



planning, monitoring and evaluation

Department:
Planning, Monitoring and Evaluation
REPUBLIC OF SOUTH AFRICA

Report on the Assessment of Government Evaluations

Evaluation Title:	Maternal and Child Healthcare Programme Effectiveness Evaluation: John Taolo Gaetsewe District
Evaluation Number:	505
Evaluation Completion Date:	20 March 2015
Period of Evaluation:	July 2014 to March 2015
Submitted:	21 September 2015 by Cara Hartley
Approved:	21 September 2015 by Mike Leslie

Evaluation Details

Evaluation Title:	Maternal and Child Healthcare Programme Effectiveness Evaluation: John Taolo Gaetsewe District
Evaluation Number:	505
Evaluation Completion Date:	20 March 2015
Created:	14 July 2015 by Mike Leslie
Submitted:	21 September 2015 by Cara Hartley
Approved:	21 September 2015 by Mike Leslie
Period of Evaluation:	July 2014 to March 2015
Known Cost:	R 98 000,00
Known Cost Type:	Estimate
Initiated By:	Northern Cape Department of Health
Initiated By Internal:	Yes
Undertaken By:	Northern Cape Department of Health, in collaboration with the Office of the Premier, PATH JTG District Office, and Statistics South Africa
Undertaken By Internal:	Yes

Assessors

Cara Hartley	cara@pdg.co.za
--------------	----------------

Assessment Documents

Document Name:	Document Type:	Added By:	Added On:
MCH Report March 20.pdf	Evaluation report	Mike Leslie	14 July 2015
2014 MCH Research Proposal Presentation.pptx	The proposal selected to conduct the evaluation	Cara Hartley	07 September 2015
20140916 Ethical Review approval.pdf	Any other relevant documentation pertaining to the evaluation process	Cara Hartley	07 September 2015
201408 Proposal for Maternal and Child Healthcare Programme Effectiveness Evaluation.pdf	The proposal selected to conduct the evaluation	Cara Hartley	07 September 2015
201503 MCH Programme Effectiveness Evaluation.pptx	Presentations of evaluation findings and recommendations	Cara Hartley	07 September 2015
Assessment Report at Moderation.pdf	Assessment Report at Moderation	Mike Leslie	16 September 2015

Quality Assessment Summary

This evaluation, the first of its kind to be conducted internally by the Government of the Northern Cape, scores 3.09 on a scale of 1 to 5. This means that it is deemed of an adequate quality to be made available for public access and benchmarking.

The evaluation scores particularly well (4.30) in terms of ethics and the acknowledgement of ethical considerations, as these were well planned for and further refined through a process of obtaining ethical clearance from the provincial medical ethical review board.

The evaluation also did well (3.12) in terms of its partnership approach - an important consideration which many technically excellent evaluations have not achieved to the same degree. A diverse set of relevant stakeholders, both governmental and non-governmental, were involved in the planning and implementation of the evaluation and in the consideration of the findings. Although some of them came on board when much of the planning had been finalised, the stakeholders were nevertheless instrumental in supporting the effective coordination of the logistics involved in the process, helping the evaluation to access the needed resources and to be completed on schedule.

The inclusive partnership approach also ensured that stakeholders who are well placed in the province, district, and non-governmental sector took note of the findings, bolstering the likelihood that the findings and recommendations generated will have an influence on decisions made with regard to maternal and child health in the district. Accordingly, the final phase of the evaluation - the Follow-up, use and learning phase - scores highly (4.13).

The methodology focused primarily on evaluating implementation of the state's maternal health services and did so relatively thoroughly, following an analytical framework proposed by the World Health Organisation. Findings with regard to the health system can mostly be deemed valid. The evaluation also set out to identify the broader (mostly socio-economic) factors that influence low maternal and child health outcomes in the district, but these are not as clearly conceptualised or as systematically studied. Given the methodology employed, these should not be treated as conclusive. The only partly appropriate methodology reflects in the lower score of 2.89 for planning and design.

The evaluation scores 2.88 for quality control and 2.00 for its achievement of a free and open evaluation process. This reflects the low scores with regard to how the data was analysed and reported. The programme logic can be derived from a close reading of the report but is not made explicit. There are some issues with the way the data is presented, and the analysis and discussion does not clearly consider alternative explanations for findings. In addition the conclusion section is weak, not presenting clear answers to the evaluation questions. The report also contains pervasive language and grammar errors. Nevertheless the report presents valuable quantitative data, is engaging and easy to understand, and, according to the interviewed stakeholders, makes a meaningful contribution to stakeholders' understanding of the issues at hand.

Thus, despite some technical limitations, it appears likely that this evaluation has (had) a meaningful influence on stakeholders, which may lead to improved conditions for mothers and their children in JTG District.

Quality Assessment Scores

Phase of Evaluation	Score
Planning & Design	2,89
Implementation	3,18
Reporting	2,62
Follow-up, use and learning	4,13
Total	3,09

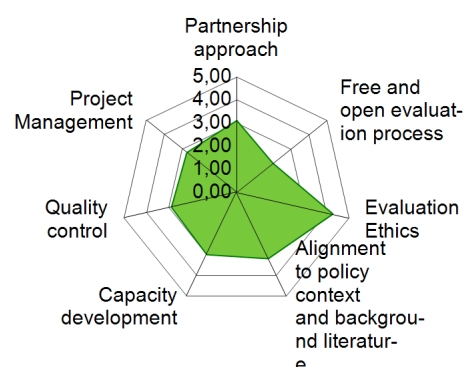
Overarching Consideration	Score
Partnership approach	3,12
Free and open evaluation process	2,00
Evaluation Ethics	4,30
Alignment to policy context and background literature	3,20
Capacity development	3,00
Quality control	2,88
Project Management	2,76

Total	3,09
-------	------

Scores: Phases of Evaluation



Scores: Overarching Considerations



Phase of Evaluation	Area of Evaluation	Score
Planning & Design	Quality of the TOR	3,13
Planning & Design	Adequacy of resourcing	3,57
Planning & Design	Appropriateness of the evaluation design and methodology	2,36
Planning & Design	Project management (Planning phase)	2,00
Implementation	Evaluation ethics and independence	4,00
Implementation	Participation and M&E skills development	3,00
Implementation	Methodological integrity	3,16
Implementation	Project management (Implementation phase)	3,00
Reporting	Completeness of the evaluation report	3,50
Reporting	Accessibility of content	2,50
Reporting	Robustness of findings	2,20
Reporting	Strength of conclusions	2,00
Reporting	Suitability of recommendations	2,00
Reporting	Acknowledgement of ethical considerations	4,43
Follow-up, use and learning	Resource utilisation	4,00
Follow-up, use and learning	Evaluation use	4,17
Total	Total	3,09

Planning & Design

Quality of the TOR

Standard:	The evaluation was guided by a well-structured and complete TOR or a well-structured and complete internal evaluation proposal (e.g. Background, Purpose, Evaluation Questions, Design & Methodology, Deliverables & Timeframes, Resource requirements, Intended Audience & Utilisation, etc).
Comment and Analysis:	The proposal document was developed by the Northern Cape Department of Health in mid-2014, with the final proposal dated August 2014. This document sets out the Background (both international, national and regional), the purpose (to evaluate the effectiveness of the maternal and child healthcare programme in the district and to make recommendations for improvements), Evaluation Questions (5 questions related to implementation and impact), Design (Implementation and Impact - although it is not explicitly stated as such), and Methodology (mixed methods; a variety of data sources including statistically representative survey of mothers with 6-week-old infants across the district); Deliverables and Timeframes; Resources (an internal team plus R49,000; later increased to R98,000). The intended audience and utilisation is more implied than implicit (see below).
Rating:	4: The evaluation was guided by a well-structured and complete TOR or internal evaluation proposal of a good standard
Moderation:	Reconsider
Moderation Comment:	Comment is fine, but introduce it by explaining that it was an internal evaluation proposal, most probably the product of a process itself since evaluation details page listed the evaluation as having started in July 2014 and the above dates it as 20 August 2014.
Approval:	Accepted

Standard:	The approach and type of evaluation was suited to the purpose and scope of the evaluation TOR (or an internal evaluation proposal)
Comment and Analysis:	<p>Most of the evaluation questions implied an implementation evaluation; while one question asks about impact - what the reasons are for not achieving better maternal and child health outcomes in the district.</p> <p>As an implementation evaluation of maternal and child healthcare services, the study should be expected to focus on key aspects of the services' implementation / processes - to ascertain what is happening in practice, and why - and comparing this to the relevant policies and plans. The evaluation design does so, structuring the assessment and data collection around six broad indicators at the level of activities and outputs (service quality, accessibility, service utilisation, etc). This is appropriate and the bulk of the report focuses on this component.</p> <p>The matter of impact, on the other hand, is not as easy to address. The evaluation design is based on the assumption that the quality of maternal and child healthcare in the district - at least among patients in the public healthcare system - can be attributed to two broad elements: the quality of the state healthcare system and programmes, and "numerous factors outside the control of the health system". The proposal indicates that the latter will also be explored. They appear to be conceptualised mostly in terms of socio-economic factors. The proposal thus acknowledges that not all positive and negative health outcomes will be directly attributable to the programme in question. However it does not apply an impact evaluation methodology. Since there is no control group or comparison group the proposal leaves plenty of room for interpretation and inaccuracy in the attribution of outcomes to the many factors within the healthcare system and the many socio-economic factors outside the control of the health system.</p> <p>The socio-economic factors influencing patients' health stand outside the health system's control - yet they are very relevant; they clearly need to be taken into account in the way the system is designed, coordinated and implemented (and in the case of the users of this evaluation, the way the system is adjusted and improved). It would perhaps make better sense to study them in a diagnostic or design evaluation, and conceptualising them clearly and in detail so that more specific questions can be answered.</p> <p>In summary, the evaluation had a very broad scope and the evaluation design was better suited to a rigorous assessment of implementation than of the external factors.</p>
Rating:	3: The approach and type of evaluation was suited to the purpose and scope of the evaluation TOR (or an internal evaluation proposal)
Moderation:	Reconsider
Moderation Comment:	The comment could more directly address whether the purpose (assessing effectiveness and efficiency of maternal health and childcare programme) and scope (factors affecting patients in the public healthcare system of JTG district) is well matched to an implementation and impact evaluation design that was employed and conducted by internal staff. There is some good commentary on what was and was not addressed in the proposal but it should focus more on the broad design and the score of 4 seems overly generous
Approval:	Accepted

Standard:	The TOR (or an internal evaluation proposal) identified the intended users of the evaluation and their information needs
Comment and Analysis:	In the internal evaluation proposal, the implied user of the evaluation is broadly the Department of Health. In terms of information needs, the proposal indicates that there has never yet been a study that systematically assesses the root causes of challenges contributing to low maternal and child health outcomes in the district. By implication the Department is in need of a systematically collected evidence base for the causes of the challenges - both within and outside the health system - which it can use to improve its programmes. The proposal does not specifically mention which units / role players within the Department need this information and what they would use it for, only that the decision to undertake the evaluation was taken by the DOH's Research and Development directorate together with relevant programme units of the department and stakeholders.
Rating:	2: The TOR made only implicit or indirect mention of the users of the evaluation and their information needs
Moderation:	Reconsider
Moderation Comment:	Implementing unit of the evaluation? What about the implementing unit of the programme? The score seems about right but the way its expressed here makes it sound a bit more diagnostic than implementation orientated.
Approval:	Accepted

Standard:	Key stakeholders were involved in the scoping of the TOR and choosing the purpose of the evaluation
Comment and Analysis:	Stakeholders including the District Clinical Specialist Team, the Office of the Premier, and the District Health Manager are presented in the Proposal under the section on the proposed team members, indicating that they had agreed to participate during the initial stages of evaluation design. Although interviewed stakeholders described the project as largely conceptualised, approved and designed internally by the Provincial DOH Research and Development Unit, there were some initial inputs of other stakeholders into the purpose of the evaluation. Importantly, this project was conceptualised as a "research project" and not an "evaluation" until the Office of the Premier came on board and suggested such a shift. An interviewed stakeholder also referred back to the refinement of the evaluation questions during this phase.
Rating:	3: Key stakeholders were involved in the scoping of the TOR and choosing the purpose of the evaluation
Moderation:	Accepted
Approval:	Accepted

Adequacy of resourcing

Standard:	The evaluation was adequately resourced in terms of time and budget allocated
Comment and Analysis:	<p>The budget was quite small (R49,000) because the bulk of the work was carried out by staff of the Northern Cape Provincial Department of Health. Later it became necessary for the Office of the Premier to assist by contracting two data capturers to support with the capturing of the collected data; an apparently unanticipated cost of an additional R49,000. This overall budget was sufficient to carry out the evaluation as proposed.</p> <p>The timeline did not adequately take the festive season into account, resulting in some constraints that could have been avoided by adding another few weeks to the time plan, but these constraints were not severe.</p>
Rating:	3: The evaluation was adequately resourced in terms of time and budget allocated
Moderation:	Reconsider
Moderation Comment:	<p>The quoted budget here contradicts with the amount listed on the evaluation details page. These should be consistent or clarified.</p> <p>This also moves into assessment the implementation over the festive season and data collection challenges which should rather be dealt with in later sections. Focus on whether there was enough time allocated given that it was the festive season, rather than what challenges associated with the festive season prolonged the evaluation.</p>
Approval:	Accepted

Standard:	The team conducting the evaluation was adequately resourced in terms of staffing and skills sets
Comment and Analysis:	The evaluation team, as listed in the proposal, included a PhD in health economics; an official with evaluation expertise; a statistician; a member of the District Clinical Specialist Team and the district health manager, as well as other supporting team members. This team possessed the skills required to conduct an evaluation of good quality on the topic at hand.
Rating:	4: The evaluation was well resourced in terms of staffing and skills sets
Moderation:	Accepted
Approval:	Accepted

Appropriateness of the evaluation design and methodology

Standard:	There was explicit reference to the intervention logic or the theory of change of the evaluand in the planning of the evaluation
Comment and Analysis:	The proposal implied that maternal and child health are influenced by the DOH's activities as well as external factors (e.g. socio-economic conditions). It also indicated that the Department's health programme w.r.t. maternal & child health would be assessed against the WHO "health system building blocks", implying the theory that if a health system complies with these WHO building blocks, it will have the desired health outcomes. From this it would be possible to construct a theory of change, but it was not stated as such explicitly in the evaluation and it is possible that stakeholders did not fully agree on the theory of change when the evaluation commenced.
Rating:	2: There was implied or indirect reference to the intervention logic or the theory of change in the TOR or the Inception Report
Moderation:	Accepted
Approval:	Accepted

Standard:	The planned methodology was appropriate to the questions being asked
Comment and Analysis:	The evaluation questions implied an implementation and impact evaluation design. The methodology was primarily suited to implementation, in that it provided a description of the processes at play in the health system and patients' interaction with it. The fourth question, "What are the reasons for not achieving maternal and child health outcomes as expected?" could not be rigorously answered by the evaluation given a methodology with no counter-factual and no explicit exploration or testing of existing hypotheses in this regard. All the methodology was able to achieve in this regard was to explore some of the factors likely to be influencing health outcomes, without identifying them conclusively or ranking their relative importance.
Rating:	2: The planned methodology was not entirely appropriate for addressing all of the questions being asked
Moderation:	Accepted
Approval:	Accepted

Standard:	The sampling planned was appropriate and adequate given the focus and purpose of evaluation
Comment and Analysis:	A range of data collection tools were employed, both quantitative and qualitative. The quantitative sampling methodology was adequately explained and supported in the proposal to render a representative sample of mothers with young children in JTG public health system. There is little discussion or explanation for the qualitative sampling of focus group participants, interviews with officials and facility staff, etc. Presumably these were based on an understanding of the key role players w.r.t maternal and child health. Limited provision was made for in-depth, qualitative interviews with facility staff and facility managers - they were involved in focus groups; and they were interviewed using structured quantitative questionnaires. These quantitative questionnaires had space for a comment next to each response, but one would expect that insightful perspectives could have been obtained from especially the facility managers if they had been engaged in a semi-structured interview.
Rating:	3: The sampling planned was appropriate and adequate given focus and purpose of evaluation
Moderation:	Accepted
Approval:	Accepted

Project management (Planning phase)

Standard:	The inception phase was used to develop a common agreement on how the evaluation would be implemented
Comment and Analysis:	A detailed research proposal was developed in the inception phase, setting out the timeline, budget, methodology and data collection instruments. The steering committee, however, continued to grow while the proposal was awaiting ethical review and even up to the day the first questionnaires were piloted in the field. This appears to have hampered the various steering committee members' understanding of, and agreement with, some elements of the plan.
Rating:	2: There was an inception phase but it was not utilised appropriately or failed to affirm a common agreement on how the evaluation would be implemented
Moderation:	Accepted
Approval:	Accepted

Implementation

Evaluation ethics and independence

Standard:	Where data was gathered in contexts where ethical sensitivity is high, informed consent, assurances of confidentiality and appropriate clearance were achieved; e.g. through an ethics review board, in evaluation involving minors, institutions where access usually requires ethical or bureaucratic clearance
Comment and Analysis:	Ethical clearance was received from Northern Cape Provincial Health Research and Ethics Committee, based on the research proposal. The Committee approved the evaluation on the condition that counselling be provided if women were interviewed after having an abortion or suffering a miscarriage. They also reviewed the provisions made for informed consent (consent forms were prepared a part of the data collection instruments), potential risks, and the way the team planned to handle the information. The team also, after considering ethics and the potential cost of involving a psychologist in the data collection, decided not to interview mothers whose infants had died (interview).
Rating:	4: There was clear evidence that ethical protocols were observed for most data collection instances including: informed consent agreements; confidentiality; documenting and storing data notes, recordings or transcripts; Where data was gathered in contexts where ethical sensitivity is high, appropriate clearance was achieved through an ethics review board; e.g. in evaluation involving minors, institutions where access usually requires ethical or bureaucratic clearance, and situations where assurances of confidentiality was offered to participants
Moderation:	Accepted
Approval:	Accepted

Standard:	Where external, the evaluation team was able to work without significant interference and given access to existing data and information sources
Comment and Analysis:	Not applicable - most of the work was done by officials in the provincial DOH.
Rating:	: N/A
Moderation:	Accepted
Approval:	Accepted

Participation and M&E skills development

Standard:	Key stakeholders were involved in the evaluation through a formalised mechanism or institutional arrangement
Comment and Analysis:	There was an evaluation Steering Committee which met three times in the life of the project and there is evidence that the inputs of the stakeholders (e.g. Office of the Premier) helped to shape the evaluation in terms of planning and execution.
Rating:	3: Key stakeholders were involved in the evaluation through a formalised mechanism or institutional arrangement (e.g. a steering committee or reference group)
Moderation:	Accepted
Approval:	Accepted

Standard:	Where appropriate, an element of capacity building of partners responsible for the evaluand and evaluators was incorporated into the evaluation process
Comment and Analysis:	The evaluation was implemented in an environment in which few stakeholders had experience in designing and conducting evaluations; the evaluation was described as the first of its kind both in the provincial Department of Health and in the Office of the Premier. The Office of the Premier therefore connected the steering committee with the Department of Planning, Monitoring and Evaluation (DPME). Some DPME officials met with the evaluation team, shared knowledge about evaluations, and workshopped some aspects of the evaluation plan. The meeting was attended by the implementing Research and Development Unit (responsible for the evaluation) as well as other provincial Department of Health officials (who may commission similar work in future) and some area managers involved in the implementation of Maternal and Child Health related interventions in JTG (the evaluand). The DPME also remained in regular contact with the steering committee as the evaluation was implemented.
Rating:	3: An element of capacity building of partners responsible for the evaluand and evaluators was incorporated into the evaluation process
Moderation:	Accepted
Approval:	Accepted

Methodological integrity

Standard:	A literature review was developed which informed the analytical framework and findings of the evaluation
Comment and Analysis:	The main analytical framework employed in the evaluation is the World Health Organisation's "Health System Building Blocks". This framework was useful in guiding the evaluation of the suite of interventions aimed at maternal and child health in JTG. Additionally, the national and international policy frameworks for maternal and child health are discussed in some detail as part of the background that motivated for the evaluation. There was however no formal literature review and a number of the important determining factors identified for investigation in the evaluation proposal (especially those related to the relationship between socio-economic factors on health services access, uptake, adherence and effectiveness) were not placed within the context of national or international literature. This later hampered the analysis of the findings and provided a limited basis for the recommendations.
Rating:	2: A literature review was undertaken but was not well developed eg a limited set of literature, not sufficiently analysed, or not used to inform the analytical framework or findings
Moderation:	Accepted
Approval:	Accepted

Standard:	The methods employed in the process of the evaluation were consistent with those planned and implemented adequately
Comment and Analysis:	The data collection was implemented mostly in line with the original plan but with some exceptions. Firstly the quantitative survey of mothers with 6-week-old infants only reached 271 instead of the planned 383 mothers. Secondly only 2 focus groups were held instead of 10. Where the 10 focus groups would each have involved 12-15 persons of one specific designation (e.g. healthcare service providers with an insight into supply side challenges; traditional birth attendants; or teenage mothers; mothers who have fully or partially missed reproductive health services; etc), in the end the 2 focus groups mixed these respondents together. The focus groups consisted of 20-30 persons each because many people wanted to give their opinion. Thus although 40-60 individuals shared their views, it is likely that the data was not as detailed as could have been collected by hosting a focus group with, for instance, the ward based counsellors alone. Despite the deviations from the plan, the evaluation yielded rich quantitative and qualitative data for analysis.
Rating:	2: The methods employed in the process of the evaluation deviated somewhat from those planned or implementation was inadequate
Moderation:	Reconsider
Moderation Comment:	4 seems too generous a rating. If the under-sourcing of data occurred on that scale, even if it was still representative data, this seems like a significant deviation from the standard.
Approval:	Accepted
Standard:	A pilot of basic data collection instrumentation occurred prior to undertaking data collection and it was used to inform the research process
Comment and Analysis:	The structured questionnaires were based on tools validated by the Health Systems Trust (District Health Barometer) and a USAID supported study. In addition these underwent piloting and some changes were made before data collection commenced.
Rating:	4: All components of the data collection instrumentation were piloted which led to some improvements in the data collection instrumentation or affirmation of the instruments
Moderation:	Accepted
Approval:	Accepted
Standard:	Data was collected from key stakeholders (e.g. implementers, governance structures, indirectly affected stakeholders) as data sources
Comment and Analysis:	The evaluation was strong in this regard, combining interviews with local and regional staff; analysis of departmental documentation and records; focus groups with various local role players; direct observation; and the structured survey of mothers. Even though fewer focus groups were held and only 71% of the planned number of mothers interviewed, these were still spread across all the facilities in the district. The fact that the evaluation was internally conducted no doubt contributed to the evaluation team's awareness of the types of data they could collect and made it relatively easy for them to have access to departmental records and routine data. The fact that the evaluation collected multiple types of data made for a rich, mixed dataset from which to draw findings.
Rating:	4: Data was collected from the intended key stakeholder groupings in line with the envisioned range and type of stakeholders (approx. 80-89% of intended)
Moderation:	Reconsider
Moderation Comment:	Revise to 4 since the focus groups and under collection of mothers alone suggests this is not quite excellent, even if there were a number of different data sources.
Approval:	Accepted

Standard:	The methodology included engaging beneficiaries appropriately as a key source of data and information
Comment and Analysis:	The beneficiaries of JTG's maternal and child health programme are the mothers and their children served by the programme. Mothers were the respondents in the structured survey and also provided their qualitative opinions and experiences through focus groups. In this sense a broad set of beneficiaries were included and there was an attempt to ensure that the survey of beneficiaries is statistically representative. However in terms of the focus group methodology it should be noted that the mothers and their health care providers were in the same focus groups, and there were some departmental officials observing the focus group who may not have been perceived as entirely neutral. This may have inhibited mothers from frankly stating their opinions about the government and the services they receive. A future evaluation of this nature may also involve clinic committees as they are likely to provide insights on the facility-patient interface at the specific local facilities where they are based.
Rating:	4: The methodology included meaningfully engaging beneficiaries as a primary source of data and information (or if based on secondary data, includes data from beneficiaries and beneficiaries consulted on emerging findings)
Moderation:	Accepted
Approval:	Accepted

Project management (Implementation phase)

Standard:	The steering committee, technical working group and service provider worked together adequately to facilitate achievement of the objectives of the evaluation
Comment and Analysis:	There was a sense among the interviewed stakeholders that their roles shifted in unexpected ways throughout the implementation of the evaluation, and that they would have preferred to have more clarity upfront regarding what each stakeholder was prepared to do. Some members of the steering committee and technical working group played more than an oversight role, reflected in the fact that individuals even outside the provincial DOH were described as "team members" in the evaluation proposal, and the meaning of this was perhaps not initially entirely clear to all. Nevertheless they were able to contribute what was needed - for instance the sampling methodology; evaluation expertise; fieldwork assistance; internal coordination in the DOH; etc - to produce a product that stakeholders regarded as very informative while keeping within the constraints of time and funding.
Rating:	3: The steering committee, technical working group and service provider worked together adequately to facilitate achievement of the objectives of the evaluation
Moderation:	Accepted
Approval:	Accepted

Standard:	Support provided by the evaluation secretariat (e.g. the administrators responsible for the evaluation) facilitated achievement of the objectives of the evaluation (eg turnaround times, addressing problems, preparation for meetings etc)
Comment and Analysis:	There was no formal evaluation secretariat as the evaluation was internal.
Rating:	: N/A
Moderation:	Accepted
Approval:	Accepted

Reporting

Completeness of the evaluation report

Standard:	The first draft evaluation report was of a sufficient quality to go to stakeholders and did not require major changes
Comment and Analysis:	The draft report, as prepared by the principal investigator / lead evaluator in the DOH Unit for Research and Development, was shared with stakeholders shortly before it was presented to them in March 2015. The report did not need significant revision thereafter. The main inputs from stakeholders were with regard to the style of writing (the authors were requested to make it easier to understand) and that the recommendations needed to be specific and implementable.
Rating:	4: A first draft of the evaluation report was of a good quality and required only minor changes prior to finalisation
Moderation:	Accepted
Approval:	Accepted

Standard:	The final evaluation report is well-structured and complete in terms of the following: executive summary; context of the development evaluation; evaluation purpose, questions and scope; methodology; findings and analysis; conclusions and recommendations
Comment and Analysis:	The report covers all the elements listed. It would have been useful to structure the evaluation findings according to the evaluation questions, as the answers to each evaluation question are not made explicit. The findings and analysis are not clearly distinct, with section 6, "discussion", introducing new data and not supporting conclusions from the findings.
Rating:	3: The final evaluation report is complete, follows a clear structure and addresses at minimum: executive summary; background/context of the evaluation; evaluation purpose, questions and scope; methodology; findings and analysis; conclusions and recommendations
Moderation:	Accepted
Approval:	Accepted

Accessibility of content

Standard:	The final evaluation report is user-friendly, written in accessible language and adequate for publication (e.g. adequate layout and consistent formatting; complete sentences and no widespread grammatical or typographical errors; consistency of style and writing conventions; levels of formality; references complete and consistent with cited references in reference list and vice versa; etc.)
Comment and Analysis:	<p>The evaluation report is not well edited for language, sentence structure, and logical flow. Grammar and language errors occur throughout and there are occasional disjointed or incomplete sentences. Some facts are repeated.</p> <p>The score of "2" is awarded because the level of editing does detract significantly from the professional impression of the report. However it should be noted that the general argument or point is rarely obscured by these errors. Also, the report includes photographs, tables, and graphs that help make it more accessible. Paragraphs are not overly long and are frequently interspersed with sub-headings, lists, tables etc which help to keep the reader's attention. According to interviewees, care was taken to ensure the report is written in an accessible style and this was broadly achieved. The PDF report is text-searchable (i.e. it is not a scanned document) and it has a clickable table of contents which is handy for a reader wishing to skip easily to a section.</p>
Rating:	2: The final evaluation report is characterised by either inaccessible language or frequent formatting, spelling and grammar mistakes
Moderation:	Accepted
Moderation Comment:	PDF detail and clickable table of contents seems a bit overkill for detail, but fine.
Approval:	Accepted

Standard:	Figures, tables and appropriate conventions are used in presentation of data (e.g. use of appropriate statistical language; reporting of p-values where appropriate; not reporting statistically insignificant findings as significant; clarifying disaggregation categories in constructing percentages; not using quantitative language in reporting qualitative data, etc.) and are readily discernible to a reader familiar with data presentation conventions
Comment and Analysis:	<p>In terms of quantitative data the evaluation reports mostly descriptive statistics. This is done in a way that is clear and easy to understand, although here and there a table heading does not entirely match the content of the table, or a column heading is not clear. It is mentioned that the Wilcoxon test was used to assess the statistical significance of findings but statistical significance is not reported on any of the findings, nor is it relevant as the report makes no claims of statistically significant relationships between variables.</p> <p>The qualitative data is not consistently reported, with some quotes containing minutes-style descriptions of the focus group discussions while others are the direct quotes from focus group respondents.</p>
Rating:	3: Figures, tables and appropriate conventions are used in presentation of data and are readily discernible to a reader familiar with data presentation conventions
Moderation:	Accepted
Moderation Comment:	Do you mean mostly descriptive statistics? I'm just not familiar with the term distributive statistics, but I understand it to refer to the distribution of the frequency of specific values, which is a form of descriptive statistics.
Approval:	Accepted

Robustness of findings

Standard:	Data analysis appears to have been executed to an adequate standard
Comment and Analysis:	Even if the various sets of data were not all presented explicitly and clearly, most of them appear to have been analysed appropriately in terms of relating them to the indicator that they inform. The discussion of some sets of data was brief, simply reporting what was shown in the table or echoing what was said in the quote. It is a pity that the report does not directly quote any of the comments that facility managers and facility staff made during their (mostly quantitative) interviews, as these individuals no doubt have considerable insight into the challenges in the system.
Rating:	3: Data analysis appears to have been executed to an adequate standard for most datasets
Moderation:	Reconsider
Moderation Comment:	This comment and score seems to contradict with the the questions raised in the preceding standard. If analysis entailed a range of measures that weren't reported on, weren't useful, or omitted or assumed somethings as factual, does this raise some questions over the standard of analysis?
Approval:	Accepted
Standard:	Findings are supported by evidence which is sufficiently and appropriately analysed to support the argument, integrating sources of data
Comment and Analysis:	Much of this evaluation's value comes simply from compiling relevant data into a report of this format, with limited further analysis needed before the data is of value to stakeholders. For instance, the data makes it clear that human resources are constrained and facilities not distributed in a geographically optimal way; it also shows that the JTG health budget has been declining over the past three financial years. Therefore not all sets of data are analysed in detail in the text; some are simply presented with a brief discussion. Where possible, quantitative data is triangulated with qualitative data leading to nuanced findings, for instance on whether mothers were satisfied with waiting times at the health facilities. Where an evaluative point is made following the presentation of data, it is usually clearly substantiated. However, at times generalisations are made (e.g. about the conditions at facilities, or the claim that budget allocations to the district are not evidence based) and while there may be substantiating quantitative or qualitative data, it is not presented. In particular, the fact that the report does not refer explicitly to interviews with officials inhibits the reader's ability to gauge whether the findings stated as fact in the report are supported sufficiently by the collected data. Additionally there are instances in the report where the authors appear to speculate as to the cause of the finding they present, without clearly indicating whether they have substantiating data or not.
Rating:	3: The evidence gathered is analysed to support the argument to an adequate standard and integrates sources of data
Moderation:	Accepted
Approval:	Accepted
Standard:	There is appropriate recognition and exploration of the possibility of alternative interpretations
Comment and Analysis:	The evaluation does not explicitly recognise or explore alternative interpretations of the data.
Rating:	1: There is no recognition of the possibility of alternative interpretations
Moderation:	Accepted
Approval:	Accepted

Standard:	The report appears free of significant methodological and analytic flaws
Comment and Analysis:	The methodological flaws noted above - that some findings are presented without reference to evidence; and that the report does not explicitly recognise or explore alternative interpretations - are important and should be kept in mind by evaluation users seeking to use the report for research or decision making. Despite this, the overarching findings can be regarded as plausible, and the evaluation makes an important contribution by presenting a framework of important indicators for MCH in a district such as JTG and by presenting data in relation to them.
Rating:	2: The report appears to include some minor methodological and analytic flaws, but these are not significant
Moderation:	Accepted
Approval:	Accepted

Standard:	Limitations of all aspects of the methodology and findings are clearly articulated (e.g. limitations of scope or evaluation design, recommendation for additional research, data collection challenges, etc)
Comment and Analysis:	Two limitations are noted: The involvement of Ward Based Community Counsellors as data collectors and the fact that the quantitative survey only sampled mothers who were able to attend a facility with their six-week-old infants. Both of these have to do with the quality of the data collected. The fact that only 272 mothers were interviewed is noted and it is pointed out that a low response rate is not uncommon in a survey such as this, but the extent to which this impacts on the representativeness of the survey findings is not discussed. Another limitation that should be noted is that the evaluation team and steering committee, although having considerable experience in conducting research, did not include anybody with previous experience in evaluation. Furthermore the focus groups involved about only about half of the originally intended number of focus group respondents, and different types of respondents were mixed together, as discussed above. This could have skewed or limited the data collected by these means.
Rating:	2: There is some acknowledgment of the limitations of the methodology and findings but these are not clear or exhaustive
Moderation:	Reconsider
Moderation Comment:	'Lay Counsellors'?
Approval:	Accepted

Strength of conclusions

Standard:	Conclusions are derived from evidence
Comment and Analysis:	<p>The Discussion section makes a number of points that are based on the evidence presented. These are relevant and mostly well founded and they can perhaps be seen as approaching a broad set of conclusions. There are very many points made in this section though, and the Conclusions section does not provide a synthesis of these points.</p> <p>The Conclusion section makes some concluding comments about the utilisation rate, adherence to standards and application of the PHC reengineering approach - these are supported by evidence presented in the report.</p> <p>The Conclusion section also re-states the implied theory of change: that both health systems and socio-economic factors are important in shaping the health outcomes in JTG. This may be true, but the evaluation sought to investigate these in more detail, not to prove whether it is true. By repeating this here the Conclusions section seems to suggest that the evaluation has validated this theory which was not the purpose of the study and is not conclusively demonstrated in the report. Regarding the building blocks, these are again repeated and followed by the general statement that "provision of good quality health services in the JTG district are limited in all the above areas" which is not substantiated, nuanced or elaborated on further with any reference to the evidence presented earlier.</p>
Rating:	2: Conclusions are derived from some evidence but do not encompass all of what was presented
Moderation:	Reconsider
Moderation Comment:	Consider revising upwards to a 2 since it would appear that the conclusions are not necessarily limited to the conclusions section and unless there are conclusions drawn (direct or implied) that cannot be substantiated with evidence this score may be a bit harsh.
Approval:	Accepted

Standard:	Conclusions address the original evaluation purpose and questions
Comment and Analysis:	<p>The conclusion section does not explicitly refer back to the questions. However it briefly reports on the services utilisation rate (question 1). With regards to whether the district has a health system in place to provide quality services (question 2) it makes the general statement that this is not the case. Client satisfaction (question 3) is not addressed. The reasons for not achieving maternal and child health outcomes as expected (question 4) is only addressed in a general sense, as described above. Overall, although the full evaluation report as a whole certainly offers some insights with regards to each of the evaluation questions, the conclusion does not relate the findings of the evaluation back clearly to the original questions.</p>
Rating:	2: Conclusions address the original evaluation purpose and questions in implicit or indirect terms to an extent
Moderation:	Accepted
Approval:	Accepted

Standard:	Conclusions are drawn with explicit reference to the intervention logic or theory of change
Comment and Analysis:	As mentioned, the Conclusion section re-states the implied theory of change: that both health systems and socio-economic factors are important in shaping the health outcomes in JTG. Furthermore the conclusion notes that the JTG health system falls short across the WHO's "building blocks" indicators. The second, implied component of the intervention logic, regarding the influence of socio-economic factors on health outcomes, is also referred back to, but there is no discussion of what the findings mean for this component. In other words, there is reference to the implied theory of change, but conclusions are not clearly drawn from them.
Rating:	2: Conclusions make implicit or indirect reference to the intervention logic or theory of change
Moderation:	Reconsider
Moderation Comment:	The above would seem to suggest an implicit reference based on what seems to have been an implicit ToC so I'd suggest consider revising upward slightly.
Approval:	Accepted

Suitability of recommendations

Standard:	Recommendations are made in consultation with relevant government officials, stakeholders and sectoral experts
Comment and Analysis:	The recommendations were made by the lead evaluator and were related to the main health system and socio-economic challenges emerging from the evaluation. The DOH District Managers and Programme Managers requested that the recommendations be made as practical as possible but there was no workshop or extensive consultation regarding them before the report was finalised. This poses a risk in terms of ownership of the recommendations. More than one of the stakeholders interviewed for this assessment indicated that they agreed to present many recommendations in hope that some of them will be taken up by some of the range of role players.
Rating:	2: Recommendations are made with indirect or partial consultation of government officials, stakeholders and sectoral experts
Moderation:	Accepted
Approval:	Accepted

Standard:	Recommendations are useful- they are relevant, specific, feasible, affordable and acceptable
Comment and Analysis:	The report makes 17 recommendations, all of them clearly related to the evaluation findings. There are recommendations that are not sufficiently specific; for instance one of them simply emphasises that there is a need for evidence based planning; another calls for better collaboration between facilities and communities but does not elaborate on who should take responsibility for this or what exactly should be done. One of the recommendations is to ensure that existing government policies are implemented in JTG but the recommendation does not note the reasons why this is not already the case or how these should be addressed. It is not always clear which stakeholder is expected to implement which recommendation. All stakeholders interviewed appeared to have found the recommendations acceptable, even though they were not sure that all would be implemented. The affordability of recommendations is not discussed or weighed in the report, making it hard to assess the feasibility and affordability of the recommendations.
Rating:	2: Recommendations are of limited use - they vary in the degree to which they are relevant, specific, feasible affordable and acceptable
Moderation:	Accepted
Approval:	Accepted

Acknowledgement of ethical considerations

Standard:	The full report documents procedures intended to ensure confidentiality and to secure informed consent where necessary (in some cases this is not needed - e.g. evaluation synthesis - in which case N/A should be recorded)
Comment and Analysis:	The report notes that the study was approved by the Northern Cape Provincial Health Research and Ethics Committee and that informed consent was obtained from all mothers prior to their enrolment in the study. The interviewed stakeholders agreed that all the necessary ethical principles were applied. Although the full report does not provide examples of the informed consent documents in its appendices, the original proposal which was submitted to the Ethical Review Board includes the full set of informed consent forms; details the procedures to be followed in obtaining informed consent; and indicates that data will be anonymised before processing in order to protect respondents. The informed consent form to be administered to mothers at the facilities was presented in both English and Setswana.
Rating:	5: The full report documents all ethical procedures applied in text and provides examples of all confidentiality statements and informed consent agreements as appendices, as well as indicates how data will be stored and/or disposed of in the future
Moderation:	Accepted
Approval:	Accepted

Standard:	There are no risks to participants or institutions in disseminating the evaluation report on a public website
Comment and Analysis:	The report contains nothing that obviously puts anyone at risk; and the interviewed stakeholders agreed that the findings of the report do not unduly expose any individuals or institutions.
Rating:	4: There are no risks to participants or institutions in disseminating the original full evaluation report on a public website
Moderation:	Accepted
Approval:	Accepted

Follow-up, use and learning

Resource utilisation

Standard:	The evaluation was completed within the planned timeframes and budget
Comment and Analysis:	The evaluation was completed within the time frame. The budget was extended during the initial phases of the evaluation, from R49,000 to R98,000 through the coming on board of the Office of the Premier, which agreed to contract some data capturers to support the data collection. The evaluation kept within this revised budget.
Rating:	4: The evaluation was completed within the planned timeframes and budget and allowed for additional value to be achieved
Moderation:	Accepted
Approval:	Accepted

Evaluation use

Standard:	Results of the evaluation have been presented to relevant stakeholders
Comment and Analysis:	The results were presented to the Steering Committee which includes some key partners inside (provincial, district and facility-based DOH; StatsSA; Office of the Premier) and outside government (a health NGO). Beneficiaries (mothers making use of the services) were not represented on the Steering Committee.
Rating:	4: Results of the evaluation have been presented to all relevant stakeholders, inside and outside of government
Moderation:	Accepted
Approval:	Accepted

Standard:	A reflective process has been undertaken by the steering committee with the service provider (if no steering committee exists then by the evaluation management team or the involved department officials) to reflect on what could be done to strengthen future evaluations
Comment and Analysis:	Although there was no session formally devoted to reflection, the presentation of the final results included some of the practical lessons that the evaluation team learned. Most of the steering committee members attended that presentation, which would have given them the opportunity to discuss these lessons and share their own. The stakeholders interviewed for this assessment noted some valuable lessons learned (e.g. with regards to the drafting of terms of reference; application of evaluation theory; involvement of stakeholders) that can serve to strengthen future evaluations that they may be involved in.
Rating:	3: A reflective process has been undertaken by the steering committee with the service provider to reflect on what could be done to strengthen future evaluations
Moderation:	Reconsider
Moderation Comment:	Given that this was internal and that practical lessons were included in the final presentation, consider revising this upwards slightly in lieu of the context. A couple documented lessons are more evidence than is often found in relation to this standard.
Approval:	Accepted

Standard:	The evaluation study is seen by interviewed stakeholders as having added significant symbolic value to the policy or programme (e.g. raised its profile)
Comment and Analysis:	Maternal and Child Health is JTG was already a provincial and national priority, and an area of concern for many of the stakeholders. The decision to conduct an evaluation was seen as demonstrating the concern of the provincial DOH. The experience of the evaluation has helped to coordinate the efforts the existing stakeholders around this issue. Given the effort that went into the evaluation, stakeholders were particularly surprised to find out that DOH had not yet appointed a district programme coordinator for Mother and Child Health, and it appears that this vacancy may perhaps now be addressed with higher priority.
Rating:	4: The evaluation study is seen by interviewed stakeholders as being of substantial symbolic value to the policy or programme and has noticeably raised its profile amongst stakeholders
Moderation:	Accepted
Approval:	Accepted

Standard:	The evaluation study is of conceptual value in understanding what has happened and possibly in shaping future policy and practice
Comment and Analysis:	The exercise was considered valuable by stakeholders within and outside the DOH in order to understand better the factors shaping low maternal and child health outcomes in this area. The interviewed stakeholders outside the DOH mentioned specific areas of insight that they gained into the district health system - its operations and its challenges - and the socio-economic factors shaping the challenges for maternal health in the district. This led to specific insights as to how stakeholders can better partner with the Department to address health challenges; as well as how the Office of the Premier can better support similar evaluations in future. An improvement plan was recently (August 2015) developed by district stakeholders, with some of the mentioned action points speaking directly to evaluation findings. The provincial department committed to filling the coordinator vacancy. This suggests the possibility that the evaluation will shape future practice.
Rating:	5: The evaluation study is of great conceptual value and all interviewed stakeholders expressed confidence that it would constructively shape policy and practice
Moderation:	Reconsider
Moderation Comment:	5 seems overly optimistic. Maybe substantiate further the conceptual value, particularly in light of process elements and socio-economic factors, or consider revising down slightly.
Approval:	Accepted

References

Worku, E. and MCHPE Study Group (2015), "Maternal and Child Healthcare Programme Effectiveness Evaluation (MCHPE): John Taolo Gaetsewe (JTG) District. Northern Cape Department of Health.

Worku, E. (2014), "Proposal for Maternal and Child Healthcare Programme Effectiveness Evaluation: John Taolo Gaetsewe District in Northern Cape Department of Health. Research and Development Unit: Northern Cape Department of Health.

Worku, E. and MCHPE Study Group (2015), "Maternal and Child Healthcare Programme Effectiveness Evaluation (MCHPE): John Taolo Gaetsewe (JTG) District. Northern Cape Department of Health, Office of the Premier, PATH JTG district office and Statistics South Africa.

List of Interviewees

Manana Leburu, Project Manager - JTG District, PATH International. Telephone Interview. 8 September 2015.

Ipeleng Tlhankana, Senior Manager: Monitoring and Evaluation, Office of the Premier, Northern Cape. Face to face interview. 13 August 2015.

Dr Eshetu Worku, Director: Research and Development Unit, Northern Cape Department of Health. Telephonic Interview. 24 August 2015.