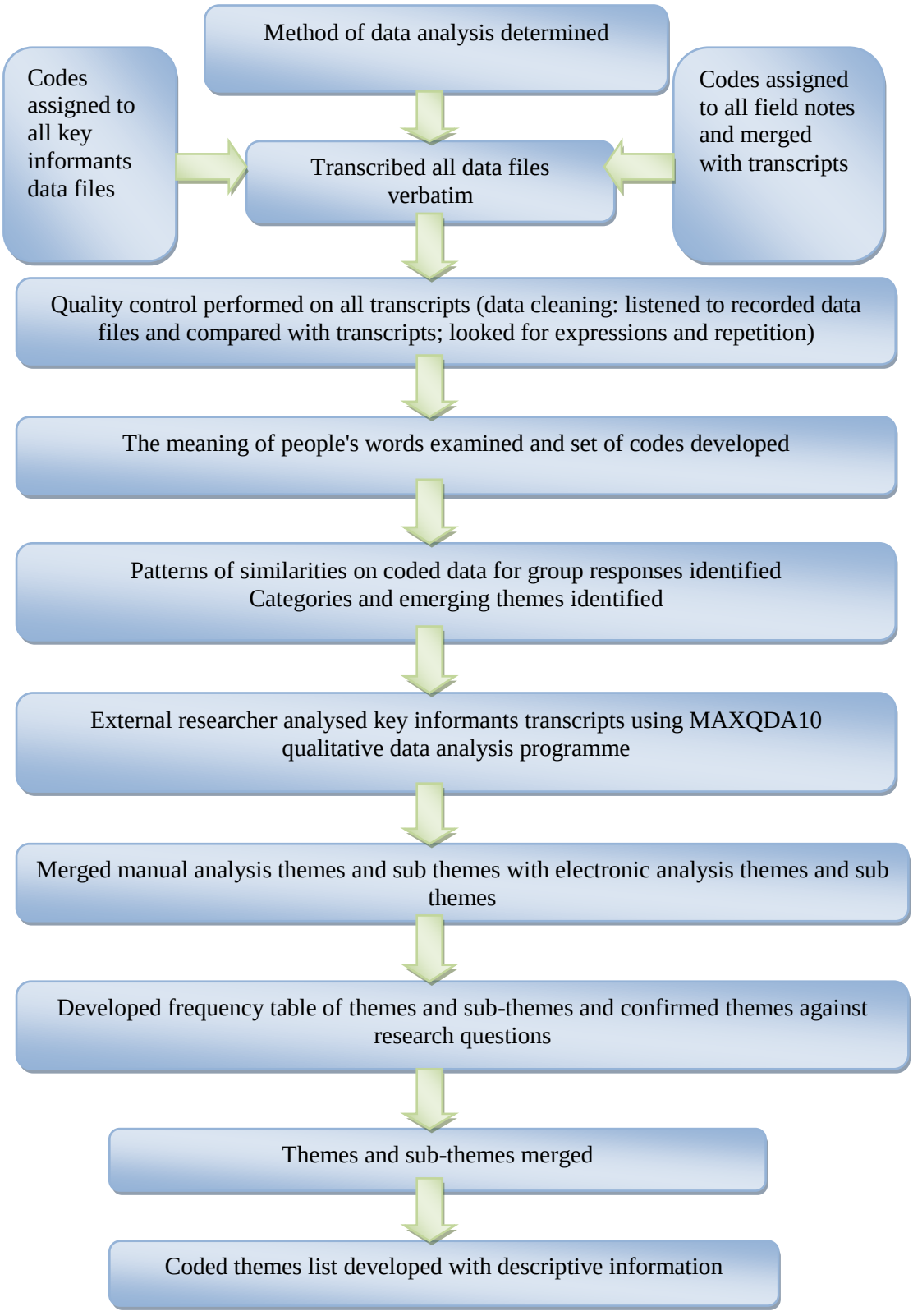


Figure 3. Key informants qualitative data analysis process

3.6.2 Document Review Data Analysis Process

The document review data analysis process is outlined in Figure 4 below.

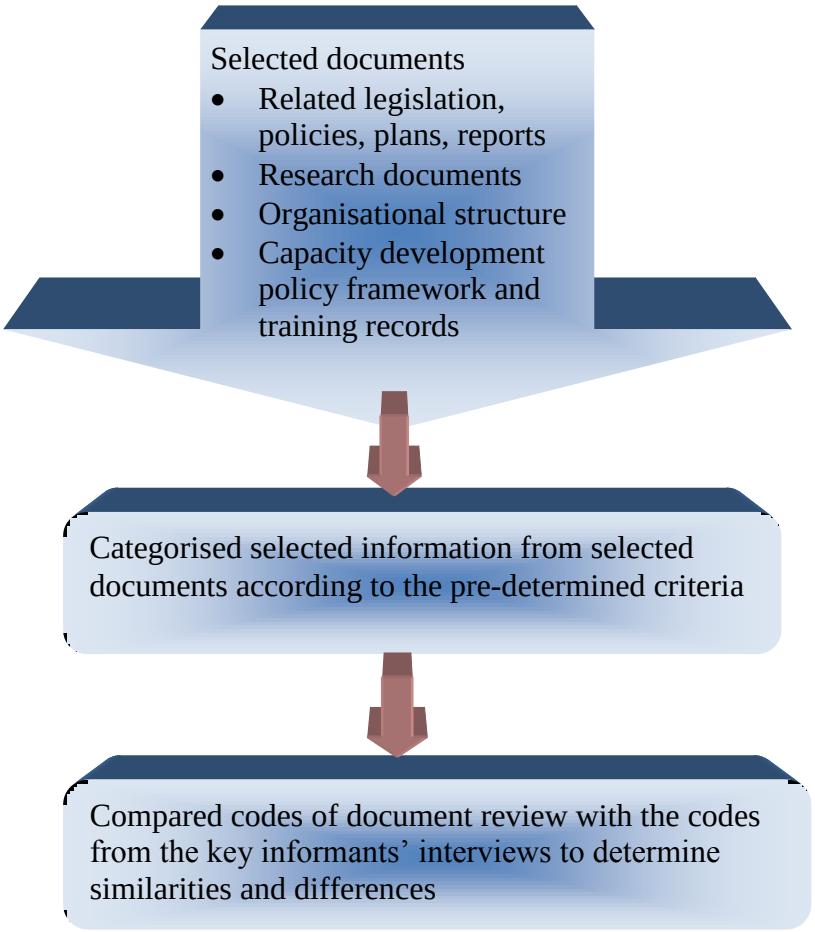


Figure 4. Document review data analysis process

3.7 Validity and Reliability

The researcher used a combination of interviews and document analysis methods to strengthen reliability and internal validity of the findings (Creswell, 2003; Neuman, 2006; Welman, *et al.*, 2005). In order to ensure reliability of the findings, the researcher standardised the semi-structured interview schedule and document analysis guide.

Pre-testing of the interview schedule was done with two senior officials within LDOH who met the sampling criteria. Prior to conducting the research, the results of the pre-testing interview schedule showed that the responses for questions related to critical success factors and strategies for implementing results-based M&E, and problems and barriers in

implementing results-based M&E were similar. Subsequently, the sequence of questioning and the two sets of questions were combined during the interviews and the data analysis of the main study.

After data analysis, themes were taken back to at least three key informants, who were interviewed for the main study to check the accuracy, consistency and truthfulness of the findings obtained from the main study (Creswell, 2003; Golafshani, 2003; University of Witwatersrand, 2009). The three respondents were told that, the following themes emerged from the responses of all key informants interviewed. Then, the three respondents were given the opportunity to comment on the extent in which the following identified themes reflected the truth.

- Drivers for results-based M&E system;
- Provision and utilisation of performance information;
- Structural arrangement for the results-based M&E system;
- Functionality of LDOH M&E structures and systems; and
- M&E capabilities.

Limitation of research

The potential source of bias that can affect validity and reliability of data are described below:

The validity of data to be discussed in the findings and analysis chapters is not doubtful, as it was communicated by respondents within the LDOH and external stakeholders supporting the implementation of M&E system in LDOH. In addition the published documents were analysed and unpublished documents were obtained from the LDOH and analysed. However, the few key informants interviewed are not representative of all officials within Limpopo Province. The change in political leadership and accounting officers during the process of data collection and the new development of M&E implementation means that some of the findings may differ from the current M&E status of LDOH.

Interviews conducted with people responsible for M&E in the LDOH were considered a source of bias. Therefore, during the interviews, the respondents' expressions and body language were observed and noted when answering specific questions, as possible areas of

bias. These areas were explored and excluded during data analysis where there are major variations. In addition, the verbal responses from those respondents were scrutinised and possible bias excluded during data analysis. Their responses were compared with other key informants' responses in all the questions. Any major variations from other responses were considered as a possible bias and were excluded during data analysis. A further source of bias was the involvement of the researcher in M&E related functions within the LDOH.

To combat this, the researcher used Teusner's (2010) approach to alleviate bias and validity, whereby the researcher completed the same questionnaire as the key informants to ensure transparency of researcher's insight to the nature of responses during data analysis.

The key informants were informed about her role as a researcher during interviews and how the researcher was endeavouring to strike the balance between the role of managing the M&E related activities and being a researcher to strengthen rapport, positive relationships and trustworthiness. The long-standing relations with the majority of the key informants were considered as a benefit (Teusner, 2010). However, the researcher upfront stressed that the key informants had the right to refuse to participate in a study or to answer specific questions. Furthermore, easy access to their offices or the researcher's office and the flexibility of the schedule were considered for key informants to strengthen rapport and confidentiality.

Despite the long-standing relations as the researcher was part of the M&E team, data gained during informal conversations and departmental meetings on M&E related issues, were not used as part of the research findings.

CHAPTER 4: FINDINGS

4.1 Introduction

The findings presented in this chapter attempt to determine the state of readiness of the LDOH to implement the M&E policy framework, based on several questions indicated below. As described in the methodology chapter, the study is qualitative in nature and the research findings are based on primary data collected through 27 key informant interviews and through national, provincial and departmental document analysis of government related documents. Therefore, the findings are presented as narratives in this chapter and will be discussed in chapter five.

These findings attempt to answer the following research questions:

- What is the need and demand for results-based M&E in LDOH?
- What are the drivers of these needs and demands?
- Does the LDOH have M&E structures in place?
- Do these structures have well defined functions that support the results-based M&E?
- What current capacity exists to support a results-based M&E system?
- How does the lack of capacity (if any) affect performance?
- What are the barriers, strengths and opportunities influencing the design and implementation of the results-based M&E system for the LDOH?

The findings of the key respondents' interviews and from the document analysis are presented simultaneously. Each theme was developed from sub-themes, which in turn were developed from categories as described by (Creswell, 2003; Neuman, 2006; Welman, *et al.*, 2005). The main themes and sub-themes identified from the data are shown in Table 4 below.

Table 4. Themes and sub-themes identified from key respondents and document analysis

Themes	Sub-themes
Drivers of the results-based M&E system	• Enabling legislation and policies • Leadership, governance and management • Involvement of oversight institutions • Need for improved accountability
Provision and utilisation of performance information	• Stakeholders requests for performance information • Utilisation of performance information
Structural arrangements for the results-based M&E system	• Existence of M&E structures • Roles and responsibilities of M&E unit • Availability of infrastructure and resources
Functionality of M&E structures and systems	• Existence of systems and processes, including audit processes • Functionality of structures and systems
M&E capabilities	• M&E culture, capacity, skills development and awareness • Impact of inadequate M&E capacity

4.2 Drivers of the Results-Based M&E System

The four sub-themes identified were: enabling legislation and policies; leadership, governance and management; involvement of oversight institutions; and the need for improved accountability. Each sub-theme is discussed further below.

4.2.1 Enabling legislation and policies

Various documents reviewed found that one of the drivers of the M&E framework is an enabling legislation, particularly the Constitution of RSA Act no. 108 of 1996, the PFMA no. 1 of 1999 and the Public Audit Act no. 25 of 2004 which enforces accountability and transparency on government departments' performance.

The national M&E policy framework is another driving force for the establishment of the results-based M&E system, The Presidency RSA (2009a) and National Treasury (2007) are expected to provide a shift of focus from inputs to outputs and outcomes (The Presidency RSA, 2009a).The M&E framework indicates that "if we measure outcomes and monitor the supporting chain of inputs-activities-outputs, then they [outcomes] will get the fullest attention" (The Presidency RSA, 2009a, p.12).

This was borne out by the interviews with the majority of senior officials who were of the opinion that the introduction of results-based M&E policy framework is a "very good innovation" (EM 3, interview, 09 September 2010) and a "step in the right direction" (EM 6, interview, 16 September 2010). This respondent was of the opinion that

> One of the things that we need to do is to ensure that we get results, and it should be those results that should drive the programmes. Should you not get the results, then one should actually change the way one does things (EM 6, interview, 16 September 2010).

Some respondents were of the opinion that anything which is results-based will improve performance and influence the achievement of government outcomes, illustrated by the quote below:

> People will usually base it [performance] on how much we have spent this year on delivering services to the public, but not look at what impact it has made in the life of the people. That is why the approach has been changed by the Department [Government] to be outcomes-based; to indicate what impact we want to achieve for a certain period as the government of the day (EM 3, interview, 09 September 2010).

Although documents reviewed indicated that "the accounting officer of an institution must establish procedures for quarterly reporting to the executive authority to facilitate effective performance monitoring, evaluation and corrective action" National Treasury (2007, p.6), the LDOH does not have M&E framework aligned to the national or provincial M&E frameworks as noted by several respondents. Respondents were of the opinion that the absence of M&E framework contribute to non-functionality of M&E structures and systems.

> There is no approved M&E framework in the department as far as I know … we don't have a policy which is finalised that we could say as the department; we have got our own M&E framework …..... so whatever is implemented is only based on what national or other stakeholders will say we do (EM 5, interview, 16 September 2010).

The majority of respondents indicated that they have not seen a copy of the departmental M&E framework, and were also not aware of the national or provincial M&E framework. Even those respondents, who were aware of the national or provincial M&E framework, could not provide a copy of such frameworks.

4.2.2 Leadership, governance and management

The documents reviewed revealed that the executive authority and the accounting officer are bound by statutory requirements to establish the M&E system and report performance to various oversight institutions (National Treasury, 2007; RSA, 1996; RSA, 1999).

Similarly, the majority of respondents identified leadership, governance and management as a critical driver of results-based M&E systems, as can be seen from the comments that "most programmes in developing countries have failed because there is no political will" (ES 4, interview, 12 November 2010). Furthermore, "it is critical to have people that have buy-in and understand the system and support it; is important that the executive management and head of department (HOD) support the system and utilise it, in order to improve performance" (EM 4, interview, 14 September 2010).

In some instances, respondents were of the opinion that there is insufficient championing of the M&E framework at executive and senior government official levels, which is essential to implement the M&E system. Whilst emphasising the M&E involvement of HOD and head of branches, in other instances, respondents mentioned the ideal situation rather than the current status. "The MEC should actually drive the process because maybe if it is driven from the top, people will be able to understand what is it that they need to be doing within the department" (ES 2, interview, 14 September 2010)." [In addition], "the most important aspect is your political support" (ES 5, interview, 30 September 2010).

In practice, the study found that the champion of implementing the results-based M&E within the LDOH is a senior manager responsible for M&E, and this manager is also the champion for implementation. In this case respondent I and K commented that "there is a senior manager definitely for M&E" (SM 3, interview, 16 September 2010). "When it comes to championing it [M&E], it is this senior manager who tends to be a champion and implementing it [M&E]" (SM 6, interview, 20 September 2010).

However, some respondents were of the opinion that this senior manager lacks the authority and skills as shown by respondent EM 1 and ES 4: "You need to get the person at the level of executive management, at general manager level, who can sit at the executive management level and drive the whole process of M&E, to influence decision making in the department" (EM 1, interview, 07 September 2010). Furthermore, "leadership must be based on people who have knowledge, people who have experience, people who have the interest, and people who are disciplined" (ES 4, interview, 12 November 2010).

These respondents emphasised the need for the involvement of the accounting officer in the implementation of the M&E framework as the accounting officer has the ultimate responsibility and accountability. Respondents were of the opinion that the limited involvement by leadership is associated with lack of understanding the role of M&E by leadership in the Department, lack of authority and prioritisation of M&E. Respondent EM 3 associated this with "lack of understanding the role of M&E in terms of those who are in the leadership of the department" (EM 3, interview, 09 September 2010), whereas respondent EM 4 emphasised priotisation of M&E at the executive level and noted that "there is nobody up there who is giving M&E chance to exercise its duties" (EM 4, interview, 9 September 2010).

Another respondent noted that:

> That is why you see a person end up given a responsibility to listen to the reports when presented by the districts and collating information. I thought during that forum, M&E must take a lead, to analyse issues and question things but is not like that (EM 2, interview, 9 September 2010).

4.2.3 Involvement of oversight institutions

The document analysis revealed the existence and involvement of numerous key stakeholders, as well as their roles and responsibilities in the implementation of the M&E framework as outlined below (National Treasury, 2007; The Presidency RSA, 2007; The Presidency RSA, 2009a).

The Presidency is a key stakeholder responsible for the development of M&E related legislation and policy frameworks; provides oversight of the implementation of M&E within government departments; and co-ordinates the institutionalisation of M&E in the country. On the other hand the national departments including the National Department of Health develop M&E systems structures and frameworks, monitor and evaluate the performance of services within the sectors.

The Office of the Premier provides oversight on performance of government departments in the implementation of the provincial growth and development plan, which in the case of LDOH is exercised through the social cluster.

The Department of Public Service and Administration (DPSA) provides technical assistance in the implementation of policies and systems. In addition, the DPSA provides the framework for individual performance management system of all staff categories and monitor individual senior managers' and HODs' annual performance agreements. On the other hand, the PSC review performance of the public service.

The Treasury develops planning and monitoring guidelines and policies, and monitors implementation of annual performance plans through quarterly reporting systems from government departments, while also outlining government departments' expenditure.

The Legislature, notably the Portfolio and Standing Committees on Public Accounts (SCOPA), provides oversight on government performance though annual performance plans, quarterly reports and annual reports submitted by government departments. These accountability documents enable Legislature to hold the MEC and accounting officer accountable in terms of service delivery performance and value for money.

Governance structures within LDOH such as the hospital boards, clinic committees, and the provincial health and district councils provide an oversight role in the delivery of services within the hospitals and PHC services, respectively.

Finally the Auditor-General audits non-financial performance information annually to validate M&E systems controls and credibility of non-financial performance information, public sector agencies, non-governmental organisations (NGOs) and civil society participate in the service deliver process.

The diagram overleaf outlines the key stakeholders involved in M&E system implementation.

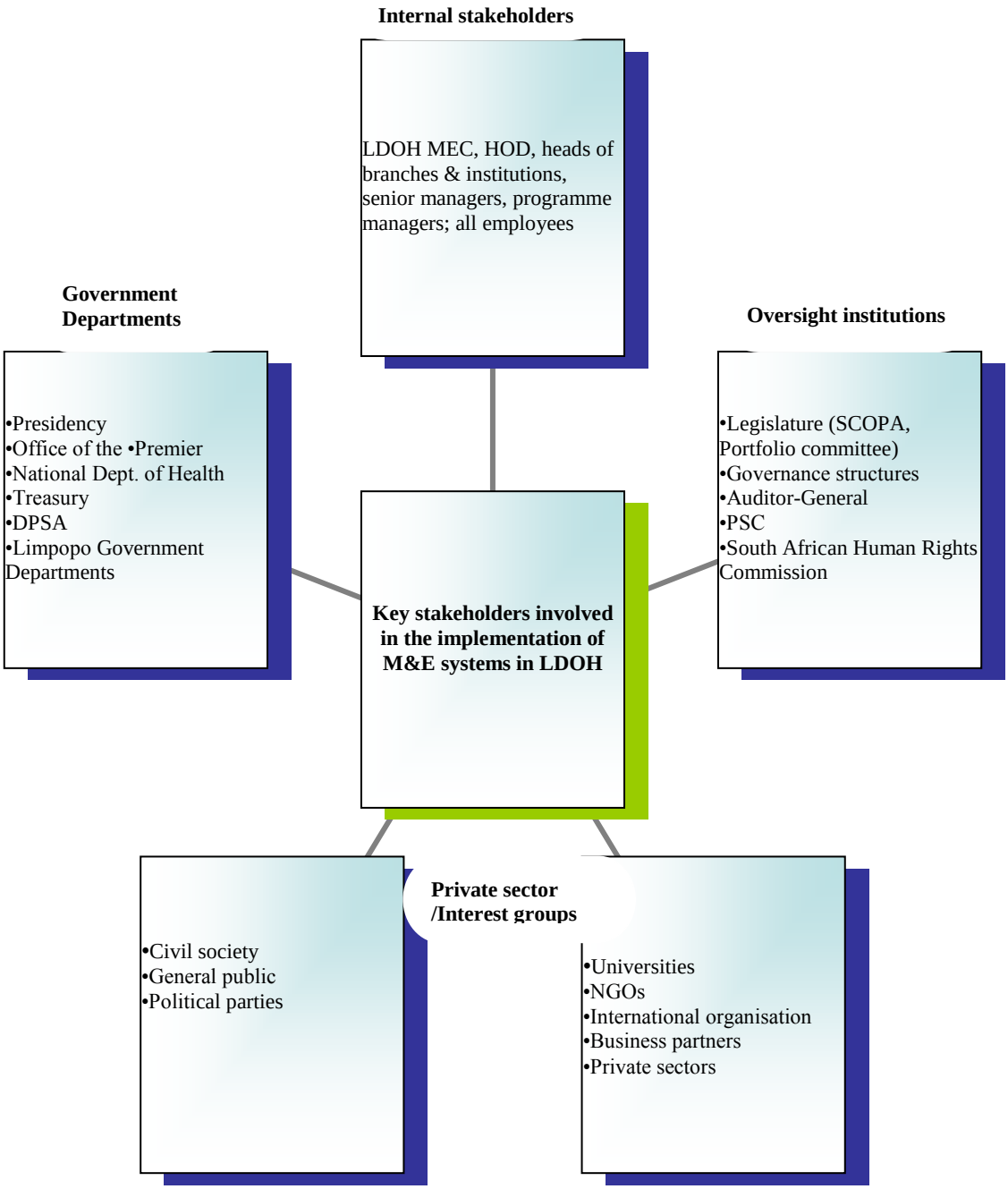


Figure 5: Key Stakeholders involvement in M&E system implementation

Figure 5 above outlined five clusters of key stakeholders involved in the implementation of M&E system revealed by respondents such as the LDOH internal stakeholders, government departments, oversight institutions; M&E partners and interest groups. The findings from respondents show similarities with key external stakeholders identified during the document

review process, particularly government departments and oversight institutions and some M&E partners or/and interest groups.

However, some external stakeholders such as the M&E partners, governance structures and civil society including the general public and internal stakeholders, identified in document analysis form part of the sector delivery forums and are involved in the delivery of services within the sector, in this case the health sector. Some respondents commented that Legislature including the Portfolio committee and SCOPA; the PSC, Treasury, Office of the Premier, National Department of Health, Auditor-General, and governance structures and the general public are involved in the implementation on M&E within the LDOH.

Some of the respondents identified the MEC, accounting officer, senior managers and heads of branches, units, programmes and institutions as the major internal stakeholders involved in monitoring service delivery performance and partly utilisation of performance information for decision making and planning within LDOH. Respondents EM 6 further emphasised that:

> The highest stakeholder is the executive authority, the second one being the accounting officer, and then the branches, which is headed in most cases by the senior general managers but in some cases by the general managers. From there it will be the general managers, senior managers and indeed each and every employee (EM 6, interview, 16 September 2010).

The roles and responsibilities of some of the constitutional oversight institutions identified as part of document review process were also expressed by respondent EM 3 as:

> The Portfolio committee for health play an oversight role … because on a quarterly basis they [Portfolio committee] look at our progress. The Auditor-General at the end of the financial year comes and looks at the performance report in terms of the targets if achieved and the possible problems. The SCOPA … look at the audit report and require the accounting officer of the Department to account to the Legislature, on why the targets were not achieved and why the money was not spent (EM 3, interview, on 09 September 2010).

The majority of the respondents did not reveal the roles and responsibilities of stakeholders as compared with the document review. However, when respondent EM 5 was asked about the involvement of key stakeholders in M&E, the expression was that: *"*Once political parties know there is a government policy … they got the right to ask for information, based on the Access to Information Act, but some of them work through their Legislature*"* (EM 5, interview, 16 September 2010). Another respondent also noted that the "Governance structures like hospitals boards, clinic committee also play an oversight role in terms of M&E" (SM 5, interview, 09 November 2010).

4.2.4 Need for improved accountability

Another driver of M&E is the need for improved accountability, notably for service delivery. "[M&E] is something that will help the individual to be accountable for everything we are doing on our daily basis" (SM 2, interview, 10 September 2010) as can be seen from the quotes below:

> The driving force is service delivery. For you to deliver an efficient and effective service you need a monitoring mechanism. This will enable ongoing monitoring of the projects, of the services that you are delivering to the communities, which is the main idea. It can also assist to hold the public officials accountable for the targets they have set (EM 1, interview, 07 September 2010).

Other respondents commented as follows:

> I think the government is rightly concerned about whether we as employees are performing on service delivery that is required by the communities; whether we are meeting the expectations of the clients or populations that we are serving. This has been highlighted by the fact that we see a lot of protests, people have been protesting about lack of services where they are. And we see the complaints going to the newspapers, about poor service that is given by institutions, for example health institutions (ES 7, interview, 15 November 2010).

4.3 Provision and Utilisation of Performance Information

Two sub-themes emerged, namely: stakeholders' requests for performance information; and utilisation of performance information.

4.3.1 Stakeholder requests for performance information

The performance information requested derives from statutory requirements, with a myriad requests from different oversight bodies for quarterly and annual performance reports. The majority of respondents from the LDOH mentioned the following existing key stakeholders: The Presidency, National Health Department, and Office of the Premier; Treasury, other government departments, Legislature (Portfolio committee and SCOPA); Auditor-General and the general public.

This is illustrated by the following:

> National requests information; the MEC, HOD, the Portfolio committee, Legislature, SCOPA, PSC and definitely the Office of the Premier, the social cluster (ES 5, interview, 30 September 2011). It's not a request; it is a demand from statutory bodies…demands for information according to legislation… regulations …from National Treasury, premier's office or portfolio committee (EM 4, interview, 14 September 2010).

Other institutions identified from various documents reviewed are the PSC and the South African Human Rights Commission. The type of oversight documents requested appear to be the "annual reports on performance of public service; implementation of Bill of Rights; provincial expenditure reports on M&E systems and management information system" (National Treasury, 2007, p.5).

4.3.2 *Utilisation of performance information*

The document analysis revealed that Parliament and Legislature utilise strategic plans, annual reports, annual performance plans and allocated annual budgets to hold the MECs and the HODs accountable for the performance of the Departments, which includes the LDOH

(National Treasury, 2007). A few respondents identified the Office of the Premier, the Portfolio committee, the Auditor-General, National Department of Health, Treasury and The Presidency as the external stakeholders utilising performance information to exercise their oversight role.

Two respondents noted the following:

> Office of The Presidency RSA, Minister of performance M&E at The Presidency RSA, Treasury they want to monitor the budget, they want to see performance itself from the budget, what we have done with the money allocated to us, this is what they want to monitor (EM 1, interview, 07 September 2010).

> From the stakeholders externally, we do have office of the premier who time and again therefore request progress reports, and EXCO and Lekgotla, they will also request information, and then Legislature. We also have Treasury who also asked progress with regard to the money which we are spending, the DPSA they are also requesting certain information for decision-making (SM 8, interview, 09 November 2010).

Respondents were of the opinion that the utilisation of performance information by the oversight institutions is related to the need to ensure legislative compliance, monitoring of budgets and expenditure for decision-making and to enhance accountability by line departments.

Some of the respondents also indicated that senior management uses the information for decision-making and for planning of programmes within the LDOH, as indicated by one respondent "the planners, senior management, and executive management and also the executive authority, they use this information to plan. And also does national and provincial Treasury to ensure allocation of appropriate resources" (EM 6, interview, 16 September 2010).

Notwithstanding the use of information by oversight bodies and by senior management, respondents were of the opinion, that in general, there is insufficient utilisation of information, especially by managers and staff within the Department.

One respondent commented as follows:

> For now in the department [LDOH] we are just complying with statutory requirements. Just to say we have submitted the information, but I have never seen anybody in the department take information, interrogate it, making sure we are using it. We are just complying with legislation, making sure the annual report is submitted, quarterly reports are submitted (EM 1, interview, 07 September 2011).

Factors contributing to limited utilisation of information identified by respondents include the following: Lack of consultation; lack of integrated systems; lack of knowledge and skills of data analysis; poor quality and integrity of data; lack of information culture; lack of capacity and compliance focus performance information; and that gap analysis was not conducted through planning and M&E unit to develop interventions. One respondent said that "even though information is collected, they [programme managers] were supposed to sit down with M&E and planning unit, every quarter to analyse the information and also discuss with management to come out with interventions; but it is not done." (EM 2, interview, 09 September 2010).

4.4 Structural Arrangements for the Results-Based M&E System

This theme includes the existence of M&E structures, roles and responsibilities for the unit, infrastructure, and resources for M&E.

4.4.1 Existence of M&E structures

Although organisational structures exist within LDOH, the document analysis of LDOH, (2007) and interviews with key respondents revealed that the majority of the posts are vacant as commented by respondents EM 3, SM 5 and ES 7. "The government [LDOH] has a lot of these positions, but they are unable to fill these positions. They [LDOH] are also unable to find the right people to fill those positions" (ES 7, interview, 15 November 2010). "The M&E organisational structure has a general manager, senior manager and thirteen managers ... but the posts that are filled are seven" (SM 5, interview, 09 November 2010). In this case, "the Department [LDOH] ..... appointed a senior manager solely responsible for M&E, but the other M&E managers have not started" (EM 3, interview, 09 September 2010).

4.4.2 Roles and responsibilities of M&E unit

According to the document analysis, the M&E unit has been assigned with key functions such as the "provision of service delivery monitoring; programme analysis and evaluation; and impact assessment and co-ordination" (LDOHSD, 2007, November, P.63).

In general, despite some respondents being aware of these roles and responsibilities of the M&E unit as shown by the quotes below:

> M&E unit normally does programme analysis...service delivery monitoring... conduct time flow studies, assess the status of achievement of programmes in the department and the institutions ... assess the compliance with aspects of the constitution measuring compliance of the MDGs, measuring human rights ... conduct programme evaluations ... and satisfaction surveys ... impact analysis (SM 5, interview, 09 November 2010) and quality assurance (SM 6, interview, 08 September 2010).

In general, despite respondents being aware of these roles and responsibilities of the M&E unit, some, respondents indicated that the responsibilities of this M&E unit are not commensurate with the staffing levels and are exacerbated by the lack of authority of this unit. "So there is no voice from M&E unit, we don't give them that space ..... one person cannot ..... co-ordinate all what is expected" (EM 2, interview, 09 September 2010). Another respondent was of the opinion that the LDOH should "identify those people with capacity to head that [M&E] unit, and give them the authority, to be able to provide leadership*"* (ES 4, interview, 12 November 2010).

4.4.3 Availability of infrastructure and resources

The study found that *"*the resources are minimal" (FM 1, interview, 19 September 2010), and that the LDOH has inadequate infrastructure, skilled M&E personnel and other resources: *"*information technology is not there; finance is inadequate ... to put the M&E structures in place" (EM 1, interview, 07 September 2010). The majority of respondents are of the opinion that the inadequate M&E human resource capacity and skills; financial resources and information technology infrastructure described above contributes to non-functionality of the M&E structures and systems. One respondent noted the inadequacy of human resources:

"Government [LDOH] has a lot of these positions, but they are unable to fill these positions. They are also unable to find the right people to fill those positions" (ES 7, interview, 15 November 2010).

4.5 Functionality of M&E Structures and Systems

The key sub-themes emerged were the existence of systems and processes, including audit processes; and the functionality of structures and systems. Each of these is discussed below.

4.5.1 Existence of systems

Both the LDOH strategic and annual performance plans have stated that the "implementation of effective and efficient monitoring and evaluation systems" is an objective to be implemented at all levels of health care (LDOHSD, 2010a, p.24; LDOHSD, 2010c, p.43).

Several respondents mentioned the availability of national DHIS, which collects information that allows for comparability across districts in South Africa. However, the DHIS is not integrated with other parallel systems, which are implemented for programmes such as TB, HIV and AIDS, the Peri-natal Problem Identification Program (PPIP), Child Healthcare Problem Identification Programme (CHIP) and Expanded Programme on Immunisation (EPI) surveillance, finance and human resources. In addition, one respondent pointed out that there are also systems for "notifiable medical conditions …….priority conditions, which we then collect on a weekly basis to look at the epidemic prone conditions" (SM 2, interview, 10 September 2010).

The LDOH has no results-based M&E system other than the performance reviews conducted quarterly (Department of Health, 2009a) as noted by respondents EM 3 and EM 5 that "the system is just on the quarterly basis, to collect this information, and organise for a review internally where the MEC sometimes participate" (EM 3, interview, on 09 September 2010). In addition, another respondent mentioned that "I don't know of any [M&E system], except that monitoring is done periodically either monthly, quarterly or yearly by way of checking programmes against the targets set out. …. that is the only system we have at the moment" (EM 5, interview, 16 September 2010).

In some instances, the national focus on the core quality standards has served as a catalyst to do M &E of quality of services and of patient care, shown by the quote below:

> Based on my assessment our M&E has done more quality assurance issues rather than monitoring the service delivery of all the components of the department. They are focusing much on the accreditation of the hospitals (SM 2, interview, 10 September 2010). The only one [M&E system], I know being functional is quality assurance (ES 2, interview, 14 September 2010).

The overall findings of the study was that although there are various systems within the LDOH, a results-based M&E system that meet international criteria is non-existent, summarised by the quote from one key respondent who commented that "in LDOH, I haven't seen systems that deal with M&E" (ES 1, interview, 14 September 2010).

According to documents reviewed, the LDOH is expected to comply with statutory requirements to implement processes and systems for development of five year strategic plans, annual performance plans and budgets for the medium-term expenditure framework period; quarterly reports and annual reports (National Treasury, 2007). However, respondents were of the opinion that the systems and processes for planning, budgeting, performance management and development are inadequate, shown by respondent EM 1 that "planning, budgeting and M&E in the department [LDOH] starts with disintegrated approach; the budget is finalised before the strategic plan is drawn or developed" (EM 1, Interview, 07 September 2010). In addition, "planning does not include all relevant stakeholders and is more of a top down process than a bottom up process. There is no integration of plans to ensure that the plans ...are interrelated ....to budgeting". (FM 1, Interview, 19 September 2010).

In terms of the PFMA no. 1 of 1999, the accounting officer of the LDOH is tasked with the responsibility of ensuring effective, efficient and transparent internal control systems. The key informants were of the opinion that the internal audit of performance information conducted by the Office of the Premier is insufficient and not prioritised to the same extent as financial auditing. A combination of factors contribute to this sub-optimal state, namely insufficient leadership; lack of role clarification, lack of feedback from auditors; inadequate capacity; and skills of auditors and within LDOH. The views of respondent are shown in the quotes below:

> Our internal audit is shared in the province; little attention is given in terms of internal audit in the department [LDOH]. You find that internal auditors do not even go to that area [performance information audit]; they are still battling with the financial issues [audit] (EM 1, Interview, 07 September 2010).

Internal auditors' "reporting mechanism' is inadequate, "because once they audited the unit, they don't come back and say … improve one, two, three; this are the gaps, this are the challenges that we found" (SM 3, interview, 16 September 2010). The inability of auditors to give feedback might be aggravated by the fact that "internal auditors do not have time or enough people to do audit of performance information on quarterly basis…to be able to advise the department [LDOH] (ES 2, interview, 14 September 2010).

The PFMA no. 1 of 1999 makes provision for external auditing of performance information by the Auditor-General indicating that the "annual report and audited financial statements must fairly present the state of affairs of department [LDOH], its performance against predetermined objectives" (p.50).

The majority of respondents pointed out that external auditing of performance information is conducted. However, there are challenges, including: inadequate capacity and knowledge for both auditors and in the LDOH; auditing of performance information for compliance instead of focusing on improving service delivery; prioritisation of financial auditing, rather than performance auditing; lack of clear framework for performance information audit; insufficient management and leadership. "The office of the Auditor-General is still learning the ropes. They haven't come out clearly with a tool which will be used to measure performance information" (EM 3, interview, 09 September 2010).

The Government performance policy framework reviewed also revealed that "auditors are traditionally more oriented to process and compliance, rather than outcomes. Outcome information differs from financial information. It requires a different management paradigm and set of technical skills from what auditors have traditionally been trained in**"** (The Presidency RSA, 2009a, pp16-17). In addition, the documents examined revealed that performance information auditing only started in 2006 and is still a new procedure to be conceptualised by both the Auditor-General and government department (RSA, 2004).

4.5.2 Functionality of structures and systems

The majority of respondents reported problems with the functionality of the M&E structures and systems in the LDOH.

> For now they [M&E structures and systems] are not functional, they are at the beginning, and still being established, sometimes maybe next year it may be functional, but as for now it is just to comply when it comes to quarterly reporting, submission of the reports and consolidation of information. There is no monitoring at all (EM 3, interview, 09 September 2010).

Another respondent noted that "for as long as we don't have an M&E plan or framework of the Department, I don't think we can say that the M&E structures and systems are functional" (EM 2, interview, 9 September 2010).

The majority of respondents pointed out that the systems in the LDOH are not integrated. These respondents are of the opinion that duplication and overlapping of M&E functions, which take place within different programmes such as the surveillance and epidemiology programme, quality assurance, public health like HIV and AIDS; TB and Malaria; Maternal Child and Women's Health (MCWH) programmes contribute to non-functionality of structures and systems.

In addition, manual systems also contribute to duplication and overlapping of M&E functions as can be seen from the comments of respondents: "Integration is something we don't have in the department [LDOH]" (SM 2, interview, 10 September 2010). "We have duplication of M&E systems. We don't know what we are doing in the department [LDOH], because we are running parallel structures, we don't know what is happening in the other part" (EM 2, interview, September 2010).

Some respondents are of the opinion that the quality and integrity of some information collected within the LDOH is of poor quality and the integrity of these information is questionable because "data ... got a lot of incompleteness; and the verification of data is not done properly, so most of the variables are missing in the data" (SM 2, interview, 10 September 2010). In addition, "whilst we can't fault the system itself … the people behind

the computers are faulty" (EM 4, interview, 14 September 2010), resulting in poor quality and integrity of information.

In theory, there is an inter-relationship between planning, monitoring and evaluation and performance management system (National Treasury, 2007; The Presidency RSA, 2009a).

> There is often been misalignment between national agreed priorities and provincial budgets for concurrent functions (e.g. in education). Sector planning and budgeting processing are not always sufficiently robust or well-coordinated. . They are not always followed through with strong support and oversight measures (The Presidency RSA, 2009a, p.15).

In contrast, many respondents described the alignment of planning, budgeting, M&E and performance management and development system within the LDOH as either non-existent or inadequate. Two of the respondents commented that *"*there's no alignment ..... there isn't much of an alignment with regard to budgeting and performance instruments" (SM 2, interview, 10 September 2010). "Planning happened separately, there is no integrated planning, the co-services plan alone, and supports services plan on their own" (EM 4, interview, 14 September 2010).

Respondents were of the opinion that the misalignment of planning, M&E, budgeting, and performance management systems and processes are due to: lack of leadership; shortage of staff and skills; working in silos; subjective and mismanaged performance and development system; pre-allocation of financial envelope; and exclusive focus on legislative compliance. Respondent F illustrated that: "We are planning in silos; you find support service, like finance doing budget estimates, sitting somewhere. So it is just compliance because you are not informed by the needs on the ground" (EM 2, interview, 09 September 2010).

4.6 M&E Capabilities

4.6.1 M&E culture

The Presidency RSA (2007) emphasised the importance of M&E culture as illustrated by the quote below:

> Besides the formal elements of an M&E system, equally important is the informal culture of the organisation. Is the managerial culture defensive, blaming and dismissive of monitoring and reporting findings? Or are M&E findings regarded as an opportunity to explore problems openly and engage in critical but constructive introspection? Much of these depend on the tone sets by the political heads and senior officials of institutions. Without a management culture, which demands performance, M&E systems could degenerate into superficial "tick the checklist" exercises (pp.12-13).

The key informants' views illustrate the extent in which the M&E culture is insignificant. Key informants further revealed that the insignificant M&E culture in the LDOH is related to inadequate work culture, organisational performance management system, performance information reporting and utilisation; and unawareness of results-based management, which constitute a barrier in the implementation of the M&E framework. As shown by respondent SM 6's views:

> Monitoring and evaluation still has a long way to go, to inculcate a culture of people, acknowledging the fact that when we report, we don't report for the sake of it. We need to inculcate that culture of internal monitoring which makes it easy for people to acknowledge and appreciate the M&E support function (SM 6, interview, 20 September 2010).

4.6.2 M&E capacity

Documents examined showed that, the key external stakeholders such as the Office of the Premier, National Department of Health, Public Administration Leadership and Management Academy (PALAMA) are required to provide M&E support in the implementation of the results-based M&E framework within the LDOH.

On the other hand, respondents revealed that M&E capacity of key stakeholders are inadequate to support the implementation of results-based M&E framework within the LDOH. However, the following key stakeholders were indicated as providing M&E support for implementation within the LDOH:

- National Department of Health and Limpopo Office of the Premier developing M&E policy and guidelines;
- PALAMA provide training;
- Treasury, develop guidelines and provide M&E support;
- Statistics South Africa provide official statistics, conduct surveys; and
- Universities and the international organisations provide M&E support and research.

However, some respondents expressed a concern of lack of role clarity for universities in supporting implementation of M&E in LDOH as one respondent indicated that "the capacity is there, I think as a university we can support the department [LDOH], but understanding clearly what our role is, and what exactly is expected on the university. I think that capacity is there" (ES 3, interview, 22 September 2010). Whereas the other respondent noted that *"*we do have technical assistance from National Treasury, Provincial Treasury and Office of the Premier" (EM 6, interview, 16 September 2010).

Meanwhile, majority of the respondents reported to have no knowledge of technical assistance provided for the LDOH as related by respondents EM 2 and ES 6 that "I'm not aware" (EM 2, interview, September 2010) of any technical assistance, "is a new approach … we don't have that support" (ES 6, interview, 15 October 2010).

4.6.3. M&E skills development

The LDOH human resource policy reviewed indicates that quality M&E training is required for all employees especially managers. However, training is highly dependent on service providers as the LDOH has inadequate capacity and skills to conduct in-house M&E training (LDOHSD, 2007).

Training appears to be inadequate in the LDOH and only 36, or two percent of the officials were trained on M&E courses during the 2010/2011 financial year (LDOHSD, 2010d). This was also the view of respondent FM 1 stating that "capacity is grossly inadequate; the employees that are in charge need to be trained, so that they can support the inadequate structures at institutions that deal with M&E" (FM 1, interview, 19 September 2010).

These respondents were of the opinion that the inadequate in-house M&E training is due to lack of skills and expertise within LDOH. This is exacerbated by the respondents' perceived insufficiency of M&E training for health professionals at under- and post-graduate levels at universities or colleges.

Respondents identified additional M&E related skills required to complement existing skills within the LDOH such as: knowledge of new M&E policy; M&E, analytical, interpretation, and report writing skills; project management; planning skills; and results-based management approach (logical framework).

The quotes below illustrate the required skills development for M&E within the LDOH and the challenges related to lack of planning skills, which is a basis for monitoring and evaluation.
"They [M&E officials] must be trained to be able to analyse and implement those policies. (ES 4, interview, 12 September 2010). Health service planning is also a skill, there are many methodologies that are used to plan… but we do not have skills in the department [LDOH] for planning, there is very few" (EM 4, interview, 14 September 2010).

4.6.4 Awareness of M&E framework

Although the documents analysed revealed awareness at provincial level of the importance of the GWM&E framework as indicated by The Presidency RSA (2009a), the majority of respondents especially facility managers and external stakeholders interviewed had insufficient knowledge of the M&E framework being implemented as noted by this respondent that "I have never seen the document [M&E framework], so I do not know what the document entails" (FM 4, interview, 12 November, 2010). Another view was shown by the quote below:

> Unfortunately I haven't seen a document [M&E framework], which has been distributed to us, on how this is going to be implemented. I have heard about it, I have seen people talking about it even on the media but we haven't come across documentation that actually gives us guidance on how this is going to be done (ES 7 interview, 15 November 2010).

The lack of awareness of the M&E framework could be related to the way the framework was introduced for implementation as respondent EM 2 was concerned "about the way it [M&E framework] was introduced, because not everybody was taken on board, even at management level, we are still struggling to understand the outcome-based, and still doing as we have been doing in the past three years or four years" (EM 2, interview, 09 September 2010).

4.6.5 Impact of inadequate M&E capacity

Some respondents are of the opinion that inadequate M&E capacity within the LDOH is impacting negatively on issues such as: monitoring and evaluation of departmental performance and programmes towards achievement of the government mandates; and non-compliance with legislative requirement. The following quotes illustrate this point:

> It is going to impact negatively; which means the outcomes that are there are not going to be delivered. The outcomes, the outputs, the ministerial performance and the MEC performance contracts are not going to be delivered (EM 1, interview, 7 September 2010). [And] the LDOH is not able to comply with relevant statutes (FM 1, interview, 19 September 2010).

Another respondent expressed the impact of lack of skills for analysing data and noted that *"*secondary data collected from different areas ... if they are not being analysed, they are not useful, because the purpose of collecting the data, is to be able to analyse it, to use it for planning" (ES 4, interview, 12 September 2010).

4.7 Summary LDOH State of Readiness Results for Implementation of Results-Based M&E Framework

The main finding emerging from the key informant interviews and document review is that the LDOH is not ready to implement the results-based M&E framework. This finding was influenced by the following issues as outlined in this chapter, and discussed in the next chapter:

There are five drivers for results-based M&E such as enabling legislation and policy; leadership, governance and management; a need for improved accountability and involvement of oversight institutions. Despite the availability of stakeholders requesting performance information, utilisation of performance information has been insufficient.

Although the organisational M&E structure exists, the vacancy rate is high and roles and responsibilities of M&E unit are unclear; as a result the structure emerges to be inefficient. In addition, the M&E related human and financial resources; and information technology infrastructure appears to be inadequate. Furthermore, the results-based M&E system and processes emerged as inadequate. Also, the lack of integrated results-based M&E system and misalignment of planning, budgeting, M&E and performance management system and performance information auditing processes prevails. Despite the availability of the DHIS, the parallel and manual systems management still exist; as a result the system is not integrated.

Although there are external institutions, which provide M&E support, for example, PALAMA; capacity remains inadequate and reliance on service providers still prevails. In addition, training is inadequate; as a result of inadequate M&E skills and it further emerges that senior officials are unaware of the results-based M&E framework, which might be influenced by the insignificant M&E culture within the LDOH.

CHAPTER 5: DISCUSSION

5.1 Introduction

The key findings of the study are summarised in Figure 6 below.

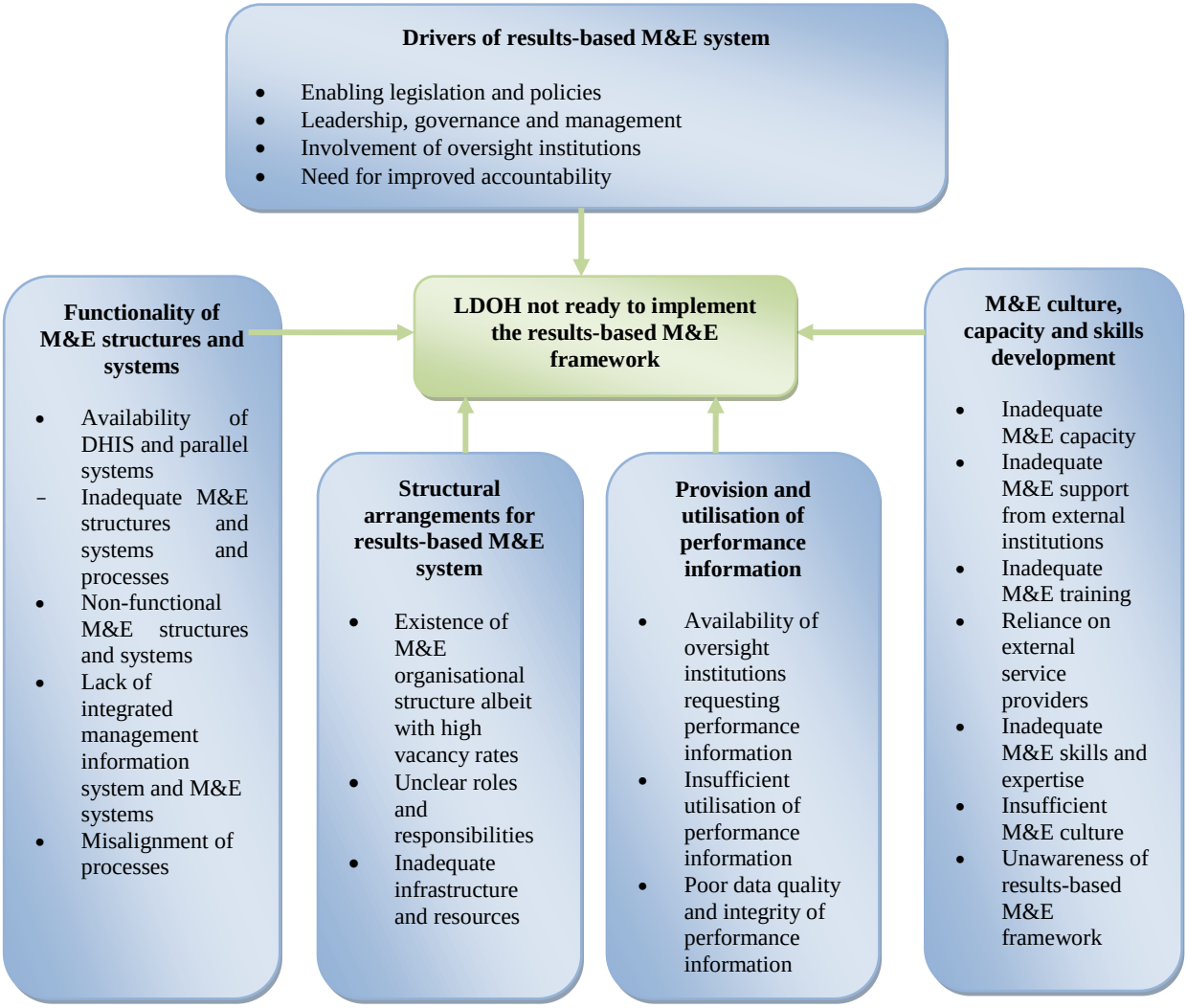


Figure 6. Summary of results on the state of readiness for implementation of results-based M&E framework

This was one of the few empirical studies conducted on the provincial Department of Health's state of readiness for the implementation of the results-based M&E. In this chapter, these findings are discussed in light of the study's objectives and in light of the existing literature.

5.2 Drivers of the Results-Based M&E System

This study was done at the time when the South African Government was expected to implement the outcomes-based legislative mandate and to demonstrate measurable results to the citizenry (Engela & Ajam, 2010; Phillips, 2012). The document analysis found that there is enabling national legislation and policy for the implementation of the results-based M&E system. This enabling legislation enforces accountability and transparency for government performance. Although the key informants acknowledged that the results-based approach is a good innovation, the LDOH did not have a specific M&E framework to facilitate the implementation process. The study findings also suggest the usual gap between policy and implementation, a finding supported by other authors (Engela & Ajam, 2010; Rispel & Moorman, 2010).

Although the document review found that the executive authority and the accounting officer ought to drive the implementation of results-based M&E, the key informants indicated that the champion for implementation of results-based M&E system in LDOH is a senior manager without the necessary authority to influence decisions at the high level. These findings suggest a need for championing at the highest level, for example, the MEC and the HOD, to provide political leadership and drive the results-based M&E process. Mokobi's (2008) study has shown that inappropriate M&E champions in Limpopo impacted on the ability to improve performance. Other studies have also found that high level champions add value to the sustainability of the M&E system (Castro, *et al*., 2009; Gomez, *et al.,* 2009; Hauge, 2003, Kusek & Rist, 2002; Kusek & Rist, 2004; Mackay, 2007, The World Bank, 1999).

The key informant interviews indicated the awareness of the various oversight bodies. Other studies have shown that oversight bodies especially Parliament, Legislature and Treasury, play an active role in the monitoring process (Senay & Besdziek, 1999). At the same time, the interviews revealed inadequate knowledge of key informants on the roles and responsibilities of the oversight institutions. Despite the wide range of stakeholders that contributed or participated in the M&E system, this was fragmented without central co-ordination. Hence there is the need to strengthen stakeholder management and technical capacity within the LDOH (Loquai & Le Bay, 2007; Mebrahtu, 2002; Pattnaik, 2008).

This study found that there is a need to improve accountability processes. Although the PSC audit found that 71% of government departments in South Africa comply with the principle

of accountability (PSC, 2007, July). This study found that there was a need for improved accountability to improve service delivery. Yaha (2007) has also shown that in Benin, the accountability of failure of service delivery outcome was poor, but this was improved when the M&E system was strengthened. Other studies have shown that the accountability to service delivery was mostly enforced in Parliament and Legislature to hold government departments accountable for service delivery (Pattnaik, 2008; Segsworth, 2003; Senay & Besdziek, 1999; Tod, 2008). At the same time, Zwane and Düvel's (2008) study asserts the importance of accountability in enhancing the implementation of M&E system.

5.3 Provision and Utilisation of Performance Information

The study found that oversight bodies request quarterly and annual performance reports as statutory requirements to assess performance of government departments. Both the key informants and document review suggested that the main oversight bodies where compliance with legislation to submit reports is enforced are Treasury, Legislature, Auditor-General, PSC and the Human Rights Commission. It could be that those institutions are legislated to hold the executive authority and the accounting officer accountable for the department's performance. However, this notion tends to influence the culture of compliance and this in turn impact on utilising performance information for decision making. Other studies of Brushett (1998), Mawelela (2012), Mokobi (2008), Mtshali (2010), PGWC (2009) and Zaltsman (2006) have found that whilst institutions like Treasury, Parliament, Congress, and Legislature hold government departments accountable for their service delivery performance; some Legislatures are not vigilant in their oversight role to hold government departments accountable (Bana, *et al*., 2009).

Although the study found consistency in the oversight institutions requesting and utilising performance information from government departments, the key informant interviews suggest insufficient utilisation of performance information by oversight bodies and managers within the LDOH. The studies in other countries suggested that, although some of the oversight bodies utilise performance information, the information provided was inaccurate and unreliable, and the quality and its integrity were questionable. This in turn makes it difficult to exercise the oversight functions (AbouZahr & Boerma, 2005; Aqil, *et al.,* 2009; Mokgoro, 2000; Rivenbark & Pizzarella, 2002; Rodriquez-García, *et al.*, 2006).

The key informants were of the opinion that the DHIS is sufficient to support the implementation of the M&E system. However, this study suggests that lack of integrated M&E and health information systems contributes to insufficient utilisation of performance information for decision-making and poor quality information. Like in Senay and Besdziek (1999), Shaw (2005) and Tilbury (2009) studies, who found that if integrated systems and performance information quality control measures are not improved, poor quality and credibility of information will impact on the ability to increase capabilities for using performance information as a basis for planning and decision making (USAID, 2011; USAID, 2012).

5.4 Structural Arrangements for the Results-Based M&E System

This study found that although the M&E organisational structures exist within the LDOH, the majority of the posts are vacant. This implies that the M&E capabilities are insufficient to carry out the M&E functions of the department. This is a similar finding to other studies conducted on M&E organisational structures (Mawelela, 2012; Mokobi, 2008; Mtshali, 2010; PGWC, 2009). The situation is exacerbated by the lack of standardised M&E structures Mtshali (2010), lack of dedicated M&E structures Mokobi (2008) and vacant posts Mawelela (2012) and PGWC (2009), which impacted negatively on government performance measurement. Other studies have found that inefficient M&E structures impact on harmonisation of implementation of the M&E systems (Kusek, 2011; Lahey, 2005).

The document review found that the main functions of the M&E structure are related to service delivery monitoring, programme analysis and evaluation and co-ordination of impact assessment. However, key informants revealed that there was ambiguity of roles and responsibilities, which was inappropriate for staffing levels. These findings suggest lack of authority in the M&E unit that has aggravated the situation.

As in other assessments, the M&E roles and responsibilities were not clearly defined (Mawelela, 2012; Mokobi, 2008; Mtshali, 2010). Other countries' studies suggested that if the complex configuration process of M&E roles and responsibilities is not managed appropriately, the institutionalisation of M&E system could be hindered (Amudo & Inanga,

2009; Mebrahtu, 2002; Pares, 2006). A policy implication is to develop norms and standards for effective M&E structures in South Africa.

This study suggests that challenges such as lack of M&E capacity, information technology, human and financial resources contribute to the non-functionality of M&E structures and systems. Key informants' interviews suggested that limited funding is central to these constraints. Studies in other countries have similar challenges, where the costs are high and often affect availability of M&E resources to institutionalise M&E especially within the health sector (Aqil, *et al.,* 2009; Braveman, 2003; Morgan, 1998).

5.5 Functionality of M&E Structures and Systems

Although LDOH's plans contain a strategic objective that deals with M&E system implementation, a results-based M&E system that meets international criteria is non-existent. This implies that the systems are not integrated, and institutionalisation of results-based M&E within LDOH has not taken off the ground. Similarly, according to studies in other countries, the M&E systems are inadequate and not aligned to provide timely and quality information for decision making (AbouZahr & Boerma, 2005; Adeghe, 2006; Braveman, 2003; Hauge, 2003; Lahey, 2005).

Although Braa *et al*. (2002), Garrib *et al*. (2008), Shaw (2005) and Williamson, Stoops and Heywood (2001), considered DHIS being implemented in South Africa as best practice to support M&E systems, this study found that it was insufficient to support M&E functions. In addition, the findings suggest that, parallel health information systems especially for public health are also implemented. This implies that the health information systems supporting M&E were not integrated and there was potentially duplication. In this case, fragmentation of DHIS affects sustainability of the system (Odhiambo-Otieno, 2005).

As was the case with the readiness assessment studies in South Africa done by Mokobi (2008) and Mtshali (2010), this study found that health information, planning, budgeting; performance management and M&E process were inadequate, and not aligned. As a result, the misalignment of processes impacts on compliance with statutory requirements and decision-making processes. This study therefore, suggests that the structures and systems

within the LDOH are not functional. This was also revealed by studies from other countries in that, inadequacy and misalignment of processes and systems were often influenced by inadequate and ineffective processes (Amudo & Inanga, 2009; Bana & Shitindi, 2009; Doherty, 2006; Holvoet & Inberg, 2011; Nielsen & Ejler, 2008; Rodriquez-García, *et al.*, 2006).

5.6 M&E Capabilities

The results indicated that despite quarterly and annual reporting to key stakeholders, the LDOH's M&E culture is insufficient. The insufficient M&E culture was influenced by poor work culture, lack of incentives for M&E, lack of information culture and unawareness of results-based M&E. Other studies have shown that poor culture could impact on government performance (Brushett, 1998; Kusek, 2011; The World Bank, 1999; The World Bank, 2000). This implies that appropriate placement of officials could influence organisational culture (Ahgren & Axelsson, 2007; Bossert, 1998). For instance, M&E officials' commitment can promote culture of quarterly reporting to stakeholders (The Presidency of the United Republic of Tanzania, 2010). In addition, provision of incentives for M&E could promote culture (Bossert, 1998; Morgan, 1998). Outcome-based incentives have proved to yield positive results (Shikar & Mahajan, 2001). Unlike performance information audit, which is new in South Africa, the outcome based is likely to provide incentives, which could promote M&E culture in the long run (Engela & Ajam, 2010; Laubscher, 2012).

The study found that despite the existence of a skills development plan, there is inadequate capacity on M&E. Hence this study has shown inadequate M&E support from external stakeholders, which implies that, the chances of acquiring M&E skills are very limited. This might lead to unsuccessful implementation of the results-based M&E (Schiavo-Campo, 2005), impacting negatively on achieving programme objectives and compliance to statutory requirements.

The study has also shown that inadequate capacity might be caused by lack of formal training opportunities in South Africa on M&E. Other studies in South Africa have shown that, there are shortages of M&E skills and expertise. The chances for M&E formal and in-service training are scarce (Bana & Shitindi, 2006; Mokobi, 2008; Mtshali, 2010). Still more studies

have shown that lack of M&E formal training opportunities could influence inadequate skills, which in turn impact on the required capacity (Adrien, 2001; Bana & Shitindi, 2006; Castro, *et al.*, 2009; Dassah & Uken, 2006). Zwane and Düvel (2008) study has also shown the importance of training to enhance the implementation of the M&E framework. However, M&E capabilities of training centres of excellence can improve supply of M&E skills and expertise (Adrien, 2001; Castro, *et al.*, 2009; Cloete, 2009; Engela & Ajam, 2010). Cloete (2009) and Engela and Ajam (2010) affirm that PALAMA is central to M&E capacity building in South Africa.

This study found that there was inadequate M&E training and a high reliance on external service providers. In 2010, only 2% of the total of trained officials received M&E training. The results suggest lack of capacity to conduct in-house M&E training and lack of M&E skills and expertise to execute the M&E functions. Other studies have shown that skills for analysis, information technology, utilisation of information, planning, performance information and auditing were required to improve M&E capabilities in some countries including South Africa (AbouZahr and Boerma, 2005; Aqil, *et al.*, 2009; Garrib, *et al.*, Hsu & Sakai, 2009; Nielsen, & Ejler, 2008; Porto de Albuquerque, *et al.*, 2011; Taylor-Powell, 2006; Wilkins and Mayne, 2002).

Finally, in contrast to the documents analysed, key informants had insufficient awareness of the results-based M&E framework. This implies a need for wider consultation and marketing of the framework to all stakeholders (Cloete, 2009; Hendy, Reeves, Fulop, Hutchings & Masseria n.d; The World Bank, 1999).

5.7 Conclusion

The results of this study suggest that the LDOH is not ready to implement the results-based M&E system despite the existence of enabling legislation to support the implementation of the framework. The unpreparedness of the LDOH might be attributable to lack of a departmental framework, inadequate and non-functional systems and structures, and unclear roles and responsibilities. Insufficient utilisation and poor quality of information, inadequate M&E capacity and training also contribute to the ill-equipped M&E in the LDOH.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This study set out to determine the state of readiness to support the implementation of the new results-based M&E policy framework in the LDOH. In order to determine the state of readiness for the LDOH, a descriptive study was conducted on the state of readiness of LDOH to implement results-based M&E policy framework. The study found that the LDOH is not ready to implement the results-based M&E framework.

6.2 Conclusion and Recommendations

The following sections attempt to answer the research question, and provide recommendations to overcome the weaknesses identified in the study.

6.2.1 Drivers of the results-based M&E system

The research revealed five drivers of the results-based M&E system in LDOH. Despite the existence of national enabling legislation and M&E policy since 2009 as one of the drivers, there is no policy framework within the LDOH to facilitate the implementation of a results-based M&E framework.

Although the LDOH has a champion co-ordinating the implementation of results-based M&E framework, leadership and management in driving the implementation process remain insufficient. In this case, the LDOH champion is not at a sufficiently high level of administration, like the HOD, with authority and visibility to drive the process and to influence decision making. The other related driver is the need for improved accountability, which is influenced by involvement of key stakeholders as one of the drivers. Based on the above mentioned gaps, the researcher recommends that:

Institutionalisation of results-based M&E. M&E should be institutionalised in the LDOH to enhance management accountability and governance.

Development of LDOH results-based M&E policy framework. In order to facilitate the process of implementing the national results-based M&E framework, the LDOH must

develop an M&E framework, which is aligned to the provincial and national frameworks. The framework must include the elements of M&E, planning, performance management and development system, management information system, internal controls, performance information auditing as well as quality assurance and risk management. The participation of all key stakeholders supporting LDOH M&E related activities is critical to ensure buy-in of the process.

Assigning strong and visible M&E champion at the highest level of administration. The joint leadership of MEC as politician and HOD as accounting officer to implement and enforce the implementation of that framework and the Chief Financial Officer providing central leadership in the institutionalisation of results-based M&E are critical. It will also be beneficial to appoint a dedicated M&E champion at general manager level and M&E champions at district-level to assist in the co-ordination of M&E implementation process.

6.2.2 Provision and utilisation of performance information

There is a greater need for key stakeholders to request and utilise performance information for evidence-based decision making**.** The findings revealed that key stakeholders mainly oversight institutions requesting performance information and are the same ones utilising information for compliance. However, the findings suggest insufficient utilisation of performance information by both internal and external stakeholders. It is evident that poor quality and integrity of performance information influence the ability of stakeholders to utilise this information. In order to overcome these challenges, the researcher recommends the following:

The establishment of M&E forum in the LDOH. This forum will act as a platform for performance information feedback and correcting gaps about performance of service delivery. The inaccurate and unreliable performance information can be detected and rectified in such a forum. This forum will eventually improve duplication, quality, and credibility; and utilisation performance of information at a long run.

Strengthening utilisation of performance information. Strengthening outcome-based related incentives such as monetary and capacity building opportunities in order to motivate and drive the use of M&E information at all levels of care. The results suggest that M&E

reporting and utilisation should form part of the senior and programme managers' performance contracts to enhance management accountability. This initiative will eventually build a culture of performance information reporting and utilisation.

6.2.3 Structural arrangements for results-based M&E system

Even though M&E organisational structure exists within LDOH, the roles and responsibilities are unclear and vacancy rates remain high. The study found that the inadequate infrastructure, skills, human and financial resources contributed to non-functionality of M&E structures and systems. Recommendations to strengthen results-based M&E system structural arrangement include:

Appropriate staffing and configuration of M&E unit. The M&E unit ought to be properly staffed with mix-skilled personnel and managed by a dedicated general manager. This initiative will re-enforce configuration of the M&E unit and rationalisation of existing posts and staff, whereby the functions of the M&E unit can be reorganised into three components managed by senior managers. These components will include: corporate monitoring focusing on programme performance monitoring and reporting; quality assurance (facility service delivery monitoring); and evaluation, epidemiology and research. It is critical to define clearly the roles and responsibilities of these M&E components as part of the LDOH M&E framework.

Furthermore, increasing M&E and planning capacity at district level through re-defining the roles and responsibilities of the existing quality assurance managers to include M&E functions and district M&E championship.

Provision of dedicated M&E resources. The researcher proposes prioritisation of M&E, with dedicated M&E budget to be utilised for strengthening of human resources, information technology infrastructure and skills development.

6.2.4 Functionality of M&E structures and systems

The main findings in this area are that the M&E structures and systems are not functional. It is evident that results-based M&E systems and processes are inadequate, and not integrated to

facilitate the implementation of the M&E framework. The study has suggested that the inadequate resources contribute to non-functionality of M&E structures and systems.

In order to strengthen functionality of the M&E structures and systems, the following are needed.

Development of an integrated M&E system. Whereas there are national parallel M&E systems particularly for public health programmes, and manual systems being implemented in the LDOH, it is essential to develop a coherent integrated results-based M&E system, which contains all indicators in the annual performance plan required for quarterly and annual reporting.

Establishment of central database. The researcher recommends the establishment of simplified central database for information systems implemented within the LDOH, which is aligned to the requirements of the existing DHIS. This intervention will focus on collecting information related to all indicators in the annual performance plan of LDOH and store them in a simplified central database. The utilisation the Geographic Information System in the LDOH should also be strengthened.

6.2.5 M&E capabilities

The study revealed challenges such as poor M&E culture, inadequate internal and external capacity and skills; and lack of awareness of results-based M&E framework. The following recommendations are proposed:

Capacity building: The creation of ongoing M&E skill development through training of LDOH senior managers and programme managers in partnership with the training institutions, PALAMA and government department such as Treasury, National Health and LPG. The training programmes should include the following areas: Results-based M&E system; results-based management; strategic management; project management; M&E including utilisation of information for decision making; auditing of performance information; DHIS and other health related data collection tools; and evaluation research.

Create network of M&E specialists in the Province: The researcher recommends that researchers, M&E specialists, organisations, agencies, M&E champions and health professional with interest in M&E ought to establish a network of M&E specialists to share and exchange information and expertise on M&E related issues.

6.2.6 Recommendations for possible future research

The following future research questions are recommended:

- How indicators and targets for monitoring of health outcomes are developed?
- How to reduce the gap between policy and implementation?
- How to enhance accountability and oversight?
- What strategies are needed to improve the utilisation of performance information?
- How to use information to improve the performance of the health system?

A qualitative research on cultural barriers among staff and oversight institutions and addressing these barriers is also recommended.

REFERENCES

AbouZahr, C. & Boerma, T. (2005). Health Information Systems: the Foundations of Public Health. *Bulletin of the World Health Organisation,* 83 (8), 578-583.

Adeghe, O. (2006). Critical Issues in the M&E of Healthcare Delivery in Africa. *African Renaissance,* 3(4), 125-133.

Adrien, M. H. (2001). *Assessment of Ghanaian Organisations involved in the Delivery of M&E and Training.* Washington, D.C: The World Bank.

Ahgren, B. & Axelsson. R. (2007). Determinants of Integrated Health Care Development: Chain of Care in Sweden. *International Journal of Health Planning and Management,* 22, 145-157.

Amudo, A. & Inanga, E. L. (2009). Evaluation of Internal Control Systems: A Case Study from Uganda. International Research. *Journal of Finance and Economics.* Retrieved on 3 January 2013, from http://www.eurojournals.com/finance.htm

Aqil, A., Lippeveld, T. & Hozumi, D. (2009). PRISM Framework: A Paradigm Shift for Designing, Strengthening and Evaluating Routine Health Information System. *Health policy and planning,* 1-12. Doi10.1093/heapol.czp010

Badenhost, C. (2007). *Research Writing: Breaking the Barriers*. Pretoria: Van Schaik.

Bana, B. & Shitindi, E. (2009). Performance Management: Tanzania Experience. Proceedings of the Governance Excellence: *Managing Human Potential International Conference* in Arusha. Arusha: United Republic of Tanzania 2-4 March 2009. Retrieved from http://www.capam.org/_documents/bana.benson.paper.pdf

Bester, A. (2009). Evaluation of Public Policies in South Africa. *Issues Paper presented at the UNDP Conference on National Evaluation Capacity*. Casablanca Morocco: UNDP 15-17 December.

Bossert, T. (1998). Analysing the Decentralisation of Health Systems in Developing Countries: Decision Space, Innovation and Performance. *Soc. Sci Med,* 47(10), 1513-1527.

Braveman, P. A. (2003). Monitoring Equity in Health and Health Care: A Conceptual Framework. *J Health Popul Nutr*, 21(3), 181-192.

Braa, J. & Hedberg, C. (2002). The Struggle for DHIS in South Africa. *The Informatics Society*, 18, 113-127. doi: 10.1080/01972240290075048.

Brushett, S. (1998). Evaluation Capacity Development in Zimbabwe: Issues and Opportunities. *ECD Working Paper Series* number.2. Washington D.C.: The World Bank.

Burdescu, R., Villar, A.D., Mackay, K., Rojas, F. & Saavedra, J. (2005). Institutionalising M&E Systems: Five Experiences from Latin America. *En Breve*, number 78. Retrieved on 10 January 2013, from http://siteresources.worldbank.org/.../Resources/.../78SEP05M&EEN.pdf

Castro, M. F. (2006). Colombia's National System for Evaluation of Management Results. In May, E., Shand, D, Mackay, K., Rojas, F. & Saavedra, J. Towards the Institutionalisation of M&E Systems in Latin America and the Caribbean: *Proceedings of the World Bank/Inter-American Development Bank Conference (pp. 29-36).* Washington D.C.: The World Bank & Inter-American Development.

Castro, M. F. (2009). Evaluation Capacity Development: Insider Insights: Building Result-Based Management and Evaluation System in Colombia. *ECD Working Paper Series* number 18. Washington D.C.: The World Bank.

Castro, M. F., Lopez-Acevedo, G., Busjeet, G. B. & Ordonez, X. F. (2009). Mexico's M&E system: Scaling Up from the Sectoral to the National Level. *ECD Working Paper Series* number 20. Washington D.C.: The World Bank.

Chabane, C. (2009, June). *Budget Vote for the Presidency for the 2009/2010 Financial Year.* Speech presented in Parliament, Cape Town. Retrieved from http://www.thepresidency.gov.za/pebble.asp?relid=1943

Chabane, C. (2010, February). A*nnouncement on the Performance Outcomes and Measurable Output.* Statement presented at the Inbizo Media Centre, Cape Town. Retrieved from http://www.thepresidency.gov.za/pebble.asp?relid=1951

Chabane, C. (2010, May). *Budget Vote for the Presidency.* Speech presented in Parliament, Cape Town. Retrieved from http://www.thepresidency.gov.za/pebble.asp?relid=1947

Chabane, C. (2010a, September). *Progress with Performance M&E.* Speech presented to the Media, Cape Town. http://www.thepresidency.gov.za/pebble.asp?relid=2138

Chabane, C. (2010b, September). *The release of the Green Paper on Performance M&E. Media statement.* Retrieved from http://www.thepresidency.gov.za/pebble.asp?relid=1964

Chabane, C. (2010, October). *The role of the Presidency in Performance Monitoring and Financial accountability.* Speech presented at the good governance conference, Sheraton Hotel, Pretoria. Retrieved from http://www.thepresidency.gov.za/pebble.asp?relid=2236

Claude, B. B. (2007). Burkino Faso: Performance-Based Management: Case Study on M&E Unit of PNG12. *In managing for development results (MfDR) (second edition), Emerging good practice in managing for development results: Source Boo*k (pp. 117-129). Washington D.C: The World Bank.

Cloete, F. (2009). Evidence-Based Policy Analysis in South Africa: Critical Assessment of the Emerging Government-Wide M&E System. *Journal of Public Administration,* 44(2), 293-311.

Creswell, J. (2003) (Eds). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches.* United States of America: Sage Publications.

Dassah, M. O. & Uken, E. A. (2006). M&E in Africa with reference to Ghana and South Africa. *Journal of Public Administration,* 41(4), 705-720.

Doherty, S. (2006). El Salvador: Results-Based for Evaluating Public Policy. *In MfDR (First issue), emerging good practice in managing for development results: Source Boo*k (pp. 23-27). Washington D.C: The World Bank.

Engela, R . & Ajam, T. (2010). Implementing a GWM&E System in South Africa. *ECD Working Paper Series* number 21. Washington D.C.: The World Bank.

Farrell, G. M. (2009). *Results-Based M&E at the Commonwealth of Learning: a Handbook.* Vancouver: Commonwealth of Learning.

Garrib, A., Stoops, N., Mckenzie, A., Dlamini, L., Govender, J. & Herbst, K. (2008). An Evaluation of the DHIS in Rural South Africa. *South African Medical Journal,* 98(7), 549-552.

Golafshani, N. (2003). Understanding Reliability and Validity in Qualitative Research. *The Qualitative Report,* 8(4), 597-607.

Gómez, R., Olivera, M. & Velasco, M. A. (2009). Implementing Sub-National Results-Oriented Management and Budget System: Lessons from Medellin, Colombia *ECD Working Paper Series* number19. Washington D.C.: The World Bank.

Hauge, A. O. (2001). Evaluation Capacity for M&E in Uganda: A Results-Based Management Perspectives. *ECD Working Paper Series* number 8. Washington D.C.: The World Bank.

Hauge, A. O. (2001). Evaluation Capacity Development: The Development of M&E Capacities to Improve Government Performance in Uganda. *ECD Working Paper Series* number10. Washington D. C.: The World Bank.

Heeks, R. (2002). Information Systems and Developing Countries: Failures, Successes and Local Improvisations. *The Informatics Society*, 18, 101-112. doi: 10.1080/01972240290075039.

Hendy, J., Reeves, B. C., Fulop, N., Hutchings, A. & Massaria, C. (2005). Challenges to implementing the national programme for information technology (NPfIT): a qualitative study. *BMJ*, 6 (7512), 331-6.

Herbst, K., Littlejohns, P., Rawlinson, J. & Collinson, M. (1999). Evaluating computerised health information systems: Hardware, Software and Human ware: Experiences from the Northern Province. *Journal of Public Health Medicine,* 21(3), 305-310.

Hernandez, G. (2006). M & E of Social Programs in Mexico. In May, E., Shand, D. Mackay, K., Rojas, F. & Saavedra, J., Towards the Institutionalisation of M&E Systems in Latin America and the Caribbean*: Proceedings of the World Bank/Inter-American*

Development Bank Conference (pp. 47-54).Washington D.C.: The World Bank & Inter-American Development.

Holvoet, N. & Renard, R. (2007). M&E Reform Under Changing Aids Modalities: Seeking the Middle Ground in Aid-dependent Low-Income Countries. *Research papers* number 2007/52. Finland: Unu-Wider.

Holvoet, N., & Inberg, L. (2011). Sector M&E systems in the Context of Changing Aid Modalities: The case of Niger's Health Sector. *Working Paper* number 2. Retrieved from www.ua.ac.be/iob

HST. (2010). *South African Health Review.* Durban: HST.

Hsu, C. H. & Sakai, M. Y. (2009). Auditing program evaluation audits: Executive training exercise for assessing management thinking, planning, and actions." *Journal of Business Research,* 62(7), 680-689.

Ijeoma, E. O. C. (2010). Mainstreaming GWM&E Policy in South Africa: An Eye on Impact Assessment. *Journal of Public Administration,* 45(2), 343-360.

Ishmail. Z. (2012). Building a Results-Based M&E System for the Western Cape Government of South Africa: a Western Cape Province Case Study. PSC, Evolution of M&E in the South African Public Service. *PSC News February/March issue,* 35-37.

Kannae, L. A. (2000). The role of the Ghana Institute of Management and Public Administration in Institutionalising M&E in Ghana. *Selected proceedings from a seminar and workshop on M&E Capacity Development.* Johannesburg: DBSA, The African Development Bank and The World Bank 25-29 September.

Kawonga, M., Blaauw, D. & Fonn, S. (2012). Aligning Vertical Interventions to Health Systems: A Case Study of the HIV M&E System in South Africa. *Health Research Policy and Systems,* 10(2). Doi:10.1186/1478-4505-10-2.

Koranteng, A. (2000). Evaluation Capacity Development in Ghana. *Selected proceedings from a seminar and workshop on M&E Capacity Development.* Johannesburg: DBSA, The African Development Bank and The World Bank 25-29 September.

Kusek, J. Z. & Rist, R.C. (2001). Building a Performance Based M&E System: The Challenges Facing the Developing Countries. *Evaluation Journal of Australasia*, 2, 14-23.

Kusek, J. Z., & Rist, R. C. (2002). Building a Result-Based M&E Systems: Assessing Developing Countries Readiness. *Zeitschrift fur Evaluation Heft*, 1, 151-158.

Kusek, J. Z., & Rist, R.C. (2004). *A Handbook for Development Practitioners: Ten steps to a Results-Based M&E System.* Washington D.C.: The World Bank.

Kusek, J. Z. (2011). *GET Brief: Assessing Country Readiness for M&E.* Retrieved from http://siteresources.worldbank.org/.../GETBrief_AssessingCountryReadines

Kusek, J. Z., Rist, R. C. & White, E. M. (2005). How will we know the millennium development goal result when we see them?: Building a result-based M&E system to give us the answers. *Evaluation*, 11(7), 7-26. Retrieved on 02 November 2009, from http://evi.sagepub.com/cgi/content/refs/11/1/7.

Lafond, A. K., Brown, L. & Macintyre, K. (2002). Mapping Capacity in the Health Sector: a Conceptual Framework. *International Journal Health Planning & Management*, 17, 3-22.

Lafond, A., & Brown, L. (2003). A Guide to M&E of Capacity Building Interventions in the Health Sector in Developing Countries. *Measure Evaluation Manual series*, number 7. United State of America: USAID and Measure Evaluation.

Lahey, R. (2010). Evaluation Capacity Development: The Canadian M&E System: Lessons learned from the 30 years of development. *ECD Working Paper Series* number 23. Washington D.C.: The World Bank.

Lahey, R (2005). *Moving Towards Results-Based Performance Measurement: Building M&E Capacity in ASEZA: Phase 1: Discovery phase. ESEZA.* www.cpc.unc.edu/measure/.../MovingTowardsResultsBasedPerfo_

Laubscher, T. (2012). The Relationship between Auditing and M&E in the Public Service. *In PSC, Evolution of M&E in the South African Public Service. PSC News* February/March issue, 23-28.

LDOHSD. (2007). *Human Resource Development Policy*. Unpublished policy.

LDOHSD. (2007, November). *Revised Organisation and establishment*: Provincial Head Office. Polokwane. LDOHSD. Unpublished organisational structure.

LDOHSD. (2010b). *Vote 7: 2009/10 Annual Report*. Polokwane: Review Printers.

LDOHSD. (2010a). *2010/11-2013 Annual Performance Plan.* Mokopane: Dynasty Printers.

LDOHSD. (2010c). *Vote 7: 2010/11-2014 Strategic Plan*. Polokwane: Unpublished.

LDOHSD. (2010d). *2010/2011* [Training Records]. Polokwane: LDOHSD. Unpublished records.

Littlejohns, P. Wyatt, J. C. & Garvican, L. (2003). Evaluating Computerised Health Information System: Hard Lessons still to be learnt. *BMJ,* 326, 860-863.

Loquai, C. & Le Bay, S. (2007). Building Capacities for M&E Decentralisation and Local Governance: Experiences, Challenges and Perspectives. *In Brief: number 19.* Washington D.C: European Centre for Development Policy Management.SNV. Retrieved from, www.ecdpm.org/M&Ecasestudies

LPG. (2007, August). *Rapid review of Limpopo Provincial M&E system and capacity*. Unpublished report.

Mackay, K. (1999). Evaluation Capacity Development: A Diagnostic Guide and Action Framework. *ECD Working Paper Series* number 6. Washington D.C.: The World Bank.

Mackay, K. (2006). Evaluation Capacity Development: Institutionalisation of M&E Systems to Improve Public Sector Management. *ECD Working Paper Series* number 15. Washington D.C.: The World Bank.

Mackay, K. (2007). *How to Build M&E Systems to Support Better Governance.* Retrieved from http://www.worldbank.org/ieg/ecd/docs/How_to_build_ME_gov.pdf

Marczyk, G., DeMatteo, D. & Festinger, D. (2005). *Essentials of Research Design and Methodology.* United States of America: John Wiley and Sons, Inc.

Mawelela. T. (2012). The Development and Implementation of an M&E System: A Case Study on the North West Province. *In PSC,* Evolution of M&E in the South African Public Service. *PSC News February /March issue,* 32-34.

Mayne, J. (2007). Challenges and Lessons in Implementing Results-Based Management. *Evaluation,* 13, 87-109. doi: 10.1177/1356389007073683.

McDaniel Jr. C. & Gates, R. (2007). *Marketing Research.* United States of America: John Wiley & Sons, Inc.

Mebrahtu, E. (2002). Perceptions and Practices of M&E: International NGOs Experiences in Ethiopia. *Development in Practice,* 12(3&4), 501-517.

Mokgoro, J. (2000). Provincial Experiences in Managing National Policies on the Transformation of the Public Service. *Public Administration and Development,* 20(2), 141-153.

Mokobi, J. (2008). *Implementing Government's M&E in Limpopo*. Master's Thesis, University of Witwatersrand, Johannesburg.

Moodley, K. (n.d.). Towards the Single View Goal. *Thought Leadership*. Retrieved 22 October 2010, from www.samea.org.za/index.php?module=MediaAttach&func...

Morgan, P. (1998). *Capacity and Capacity Development: Some Strategies*. CIDA.

Mukaruka, I. M. (2000). M&E Poverty: The Case of Tanzania. *Selected proceedings from a seminar and workshop on M&E Capacity Development.* Johannesburg: DBSA, The African Development Bank and The World Bank 25-29 September.

Mtshali, S. (2010). *The Readiness of Gauteng Department Health to Institutionalise M&E* Master's Thesis, University of Witwatersrand, Johannesburg.

National Department of Health. (2009a). *Format for Annual Performance Plans of Provincial Health Departments for Financial Years 2010-2012/13*. Pretoria: National Department of Health.

National Department of Health. (2009b). *Framework for National Health Planning Guidelines for 5 Year Strategic Plans of Provincial Departments of Health for 2010-2015*. Pretoria: National Department of Health.

National Department of Health. (2011). *The National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa.* Pretoria: National Department of Health.

National Treasury. (2007). *Framework for Managing Programme Performance Information*. Cape Town: Formeset Printers (PTY) LTD.

Neuman, W. L. (Eds). (2006). *Social Research Methods: Qualitative and Quantitative Approaches*. Boston: Pearson.

Nielsen, S. B., & Ejler, N. (2008). Improving Performance: Exploring the Complementarities between Evaluation and Performance Management. *Evaluation,* 14(2), 171-192, doi: 10.1177/1356389007087538

Obong'o, S. (2008). Obong'o's Commitment to Results for Kenyans. *In MfDR (Third edition), Emerging Good Practice in Managing for Development Results: Source Boo*k (pp. 41-46.). Washington D.C: The World Bank.

Odhiambo, K. T. (2000). Evaluation Capacity Development in Kenya. *Selected Proceedings from a Seminar and Workshop on M&E Capacity Development.* Johannesburg: Development Bank of Southern Africa, The African Development Bank and The World Bank 25-29 September.

Odhiambo-Otieno, G. W. (2005). Evaluation of Existing District Health Management Systems. A Case Study of the District Health Systems in Kenya. International Journal of Medical Informatics, 74, 733-744.

OECD. (n.d). *Paris Declaration and Accra Agenda for Action.* Retrieved on 27 March 2012, from www.oecd.org/.../effectiveness/parisdeclarationandaccraagendaforacti

Pares, A. (2006). The Plano Plurianual and M&E in Brazil. In May, E., Shand, D., Mackay, K., Rojas, F. & Saavedra, J., *Towards the Institutionalisation of M&E Systems in Latin America and the Caribbean: Proceedings of the World Bank/Inter-American*

Development Bank Conference (pp. 21-27). Washington D.C.: The World Bank & Inter-American Development.

Pattnaik, A. K. (2008). Institutional Mechanism for M&E. *Proceedings Taal, 2007: The 12th World Lake Conference* (pp1154-1157). Taal.

PGWC. (2009). *Provincial-Wide M&E System: Readiness Assessment Report 2009/2010*. Retrieved from www.westerncape.gov.za/.../the_provincial-wide_monitoring_and_evalu...

Phillips, S. (2012). The Presidency Outcome Based M&E: Our Approach. In PSC, Evolution of M&E in the South African Public Service. *PSC News February/March issue*, 13-15.

Porto de Albuquerque, J., Prado, E. P. V. & Machado, G. R. (2011). Ambivalent Implications of Health Care Information Systems: a Study in the Brazilian Public Health Care System. *Rae Sao Paulo,* 51(1), 58-71.

Provincial Treasury. (2010). *Budget Statements 2010/2011*. Mokopane: Dynasty Printers.

PSC. (2007, July). *Report on the Audit of Reporting Requirements and Departmental M&E Systems within Central and Provincial Government*. Pretoria: PSC.

PSC. (2008, February). *Basic Concepts*. Pretoria: PSC.

Rispel, L. & Moorman, J. (2010). Health Legislation and Policy: Context Processes and Progress. *In HST South African Health Review 2010* (pp.121-147). Durban: HST.

Rodriquez-García, R., White, E. M. & Terme, R. A. (2006). Timor-Leste: Managing for Results in a Fragile Post Conflict Setting. *In MfDR (First issue), Emerging Good Practice in Managing for Development Results: Source Boo*k (pp. 35-43). Washington D.C.: The World Bank.

Rivenbark, W. & Pizzarella, C. M. (2002). Auditing Performance Data in Local Government. *Public Performance and Management Review,* 25(4), 413-420. Retrieved from www.jstor.org/stable/3381135

Rossi, P. H., Lipsey, M. W. & Freeman, H.E. (Eds) (2004). *Evaluation: A systematic Approach*. London & New Delhi: Sage Publications.

RSA. (1996). *Constitution of the RSA Act, Number108.* Pretoria: Government Printers.

RSA. (1999). *PFMA, Number 1*. Pretoria: Government Printers.

RSA. (2004). *Public Audit Act, Number 25.* Pretoria: Government Printers.

Schiavo-Campo, S. S. (2005). Evaluation Capacity Development: Building Country Capacity for M&E in the Public Sector: Selected Lessons of International Experience. *ECD Working Paper Series* number 13. Washington D.C.: The World Bank.

Scott, L., Joubert, A. & Anyogu, A. (2005). Setting National Goals, M&E: a Comparison of Approaches across Selected Countries. *Working paper* number 2. Retrieved from www.thepresidency.gov.za/docs/pcsa/me/comparison/part1.pdf

Segone, M. (2000). Sustainable M&E Capacity Development in Africa: the Case of the M&E Network in Niger. *Selected proceedings from a seminar and workshop on M&E capacity development.* Johannesburg: DBSA, The African Development Bank and The World Bank 25-29 September.

Segone, M. (2009). Enhancing Evidence-based Policy Making through Country-led M&E. Segone, M. *In Country-led M&E systems: Better evidence, better policies, better development results*. New York: UNICEF.

Segsworth, B. (2003). *Accountability and Performance Monitoring: A Comparative Perspective.* Ontario: Laurentian University.

Senay, C. & Besdziek, D. (1999). Enhancing Oversight in South Africa's Provinces: Institutions and Concerns. *African Security Review,* 8(2). Retrieved on 28 September 2005, from http://www.iss.org/Pubs/ASR/8No2/Senay.html

Seydou, Y., Mohamed, A. & Sani, M. A. G. (2008). Developing a Results Chain for the Country's Poverty Reduction Strategy. *In MfDR (Third edition), Emerging good practice in managing for development results: Source Boo*k (pp. 80-89). Washington D.C: The World Bank.

Sheperd, G. (2011). Conducting Diagnoses of M&E Systems and Capacities. *Prem Notes*, number 87. Washington D.C: The World Bank. Retrieved on 02/02/2013, from http//siteresources.worldbank.org/EXTPOVERTY/Images/ME16v3.pdf

Statistics South Africa. (2011). Census *2011*: *Census in Brief*. Pretoria: Statistics South Africa.

Statistics South Africa. (2007). *Community Survey: Basic Results: Limpopo*. Pretoria: Statistics South Africa

Shaw, V. (2005). Health Information System Reform in South Africa: Developing an Essential Data Set. *Bulletin of the World Health Organisation*, 83(8), 632-639.

Shikhar, S. & Mahajan, V. (2001). The Effect of Reward Structures on the Performance of Cross-Functional Product Development Teams. *Journal of Marketing*, 65, 35-53.

Simister, N. & Smith, R. (2010). M&E Capacity Building: Is it really that difficult? *Praxis* Paper 23. International NGO Training and Research Centre: INTRAC.

Taylor-Powell, E. (2006). *M&E of Poverty Reduction Strategies in Regional Member Countries: Training Needs Assessment*. African Development Bank Group: Operations Evaluation Department.

Teusner, A. (2010). "Being" versus "Going" Native: an Account from the Occupational Health and Safety Field. *Journal of Health & Safety Research & Practice*, 2 (2), 23-33. www.sia.org.au/download.aspx?link=2394

The Presidency RSA. (2007). *Policy Framework for the GWM&E System*. Pretoria: The Presidency RSA.

The Presidency RSA. (2008, July). *The Role of Premiers' Offices in GWM&E: a Good Practice Guide*. Pretoria: The Presidency RSA.

The Presidency RSA. (2009a). *Improving Government Performance*: Our Approach. Pretoria: The Presidency RSA.

The Presidency RSA. (2009b). *Green Paper on National Strategic Planning*. Pretoria: The Presidency RSA.

The Presidency RSA. (2010c, May). *Guide to the Outcome Approach.* Pretoria: The Presidency RSA.

The Presidency RSA. (2010d). *Department of Performance M&E*. Retrieved from http://www.thepresidency-dpme.gov.za/dpmewebsite/

The Presidency RSA. (2011). *The National Evaluation Policy Framework*. Pretoria: The Presidency RSA.

The Presidency United Republic of Tanzania. (2010). Enhancing Professionalisation of Human Resource Managers in the Public Service in Africa: Policy and Methodology for Evaluating Performance of Public Service in Tanzania. *proceedings from the Expert Group Meeting on Human Resource Management Practices in the Public Service in Africa held in Durban. Durban: on M&E Capacity Development.* Johannesburg: The Presidency, United Republic of Tanzania, November.

The World Bank. (1999). M&E Capacity Development in Africa. *Précis*, number 183. Washington D.C.: The World Bank. Retrieved on 10 June 2010 from Inweb90.worldbank.org/OED/oeddoclib.nsf/.../$file/183precis.pdf

The World Bank. (2000). *M&E Capacities in Ghana: A Diagnosis and Proposed Action Plan*. Washington D.C.: The World Bank.

The World Bank. (2004). Assessing Country Readiness for Result-Based M&E Systems. *Prem notes: World Bank Operations Evaluation Department, number 87*. Washington D.C: The World Bank. Retrieved on 08/06/2010, from www.worldbank.org/prem/PREMNotes/premnote87.pdf

The World Bank. (2007). Evaluation Capacity Development: A Diagnosis of Colombia's National M&E System, SINERGIA. *ECD Working Paper Series* number 17. Washington D.C.: The World Bank.

Tilbury, D. (2009). *Tracking our progress: A Global M&E framework for UN DESD*. Retrieved on 14 May 2012, from http://jsd.sagepub.com/content/3/2/189

Tod, B. (2008). *Strengthening Accountability for Improved Service Delivery: SNVs local Capacity Development Approach*. Retrieved on 15 October 2010, from www.irc.nl/docsearch/title/176732

Treece, E. W. & Treece Jr, J. W. (Eds). (1982). *Elements of Research in Nursing*. London, Toronto & St Louis: The C. V. Mosby Company.

UNDP. (2009). *Handbook on Planning, M&E for Development results*. New York: UNDP.

UNDP. (n.d.). *Strengthening Government Capacity for the Implementation of Results-Based Management (RBM) Programme in Zimbabwe*. Zimbabwe: UNDP. Retrieved from http//www.undp.org.zw/components/content/article/31-thisandthat/183-strenthening-gov...

USAID. (2009). *Tanzania M&E Management Services (Tanzania Mems).* Tanzania: USAID. Retrieved on 03 June 2010, from http://tanzaniamems.com/

USAID. (2011). Strengthening Health Service Delivery by Community-Based Organisations *Measure Evaluation:* Retrieved from www.cpc.unc.edu/measure/publications/fs-11-42/at.../document

USAID. (2012). How can routine Health Information Systems Improve Health Systems: Functioning in Low-Resource Settings? *Measure Evaluation.* Retrieved on 20 February 2013, from www.cpc.unc.edu/measure/publications/sr-11-65/at.../document

Lahey. (2005). *Moving Towards Results-Based Performance Measurement: Building M&E Capacity in ASEZA: Phase 1: Discovery phase.* ASEZA: USAID.

University of Witwatersrand. (2009). *Advanced Research Methods:* Masters of Management in Public Policy (course notes). Johannesburg: University of Witwatersrand.

Wengraf, T. (2006). *Qualitative Research Interviewing: Biographic Narrative and Semi-structured Methods*. London: Sage publications.

Welman, C., Kruger F. & Mitchel, B. (Eds). (2005). *Research Methodology*. Cape Town: Southern Africa Oxford University express.

White, E. M., Balasundaram, R.N. & Lahey, L. (2006). Tanzania: Harmonisation of results reporting. *MfDR (First issue), Emerging good practice in managing for development results: Source Boo*k (pp. 28-34). Washington D.C.: The World Bank.

Wilkins, P. & Mayne, J. (2002). Providing Assurance on Performance Reports: two Jurisdictions Compared. Retrieved on 16 March 2009, from file://F:\WITS\Thesis docs\

Williamson, L., Stoops, N. & Heywood, A. (2001). Developing a DHIS in South Africa: A social process or technical solution. In V. Patel *et al*. (Eds) *MEDINFO*. Amsterdam: IOS Press.

Yaha, P. Z. (2007). Experience with Results-Based Management: The Case of Ministry of the Environment, Habitat, and Urbanisation. *MfDR (Second edition), Emerging good practice in managing for development results: Source Boo*k (pp. 131-142). Washington D.C.: The World Bank.

Zaltsman, A. (2006). Evaluation Capacity Development: Experience with institutionalising M&E systems in five Latin American countries: Argentina, Chile, Colombia, Costa Rica and Uruguay. *ECD Working Paper Series* number 16. Washington D.C.: The World Bank.

Zavala, F. (2006). M&E of Public Expenditure in Peru. In May, E., Shand, D., Mackay, K., Rojas, F. & Saavedra, J., *Towards the institutionalisation of M&E systems in Latin America and the Caribbean*: Proceedings of the World Bank/Inter-American Development bank Conference (pp. 37-44). Washington D.C.: The World Bank & Inter-American Development.

Zuma, J. (2010, July). *Statement on the July 2010 Cabinet Lekgotla presented by President Jacob Zuma.* Pretoria: The Presidency RSA.

Zwane, E. M. & Düvel, G. H. (2008). Towards the Development of a M&E Policy: An Experience from Limpopo Province. *S. Afr.Tydskr. Landbouvoorl./S. Afr. J. Agric. Ext.*, 37, 116-131. Retrieved from repository.up.ac.za/bitstream/handle/.../Zwane_Towards(2008).pdf?...

APPENDICES

APPENDIX 1: University of the Witwatersrand Ethics Committee clearance letter

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Ms Shinyumisa S Dumela

CLEARANCE CERTIFICATE	**M10729**
PROJECT	Implementing a Results-Based Monitoring and Evaluation Framework: Limpopo Department of Health Case Study
INVESTIGATORS	Ms Shinyumisa S Dumela.
DEPARTMENT	School of Public & Development Management
DATE CONSIDERED	30/07/2010
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 12/08/2010 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : Prof L Rispel

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...

APPENDIX 2: LDOH Research Committee approval letter

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

Enquiries: Ramalivhana NJ

Ref: 4/2/2

10 August, 2010
Shinyumisa Sellinah Dumela
University of Witwatersrand
Facility of Health Sciences
School of Health Sciences
South Africa

Dear Shinyumisa Sellinah Dumela

"Implementing a results-based monitoring and evaluation framework: Limpopo Department of Health case study"

Permission is hereby granted to Shinyumisa Sellinah Dumela to conduct a study as mentioned above **in** Limpopo Province, South Africa"

- The Department of Health and Social Development will expect a copy of the completed research for its own resource centre after completion of the study.
- The researcher is expected to avoid disrupting services in the course of his study
- The Researcher/s should be prepared to assist in interpretation and implementation of the recommendations where possible
- The Institution management where the study is being conducted should be made aware of this,
- A copy of the permission letter can be forwarded to Management of the Institutions concerned

HEAD OF DEPARTMENT
HEALTH AND SOCIAL DEVELOPMENT
LIMPOPO PROVINCE

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APPENDIX 3: Information sheet for key informants

INFORMATION SHEET FOR KEY INFORMANTS

Introduction and background

Good Day.

My name is Sellinah Dumela. I am a student of the University of Witwatersrand doing this study as part fulfilment of the requirement of my Master of Management in Public Policy.

The main goal of this study is to examine the state of readiness of LDOH to implement the new results-based M&E policy framework, thereby proposing recommendations for successful implementation.

The information obtained could be used to inform the development and implementation of a sustainable results-based M&E system for the LDOH including nationally and other provincial government departments. I am inviting your participation as a key informant because you are an executive manager, manager, researcher; a leader involved in health or related M&E, planning, financial management, training, capacity building, information management or an expert in M&E, research, and information management in Limpopo Province.

The interview will last for about one and half hours. If you agree to take part, I will ask you questions about your work, the need and structural arrangements for results-based monitoring and system, functionality of existing structures and systems, information demand and management, capacity building, strengths and barriers and recommendations for implementing the new results-based M&E framework.

The questions are not a test, so there are no right or wrong answers. It is your opinions and experiences that are essential for the study. My role as an interviewer is to listen and to understand your point of view, but not to pass judgment. If you don't feel comfortable in answering any question, you may refuse to answer such questions. If you do not know the answer to a question, you may say so. If you choose not to take part in answering these questions, you will not be penalised. You can refrain from answering questions or withdraw anytime during the interview.

Confidentiality

The information that you give in the questionnaire will be kept confidential. Even though the researcher is a staff member of the LDOH, only the researcher will know who has been interviewed. All interviewees will be assigned a code and these codes will be used on the transcribed interviews. These codes will only be known by the researcher.

I undertake that all information provided by you will be used only for the purpose of the study. Everything that you say when answering the questions will be treated as private and confidential. No one will know how you answered the questions apart from the researcher. Your name will not be revealed in any written information or report resulting from the study. The answers given by participants will be combined and analysed according to common themes and categories. The combined information will be written in the form of a report.

Consent

Permission to carry out this project was sought from the University of the Witwatersrand Research Ethics Committee and also from the LDOH and Social Development Research Committee. I will ask you to sign an informed consent form, both to participate in the study and to record the interview. If you are willing to give your consent and take part, the researcher will appreciate your participation and the information that you are willing to provide.

Benefits and risks of participation

Please note that participation in this study is voluntary and there will be no direct benefits to anyone who participates in the interviews. Similarly there will be no negative consequences or penalties for individuals who do not want to be interviewed. Also be informed that there is no compensation for taking part in the study. During the interview, you have the right to decline to answer any questions that makes you feel uncomfortable or violating your rights, or to stop the interview at any time. However, I would really appreciate if you share your thoughts and feelings about the questions I will be asking you.

Recording the interview

I would like to request your permission to audiotape the interview because it is not possible to write down all your answers quickly enough to capture all important information. I might misrepresent your responses to some of the questions that you will be asked if recording is not done. It is essential for you to know that the tapes, digital voice data and notes will remain confidential and your identity will not be disclosed. I am only interested in your honest responses to the questions.

The tapes and digital data will be listened to only by the researcher who will interview you. Tapes and digital voice data of interviews will be transcribed and transcripts of interviews will bear the code and not the name of the interviewee. The information will be analysed and organised into a report according to themes. The tapes and voice digital data files will be kept in a locked safe. As per national requirements, the tapes and voice digital data will be destroyed two years after the publication of the research findings.

Contact details

I will be happy to answer any question or clarity you have about this study. This research has been approved by the University of the Witwatersrand Research Ethics Committee and thereafter by the LDOH and Social Development Research Committee. If you have any questions about your rights as a study participant, or questions or concerns about any aspect of the study, you may contact the ethics office on (011) 717 1234 or the LDOH and Social Development research office at (015) 293 6000. If you have further questions about the research or interviews, you may contact the researcher:

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APPENDIX 4: Consent form for key informant interview

INFORMED CONSENT FORM FOR KEY INFORMANT INTERVIEW

I have been given the information sheet on the project entitled: The state of readiness of LDOH to implement a result-based monitoring and evaluation framework**.** I have read and understood the Information Sheet and all my questions have been answered satisfactorily.

I understand that it is up to me whether or not I would like to participate in the interview and that there will be no negative consequences or penalties if I decide not to participate. I also understand that I do not have to answer any questions that I am uncomfortable with and that I can stop the interview at any time.

I understand that the researcher involved in this project will make every effort to ensure confidentiality and that my name will not be used in the study reports, and that comments that I make will not be reported back to anybody else. The information gathered will be used for scientific and educational purposes. I consent voluntarily to participate in the interview for this study. I have been given telephone numbers that I may call if I have any questions or concerns about the research. I consent voluntarily to be interviewed by the researcher.

Participant's signature: _____ Date: _____

Interviewer's signature: _____ Date: _____

INFORMED CONSENT FORM FOR AUDIOTAPE-RECORDING OF INTERVIEW

I have been given the Information Sheet on the project entitled: The state of readiness of LDOH to implement a result-based monitoring and evaluation framework. I have read and understood the Information Sheet and all my questions have been answered satisfactorily.

I understand that I can decide whether or not the interview should be tape-recorded and that there will be no consequences and penalties for me if I do not want the interview to be recorded.

I understand that information from the tapes and digital voice recording will be transcribed and transcripts will be given a code and my name will not be mentioned. I understand that if the interview is tape-recorded, the tapes and voice digital data files will be destroyed two years after publication of the research report.

I understand that I can ask the person interviewing me to stop tape-recording, and to stop the interview altogether, at anytime.

I consent voluntarily for the researcher to tape-record the interview.

Participant's signature: _____ Date: _____

Interviewer's signature: _____ Date: _____

APPENDIX 5: Key informants interview schedule

THE STATE OF READINESS OF LDOH TO IMPLEMENT A RESULT-BASED MONITORING AND EVALUATION FRAMEWORK:
KEY INFORMANT INTERVIEW SCHEDULE

Code: …….

Position/ Designation……

Organisation / Location……

Date of interview……...

Interviewer's name……..

SECTION A: GENERAL

1**.** What kind of work are you involved in?

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SECTION B: THE NEED FOR RESULTS-BASED M&E SYSTEM

2. Share with us your views on the introduction of the new Government results-based M&E policy framework?

a) What is driving the need for results-based M&E policy framework nationally and within the LDOH
b) What are they hoping to achieve with this policy?

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3. Who is driving the process for implementation of M&E framework in the LDOH?

a) Is there an identified champion?

b) Who is the champion and why?

c) In terms of the officials who is the champion and why?

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1. Who are the stakeholders involved in implementing M&E in LDOH?

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SECTION C: INFORMATION DEMAND AND MANAGEMENT

5. Who is requesting performance information from LDOH?

a) What type of information is requested?

b) For what purpose?

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6. How is performance information utilised to assess performance of the LDOH?

a) Who utilises this information?

b) What type of information and for what purpose?

c) What are the reasons for not utilising information? (if any)

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7. Within the LDOH, what management information systems currently exist to support M&E?

a) What type of information is produced by these systems?

b) The quality and integrity of information produced by these systems?

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8. Which institutions, agencies and individuals produce health and related performance information in Limpopo Province?

a) What are the roles and responsibilities of these institutions, agencies and individuals?

b) What type of information is produced and for what purpose?

c) What are the strengths?

d) What are the weaknesses?

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SECTION D: STRUCTURAL ARRANGEMENTS FOR RESULTS-BASED M&E SYSTEM

9. Based on your experience, what are the current M&E structures?

a) In Limpopo

b) In the Department of Health

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10. What M&E framework is in place?

a) Provide copy of the framework

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11. What systems are currently in place for M&E?

a) What are the key elements of the systems?

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12. What are the roles and responsibilities of these unit/units?

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13. Could you describe the process of

a) Planning in the LDOH?

b) Budgeting and in the LDOH?

c) M&E in the LDOH?

d) Performance management system in the LDOH?

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14. Does alignment of planning, budgeting, M&E and performance management system process exists? If no

a) What are the reasons?

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15. How can you describe internal auditing for the LDOH?

a) How does it impact on departmental performance?

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16. How can you describe external performance auditing for the LDOH?

a) How does it impact on departmental performance?

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Facilitators and barriers

17. What resources exist to support M&E system for the LDOH?

a) Money

b) Staff

c) Information technology infrastructure

d) Equipment

e) The reasons for limited resources (if any)

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SECTION E: FUNCTIONALITY OF EXISTING STRUCTURES AND SYSTEMS

18. Are the M&E unit/units functional within the LDOH? If no

a) What are the reasons?

b) Are there any overlapping or duplicated functions of these units?

c) How does it impact on departmental performance?

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19. How can you describe the functionality of the systems?

a) Integration of systems

b) What are the strengths?

c) What are the weaknesses?

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SECTION F: CAPACITY BUILDING FOR RESULTS-BASED M&E

20. a) Are you aware of any M&E technical assistance to the LDOH?

b) Are you aware of any M&E capacity building and training to the LDOH? If yes,

a) Who is providing technical assistance?

b) Who is providing capacity building and training?

c) What is provided at

i) National level?

ii) Provincial level?

iii) Departmental level?

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21. Currently, how would you comment on the existing M&E capacity in your organisation to support the implementation of the results-based M&E?

a) How does lack of capacity (if any) affect performance?

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22. In your opinion, what capacity or additional skills are required for the implementation of the results-based M&E?

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SECTION G: BARRIERS, STRENGTHS AND OPPORTUNITIES FOR RESULTS-BASED M&E

23. In your opinion, what are the critical success factors for implementing results-based M&E for LDOH?

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24. What do you think are the main problems in implementing M&E system for LDOH?

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25. What will be the barriers in the implementation of the new results-based M&E policy framework?

a) Process

b) Money

c) Staff numbers

d) Skills

e) Systems

f) Stakeholders

26. In your opinion, what can be the strategies to overcome these problems?

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27. In your opinion, are there people or organisations that would resist the implementation of the LDOH results-based M&E system?

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28. What are the opportunities for building a new results-based M&E system or strengthening the existing systems?

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SECTION H: RECOMMENDATIONS FOR IMPLEMENTING A NEW RESULTS-BASED M&E SYSTEM

29. What are your recommendations for implementing the new results-based M&E in LDOH?

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30. Are there any other comments you wish to make?

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Some questions customised from (Mackay, 1999; Kusek & Rist, 2001; Kusek & Rist, 2004; LaFond, *et al.*, 2003)

APPENDIX 6: Biography of key informant interviews: 08 September to 11 December 2011

Code	Date interviewed	Interest/focus area	Criteria
Codes: 1. EM: Executive management: EM (General managers upwards) 2. SM: Senior management: (Senior managers: directors)		3. FM: Facility managers (CEOs, principal of training colleges) 4. ES: External stakeholders (Senior officials from external institutions)	
Executive managers			**Criteria internal stakeholders**
EM 5	16 September 2010	• Resource planning, allocation and control • Strategic management • Utilisation of performance information for decision making	• Executive managers managing health programmes • Senior officials and programme mangers responsible for M&E, information and financial management • Located at the provincial office, district offices and hospitals • At least two years experience working in the LDOH
EM 1	07 September 2010		
EM 3	09 September 2010		
EM 4	14 September 2010	• Render monitor and evaluate hospital services	
EM 6	16 September 2010		

Code	Date interviewed	Interest/focus area	Criteria
EM 2	09 September 2010	• Implementation and monitoring and evaluation of health programmes and services • Collection and utilisation of performance information	
Senior managers			**Criteria internal stakeholders**
SM 3	16 September 2010	• Strategic management • Human resource planning and development and research • Capacity building • Utilisation of performance information	Same as above
SM 9	24 September 2010		
SM 8	09 November 2010		
SM 2	10 September 2010	• Development and implementation of the public health M&E systems • Coordination of M&E and impact assessment and research • Population, demography and research information	
SM 5	09 November 2010		
SM 6	20 September 2010		
SM 4	09 September 2010		

Code	Date interviewed	Interest/focus area	Criteria
		• Co-ordination of management information systems • Collection and utilisation of performance information	
SM 1	08 September 2010	• Implementation and monitoring and evaluation of health programmes and services • Collection and utilisation of performance information	
SM 7	11 December 2010	• Collection and utilisation of performance information • Development and implementation of the M&E systems	
Facility managers			**Criteria internal stakeholders**
FM 2	20 September 2010	Skills development for health professionals	Same as above
FM 4	12 November 2010		

Code	Date interviewed	Interest/focus area	Criteria
FM 1	19 September 2010	• Implementation and monitoring and evaluation of health programmes and services • Render and monitor hospital services Collection and utilisation of information	
FM 3	20 September 2010		
External stakeholders			**Criteria external stakeholders**
ES 5	30 September 2010	• Co-ordination of health services M&E and impact assessment	• Institutions, agencies outside the LDOH, other Limpopo government departments and individuals involved with M&E for Health • Residing in Limpopo Province • Senior officials in organisations, other Limpopo government departments or chairpersons of research committees involved with M&E for health services a • At least one year work experience
ES 2	14 September 2010	• Internal auditing of performance information, finance and compliance	
ES 7 ES 6 ES 4 ES 3	15 November 2010 15 October 2010 12 November 2010 22 September 2010	• Skills development for health professionals, registrars, • Monitoring and evaluation of health related services, • Research co-ordination and implementation • Ethics clearance for research	

Code	Date interviewed	Interest/focus area	Criteria
ES 8	11 November 2010	• Provincial co-ordination of results-based management reform and compliance • Provincial resource allocation and monitoring	
ES 1	14 September 2010	• Social statistics, population and community surveys	