AN EXPLORATION OF THE INFLUENCE OF MONITORING AND EVALUATION ON THE PERFORMANCE OF MANAGERS IN A PRIMARY HEALTH CARE SETTING IN QUMBU SUB DISTRICT HEALTH DEPARTMENT OF OLIVER TAMBO DISTRICT MUNICIPALITY

by

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SUPERVISOR: PROFESSOR PETER SANDY

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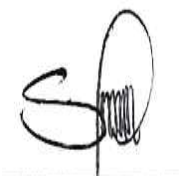
Student number: 46244883

DECLARATION

I declare that **AN EXPLORATION OF INFLUENCE OF MONITORING AND EVALUATION ON THE PERFORMANCE OF MANAGERS IN PRIMARY HEALTH CARE SETTING IN QUMBU SUB DISTRICT HEALTH DEPARTMENT OF OLIVER TAMBO DISTRICT MUNICIPALITY** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. It has not been submitted before for any degree or examination at any other university or educational institution.



(Sithembele Magqadiyane) **DATE: March 2016**

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- Last, but not the least, I acknowledge everyone who assisted me during the period of this study.

DEDICATION

This dissertation is dedicated to my parents; Makhipholo Vulityala Magqadiyane and Nomutile Magqadiyane (who has not lived to witness my academic success) and sons; Dingwa Magqadiyane and Monde Magqadiyane.

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ABSTRACT

AIM: This study aimed to explore the influences of monitoring and evaluation on the performance of managers in a primary health care setting in Qumbu sub district health department of Oliver Tambo district municipality.

METHODS: A Phenomenological approach was adopted in this study. Specifically, an Interpretative phenomenological analysis design was used to explore the influences of monitoring and evaluation on the performance of managers in a primary health care setting in Qumbu sub district health department of Oliver Tambo district municipality. Data were collected using a semi-structured interview format on 8 conveniently selected clinic managers. Data were analysed using Smith's (2005) Interpretative Phenomenological Analysis framework.

RESULTS: Three thematic categories emerged from data analysis: performance of clinic managers, support for clinic managers, and monitoring and evaluation system. The findings of this study have implications for practice, training and research.

CONCLUSION: clinic managers experienced various obstacles, which affect the influence of monitoring and evaluation on their performance. These obstacles have implications in the context of the quality of service provision.

KEY CONCEPTS: Clinic manager; Exploration; Monitoring and evaluation; Performance; Performance management; Primary Health Care clinic.

TABLE OF CONTENTS

LIST OF ABBREVIATIONS

CM	Clinic manager
EC	Eastern Cape
DPSA	Department of public service and administration
DOH	Department of health
GWM&ES	Government Wide Monitoring and Evaluation Services
HSS	Health Systems Strengthening
MEHS	Monitoring and evaluation health services
M&E	Monitoring and Evaluation
OTDM	Oliver Tambo District Municipality
PHC	Primary Health Care
PM	Performance Management
PMDS	Performance management development system
PALAMA	Public Administration, Leadership and Management Academy
SANC	South African Nursing Council
WHO	World Health Organisation
UNISA	University of South Africa

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

This chapter provides a general overview of the study. A qualitative research method was used for the purpose of the study in order to answer the research questions and to attain the objectives of the study. This chapter commences with the background to the study, followed by the statement of the research problem, and purpose and significance of the study. It also includes definitions of key terms used in the study, research design and methodology, and the scope and limitation of the study.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

The study is set out to generate both source and background information regarding the exploration of the influence of monitoring and evaluation on the performance of managers of primary health care setting in Qumbu Sub District Health of Oliver Tambo District Municipality. The problems that led to the interest to conduct the study are discussed in this section, and relevant sources of literature were reviewed to help with the discussion.

The researcher was inspired to carry out this study in the field of public health for a number of reasons. This inspiration emanated from the researcher's three-year hands-on experience as a professional nurse and later as a clinical tutor in Nessie Knight Satellite Campus of Lilitha College of Nursing. During this period the researcher observed a number of performance problems facing health workers that required further investigation. These performance problems include increased negative attitudes, increased workload, lack of supervision by managers, insufficient

and poor in-service training of staff. The increase in the workload of primary health care clinics and the inadequate adjustments of staff establishments cause clinic managers paying more attention to patient care and neglecting their management and administrative functions

In the first five years of the new democratic government in South Africa, very few departments like the department of environmental affairs and local government were engaged in a systematic monitoring and evaluation process of their policies and programmes. According to Bosch (2011:1), the late 1990s saw early efforts by the government to introduce a government-wide monitoring and evaluation system. Before 1994, monitoring and evaluation activities were developed to provide information on security purposes only. The then established systems were designed for control purposes and did not yield accurate and reliable information that would assist to enhance the well-being of societies (South Africa. The Presidency 2006:9). This also led to government-wide monitoring and evaluation system, but early efforts were not successful.

In 2004, there was a renewed effort at government-wide monitoring and evaluation level (Engela & Ajam 2010:6). In the same year, 2004, it was emphasized that monitoring and evaluation practices and insights are becoming ever more important in today's business and government landscape. Former President Thabo Mbeki clearly entrenched the notion of accountable governance, performance management and the importance of monitoring and evaluation in the form of target driven service delivery in the May 2004 State of the Nation address (South Africa. The Presidency 2005:4).

The South African government further committed to strengthening the system of monitoring and evaluation to guide service delivery through stronger monitoring and evaluation levels (South Africa. The Presidency 2004:23). Hence, in 2005 the cabinet approved a plan to develop the government-wide monitoring and evaluation system across government departments. From 2005, it took another year for the government to develop a policy framework for monitoring and evaluation. In 2007, the cabinet approved and provided much needed clarity about the scope and purpose of government monitoring and evaluation system (Bosch 2010:1).

From 2006 to 2008 one of the challenges faced by the South African Government was how it could determine the extent to which its collective priorities were being implemented and how objectives were achieved. The challenges identified included the following:

- limited monitoring and evaluation practitioners;
- financial constraints to support the programme;
- limited skilled policy makers for the programme;
- no enough understanding of monitoring and evaluation in government (Bosch 2010:1).

The establishment of the Ministry for Performance, Monitoring and Evaluation in the Presidency following the 2009 general elections, had lobbed monitoring and evaluation to greater prominence. Its mission was to work with partners to improve government performance in achieving desired outcomes and to improve service delivery through changing the way government works. This was going to be done through coherent priority setting; robust monitoring and evaluation related to the achievement of outcomes, institutional performance monitoring, monitoring of frontline service delivery; and supporting change and transformation through

innovative and appropriate solutions and interventions (South Africa. The Presidency 2010:1).

The National Planning Commission was also established in 2009 to assist in policy making and certain skills required for the programme of monitoring and evaluation. This was based on the premise that realising development depends on much more than good financial management. The government agreed that for any organization, public or private, delivery depends on the quality of its personnel and how effectively they are deployed and led (South Africa. The Presidency 2009:20). Hence a paradigm shift from traditional monitoring and evaluation focus to outcomes based approach (South Africa. The Presidency 2009:19). This Outcomes-Based Approach had achieved good results since 2009 (South Africa. The Presidency 2009:20). These were deliberated below:

- It was explained that with South Africa being the only country with dedicated Ministry of Performance Monitoring and Evaluation, the introduction of Outcomes-Based Approach through ministerial accountability on quality of service delivery, had been a start of a process in introducing much more systematic way and comprehensive monitoring and evaluation in the Public Service. This was a significant achievement because almost 80% of all government departments had embraced the paradigm shift from traditional monitoring and evaluation to result-based management.
- Monitoring and evaluation was then seen, not only by government, but by private sector and civil society organizations as a key citizen participatory mechanism for improving and assessing the effectiveness, efficiency and development-oriented public service.
- The gradual change of the management culture in the Public Service (Change Management & Theory of Change), aimed at developing a more modern management culture for continuous improvement & learning was starting to show tangible results. The renewed efforts for monitoring and evaluation to complement the planning and budgetary processes within government were achieved since 2009.

- The improved level of citizen satisfaction in the delivery of public service from 57% in 2007 to 71% in 2011 was also indicated as an achievement.

The outcomes based approach results indicated that monitoring and evaluation were to be strengthened continuously in all government spheres for guiding service delivery since one of the goal of South African government is “to unite in achieving better health care for all” (South Africa. Presidency 2007:25). Basing on the fore-going reason, the Department of Health of the Qumbu Sub District was chosen as a site for this study. The study aimed to explore the influence of monitoring and evaluation on the performance of managers in a primary health care setting.

1.2.1 Statement of the Research Problem

According to Gopane (2012: iii) monitoring and evaluation are effective tools, which are utilised by developed countries to achieve good governance and effective service delivery. South Africa has also followed a culture of monitoring and evaluation and established the Government Wide Monitoring and Evaluation System (Bosch, 2011:4). It is important that monitoring and evaluation systems are effective. Because with effective systems, government can detect early warning signs of corruption or any other forms of ineffectiveness.

In early 1990s, the limited monitoring and evaluation practitioners and financial constraints led to South African Government’s failure to introduce national government wide monitoring and evaluation system. This negatively affected South Africa in providing effective and excellent service delivery across government spheres: local, provincial and national units (Bosch, 2011:4).

In response to stated problem, the study intended to explore the influence of monitoring and evaluation on the performance of managers in a primary health care setting. This study would also assist the policy makers by developing a management framework outlining the strategies and recommendations for improving performance management through monitoring and evaluation in a primary health care setting. The study would be able to develop guidelines to improve performance of managers.

1.3 AIMS OF THE STUDY

1.3.1 Research purpose

The study intended to explore the influence of monitoring and evaluation on the performance of managers in a primary health care setting by observing the performance of managers through monitoring and evaluation. It also aimed at developing guidelines to improve performance of managers.

1.4 SIGNIFICANCE OF THE STUDY

The findings of the study may improve the existing body of knowledge and understanding of the subject of performance management and its application in Qumbu Sub District Health. The results may be useful to health planners, policy makers and other stakeholders by contributing towards the formulation of a performance management framework, which is specific to the managers of primary health care. The improved performance of managers may contribute to effective and efficient delivery of services in the primary care sector of the health department. Consequently, the findings of the study may be able to provide recommendations that may contribute to managerial skills development in primary health care setting. The stated possibilities make the study useful not only to Qumbu Sub District Health, but also to other provinces of South Africa.

1.5 DEFINITION OF KEY CONCEPTS AND OPERATIONALISATION

In this study the following key concepts or terms used have the following meaning:

1.5.1 Clinic Manager

This refers to a professional nurse, senior professional nurse or chief professional nurse in charge of a non-mobile Clinic (Wentzel 2008:23). In this study, a manager refers to a registered professional nurse who is employed as operational manager within health facility.

1.5.2 Exploration

According to Polit and Beck (2006:34) exploration refers to the means of acquiring skills of literature searching and retrieval of information about certain phenomenon. In this study, it refers to an investigation about the impact of monitoring and evaluation on the performance of managers in a primary health care setting.

1.5.3 Monitoring and evaluation

Jha (2010:1) describes monitoring and evaluation in two separate terms. Monitoring is the routine, daily assessment of ongoing activities and progress, while evaluation is the periodic assessment of overall achievements. Monitoring looks at what is being done, whereas evaluation examines what has been achieved or what impact has been made. In this study, monitoring and evaluation is a process that helps improving performance and achieving results.

1.5.4 Performance

Perform means to carry out, accomplish or fulfil an action or task. Performance is the actual conducting of activities to meet responsibilities according to standards. It is an indication of what is done and how well it is done (Winch, Bhattacharyya, Debay,

Sarriot, Bertoli & Morrow 2003:2). In this study, performance referred to the day-to-day duties or activities performed by manager in health facility.

1.5.5 Performance management

Noe, Hollenbeck, Gerhat & Wright (2008:344) describe performance management as the means through which managers ensure that employees' activities and outputs are congruent with organisation's goals. In this study, performance management reflects the extent to which the implementing institution has control, or manageable interest, over a particular initiative, programme or policy.

1.5.6 Primary health care (PHC)

It is defined as an essential health care made universally and accessible to individuals and families in the community by means acceptable to them, through their full participation, and at a cost that the community and the country can afford (Haan, Dennil & Vasuthevan 2006:24). In this study, primary health care refers to an essential health care services rendered in clinic made affordable for all communities.

1.5.7 Primary health care clinic

Van Rensburg (2004:432) defines a fixed primary health care clinic as "a facility of varying size, staffed by nurses and delivering a varying package of PHC services on a daily basis for eight hours a day during the week to its catchment population, which is ideally within a radius of five kilometres from the facility. Such a clinic may or may not have doctor services at their disposal. Some clinics are equipped to render maternal and obstetrical services on a 24-hour basis." In this study, a primary care clinic is referred to as a non-mobile clinic in a designated area within the community at which clients and employees can be treated for minor ailments and chronic diseases.

1.6 FOUNDATIONS OF THE STUDY

1.6.1 Research Design

1.6.1.1 Paradigm

A paradigm is a worldview or perception that helps researchers to understand phenomena under investigation (Morgan 2007:50). They have a range of assumptions. Healthcare research is generally carried out within two broad paradigms; positivists and naturalistic (constructivist). These fall under quantitative and qualitative methodologies respectively. In this study, a qualitative methodology was opted for as it is underpinned by a constructivist paradigm that has an ontological assumption of multiple truths or realities. The researcher believes that engaging with clinic managers who have experience and knowledge of managing the primary health care non mobile clinics can understand the realities about issues affecting influence of monitoring and evaluation on their performance. These beliefs are consistent with the assumptions of a constructivist paradigm. Hence, it was preferred for this study. Thus, one-to-one open interviews were used in this study as data collection methods.

1.6.1.2 Research Design

The study was qualitative in nature, as it adopted a phenomenological approach, specifically Interpretative Phenomenological Analysis (IPA). According to Creswell (2009:43-44), this type of research design enables researchers to explore the knowledge and experiences of study participants of a phenomenon and how they make sense of their experiences of that phenomenon. This suggests that researchers have an active role in the research process to develop understanding of phenomena explored. Researcher using this design should be aware that

participants might not experience the same phenomena in a similar manner given that each context, no matter how similar, may be unique to individuals (Smith 2009:150). According to Sandy and Shaw (2012:66), IPA is a type of phenomenology that puts emphasis on understanding the meaning of human experiences in relation to a specific phenomenon. IPA stresses that the meanings of phenomenon can be accessed and understood through prolong researcher-participant interactions and the use of a critical questioning style over what the latter say (Sandy & Shaw 2012:66). Adopting these approaches can generate comprehensive insights into the monitoring and evaluation system and factors influencing its effectives in the context of their performance.

1.6.2 Research Methods

1.6.2.1 Population and Sample Selection Technique

The population universum for this study comprised clinic managers of Qumbu sub district health department because of their experiences and their prominent responsibility in the provision of required primary health care programmes. They are also key informants responsible for the provision of health services within the first level of care. Interestingly, they were all professional nurses. The target population was a subset of the population universum. It was a group about whom the researcher wanted to know more about and from whom the sample was drawn. Specifically, the target population for this study were clinic managers of the study site who had more than two years' experience in the position of management.

A sample is a subset of the target population selected to participate in a research study (Polit & Beck 2008:750). The researcher used a criterion purposive sampling to select or recruit participants of the study. Babbie (2010:193) defines this as a type

of non-probability sampling in which the units observed were selected on the basis of the researcher's judgment about which units are useful for offering rich information about the phenomenon studied.

The judgment for selecting this proposed sampling approach was based not only on participants' knowledge and experience of managing required programmes in primary health care setting, but such decision was also based on participants' willingness to participate. In addition to this, each of the participants must have had at least two years' experience of working as a clinic manager in a primary health care setting in order to be selected for participation. The sample of this study was determined by category saturation.

Eight (8) clinic managers that met the study criteria were purposively selected for participation.

1.6.2.2 Data Collection and Analytical Approach

Data was collected through individual interviews with participants using a semi-structured format. All interviews were conducted in a private room of the study. All interviews were guided by an interview schedule. Data were analysed in line with the Smith's (2009) interpretative phenomenological analytical framework. The stages of this analytical framework are provided in chapter three.

1.7 SCOPE AND LIMITATION OF THE STUDY

The study was conducted in eight sites, and used a criterion purposive sampling approach to identify and recruit participants. Clinic managers at the study sites may be different from those in other primary health care setting in the context of their experiences and knowledge of influence of monitoring and evaluation. Additionally,

the findings of this study are based on retrospective accounts of influence of monitoring and evaluation on their performance. Such accounts are subject to memory bias. They are also potentially subject to the social desirability effect, whereby participants might ‘police’ their responses in order to avoid negative judgments by researchers. Although the findings of the study are not generalisable to the wider population, they provided useful insights into understanding factors relating to the influence of monitoring and evaluation on their performance.

1.8 CONCLUSION

This chapter briefly discussed the study background to the problem, problem statement, purpose and significance of the study, research design and methodology, including data collection and analysis. It also included definitions of key terms used in the study. In other words, this chapter provided a succinct overview of the discussions presented in subsequent sections of chapter three of this dissertation. It was important to note that the chapter provided a clear message of the intention of this study, and contributed to the development of insight into the influence of monitoring and evaluation on the performance of managers and its application in ensuring the quality of service performed. Such insight requires enhancement. The researcher believes that an extensive review of the literature is a good starting point for enhancing such an understanding. It was therefore imperative to conduct a literature review on this subject, influence of monitoring and evaluation. The next chapter is a review of the literature on influence of monitoring and evaluation, and related issues.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Literature review refers to a systematic process whereby a search is performed to determine the existing body of knowledge relating to the proposed topic under study (Ganga-Limando 2004:2). The purpose of a literature review is “to determine the extent to which the topic under study is covered in the existing body of knowledge” (Babbie & Mouton 2002:565). The literature review that is presented in this chapter focuses on the influence of monitoring and evaluation, international best practices of monitoring and evaluation, and establishment of monitoring and evaluation in South Africa.

However, no study could be found relating to exploration of the influence of monitoring and evaluation on the performance of managers in the primary health care setting. There was a study regarding effectiveness Monitoring and Evaluation of Primary Health Care Interventions Requiring Participatory Approach (Effective Monitoring & Evaluation 2010:5). This study was focusing mainly on effectiveness of programmes rendered rather than exploring the influence monitoring and evaluation on the performance of managers as the current study focuses.

2.2 THE INFLUENCE OF MONITORING AND EVALUATION

This section commences with descriptions of what monitoring and evaluation is and what it is not. The section clarifies the significance and benefits of governments departments that have successful monitoring and evaluation systems. Since other countries have already successfully developed monitoring and evaluation, it is vital for South Africa to explore how those countries managed to reach success, and not

copy them, as each country has its own set of unique circumstances. The section further presents success factors of two selected countries that have introduced successful monitoring and evaluation systems.

2.2.1 Description of management and a Manager

Management is described as “the process of planning, organizing, leading and controlling an organisation’s or enterprise’s financial, physical, human and information resources to achieve the organizational goals of supplying various products and services” (Griffin *et al*. 2010:189). A manager’s role may vary depending on the specificity of the organization’s vision, however, it is widely considerably acceptable for managers to assist in planning, organizing, leading, and controlling. It is important to note that because managers may not have leadership skills, they need a person or supervisor with leadership skills to lead properly. The supervisors monitor managers with knowledge and induce them to employ that knowledge in products, services and projects (Michael 2012:36).

Managers are vital for transformation and service delivery (Moyosi *et al*. 2012:2030). Managers are expected to extend their routine duties beyond implementation of rules and guidelines from their superiors but they should also use available information to bring about positive change in their place of responsibility (Moyosi *et al*. 2012:2030). Strengthening of management can be done through monitoring and evaluation of performance with a common competency framework (Moyosi *et al*. 2012:2030). The need to develop managerial capacities should be located in a framework that explicitly enables institutional change and addresses the needs of managers (Moyosi *et al*. 2012:2030).

A manager is also an administrator and is involved in recording information, conduct job interviews or evaluations, maintain or control expenses. This means that training and imparting knowledge and skills is important in order to ensure an effective monitoring and evaluation process for the managers. Integral to improving health outcomes and health manager's performance is the provision of appropriate, accessible and effective health care services relevant to the needs of communities (Reeve *et al*. 2015:91). It was argued that arrangements in the public sector which mimic the private sector and encourage competition may bring about an improvement in health service performance (McPake 1996:158). Hence, improving performance of managers and other employees hinges on the monitoring and evaluation mechanisms that positively impact on health outcomes for communities (Reeve *et al*. 2015:91). Unfortunately, literature on monitoring and evaluation of performance of managers' at primary health care facilities at rural communities in the Eastern Cape is lacking.

2.2.2 Importance of monitoring and evaluation

Monitoring and evaluation approaches have been employed in several studies, including assessment of the HIV/AIDS and tuberculosis programmes (Moyosi *et al*. 2012:2039). Monitoring describes an on-going process of observing and collecting information, while evaluation may imply the analysis of chosen information for purposes of confirming if agreed upon goals are achieved (Michael 2012:37). Monitoring and evaluation framework has to define the data necessary to monitor the health system, since the important population-based data may not be obtained (Moyosi *et al*. 2012:2039). It is important to understand that monitoring and evaluation involves data or information collection. This is because evidence is

necessary after monitoring and evaluation so as to improve health care quality, which may be directly proportional to the improved performance of the health care managers (Bhattacharyya *et al*. 2011:32). Bhattacharyya *et al*. (2011:32) recommended managers and researchers to follow evidence-based implementation strategies to improve the health care quality. The challenge of how to improve health outcomes is considerable, particularly in remote communities with decreased access to services and socioeconomic disadvantages (Reeve *et al*. 2015:91). Evaluating managerial performance alongside health outcomes is therefore ideal.

Evaluations enable managers and researchers to understand if the aspect evaluated or intervention works and perhaps provide some insight into why (or why not) that is the case (Bhattacharyya *et al*. 2011:33). Bhattacharyya *et al*. (2011:33) state that one of the most significant indicators is patient outcomes, which can be ‘‘hard’’ outcomes, such as mortality or hospitalization or intermediate outcomes. The challenge with health or patient outcomes, as a function of improved performance of the manager, is that they are multifactorial and may be affected by many things other than the intervention, and they may be infrequent, requiring a very large sample to detect a significant difference (Bhattacharyya *et al*. 2011:33). Nevertheless, the impact of a large study with a powerful intervention is best demonstrated using patient outcomes.

The effectiveness of monitoring depends on a vital assumption: the monitor must know as much as the monitored (Michael 2012:36). This may call for training and workshops. Effective monitoring and evaluation framework informs and guides policy makers on the real progress and impact of implementing strategic plans (Adegoke *et al*. 2011:355). Reeve *et al*. (2015:97) stated that evaluation framework, which links

policy and health service performance to health outcomes, assists health services personnel to improve performance as part of a continuous quality improvement cycle. This was showed in Australia where workers endeavored to develop a framework for evaluating and monitoring a primary health care service, integrating hospital and community services (Reeve *et al*. 2015:91). In a study by Reeve *et al*. (2015:91), findings showed that data collected routinely (monitoring), by health service employees, could be used to operationalise the health service evaluation framework.

2.2.3 The need to provide support for managers

Performance of health managers and/or employees is one of the determinants of regional or national health outcomes (Reeve *et al*. 2015:94). This implies that managers' performance and health outcome have a dependent relationship. Monitoring and evaluation intended to measure performance of the managers in the health structure is necessary since performance monitoring leads to improved health outcomes (Reeve *et al*. 2015:94). However, it is important to note that, ultimately, the health outcomes of the community are also dependent on the socio-economic determinants of health and the extent to which these can be addressed at a community level will determine the long term health outcomes (Reeve *et al*. 2015:94). Hence, a deeper understanding provided by the supervisor about the regional and health outcome is essential. The implication is that the support from the leaders towards performance of the managers at PHC and strong local community leadership contribute to health outcomes at PHC. Good management is one of the health service sustainability requirements that need to be attended to in order to

realise improved health service outcomes at primary health care facilities (Reeve *et al*. 2015:94).

2.2.4 Challenges to managers and health outcomes

Monitoring and evaluation are important in improving performance of managers and/or employees at the PHC, which has a bearing on the health outcomes. However, the socio-economic determinants of health are also crucial to health outcomes of individuals as they directly and indirectly affect the overall health outcomes. The relevance and effects of socio-economic determinants of health are vital as they can potentially overshadow the input made by the primary health care managers and employees. Unfortunately, it is not usual that the primary health care facilities or service collect data relating to socio-economic determinants of health and yet crucial to the general community health outcomes.

In addition to the above, formal evaluation may indicate whether goals are being achieved but little about what is happening (Barker 1995:1662). Possibly, fewer investigations focus on the activities of defining issues, setting priorities, generating options for consideration, or optimising implementation, however important these might be to the health service manager (Barker 1995:1658). This is crucial to improving performance. On the other hand, one of the factors affecting managers is that if key decisions such as staffing and rewarding performance are not devolved, the hospital manager and supervisors may take little responsibility for the health facility's overall performance (McPake 1996:172). There is also inability to identify exactly who is responsible for the solutions of specific problems (McPake 1996:172). Several managers in government departments or public health settings may argue

that they have little autonomy and almost no incentive to be effective because good and poor performers are treated in a similar manner (McPake 1996:174).

Managing employees in a workplace in light of inadequate information and non-streamlined goals can influence behaviour of the monitored (Michael 2012:36). At times, managers may not have the courage to fully get involved in studies conducted in their facilities. And yet, involving health service managers in research undertakings in their own facilities can enhance their problem-solving potential and ultimately, improve performance (Barker 1995:1664). It is beneficial for managers to engage researchers so as to tap into their cumulative knowledge generated through rigorous evaluation designs and rich descriptions of context and implementation to explore reasons for success and failure (Bhattacharyya *et al*. 2011:33). Bhattacharyya *et al*. (2011:33) recommend that managers need to routinely use simple evaluation designs into programme implementation to assess and increase the impact of their services.

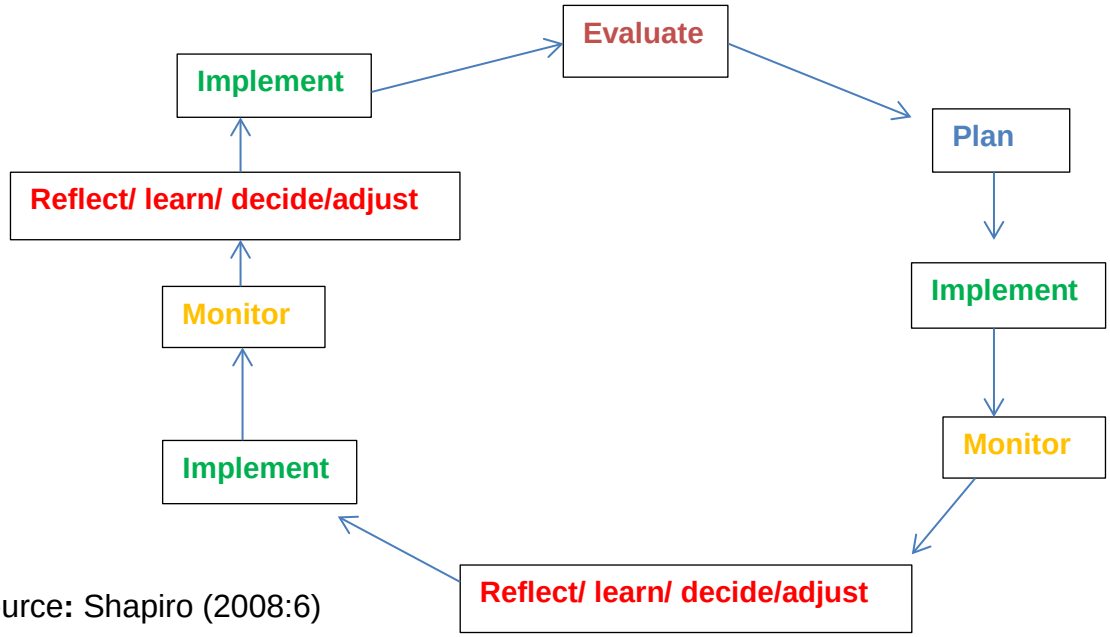
According to Shapiro (2008:3), both monitoring and evaluation can assist government to learn from what is being done and how it is being done by focusing on:

- Efficiency – assist in informing that input (for example, money, time, staff, equipment and other resources) is appropriate in terms of the output;
- Effectiveness – helps measure the extent to which a development programme achieved the objectives that were set; and
- Impact – identifies whether the programme made a difference to the problem that needed to be addressed.

Shapiro (2008:5) also stated that monitoring and evaluation can help organisations identify whether or not they are making a difference, because by way of monitoring and evaluation, an organisation can review progress; identify problems in planning or implementation; and make adjustments when necessary. Shapiro (2008:5) further states that monitoring and evaluation is not a “quick fix mechanism” that can make problems disappear without any hard work that is put in to it, nor is it a solution to a problem. According to Shapiro (2008:5), monitoring and evaluation are in fact the valuable tools that can help an organisation identify problems and their causes; suggest possible solutions to problems; raise questions about assumptions and strategy; push organisations to reflect on where they are going, and how they will get there; provide organisations with relevant information and insight; and increase the likelihood of a positive development difference.

Shapiro (2008:5) further states that the process of monitoring and evaluation is an on-going cycle that commences with the evaluation of an existing project/programme. The process, as depicted in Figure 1 involves reflecting, learning and adjusting.

Figure 1: Monitoring and evaluation cycle



Source**:** Shapiro (2008:6)

Monitoring and evaluation also contributes to sound governance, which was proven to be accurate by countries such as Colombia, Chile and Australia. Mackay (2007:9) pointed out that monitoring and evaluation has the ability to provide information about government performance in terms of policies, programmes and projects, individual ministries, agencies, managers and their staff. Monitoring and evaluation also provides a vital feature by informing government about effectiveness and ineffectiveness, as well as reasons for ineffectiveness.

According to Mackay (2007:9-10), monitoring and evaluation information can be useful for governments in different ways:

- To support policy making, especially budget decision-making, performance budgeting and national planning;
- To help government ministries in their policy development and analysis work, as well as programme development;

- To help government ministries and agencies to manage activities at sector, programme and project levels (including government service delivery and management of staff); and
- To promote transparency and support accountability relationships between government and parliament, civil society, sector ministries and donors with regard to revealing the extent to which government has achieved its desired objectives.

2.3 MONITORING AND EVALUATION: INTERNATIONAL BEST PRACTICES

Chile and Colombia are rated as the best in terms of successful monitoring and evaluation systems in the world. Although these countries were seen as the best it does not mean there were no challenges but they were better in the implementations than other countries. The distinct characteristics of successful monitoring and evaluation systems, which were implemented in Chile and Colombia, are explained in the following sections.

2.3.1 Chile

According to Burdescu, Villar, Mackay, Rojas and Saavedra (2005:1), Chile's monitoring and evaluation system is one of the strongest government monitoring and evaluation systems in the world solely owing to its location in the Ministerio de Hacienda (Ministry of Finance). Burdescu *et al.* (2005:1) state that Hacienda has succeeded in creating an evaluation factory, which includes a well-developed process for planning, commissioning, managing, reporting and using a range of types of evaluation. Chile's monitoring and evaluation system consists of six components, according to Mackay (2006a:25-26), which involve the following:

- Ex ante cost-benefit analysis of all investment projects;
- Performance indicators;
- Comprehensive management reports;
- Evaluations of government programmes;
- Rigorous impact evaluations; and
- Comprehensive spending reviews

The strengths and weaknesses of the Chile systems are presented in Table 1.

Table 1: Chile's strengths and weaknesses

Strengths	**Weaknesses**
Graduated approach to M&E	Unevenness exists in the quality of evaluations conducted; this is probably caused by cost and time constraints imposed by the Ministry of Finance (MOF).
Evaluations are conducted in a fully transparent process, and are considered highly credible by other ministries and the congress.	Chile is probably not spending enough on evaluations.
All M&E information is reported publicly and sent to the congress.	There is a low level of utilisation- because of low ownership of evaluation findings by sector ministries.
The M&E system is closely linked to the information needs of the Minister of Finance, especially for the budget process.	There is an apparent absence of incentives for ministries and agencies to conduct their own evaluations.

There is high utilisation of M&E information in the budget.	
Performance information is used to set performance targets for ministries and Agencies; these are highly met.	
The MOF uses evaluation findings to impose management changes on ministries and agencies.	
The MOF closely monitors the extent of Utilisation of its evaluation findings.	

Adapted from Mackay (2006a:4-6).

2.3.2 Colombia

Burdescu *et al* (2005:2) state that, SINERGIA (Colombia's monitoring and evaluation system) has been in operation to track and measure public sector performances since 1994. According to Mackay (2006a:31), SINERGIA places more emphasis on monitoring information than evaluation, which resulted in possible abolition of the system.

The strengths and weaknesses of the Colombia systems are presented in Table 2.

Table 2: Colombia's strengths and weaknesses

Strengths	**Weaknesses**
Very high level of utilisation of monitoring subsystem by the president and his office.	Low-level utilisation of M&E information by the budget and planning directorates of the planning ministry and by the finance ministry.

Performance information used to set performance targets for ministers and their ministries and agencies. Public reporting of the extent to which performance targets are achieved; where they are not achieved, managers have to provide public explanations.	Concerns about the reliability of monitoring data supplied by sector ministries and agencies.
Evaluations are conducted externally in a transparent process and considered highly credible by other ministries and congress.	Excessive reliance on donor funding of the evaluation agenda.
Evaluations are planned and conducted in a collaborative approach involving the planning department and sector ministries and agencies.	
All M&E information is reported publicly and sent to congress.	

Source: Mackay (2006a:7-9).

2.4 ESTABLISHMENT OF MONITORING AND EVALUATION IN SOUTH AFRICA

Before 1994, monitoring and evaluation activities were developed to provide information on security purposes only. The then established systems were designed for control purposes and did not yield accurate and reliable information that would assist to enhance the well-being of society. A small fragment in the system

concentrated on measuring outputs, results outcomes and the developmental goals of the government (South Africa. The Presidency 2006:9). The initial efforts for a proper functioning monitoring and evaluation system surfaced after 1994 to ensure that there was effective monitoring of human resources within the public sector.

In 2004, talks about a proper monitoring and evaluation system for government began to surface. Former President, Thabo Mbeki, in a State of The Nation Address stated that government was 'also in the process of monitoring and evaluation to improve the performance of our system of governance and the quality of our outputs, providing an early warning system and a mechanism to respond speedily to problems as they arise', (South African Government Information 2004:23).

Only in 2005 did cabinet approve the implementation plan to develop the Government Wide Monitoring and Evaluation System (GWM&ES). According to Engela and Ajam (2010:2), the system included functions such as monitoring, evaluation, early warning, data verification and collection, analysis and reporting. The implementation plan also outlined the dates for phased implementation and an interdepartmental task team in the following work stream:

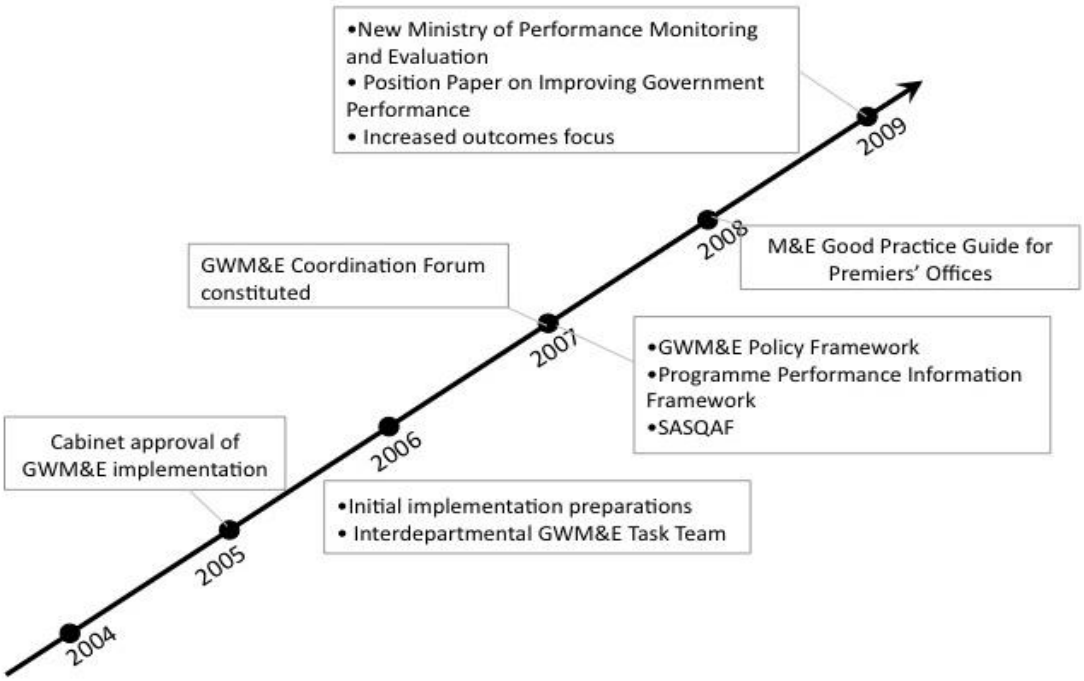
- Principles and practices – led by the President's Office;
- Reporting and databases – led by the Department of Public Service and Administration (DPSA); and
- Capacity building - led by the Public Administration, Leadership and Management Academy (PALAMA).

Engela and Ajam (2010:3) further indicated that after all the planning and enthusiasm of the GWM&ES, the initiative lost impetus for almost a year, because of the enormous time and energy that was spent on clarifying roles and developing terms of reference for the various working groups. After the one year break, the

President's Office stepped in and revitalised interest in the GWM&E initiative. The administration's Policy Unit took the leading role of the departmental task team, which resulted in two of the three working groups completing their tasks by the end of 2007. The new monitoring and evaluation ministry was established in the Presidency in 2009 (Hirschowitz & Orkin 2009:2).

Figure 2 illustrates the timeline and activities that followed in the process of implementing GWM&E in South Africa from 2004 to date.

Figure 2: Key milestones in implementing Government Wide Monitoring and Evaluation System in South Africa



Source: Engela & Ajam (2010:6)

Engela and Ajam (2010:6) states that the interdepartmental Task Team identified three main areas of work that would contribute to monitoring and evaluation in government, as illustrated in Figure 2. These areas included:

- Programme Performance – derived from, amongst others, departmental registers ad administrative datasets, and strongly linked to departmental budget structures;
- Social, Economic and Demographic Statistics - derived mainly from Statistical Agency of South Africa (Stats SA), census and surveys, as well as departmental surveys; and
- Evaluation - which mostly makes use of researchers outside of government and tends to occur on an ad-hoc basis.

2.5 CONCLUSION

Literature search conducted regarding the influence of monitoring and evaluation on the performance of managers was conducted. The studies conducted in two international countries revealed that their governments had been practising programme of monitoring and evaluation despite its challenges and weaknesses identified. Much had been achieved in those countries although no study was conducted to the influence of monitoring and evaluation on the performance of managers of primary health care.

South Africa also indicated the implementation of monitoring and evaluation effectively since 2009 and has a department responsible for the programme. It was revealed that a lot of effort by government was directed to the program of monitoring and evaluation but not in a primary health care setting as per literature review obtained. The major contribution of this study is that it illustrated the social context in which monitoring and evaluation takes place, which may, in turn, influence the way in which government operates. The next chapter focuses on the methodology and

specific design employed to conduct this research study. Ethical issues are also addressed in this chapter.

CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

This chapter describes the research design that was used to explore the influence of monitoring and evaluation on the performance of managers in a primary health care setting in Qumbu sub district health department. This chapter also includes descriptions of the sampling process and sample size, research settings, data collection, data analysis, and ethical issues of the study.

3.2 RESEARCH DESIGN

Polit and Beck (2004:49) described the research design as a blueprint, or outline for conducting a study. The research design is researchers' overall plan for obtaining answers to research questions guiding studies. Burns and Grove (2005:211) state that designing a study helps researchers to plan and implement a study in a way that help them obtain credible results. Thus, increasing the chance of obtaining information that could be associated with the real situations.

The study was qualitative in nature and it adopted a phenomenological approach, specifically Interpretative Phenomenological Analysis (IPA). This design was adopted in this study for a wide range of reasons. The IPA enables researchers to understand people`s experiences of specific issues by focusing on their personal perceptions of the same (Smith 2009:20). The IPA enables researchers to develop an understanding of the meaning people attribute to particular situations, which in this case relate to clinic managers' perceptions of the influence of monitoring and evaluation on the performance of managers in a primary health care setting in Qumbu sub district health. According to Creswell (2009:43-44) the purpose of this

type of research is to explore knowledge and experiences of study participants. Creswell (2009:43-44) further indicated that participants may not experience the same phenomena given that each context, no matter how similar, is always unique. According to Sandy and Shaw (2012:66), IPA emphasises understanding of the meaning of human experiences through description and interpretation of the same. It stresses that the meanings which are phenomenon hold for people can be understood through active engagement, which in essence relates to participant-researcher interactions (Smith 2009:19). It is epistemologically assumed that access to these meanings can be possible if researchers adopt both “insider” and “outsider” perspectives (Smith, Flowers & Larkin 2009:90). The stance of “an insider” requires researchers to use their preconceptions to understand individuals’` personal worlds and the meaning they attribute to them. In relation to the stance of an “outsider” researchers are encouraged to stand alongside participants and ask critical questions over things they say. Adopting this double hermeneutic approach can generate comprehensive insights into the clinic managers’ perceptions of the influence of monitoring and evaluation on the performance of managers in a primary health care setting in Qumbu sub district health.

3.3 RESEARCH METHOD

3.3.1 Population

Polit and Beck (2004:563) refer to a population as the entire set of individuals who have common characteristics that are sometimes referred to as the “universe”. It is therefore not surprising for De Vos, Strydom, Fouché and Delport (2011:223) to refer to a study population as a term that sets boundaries on the study units, which are in essence considered as individuals or objects in the universe who possess certain

characteristics. In other words, a population is the aggregate or the totality of all subjects or members that conform to a set of specification or characteristics (Babbie 2010:90). In this study, the individuals in the universe, in other words the study population were purposefully selected clinic managers of primary health care setting in Qumbu sub district health department during the research study period. The accessible population were clinic managers of the target population who were interested to participate in the study during the period. It was the population to which the researcher had reasonable access (Johnson & Christensen 2010:257). The sample of this study was selected from this population using the following eligibility criteria.

3.3.1.1 Inclusion criteria

- Clinic managers with experience of more than two years in a management position. Two years is an adequate period that would allow for professional socialization and knowledge development on the subject researched.
- Clinic managers with knowledge and previously managed health care programmes i.e. monitoring and evaluation, prevention of mother to child transmission of diseases (PMTCT). This was to ensure that rich information of the subject researched was obtained from participants. In addition, voluntary participation was encouraged.
- Clinic managers that were willing to participate in the study. This is because, willingness to participate would enable participants to share their experiences of the influence of monitoring and evaluation on their performance.

3.3.1.2 Exclusion criteria

- Clinic managers with less than two years' experience in management position.
- Clinic managers with no knowledge and never run any health care programme before.
- Clinic managers who were not willing to participate in the study.

3.3.2 Sampling and Sample Size

A sample is a subset of the population selected to participate in a research study (Polit & Beck 2008:750). This research study employed a criterion purposive sampling approach to select and recruit its participants. This is a non-probability sampling approach in which the units to be observed are selected on the basis of specific or defined eligibility criteria (Babbie 2010:193). The chosen sampling approach, criterion purposive was appropriate for this study because the sample is selected from potential participants with shared experience of the phenomenon studied (Creswell 2007:20). Hence, the need for a set or specific eligibility critical to inform the sample selection.

A meeting was organized for all clinic managers to discuss the study. The clinic managers were informed during this meeting about the purpose of the study, including its benefits. Added to this, all interested clinic managers were invited to participate, and an information leaflet was given to each of them with a note requesting for the researcher to be contacted with the view to express willingness for participation. Only eight (8) clinic managers expressed willingness for participation.

Generally, sample sizes for phenomenological studies are small to allow for in-depth exploration of phenomena studied. In IPA studies like this study, the sample sizes are particularly small because of the case-by-case analysis and in-depth of analysis required in each case (Sandy 2013:360). Eight participants (8) met the inclusion criteria and were recruited for participation in the study. These participants expressed their willingness for participation by signing a consent form each (see appendix A). The sample size of this study was determined by category saturation.

3.3.3 Data Collection and Analysis

Polit and Beck (2004:32) defined data as information obtained during the course of an investigation or study. In this study, data was collected through individual interviews with participants using a semi-structured interview schedule. Individual interviews were adopted in this study as data collection methods for a number of reasons. While the use of language in the form of conversation by participants was considered essential in gaining insight into their perceptions about the influence of monitoring and evaluation on their performance, it provides the opportunity to generate rich data on the subject researched (Polit & Beck 2004:32).

Added to this, individual interviews were used in this study because their contextual and relational aspects were seen as significant to understanding people's perceptions (Polit & Beck 2004:32). All interviews were audio-recorded and conducted in a private room of the study site. Participants' consent was again sought and obtained before the interviews were commenced. This was preceded by re-explanations of the purpose of the study, including its benefits. Participants were also informed that they could discontinue the interview process at any time. The interviews lasted from 45 to 60 minutes.

All audio-recorded interviews were transcribed and transcripts were analysed manually using IPA framework of analysis (Sandy 2013:360). The stages of the analytical process are illustrated below (Sandy 2013:360).

Stage 1: Reading and reading transcript to familiarize with participant's account

Stage 2: Making notes of interesting issues about participant's account

Stage 3: Development of emergent themes that capture meaning of participant's account

Stage 4: Searching for connections across emergent themes

Stage 5: Development of a master table of themes containing superordinate themes, sub-themes and quotes from transcript

Stage 6: Development of a single master table of themes from master table of themes of individual transcripts.

3.3.4 IPA stages of analysis

Transcripts were analysed one at a time through the stages stated in section 3.3.3. The analysis was conducted in parallel with the interviews until category saturation was achieved. The outcomes of the analysis are three thematic categories listed in Table 3. These themes with sub-themes are discussed in chapter four together with excerpts from participants.

Table 3: themes and sub themes

THEMATIC CATEGORIES	SUB THEMES
Performance of clinic managers	▪ Managerial duties and administrative duties ▪ The factors that affect the performance of managers ▪ Assessment of the performance of clinic managers ▪ Developmental strategies of improving managers performance
Support to the clinic managers	▪ Departmental support ▪ Supervisors support visit in the institution
Monitoring and evaluation system	▪ Understanding of monitoring & evaluation as a manager ▪ Type of training received in monitoring and evaluation ▪ Challenges relating to Monitoring & Evaluation in your institution ▪ Future improvement of monitoring and evaluation in the institution

3.3.5 Ethical Considerations

Redman (2001:4) defined ethics as a code of behaviour that is considered correct. Research ethics refers to personal honesty and integrity when conducting a study. It starts with the identification of the study area or subject and continues through to the dissemination of study materials (Burns & Grove 2008:184). According Polit and Beck (2008:753), research ethics refers to the system of moral values that are concerned with the degree to which the research procedures adhere to professional, legal and social obligations for the study participants. Ethics is typically concerned

with morality, and both the word "ethics and "morality" pertain to the matter of right and wrong. Anyone involved in scientific research need to be aware of what is proper and what is improper when conducting scientific enquiries (Babbie 2001:62).

3.3.5.1 Protecting the Rights of the Institutions Involved

Researchers have a responsibility to ensure that their research plans are ethically sound and acceptable. But researchers may not be objective in assessing risk or benefit ratios or in developing procedures to protect participants' rights. Thus, it is a standard practice for the ethical dimensions of a study to be subjected to external review, such as that provided by an institutional ethics committee (Polit & Beck, 2008:184). The researcher was granted ethical approval and permission to conduct this study at different levels. Permission to conduct the study was first granted by the University of South Africa's (UNISA) Postgraduate Research Ethics Committee (see appendix B). This was followed by permission to conduct the study from the Eastern Cape Department of Health's Research Ethic Committee (see appendix B). Permission to access the study site was also requested by the researcher from Qumbu sub district management team (see appendix C). This team formally granted permission to the researcher to access the study site. The researcher assured all the relevant authorities that confidentiality of participants and the Qumbu Sub-District Health Department would be respected at all times throughout the study.

3.3.5.2 Autonomy

The right to self-determination is based on the ethical principle of respect for persons. Because human beings are capable of self-determination, or controlling their own destiny, they should be treated as autonomous individuals, who have the freedom to conduct their lives as they choose without external control. In addition,

subjects have the right to withdraw from a study at any time without penalty (Burns & Grove 2008:189). Participants were informed that participation was absolutely voluntary, and their rights of not-to-answer any part or all of questions were respected. Study participants were asked to give their written consent to participate in the study. The data collection commenced after participants expressed their willingness for participation, in other words, after signing consent forms. Participants were informed that they could withdraw from the study at any time.

3.3.5.3 Confidentiality and Anonymity

A research project guarantees anonymity when the researcher himself / herself cannot identify a given response with a given respondent. A research project guarantees confidentiality when the researcher can identify a given person's responses, but essentially promises not to do so publicly (Babbie 2001:64-65). As is evident from the interview, the names of the respondents were not required. As a result, the data were collected anonymously. Study participants were assured that their responses would be kept confidential and that the findings of the study would not be linked to them. Researchers' behaviours before, during and after data collection have the potential of harming respondents (Parahoo 1997:301). In this study, data collection was held in a private room and each study respondent was given a unique identification code, which was used during data entry and their names were not recorded.

3.3.5.4 The Scientific Integrity of the Researcher

Research in all fields is a significant feature of all societies and represents major commitments of researchers. Results and findings from researchers sometimes form the basis of policy development and decisions at governmental levels. Therefore, it is

of paramount importance that the research is conducted with integrity, and in accordance with high ethical standards (Babbie, 2001:64-65). The researcher of this study maintained professional ethics and scientific conduct throughout the study.

3.3.6 Rigour of the Study

Rigour is a measure of the overall quality of research, reflected in the stages of the research process that include data collection and analysis (Macnee & McCabe 2008:161). Determining qualitative rigour, often called trustworthiness, is an interpretative process, involving researchers' presentation of study reports and the readers' judgment of the veracity of the same (Porter 2007:80). Although a number of guidelines, such as the Critical Appraisal Skills Programme (CASP) are available for ensuring rigour of qualitative research (Spencer, Ritchie, Lewis & Dillon 2003:14), this study elected to adopt the framework of trustworthiness posited by Guba and Lincoln (1994:106), as it seems to fit in well with the qualitative world of multiple realities and ways of knowing. It includes five criteria; credibility, dependability, confirmability, transferability and authenticity.

3.3.6.1 Credibility

This study has credible findings as it reflects the experience and perceptions of research participants on the influence of monitoring and evaluation on their performance (Macnee & McCabe 2008:161). To enhance credibility, the researcher developed rapport and trust with the research participants. Individual in-depth interviews were conducted with participants using an interview schedule as a guide. All interviews were audio-recorded and transcribed verbatim. Some transcripts were taken to some participants to determine their accuracy, and in all cases participants

were satisfied. This is what is referred to as member checking. The researcher also had the opportunity for some of the analysed data to be validated by a second researcher. The second researcher carried out validity checks on the master list of themes. This was to ensure that the themes were relevant and evidenced in the data.

3.3.6.2 Dependability

Dependability refers to the reliability of data over time and the conditions under which it was obtained (Guba & Lincoln 1994:106). Establishing dependability can be seen as a parallel process to that of confirming reliability in quantitative data (Macnee & McCabe 2008:162). Creswell (2009:239) indicated that if credibility is established then dependability is said to have been achieved. In this study, dependability was enhanced by validity checks, use of an interview schedule, and audio recording of all interviews. Dependability was further enhanced in this study by the verbatim transcription and step-by-step analysis.

3.3.6.3 Confirmability

This refers to a mechanism of ensuring that the data represents information that the participants provided (Macnee & McCabe 2008:162). Adopting verbatim transcription of interview data ensured confirmability. Confirmability also relates to the degree of agreement between two or more researchers about the accuracy, meaning and relevance of data. Notes were taken during interviews and were compared with transcribed data. Consistency in the two sets of data was noted. Validity checks also helped to ensure confirmability.

3.3.6.4 Transferability

In this study the researcher described the context of the research, processes involved, such as data collection and analysis. The researcher also provided a detailed report of the study, including its findings. These approaches would allow readers to evaluate the quality of the study and the applicability of its findings in other context (Polit & Beck 2008:539). This is what is referred to as transferability.

3.4 CONCLUSION

This chapter presented the methodology undertaken by the researcher. The researcher employed a qualitative study design. The research methods, including sampling approach, the sample size, data collection and analysis were discussed in this chapter. The ethical issues and rigour of the study were also discussed in this chapter. The ensuing chapter discusses findings of the study.

CHAPTER 4

STUDY FINDINGS

4.1 INTRODUCTION

This chapter presents study findings that emerged from the data of individual interviews conducted in Qumbu sub district health department of Oliver Tambo district municipality. As mentioned in the preceding chapter, the data from these interviews were analysed qualitatively using the IPA framework of analysis. Three thematic categories emerged from data analysis:

- Theme 1: Performance of clinic managers
- Theme 2: Support of the clinic managers
- Theme 3: Monitoring and evaluation system

These themes are discussed below using excerpts from participants' narratives.

4.2 THEMATIC CATEGORIES

4.2.1 THEME 1: PERFORMANCE OF CLINIC MANAGERS

The first theme was performance of clinic managers. The researcher identified managerial and administrative duties of a clinic manager, factors that affect the performance of a manager, direct observation of the performance of a manager and lastly the developmental strategies of improving managers' performance as the sub-themes.

4.2.1.1 Sub-theme 1: Managerial and administrative duties

Participants clearly indicated that they cannot differentiate between managerial and administrative duties but listed the following as their duties as clinic managers.

- “Provide direct patient care and services in the assigned unit”.
- “Monitor patients throughout the shift and report any emergencies to physicians promptly”.
- “Address patient complaints in a timely fashion to ensure patient satisfaction”.
- “Serve as a resource in interdisciplinary team to ensure quality patient care”.
- “Develop individual care plan to meet patient needs and achieve treatment goals”.
- “Supervise new hires and less experienced staffs on their job duties”.
- “Manage daily staff assignment and patient scheduling to ensure clinic coverage and flow”.
- “Perform daily rounds to assess patient condition and distribute medications to patients”.
- “Assess and address physical and emotional needs of patients”.
- “Educate patients on their health condition, maintenance and treatments”.
- “Update patient medical records with services provided, health condition and response to treatments”.
- “Assist Supervisor in developing budgetary guidelines”.
- “Report medical supply and equipment needs to Supervisor”.
- “Assist Head Nurse in recruiting, performance evaluation, and retention and termination activities”.
- “Assist in developing orientations and job training programs for new hires”.

The above responses indicate that the task to be done in both administrative and management aspect cannot be differentiated. The following have been discussed.

Administrative management

Administrative management includes, among other things, the processes of provisioning of stock and equipment to the clinics. A specific procedure has to be followed to purchase equipment. Should the provisioning section function improperly, needed stock and equipment cannot be provided which, in turn, will limit service rendering. Office administration covers a wide range of activities, such as organising administrative work, supervision and control, document duplication, filing and indexing, sorting of incoming and outgoing mail and management of information by a computerised management information system. The availability of information plays a major role in the management process. Accordingly, without an effective administrative or information function, effective management of the institution is impossible (Kroon 1995b:5). Should the clinic be overcrowded with patients, the information on the number of patient visits to the clinic can be used to identify the need for a new clinic.

Human resource management

The workforce is recognised as an important organisational asset in contributing to performance at an individual, team or organisational level (Parker 2006:418). The overall performance of a team is a management responsibility. As the clinic manager is responsible for the management of the team of employees allocated to the clinic, the team's performance is regarded as his/her responsibility.

To enable an institution to render a service, human resource (manpower) needs should be determined. Recruitment, selection, placement, induction and orientation, as well as formulation of personnel policy, and training and development of existing personnel are included in human resource management. Other human resource-related tasks include handling transfers, promotions, remuneration, demotions, resignations and dismissal of employees (Kroon 1995b:5). Kruger (1995b:67) stressed that the human resource department should keep abreast of the organisation's human resource requirements through human resource planning.

4.2.1.2 Sub-theme 2: The factors that affect the performance of a manager

Participants indicated most issues that affect service delivery. Some of these hindering factors are including the following.

- "Increased workload to the manager"
- "No clear job description"
- "Shortage of staff"
- "Unskilled personnel"
- "Shortage of resources"
- "Poor planning"
- "Channel of communication by district office"
- "No Schedule supervision by clinic supervisor"
- "increased negative attitudes in nurses"
- "Lack of visit by programme managers".

The above responses indicated multiple challenges hindering service delivery in primary health care settings. Poor client service and deficient management performance can be attributed to many reasons, namely lack of basic infrastructure,

staff shortfalls and inadequate professional skills, poor management systems and lack of supportive supervision, low staff morale, demotivation and poor attitudes, lack of innovation, and lack of information for planning with no system of monitoring and evaluation (Jayasuria 2011:20). The drastic increase in the workload of primary health care clinics and the inadequate adjustments of staff establishments cause Clinic Managers paying more attention to patient care and consequential neglecting of their management and administrative functions.

A number of factors impede the responsiveness of health workers. These may be the social, cultural, and political economy. These factors might prevent health workers from providing quality care to the clients and may ultimately affect motivation. According to DFID (2006:3), health worker responsiveness may be hampered by:

- lack of professional support and management,
- lack of training and professional development programmes,
- lack of awareness of the clients" and workers" rights,
- inability to communicate in local languages, and
- Inability to contribute to decision making process within the health systems.

Others factors that could hinder health worker responsiveness include lack of interpersonal communication skills, lack of public recognition for the value of health workers, and poor terms and conditions of services. Lastly, the inability of the health workers to provide appropriate care may be hampered by lack of skills and adequate equipment and supplies which limits their sense of achievement and performance. Given the fore-mentioned factors, the responsiveness of health workers can be improved through a number of mechanisms. These may include, increase in remuneration and provision of other types of incentives such as hardship allowance

for health workers in the hard-to-reach areas. These could eventually contribute to improved health worker performance and retention (Ammassari 2005:10; DFID 2006:6).

4.2.1.3 Sub-theme 3: Assessment of the performance of managers

Throughout the interview session with each participant it was revealed that they prefer to be assessed through the following:

- "Direct observation"
- "Supervision"
- "Statistic reviews"
- "Performance management development system".

In order to assess performance of health workers, the indicators serve as key role players. However, indicators are necessary to measure performance of health systems. Bankauskaite and Dargent (2007:126) mention that performance indicators are employed for four basic functions: facilitating accountability; monitoring health care systems and services as a regulatory responsibility; modifying the behaviour of professionals and organisations at both macro (population) and micro (patient) level; and forming policy initiatives.

The indicators are mainly outcome measures and less frequently process measures (Arah, Klazinga, Delnoij, Ten-Asbroek & Custers 2003:377; Bankauskaite & Dargent, 2007:126). The WHO (2000:24) emphasises the importance of health systems as being more outcome-oriented. In view of this, Katz and Green (1997:106) describe performance indicators as specific type of performance outcomes based on reliable, quantitative process or outcome measure. These are related to one of the dimensions of performance such as efficiency, effectiveness, efficacy,

appropriateness, timeliness, availability, continuity, safety, and responsiveness. Hence, the performance of the health system depends on the knowledge, skills and motivation of the people responsible for delivering the services (WHO 2003:7).

4.2.1.4 Sub-theme 4: Developmental strategies of improving managers' performance

Participants felt that it was their responsibility to develop strategies that would enhance their performance. The following excerpts are an indication of the responses of the participants.

- "Capacitation of skills".
- "Display positive attitudes all times".
- "Cooperation and multiple disciplinary team".
- "Frequent supervision".
- "Improvement of communication among the staff".
- "Continued in-service trainings".

The above responses from participants reveal a remedial action was required. Apart from these responses, the effective tool for enhancing performance of health workers, improving their skills, capacity building, and raising awareness is through training. This approach is deemed successful when combined with organisational transformations that guarantee that acquired knowledge and skills are utilised by health personnel to improve the quality of services. The Indonesian experience indicates that performance and the quality of health care resonates more with what health workers know and achieve than the remuneration offered (DFID 2006:7). Performance of health workers can also be improved through provision of better infrastructure, equipment, and materials such that the employees can apply and develop their professional skills. For example, in Ethiopia, Lindelow, Serneels, and

Lemma (2005:12) reports that even though monetary incentives are the main pull factor of health workers to private sector, the availability of better equipment and infrastructure also play a big role in attracting health workers.

4.2.2 THEME 2: SUPPORT TO THE CLINIC MANAGERS

The second theme was support to the managers of the clinic. Within this theme, the following sub-themes were identified: departmental support and supervisory support visit in the institution as sub-themes.

4.2.2.1 Sub-theme 1: Departmental support

Within sub-theme one, the participants quoted their views that they usually receive support from the department of health through the following:

- “Workshops”
- “In-service trainings”
- “Study leaves”
- “Addition of staff where necessary”.

Apart from all activities that can be done by DOH, it included the employee empowerment and enhancing practices.

Heizer and Render (2008:199) refer to employee empowerment as ‘the involvement of the workforce in every step of decision making process’. The designs of work processes that consistently produce the desired quality services require involvement of those who understand the weaknesses of the system. Employee empowerment techniques include:

- nurturing open communication systems that engage the workers;
- promotion of open supportive supervision;

- shifting responsibility from top managers to service level (operation level) workers;
- developing high morale in organisation; and
- building recognised structures such as quality circles and teams (Heizer & Render, 2008:200).

4.2.2.2 Sub-theme 2: Supervisors support visit in the institution

Within sub-theme two, the participants quoted their views that the supervisor visits clinics in different ways. Among their views, the following were quoted:

- “Supervisor comes once a month”.
- “Supervisor comes after a month”.
- “Supervisor comes twice a month.”

On top of the above responses from the participants, the supervisors should always be accessible to their subordinates for on-going support. The health services managers should appreciate that it is dialogue that links performance planning and performance review. The supervisors and health workers should be encouraged to constantly share information concerning work progress, potential barriers and possible solutions. The supervisors should use techniques such as informal conversations or notes as well as formal coaching meetings and written documentations to provide on-going support to the health workers (Lutwama 2011:290). It is recommended for a supervisor to visit once a month unless there are crucial issues to be solved urgently, in which case, flexibility is necessary.

4.2.3 THEME 3: MONITORING AND EVALUATION SYSTEM

The third theme was monitoring and evaluation system. Within theme three the following sub themes were identified: the understanding of monitoring and

evaluation as a manager, type of training received in monitoring and evaluation, challenges relating to monitoring and evaluation in the institution and future improvement of monitoring and evaluation in the institution as sub themes.

4.2.3.1 Sub-theme 1: Understanding of monitoring & evaluation as a manager

Participants expressed their understanding of the word “monitoring and evaluation”. Their views are quoted below.

- **“**Monitoring refers to an on-going collection of data using certain tool and evaluation refers to assessing whether the expected outcomes had been achieved or not”.
- “Monitoring generally means to be aware of the state of a system and evaluation is to observe whether the desired outcomes are reached”.
- “I think monitoring refers to observe a situation for any changes which may occur over time. Evaluation refers to the assessment whether the desired outcomes are achieved or not”.
- “Monitoring is referred as an on-going collection and review of information on project implementation, coverage and utilization of resources relevant to clinic managers’ duties in primary health care setting. Evaluation is a selective exercise that attempts to systematically and objectively assess progress towards the achievement of an outcome”.
- “I think it is way you use when assessing whether something g is done or not”.

The above responses indicate that the participants were not clearly understanding monitoring and evaluation. Shapiro (2008:5) stated that monitoring and evaluation can help organisations identify whether or not they are making a difference, because by way of monitoring and evaluation, an organisation can review progress; identify

problems in planning or implementation; and make adjustments when necessary. Shapiro (2008:5) further states that monitoring and evaluation is not a “quick fix mechanism” that can make problems disappear without any hard work that is put in to it, nor is it a solution to a problem. According to Shapiro (2008:5), monitoring and evaluation are in fact the valuable tools that can help an organisation identify problems and their causes; suggest possible solutions to problems; raise questions about assumptions and strategy; push organisations to reflect on where they are going, and how they will get there; provide organisations with relevant information and insight; and increase the likelihood of a positive development difference.

4.2.3.2 Sub-theme 2: Type of training received in monitoring and evaluation

Since monitoring and evaluation is not a familiar programme, the participants quoted the following courses to be included in their training.

- “Data management”
- “Computer skills”
- “DHIS training”

As pre the above responses the participants can be trained in many courses relevant to monitoring and evaluation programme. In South Africa, there were some service providers offering lots of trainings for health workers. Taking for instance, in the case study that was done by Aurum Institute and CDC South Africa (2013:1), it was revealed that their aim as the service provider was an implementation of Health Systems Strengthening (HSS). Aurum works with the facilities to support Ekurhuleni North sub-district in health systems strengthening. The range of activities includes: Health Care Worker Training.

- To date, Aurum has trained 97% of the target 180 Professional Nurses (PNs) in the recently introduced Nurse Initiated Management of Antiretroviral Therapy (NIMART) – which includes PMTCT, pediatric HIV management and ART; and adult HIV management and ART
- 77% of the assessed clinics have been offered support to provide PMTCT services; Aurum has exceeded the target of 100 PNs earmarked for PMTCT training
- 65% of the surveyed Aurum supported clinics offer Integrated Management of Childhood Illnesses (IMCI) and 77% of the target PNs have been trained in IMCI.

In terms of data management support, monitoring and evaluation, the Aurum Institute and CDC South Africa (2013: 1) offered trainings in part of South Africa.

- Aurum offers data management training and support in all the facilities in Ekureleni North
- This is a phased approach consisting of assessment of facilities' ability to manually capture data; capacity to submit program data to sub districts which feeds into the District Health Information System (DHIS). The second phase is to development of a Register Database to replace manual data capture with subsequent upload into the DHIS. Final phase is implementation of a fully electronic, DOH-approved Data Management System.
- Monitoring and Evaluation of DOH Community and Facility Activities: analysis of program data (HCT, PMTCT, Pediatric Care, Adult Care) will form the content of quarterly Quality Review Meetings between Aurum and the facilities.

4.2.3.3 Sub-theme 3: Challenges relating to Monitoring & Evaluation in your institution

Participants felt very challenged to have this programme of monitoring and evaluation in their facilities. They indicated that there were many programmes they did and among those programmes this one has its own multiple challenges.

- “I have no tools for assessing my performance”
- “Limited resources like stationery to use when conducting the programme”
- “No monitoring and evaluation practitioners”
- “Shortage of staff”
- “Financial constraints to support the programme”
- “no enough understanding of monitoring and evaluation programme”
- “no staff trained in monitoring and evaluation”

From the above excerpts of participants it was revealed that even years ago there were some challenges relating to monitoring and evaluation. From 2006 to 2008, one of the challenges faced by South African Government was how it could determine the extent to which its collective priorities were being implemented and its objectives achieved. The challenges identified included the following:

- limited monitoring and evaluation practitioners;
- financial constraints to support the programme;
- limited skilled policy makers for the programme;
- shallow understanding of monitoring and evaluation in governments (Bosch 2010:1).

4.2.3.4 Sub-theme 4: Future improvement of monitoring and evaluation in the institution

Participants felt it was important to work for improvement. Among their excerpts, they indicated the following recommendations:

- “District trainings in monitoring and evaluation”
- “Continued Supervision”
- “Primary Health Care training in monitoring and evaluation”
- “Addition of staff”
- “Required material resources to be readily available”

From the above excerpts of participants, training plays a critical role in assisting health workers and organisations meet their goals and keep pace with advances in medicine and public health. Training health workers improves performance by enhancing skills, improving attitudes and increasing job satisfaction and motivation which might encourage good performance. Training capacitates health workers to gain knowledge and skills that allow them to adjust to the changes in their work. This would assist in monitoring and evaluation programme.

Performance management is aimed at improving quality of management by supporting managers in making decisions and facilitate resources allocation (Diamond 2005:4). Therefore, monitoring and evaluation using quantified performance indicators facilitates taking timely remedial action (Diamond 2005:4). Monitoring plays a crucial role in determining the follow-up step in any performance management system. It is vital that organisations monitor their performance management systems to ensure quality of the assessment results and unearth any weaknesses that may require strengthening. It the responsibility of the health services managers to continuously monitor performance in order to ensure that the

activities agreed in the performance plan are on track. The health workers should be encouraged to seek guidance from their managers if they are in doubt. All the critical events and outcomes that occur during the performance cycle should be documented by the respective line managers and health workers. Furthermore, the managers should organise quarterly review meeting to discuss the work progress, competences, personal training and development plans and any other issues related to performance.

4.2 CONCLUSION

This chapter presented the findings of the study that emerged from the data of individual interviews conducted on purposefully selected clinic managers of Qumbu sub district health department of Oliver Tambo district municipality. The next section is the final chapter of the study. It focuses on the discussions of the study findings including, limitation of the study and recommendations for improvement.

CHAPTER 5

DISCUSSION, LIMITATION, RECOMMENDATION AND CONCLUSION

5.1 INTRODUCTION

The study findings were presented in the previous chapter (chapter 4). This chapter presents discussions of the research findings within the perspective of the literature reviewed. It also includes descriptions of the study limitations and recommendations on how the study could be improved. The chapter ends with concluding remarks.

5.2 DISCUSSION

There was some degree of consistency among most participants on the view that monitoring and evaluation was not fully understandable although it is a programme that was already implemented in South Africa. Such misunderstanding affected quality services rendered. This could imply that training was not regular at the studied primary health care setting. Michael (2012:36) states that the 'effectiveness of monitoring depends on a vital assumption that the monitor must know as much as the monitored'. For managers to have increased skill capacity, training and workshops are relevant. This requirement was more augmented by the fact that all participants claimed that they require capacitation in monitoring and evaluation. Such training would improve both knowledge and confidence of clinic managers on the implementation of monitoring and evaluation. Training should be aimed at imparting knowledge and skills in order to ensure an effective monitoring and evaluation process for the managers. Reeve *et al*. (2015:91) states that Integral to the health manager's performance improving is the health outcomes which is directly or indirectly affected by the provision of appropriate, accessible and effective health care services relevant to the needs of communities (Reeve *et al*. 2015:91). Hence,

skilling the managers at the primary health care (PHC) setting through training ensures that the desired and necessary information is collected which, when analysed, contributes to service delivery. Public service providers, such as the managers at PHC, may need to borrow a leaf from the private sector. It was argued that arrangements in the public sector which mimic the private sector and encourage competition may bring about an improvement in health service performance (McPake 1996:158).

Most participants in this study claimed that the supervisor comes once a month for support visit. This was also a gap and it was suggested that the visit should be done twice a month. One of the roles of supervisors is to monitor managers and identify those with knowledge and induce them to employ that knowledge in improving health service delivery (Michael 2012:36). The managers lacking depth in certain managerial roles can also be supported by the supervisor through recommendation for further training. Supervisors' support for managers through visits is vital for transformation and service delivery (Moyosi *et al*. 2012:2030).

The participants also claimed that the availability of guidelines or information would not only help to ensure consistency in the implementation of monitoring and evaluation system, it would also help to improve the quality of services rendered. This is a very valid requirement as the outcome of the monitoring and evaluation exercise may feed into policy formulation, hence the need to follow proper guidelines that may have to be issued by the supervisors or district managers. The need to develop managerial capacities should be located in an objective framework that explicitly enables institutional change and addresses the needs of managers (Moyosi *et al*. 2012:2030). Managers are expected to extend their routine duties beyond

implementation of rules and guidelines from their superiors, however, they should also use available information to bring about positive change in their place of responsibility (Moyosi *et al*. 2012:2030). Nonetheless, it is generally accepted in principal, that strengthening of management at PHC may be done through monitoring and evaluation of performance with a common competency framework (Moyosi *et al*. 2012:2030).

Participants indicated most of the issues that affect service delivery. Some of these hindering factors include the following; increased workload to the manager, unclear job description, shortage of staff, unskilled personnel, poor visit by supervisors to the clinics. It is possible that the fore mentioned factors are a result of lack of formal evaluations which may indicate whether goals are being achieved albeit beside goals, evaluations may reveal little about what is happening (Barker 1995:1662). Possibly, fewer investigations focus on the activities of defining issues, setting priorities, generating options for consideration, or optimising implementation, however important these might be to the health service manager (Barker 1995:1658). This is crucial to improving performance. On the other hand, one of the factors affecting managers is that if key decisions such as staffing and rewarding performance are not devolved, the hospital manager and supervisors may take little responsibility for the health facility's overall performance (McPake 1996:172). Overall poor performance may also be linked to the inability to identify exactly who is responsible for the solutions of specific problems (McPake 1996:172). It is not unusual for managers in government departments or public health settings to argue that they have little autonomy and almost no incentive to be effective because good and poor performers are treated the similarly (McPake 1996:174).

It was also revealed that the performance of clinic managers could be assessed and the importance of having indicators was emphasised. Performance indicators are employed for four basic functions: facilitating accountability; monitoring health care systems and services as a regulatory responsibility; modifying the behaviour of professionals at both macro (population) and micro (patient) level; and forming policy initiatives (Bankauskaite & Dargent 2007:126). The indicators are mainly outcome measures and less frequently process measures (Arah, Klazinga, Delnoij, Ten-Asbroek & Custers 2003:377; Bankauskaite & Dargent, 2007:126). The WHO (2000:24) recommend health systems to be more outcome-oriented. Similarly, Katz and Green (1997:106) describe performance indicators as performance outcomes based on reliable, quantitative process or outcome measure. One of the most significant performance indicators is health or patient outcomes (Bhattacharyya *et al*. 2011:33; Reeve *et al*. 2015:91). Performance of management at the PHC is pivotal to patient outcomes. However, health outcomes of the community may largely depend on the socio-economic determinants of health, implying that extent to which community's socio-economic disadvantages are addressed determines the long term health outcomes (Reeve *et al*. 2015:94). Hence manifestation of a deeper understanding by the supervisor about the regional and national health outcome is essential. Thus far, needles to state that health or patient outcomes, as a function of improved manager's performance can be affected by several socio-economic factors requiring large samples to detect a significant difference (Bhattacharyya *et al*. 2011:33). Performance of health workers can also be improved through provision of better infrastructure, equipment, and materials such that the employees can apply and develop their professional skills.

5.3 LIMTATIONS

The researcher identified the following limitations in the study.

5.3.1 Sampling

The researcher used non-probability sampling, which meant that the sample was selected non-randomly. Since the sampling was purposive, it did not give participants an equal chance of being included in the sample (Polit & Hungler 1997:229). This limited generalisability because it is difficult to generalise research findings beyond the sample without random sampling (Brink & Wood 1988:42). This kind of sampling technique was, however, appropriate for this particular research. The results of the study are however transferable to other settings.

5.3.2 Eligibility criteria

Only non-mobile clinic managers with more than two years working experience at the research site were included to the study. Other managers or nurse categories were excluded from the study because the researcher's focus was on non-mobile clinic managers (Polit & Hungler 1997:224).

5.3.3 Research site

The study was conducted in only one of the Eastern Cape sub district health, which prevents the findings from being generalised to the entire province or elsewhere.

5.3.4 Exclusion

Only non-mobile clinic managers were included in the study. Other managers who are not non mobile clinic managers were excluded. Few managers were selected although many managers were interested. This study catered only eight managers.

5.4 RECOMMENDATIONS

Basing on the study findings, the following recommendations were made for alleviating the capacitation of managers in monitoring and evaluation programme.

5.4.1 Development of guidelines

- Guidelines assist in providing direction to clinic managers on how to do their daily activities in the institution.
- The use of guidelines helps in promoting quality services rendered and reduces costs against the institution. It will also assist in improving performance of clinic managers

5.4.2 Rewards and recognition of good performance

- Use performance information as a management tool to continually improve health outcomes.
- Decision for improvement of health services should be based on the performance results.
- Document good practices for performance management.

- In all organisations, the performance management system needs to be monitored and evaluated regularly in order to guarantee its effective implementation.
- Regular support supervision within the health sector should be used as one of the means to monitor and evaluate performance of management personnel.
- The health services managers should organise quarterly reviews to discuss the work progress, competences, personal development needs and any other issues related to performance.
- The rewards and sanctions should be provided based on individual performance. The district health managers should consider the possibility of introducing performance related payment (PRP) as a mechanism to augment the performance of health workers.
- The rewards should be given to the health workers who strive to meet the needs of clients by providing quality health services.

5.4.3 Performance feedback

- The supervisors should provide individualised feedback concerning employee performance, including priority objectives identified during performance planning.
- The supervisors should gather feedback information from sources other than the supervisors, for example, from patients and peers.
- The supervisor should schedule time to discuss feedback information with the health workers either prior to or during the performance review. Health

workers should take adequate time to do self-evaluations in a meaningful and thoughtful manner and objectively rate their performance.

- In addition to giving verbal feedback there should be written feedback concerning the worker's performance.
- Where necessary, the performance results should be reported to stakeholders in order to implement actions such as salary increments, promotions, confirmation in public service and training.

5.4.4 Performance review

- The clinic managers should ensure that performance appraisal of the health workers is done based on the agreed performance plan.
- Job description should form the basis for the agreements on the time-bound activities in the performance plan.
- Every supervisor should evaluate each health worker individually and should use the standard format of the department.
- The clinic managers should use the various tools such as job descriptions, treatment schedules, guidelines and standards, daily task schedules that are in use in some health facilities to provide a framework for performance monitoring.
- Regular performance appraisal or reviews should be conducted as specified in performance management development system (PMDS).
- The clinic managers should recognise that individual health worker's 'performance is not entirely under the workers' control since external factors such as decisions of others, resources availability and work systems and processes can influence job performance.

- The supervisors should afford the health workers the opportunity to share their self-evaluation, discuss learning and development needs, set objectives for improvement, set learning and development targets and answer the workers' questions regarding performance review. The supervisors and health workers should both sign the performance review report.

5.4.5 Forum for clinic managers

- It is recommended that a forum for clinic managers be established to provide them with a platform where concerns and successes can be discussed.
- This could also serve as a platform for in-service training for clinic managers.
- Such a forum could be established for each district under the guidance of the local area managers.
- All the clinic managers of the district could attend this forum, which would take place monthly.
- Clinic managers could assist in creating and maintaining support groups, which provide skills and training, foster the exchange of best practices, and promote peer learning.

5.4.6 Visits of the clinic supervisor

It was recommended that:

- Clinic supervisors do regular monthly supervisory visits to ensure support to the clinic manager.
- Clinic supervisors visit the clinic monthly to assess the situation in the clinic by means of completing the Regular Review and Red Flag tools.

- During these visits the clinic supervisor can do on-the-job monitoring and coaching on aspects that need Intervention identified during the supervisory visit.
- The clinic supervisor should submit a written report on the findings and the actions taken to the clinic manager and the local area manager for rectification by the clinic supervisor and record purposes.

5.4.7 Availability of equipment

As the availability of equipment plays a major role in the effective functioning of clinics, it is proposed that:

- The clinic manager and supervisor should investigate the reasons for the unavailability of equipment and draw up action plans to address the shortage. These plans should be submitted to the district manager. Should funds be lacking to purchase equipment, a submission can be forwarded via the district manager's office to the General Manager: District Health Services and the Head of Health to make funds available.
- When purchasing equipment, quality instead of price only should be considered.
- Proper maintenance and repair mechanisms for equipment should be in place. It is proposed that a clinical engineer post be created on the staff establishment of the district to take care of equipment of hospitals and clinics.

5.4.8 Future research

This study focused on the exploration of the influence of monitoring and evaluation on the performance of managers in the primary health care setting with specific reference to the clinic managers of non-mobile clinics.

Further research should be done on the circumstances of the PHC staff that render PHC services in mobile clinics in the rural areas. As the “Supermarket approach” is the desired approach for service rendering in PHC clinics, the efficiency and effectiveness of this approach could be explored by further research.

Further research should be done in a quantitative approach where it would cover the entire clinics in Oliver Tambo district municipality within the Eastern Cape Province. This study could be about the “the role of monitoring and evaluation on the performance of managers”.

Improved performance of managers at the PHC may be expected to improve patient health outcomes. Hence, a study for monitoring and evaluating managers’ performance as well as patients’ socio-economic determinants for health may provide an overall district health outcomes.

5.5 CONCLUSIONS

The aim of the study was to explore the influence of monitoring and evaluation on the performance of managers in a primary health care setting by observing performance of the selected managers through monitoring and evaluation. The study was also aimed at developing guidelines to improve performance of managers.

The researcher selected a qualitative research type and phenomenological study design was used. Clinic managers of Qumbu sub district health within Oliver Tambo municipality were purposefully selected and a semi structured interview was utilised as data collection instrument.

The study found that the clinic manager’s role is comprehensive and varies from telephonic booking patients to assessment of the quality of PHC programmes. A number of managerial functions were identified, such as

- Provide direct patient care and services in the assigned unit.
- Monitor patients throughout the shift and report any emergencies to physicians promptly.
- Address patient complaints in a timely fashion to ensure patient satisfaction.
- Serve as a resource in interdisciplinary team to ensure quality patient care.
- Develop individual care plan to meet patient needs and achieve treatment goals.
- Supervise new hires and less experienced staffs on their job duties.
- Manage daily staff assignment and patient scheduling to ensure clinic coverage and flow.
- Perform daily rounds to assess patient condition and distribute medications to patients.
- Assess and address physical and emotional needs of patients.
- Educate patients on their health condition, maintenance and treatments.
- Update patient medical records with services provided, health condition and response to treatments.
- Assist Supervisor in developing budgetary guidelines.
- Report medical supply and equipment needs to Supervisor.
- Assist Head Nurse in recruiting, performance evaluation, and retention and termination activities.

- Assist in developing orientations and job training programs for new hires.

Factors that negatively influenced the participants' management role included:

- Lack of time due to the large number of patients they had to consult due to the shortage of staff.
- Increased workload to the manager
- Shortage of staff and resources
- No Schedule supervision by clinic supervisor
- increased negative attitudes in nurses
- Lack of visit by programme managers

The clinic manager is a professional nurse and because nurses are the backbone of PHC, the management of PHC clinics should be the responsibility of a nurse manager. Allowing the clinic manager to adhere to a clear job description and addressing the factors that negatively affect the influence of monitoring and evaluation on the performance of clinic manager can result in quality PHC services offered to a community by a well-managed PHC clinic. However, this might take time due to the financial implications.

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APPENDIX A

CONSENT FORM

Study Title: An exploration of influence of monitoring and evaluation on the performance of managers in a primary health care setting in Qumbu sub district health department of Oliver Tambo district municipality

This form is intended to record my consent to participate in the research study as a clinic manager with a key responsibility for delivering care to service users in this institution. I confirm that I have read and understood the information leaflet given to me. I have also had adequate opportunity to discuss the above study with the researcher and have had all my questions answered to my satisfaction. I understood my part in the study and I am aware that it may be published. I am also aware that no one will be able to identify me with information that I give. I am aware that the interview will be recorded on an audiotape, which will be kept safe in a locked cupboard in the researcher's place of work. Any information obtained from the interview will be treated as confidential and with respect. I am allowed to keep the information sheet so that I may refer to it whenever I wish.

I give my full consent to take part in the study in the way described in the information sheet.

I understand that my participation is voluntary and that I am free to withdraw from the study at any stage.

…….	……..	…….
Name of Clinic Manager	Signature	Date
……..	……	…….
Name of Researcher	Signature	Date

Copies: - 1. Clinic manager

2. Researcher

APPENDIX B

UNISA university of south africa

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

REC-012714-039

HSHDC/400/2015

Date: 26 February 2015 Student No: 4624-488-3

Project Title: An exploration of the influence of monitoring and evaluation on the performance of managers of a primary health care setting in Qumbu sub district Health Department of Oliver Thambo district Municipality.

Researcher: Sithembele Magqadiyane

Degree: Masters in Public Health Code: DLMPH95

Supervisor: Prof P Sandy
Qualification: PhD
Joint Supervisor: -

DECISION OF COMMITTEE

Approved [√] **Conditionally Approved** [ ]

Prof L Roets
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

Prof MM Moleki
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

APPENDIX C

Eastern Cape Department of Health

Enquiries:	Zonwabele Merile	Tel No:	040 608 0830
Date:	27th March 2015	Fax No:	043 642 1409
e-mail address:	zonwabele.merile@impilo.ecprov.gov.za		

Dear Mr S Magqadiyane

Re: An exploration of the influence of Monitoring & Evaluation on the performance of managers of a Primary Health Care setting in Qumbu Health Sub-District (EC_2015RP38_849)

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE

PGDP EASTERN CAPE

Ikamva eliqogambileyo!

APPENDIX D

S. Magqadiyane
Bayedwa Café
Box 54
Qumbu
5180

The sub district manager
Qumbu sub district health
Qumbu
5180

Dear Sir/Madam

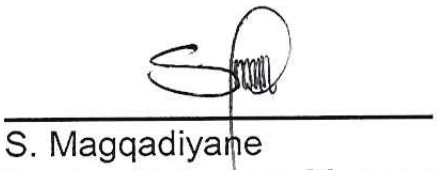
RESEARCH STUDY: AN EXPLORATION OF THE INFLUENCE OF MONITORING AND EVALUATION ON THE PERFORMANCE OF MANAGERS OF PRIMARY HEALTH CARE IN QUMBU SUB DISTRICT HEALTH DEPARTMENT OF OLIVER TAMBO DISTRICT MUNICIPALITY

Herewith a request to conduct the above mentioned research study in your sub district health department. Attached please find the approval letter from Eastern Cape Department of Health Research Ethic Committee. This study is towards the requirement for completion of MPH Degree. The proposal has been approved by the supervising university i.e. Unisa, see attached proof thereof.

In the event of any queries or clarifications please contact Mr Magqadiyane Sithembele (0737022584).

Thank you for your support in this endeavour.

Yours sincerely



S. Magqadiyane

Student Number: 46244883

Email: smaggadiyane@gmail.com
Fax: 0865818669