

# Selection of child health programme indicators; an assessment of the process in Non-Governmental Organisations

By

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## EXECUTIVE SUMMARY

Programme indicators enable organisations and governments to measure results against commitments and targets. The objective of the study was to use change theory to investigate and document the process through which Non-Governmental Organisations (NGOs) select and develop indicators for programmes related to orphans and vulnerable children (OVC).

A qualitative exploratory multiple case study design was used. The study used a non-probability purposive sampling approach in selecting two NGOs (one in Johannesburg Metro, Gauteng Province; and one in Mpumalanga/Limpopo, South Africa) that specifically implemented OVC programmes. Two community-based organisations supported by one of the NGOs were selected using the snowball approach. Data collection was facilitated by document reviews, focus groups and in-depth interviews. Indicator selection practices of the two NGOs were documented.

Different approaches were used by the 2 NGOs to select indicators with limited, if any, application of the theory of change. Within each NGO, the process was not documented and standardized although there is a strong appreciation for and understanding of the critical role of performance management in OVC program implementation. The main strategies used to design indicators were influenced by criteria in the request for proposals from the donor, host government priorities and available programme data.

The theory of change, both as a process or tool and a product, could be used to improve the selection of programme indicators that respond to identified needs of orphans and vulnerable children and their families.

## DECLARATION

I declare that the dissertation titled “**Selection of child health programme indicators; an assessment of the process in Non-Governmental Organisations**” which I hereby submit for the degree Master of Public Health to the University of Pretoria is my own original work and where other people’s work has been used, it has been properly acknowledged and referenced. Neither this work, nor any part of it, has been submitted to any other tertiary institution for any degree or diploma.


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## **DEDICATION**

To my family, who were there for me from the first day I registered for the Master of Public Health while I was also working and being a Father. Thank you all for the love, support and encouragement.

To my wife, who has always been there for me for the past two years; I cherish your support, and taking care of the family when I was not always there. Your patience is like that of a saint and today we reap together in happiness.

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## LIST OF ACRONYMS

APC	Academic Programme Committee
CBO	Community Based Organisation
FGD	Focus Group Discussion
ISI	Institute for Scientific Information
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
OVC	Orphan and Vulnerable Children
SEC	Student Ethics Committee
SHSPH	School of Health Systems and Public Health
SMART	Specific Measurable Attainable Relevant Time-Bound
TOC	Theory of Change
USAID	United States Agency for International Development

# PART ONE: RESEARCH PROTOCOL

## INTRODUCTION

Indicators reflect whether programmes are functional and in line with stated goals.<sup>1</sup> In selecting indicators the local context within which the programme is being implemented and its implementation model should be considered. The use of indicators for data collection is important in the aid industry as it promotes learning and accountability. According to USAID's Evaluation Policy (2011), *"measuring project effectiveness, relevance and efficiency, disclosing those findings to stakeholders, and using evaluation findings to inform resource allocation and other decisions are a core responsibility of a publicly financed entity"*.<sup>2</sup> Information generated by indicators can also be used to refine programme approaches and designs. The careful selection of indicators is therefore an important part of programme design and implementation. However, decision making for what gets measured and evaluated can be a value-laden process influenced by the power dynamics between the donors and local NGOs.

Numerous studies have been published on the indicator selection process and what influences programme managers to set certain indicators.<sup>3-7</sup> In 2006, Evan et al pointed out that some indicator selection processes are top down, while others take a participatory approach.<sup>4</sup> The need for a systematic, generally applicable and transparent indicator selection process was identified by the United States (US) National Commission on Science for Sustainable Forestry. They stated: *"the bottleneck in effective selection and use of indicators is not a lack of good indicators or good science, but rather the lack [...] a logical structured process of selecting indicators."*<sup>8</sup>

This qualitative study of programmes targeted at OVCs used the community builder's theory of change (TOC) as an analytical framework to understand how Non-Governmental Organisations (NGOs) selected their indicators. Answers to this question will be obtained through a critical review of documents mapping the programme indicators to the programme results as was reflected on the programmes results framework. Of interest in this process is looking at the relevance of the selected indicators to the programme focus and model of implementation. The analysis will also focus on whether the selected indicators are both quantitative and qualitative to enable stakeholders and programme managers track change and communicate in a more comprehensive manner. Document reviews will be supported by evidence from focus group discussions and in-depth interviews. The focus of this secondary

level of evidence will be to get an understanding of the decision making process that led to the selection of indicators. Put together, this information is helpful in understanding how NGOs select indicators and how the process can be improved.

## **BACKGROUND**

Development projects, for example, those targeted at Orphans and Vulnerable Children (OVCs), are aimed at making a positive change in the communities they are being implemented. Programme theory and logic models, in their various permutations, (programme logic<sup>10</sup>, theory-based evaluation or theory of change<sup>11</sup>, theory-driven evaluation<sup>12</sup>, theory-of-action<sup>13</sup> and, intervention logic<sup>14</sup>) have been used to explain the many hypotheses of different projects and how change will occur among the target population. These models help programmes communicate the pathway to achieving higher level outcomes or the change they seek to effect.<sup>15</sup> In order to track whether change is happening and in the manner in which it was envisioned, programmes need indicators that are mapped to each level of results of the programme change framework.

A review of literature in both academia and development sectors reveal that there are as many definitions of the variables called indicators.<sup>16</sup> This study adopts a broad definition of indicators provided by the Organisation for Economic Co-operation and Development (OECD). They defined an indicator as a quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect changes connected to an intervention, or to help assess the performance of a development actor.<sup>16</sup> Important to note in this definition is the interconnectedness among the indicators, the expected change and the programme intervention. It goes without saying that the selection of indicators needs to be systematic in order to maintain coherence in the TOC process and internal consistency of the change framework.

This assertion above is consistent with the conclusion made by the US National Commission on Science for Sustainable Forestry that there is need for a transparent and generally applicable indicator selection procedure.<sup>17</sup> They stated that:

*“the bottleneck in effective selection and use of indicators is not a lack of good indicators or good science, but rather the lack [...] a clear process for selecting indicators [...] The reliability of identified measures is frequently questioned, at least in part because selection of indicators often has lacked transparency, social inclusiveness, and/or a logical structured process of selecting indicators.”*

A review of literature for this study identified core components of the indicator selection process that can help bring about clarity, transparency, logic and inclusiveness in the process. These are summarised to include a clear definition of the strategic goal, identification of the indicator scope and purpose, defining the framework for organising indicators, identify potential indicators and, evaluating the indicators against set criteria.<sup>18-19</sup> In order for organisations to be able to follow this process through, a checklist of the steps to be taken in selecting indicators should ideally be developed. Whether this checklist is developed, documented and followed through is among other issues that this study seeks to establish. Some factors that may determine whether NGOs and CBOs follow the TOC process systematically include the availability of skills, timeframe, financial resources, and the preference by the NGO/CBO. Despite these factors, the bottom line remains that the process of selecting indicators needs to follow a systematic process that promotes and ensure social inclusivity in development practice.

The United Nations' Beyond 2015 Agenda's call for transformational discourse on measures of development change at a more localised level is testimony to the inadequacy of development indicators.<sup>20</sup> This call also supports earlier calls by Rubin and the US National Commission on Science for Sustainable Forestry for a systematic and transparent process of selecting indicators. Implied in the Beyond 2015 Agenda's use of transformational discourse semantics is the need for today and tomorrow's programming to develop indicators that are focused on the required change in the community.<sup>20</sup> While the group's focus is more at international level, a number of ideas emerge from their call for transformation in the way indicators are selected. Firstly, it seeks to position indicators as the bridge that connects and helps understand the linkages between programme conceptual ideas and the developmental change that should occur. Secondly, the transformative language used by the group appears to be heavily influenced by the perceived lack of indicators that help tell of a story in the remote village of Limpopo or squatter settlement in Gauteng. In this analysis, it is noted that an integrated theoretical and empirical approach to indicator selection from programme conceptualisation and design through implementation could be momentous in addressing this challenge.

The yearning for a theory-based systematic approach to indicator selection derives its motivation from the fact that such a process helps NGOs and CBOs to depict a logical flow of preconditions necessary (programme intervention) to achieve the broader vision of success (envisioned change) and the measures to substantiate progress towards that vision

(indicators).<sup>21</sup> In this study, the community builder’s Theory of Change (TOC) approach is used as an analytical framework to understand how NGOs and CBOs select their programme indicators.<sup>21</sup>

### The TOC approach to indicator selection

The TOC is an approach or methodology used to illustrate the interconnectedness of outcomes or programme results, programme interventions, indicators, and assumptions to achieve a desired long-term goal.<sup>22</sup> It begins with a common identification of a programme goal by all stakeholders. Various results, often referred to as pre-conditions and their interconnectedness to achieve the ultimate goal are then identified. The results are normally presented in the form of a map (change or results framework) as shown in Figure 1.<sup>21</sup> After the results are identified and mapped for each level (output, outcome, impact), a number of interventions that are believed to bring about the results are developed. Each of the interventions is tied to one or more of the results. After developing interventions tied to each result, the process of laying out the results framework requires that specific assumptions explaining the linkages between results be documented. Assumptions are also instrumental in explaining the why and how change will occur as a result of the interventions.<sup>21</sup>

The TOC process in selecting indicators supports Duignan’s new approach to indicator selection in which a programme visual model has to be built first followed by the indicators mapped to the results on the visual model.<sup>15</sup> The theoretical explanation of how change will occur and the causal linkages between identified programme result levels need to be established before deciding to develop an indicator. Once the link is established, organisations and

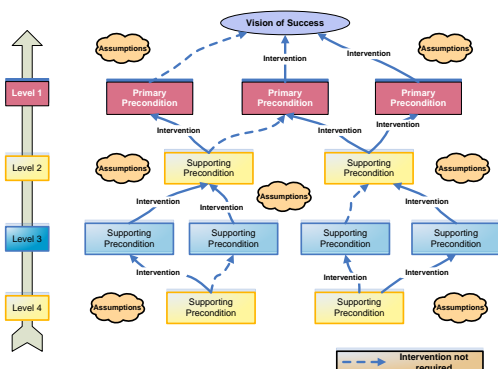


Figure 1: TOC general anatomy (Source-Anderson<sup>5</sup>)

stakeholders have confidence that improvement in a process will translate into improvement in programme results.<sup>1</sup> The TOC provides an opportunity for programme teams to negotiate and construct a theoretical framework built to conform to the local context and select indicators that are relevant to the programme.

Using the TOC to indicator selection can help NGOs and CBOs to move from a limited approach of collecting what is known to be easily available to thinking critically about their programmes. This will entail looking at how each of their

development results can be operationalized and measured from a more abstract conceptualisation. This operationalization of results may help mitigate the challenge of collecting data on indicators that are not aligned with the activities that are being implemented and the expected change. While upholding and supporting the need for aligned and harmonised quantitative indicators for ease of aggregation and comparison between different models and contexts, this study leans towards the need to go beyond what is readily available to collect data that talks to the development needs of a specific community and can greatly influence changes to the broader programme strategy.

### TOC application in international development

The application of the TOC in international development practice has been documented by

Vogel.<sup>22</sup> Vogel states that a wide range of organisations in international development are using ‘theory of change’ type approaches as shown in Figure 2. This finding complements a review done by Comic Relief about the wide use of the theory of change approaches to programme design, implementation, monitoring and evaluation.<sup>23</sup>

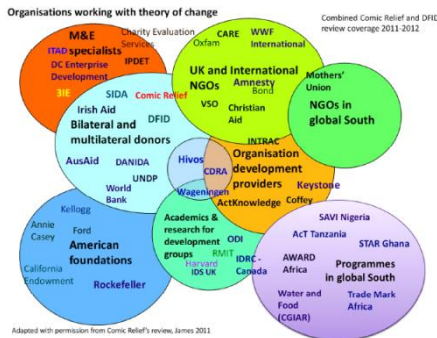


Figure 2: Organisations working with TOC (Source: Vogel<sup>8</sup>)

This study builds on this strong foundation by narrowing down the focus and seeking to understand the practices and challenges encountered by small local NGOs and CBOs in global South. Drucker’s SMART (specific, measurable, attainable, **relevant** and time-bound) mnemonic for assessing indicators will be used to assess the **relevance** of the selected indicators.<sup>24</sup>

## **PROBLEM STATEMENT**

Most organisations (both government and non-government) today emphasise performance based funding of budget activities. It is therefore critical that plans for development initiatives are valid and clear with a detailed plan of how change will be monitored and evaluated from the onset. Many donor funded organisations, driven by the need to fulfil reporting requirements often gloss over the purpose for their existence and the accountability responsibility they have to the communities they serve to show progress towards the desired change. This results in many of the programmes collecting data that, to some extent, does not provide a full picture towards addressing the needs of the community. This study seeks to fill this lacuna by assessing the indicator development process of two NGOs that are implementing internationally funded OVC programmes.

## **PURPOSE OF THE STUDY**

Based on the problem statement, the research question is:

*How do donor funded NGOs/organisations decide on data/information to collect and choose their programme indicators?*

### **Aim of study**

The aim of the study is to investigate the indicator development process of internationally funded OVC NGOs in South Africa's Mpumalanga/Limpopo and Gauteng provinces. Based on the findings, recommendations and conclusions would then be made on how the processes can be improved so that programmes are better able to respond to the needs of communities they serve.

### **Research objectives**

In order to achieve the aim of the study, the objectives are to:

- conduct a mapping exercise of the programme results and the current indicators the programme collects at each programme objective level,
- document the decision making processes that led to the identification of indicators used to monitor and track programme performance,
- identify common pitfalls in the indicator development/identification process and;
- provide recommendations on how the indicator development process should be conducted in a way that responds to community needs



# RESEARCH DESIGN

## Study design

This study uses a qualitative exploratory multiple-case studies design. The case study is an approach to research that facilitates exploration of a phenomenon within its context using a variety of data sources.<sup>25</sup> As posited by Yin, the case study approach will allow me to explore the two organisations, their programme interventions, relationships to the tracked indicators and support the deconstruction and the subsequent reconstruction of the programmes theory of change with additional indicators being proposed.<sup>26</sup> Guided by the constructivist paradigm and its emphasis on subjective human creation of meaning, the case study design allows for close collaboration between the researcher and the participating organisations enabling them to tell their stories and allow the researcher to better understand the context and meaning attached to the various indicators developed for the programme.

The case study design is useful in this case in that the research focuses on answering the “how” and “why” questions about the process organisations engage in deciding on indicators data/information to collect. A case study is also applicable in this case because the nature of the study is such that the researcher will not be able to manipulate the behaviour of the study participants and it seeks to cover the contextual conditions as they are deemed influential in the development of indicators. Since the case for this study is the decision making of the organisations in selecting programme indicators, the case cannot be considered without the context (funding and reporting requirements).

## Study Setting

This study will take place in the Gauteng (urban) and Mpumalanga/Limpopo (rural) provinces of South Africa where the participating organisations are based and implementing their programmes.

## Study population

This study is based on an analysis of two NGO programmes and two Community Based Organisations (CBOs) that received international funding and support to implement OVC programmes between 2004 and 2013. The two CBOs selected in Gauteng will be interviewed to better understand the indicator development process from the perspective of sub-partner organisations. Because the study seeks to analyse programmes and the process of decision making, the unit of analysis is therefore the decision making process of the NGOs and CBOs

in selecting indicators for programme performance management. The targeted organisations to participate in this study have agreed and provided their signed and stamped permissions attached to this study protocol.

### Sampling method

The study utilizes a non-probability purposive and convenience sampling approaches. The sampling is purposive in the sense that the researcher knows that these organisations have had experience implementing the OVC programme and reporting on a set of indicators during the stated period. Therefore, these organisations were selected on the basis of the expertise and knowledge about working in this area. The sampling is also convenient in the sense that the researcher has a professional working relationship with these organisations and they are more likely to agree to participate. Other organisations meeting the inclusion criteria will also be invited. In considering the sample, the study considered heterogeneity in sample characteristics. To that end, one organisation was selected from a rural district and another from urban districts. Differences in geographical location could have an impact on the decision making process as the urban-based organisation is more likely to be exposed to various workshops/meetings that could influence their indicator selection process.

The two CBOs will be sampled using the snowball approach. One of the organisations chosen (Gauteng based) uses a CBO capacity building model. Through this model, they support a number of CBOs who in turn report to them. Two of these CBOs will be selected for inclusion in the sample. Their selection will be based on convenience to the researcher.

### Sampling size

The sample size is two NGOs and two CBOs implementing OVC programmes selected mainly because they are more accessible to the researcher. In addition, while a multiple case study like this will allow the researcher to analyse within each setting and across settings and providing for robust and reliable evidence, having more organisations than identified could result in the study being extremely time consuming and expensive to conduct.

## RESEARCH METHODS

### Measurements

The research will use an exploratory narrative case study approach, in which the researcher will be positioned as a learner, who will read, talk and listen to and capture participants' narratives of their perceptions and experiences of the indicator development process.<sup>26</sup> The case study method, focus group discussions, in-depth personal interviews and document reviews which will be used in this study are particularly useful to postmodernist ethnography in which the ethnographer should attempt to remain as close as possible to accounts of everyday life while trying to minimise the gap between him/herself and the participants.<sup>27</sup>

### Documents review

After getting ethical approval and approval from the participating organisations, an extensive document review will be conducted. This will include the following documents/systems:

- The programme M&E plans- this is a document that is assumed to contain a detailed programme description, the theory of change and the indicators used to measure programme performance.
- Baseline/Community Needs assessment reports- this will provide information on the baseline status of the community before the programmes were implemented. It will help to show the identified gaps that the programme interventions sought to address and point to possible information needs to determine whether desired change has occurred.
- Content analysis of periodic programme reports and other information products to identify common themes that the organisations disseminate to their stakeholders and how those might influence indicator development.
- An analysis of the systems used for data management will also be conducted to understand their potential in terms of the various data elements being collected and how they can be used for further analysis and information sharing.

### Focus group discussions

The researcher will conduct two focus group discussions with selected and available participants from the two organisations. To aid the process, a workshop guide will be developed to guide a discussion around indicator development using a theory of change approach. The FGDs will cover a range of topics including, but not limited to, a review of the baseline/community needs assessment, a discussion on key issues from the document review, a deconstruction and reconstruction of the theory of change where it exists and a discussion of

indicator development process and programme context to assess relevance. A maximum of five participants in each session will be required. The selection criteria for participating in the FGDs will prioritise programme/monitoring and evaluation directors, managers, officers and coordinators who were part of the organisation from the beginning of the OVC programme and those who are currently involved in the implementation and management of the programme. This specificity of position and level in the organisation is based on the belief that these are the people with better knowledge and influence of the indicator development process.

Focus group discussions are a tool for collecting in-depth qualitative data about a group's perceptions, attitudes and experiences on a defined topic and they encourage multi-vocalism.<sup>27</sup> In such settings unexpected comments and new perspectives can be easily explored which in this case might help to identify gaps in data collection.<sup>27</sup> FGDs will allow the researcher to gather adequate data in limited time.

### **In-depth personal interviews**

It is through in-depth personal interviews that the study will elicit information that cannot be elicited in FGDs because of the impacts of the presence of the group on the participants' response (s). Preference for interviews will be given to FGDs participants. The number of respondents will depend on their availability and willingness to participate. However, a total of six interviews are targeted for the two NGOs. An additional two community-based organisations (CBOs) supported by one of these organisations will also be interviewed for the purposes of understanding the programme from their perspective and what they think should be the measures of successful programme implementation. This information will be used to compare with what they are required to report on to the primary recipient organisation. A total of two people from these two CBOs are expected to be interviewed.

In-depth personal interviews will allow for delving deeper into the individual experiences of participants and to elicit information that is less affected by collective thoughts. Unstructured questions to guide the FGDs and in-depth interviews will be designed.

As shown by the multiplicity of measurement approaches, the hallmark of case study research is the use of multiple data sources, a strategy which also enhances credibility.<sup>26</sup> Note taking will be used in recording data. The process of note taking can disrupt the flow of the research process, and to minimise this and increase research team concentration a request to

electronically record all conversations will be made.

## **RELIABILITY AND VALIDITY**

During the course of this study, the researcher was an employee of the donor organisation that partially or fully funded the selected cases of this study. This position of the researcher may influence the responses of participants. However, a thorough review of programme documents as the primary source of evidence will provide neutral information that cannot be changed by the cases after the study has begun. The researcher will also back into the passive voice and decouple their official position and responsibility from all interpretations by providing direct quotations of participants.<sup>28</sup> This will enhance the reliability and validity of the study. This acknowledgement of subjectivism is part of the quest for reflexivity in which the researcher is aware of the effects of their position and habitus and how these are likely to distort or prejudice their objectivity.<sup>29</sup>

## **ETHICAL ISSUES**

Following University and the School of Health Systems and Public Health (SHSPH) regulations guiding research for Masters in Public Health (MPH), this study will get approval from the SHSPH Academic Programme Committee (APC) before it is submitted to the Student Ethics Committee (SEC). A provincial ethical approval will also be sought where necessary.

In conducting this research, the researcher will explain the purpose of the study to the participants, and establish their consent to participate. The participants will be assured that the findings of the research would be used for academic purposes only. This is because secret research can unwarrantedly impinge on human freedom and privacy and can be equated to a situation where a doctor carries out medical experiments on human subjects without their agreement.<sup>30</sup> The researcher will guarantee the anonymity of the participants/organisations by clearly informing them that no names will be written in the final dissertation and should that happen, pseudonyms would be used. This is an attempt to foster the participants' confidence in the researcher and create an environment where the sensitive issues of organizational competitive intelligence could be discussed without fear of it being clearly identified in the study write-up. The rights of participants to withdraw from the study at any time will be emphasized with them throughout the study.

To promote justice in research, the results of the study will be shared with the participating

organisations so that they can use them to improve the management of their programmes. In addition, the study process itself is action research that will immediately benefit the participants in understanding better the process of developing indicators using the theory of change approach.

## **LIMITATIONS OF STUDY**

This study can be critiqued for being a unique and peculiar study of the two NGOs and for lacking generalisability to all development partners. However, the researcher clearly acknowledges this and that even within South Africa only the studies cannot be confidently generalised given the small size of the sample, its purposive nature and dependence on the availability and willingness of the participating organisations. Despite this, the researcher will regard the peculiar nature of the research as useful in giving an in-depth exploratory narrative and analysis of the experiences and perceptions of specific organisations. Nevertheless, the findings of this research are insightful in enabling an understanding of other NGOs' experiences with indicator development.

## **DATA MANAGEMENT AND ANALYSIS**

The effective organisation of data during and after collection will be a critical piece of the study. In this research data gathering and analysis will be done simultaneously as per the recommendations of Becker et al.<sup>31</sup> The recording of data during FGDs and in-depth personal interviews will be done thematically in tandem with research objectives, asked questions, answers given and issues that will arise during fieldwork and this will constitute 'in-field' data analysis. 'Post-field' work data analysis will involve the reading and re-reading of the fieldwork data transcripts and relating them to reviewed literature and the theoretical framework. By bringing together field-notes and various written sources, the final research product will be postmodernist in being 'inter-textual', and this acknowledgement is part of the quest for reflexivity.<sup>32</sup>

## **REPORTING OF RESULTS**

In reporting results from this study, the researcher will ensure that the findings are as succinct as they can be and in a format that is readily understood by the reader. The goal of the report will be to describe the study in a comprehensive manner that makes the reader feel as though they are active participants in the study and can judge whether the findings are applicable to their own context. The description of the context within which the decision for indicator selection took place will be provided. While there is no one correct way of reporting a case study, the report structure for this study will follow the study objectives and the questions/themes asked. In order to fully understand the findings, they will be compared and contrasted with what can be found in published literature in order to situate the new data into pre-existing data.

The data will be published in an Institute for Scientific Information (ISI) accredited peer reviewed journal (preliminary author list: Ozius Dewa, Kirstie Rendall-Mkosi, Andy Beke).

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## PART TWO: JOURNAL ARTICLE

### Cover letter

Faculty of Health Sciences  
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HW Snyman Building (North)  
31 Bophelo Road  
Gezina  
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27 November 2014

The Editor  
The World Health Organisation Bulletin

### **REF: SUBMISSION OF MANUSCRIPT**

Dear Sir/Madam,

Please find attached our manuscript entitled “Using change theory for programme indicator selection: a qualitative study of programmes targeting orphans and vulnerable children” by Dewa O, Rendall-Mkosi K and Beke Kwaku A, a research article for consideration for publication in your bulletin.

We believe the results presented in the manuscript will provide information on the experiences and challenges of Non-Governmental Organisations and Community-Based Organisations in the process of selecting indicators. We are hopeful that the results will help influence the use and application of programme theory (theory of change) to strengthen the indicator selection process.

All authors listed have approved the manuscript and declared no competing interests. We declare that this manuscript has not been published in any scientific journal or meeting and is not being considered for publication by another journal. We declare that there was no funding for this study from external sources.

Thank you for your consideration. Please address all correspondence to me by email: [oziusd@gmail.com](mailto:oziusd@gmail.com) or [kirstie.rendall-mkosi@up.ac.za](mailto:kirstie.rendall-mkosi@up.ac.za) or [andy.beke@up.ac.za](mailto:andy.beke@up.ac.za)

Yours sincerely,

Ozius Dewa

## Abstract

**Objective** To use the theory of change (TOC) to investigate and document the process through which Non-Governmental Organisations (NGOs) select indicators for programmes related to orphans and vulnerable children (OVC).

**Methods** A qualitative exploratory multiple case study design was used. The study used a non-probability convenience sampling approach in selecting two NGOs (one in Johannesburg Metro, Gauteng Province; and one in Mpumalanga/Limpopo Provinces, South Africa) that specifically implemented OVC programmes. Two community-based organisations supported by one of the NGOs were selected using the snowball approach. Data collection was facilitated by document reviews, focus groups and in-depth interviews. Indicator selection practices of the two NGOs were documented.

**Findings** NGOs used different approaches to select indicators with different levels of the application of the TOC in the process. Within each NGO, the process was not documented and standardized although there is a strong appreciation for and understanding of the critical role of performance management in OVC programme implementation. The main strategies used to design indicators were influenced by criteria in the request for proposals from the donor, host government priorities and available programme data.

**Conclusion** The TOC could be used to improve the selection of programme indicators that respond to identified needs of OVCs and their families. Following through the TOC process can help organisations build a framework of indicators in a systematic way that may help ensure their relevance to the programme model and local community context.

## Introduction

Indicators reflect whether programmes are functional and in line with stated goals.<sup>1</sup> In selecting indicators, what should be considered is the local context within which the programme is being implemented and its implementation model. The use of indicators for data collection is important in the community development sector as it promotes learning and accountability. According to a recent Evaluation Policy published by the United States Agency for International Development (USAID), *“measuring project effectiveness, relevance and efficiency, disclosing those findings to stakeholders, and using evaluation findings to inform resource allocation and other decisions are a core responsibility of a publicly financed entity”*.<sup>2</sup> Information generated by indicators may be used to refine programme approaches and designs. The careful selection of indicators is therefore an important part of programme design and implementation. However, decision making for what gets measured and evaluated can be a value-laden process influenced by the power dynamics between the donors and local Non-Governmental Organisations (NGOs).

A number of studies have been published on the indicator selection process and what influences programme managers to set certain indicators.<sup>3-9</sup> Evan et al. pointed out that some indicator selection processes are top down, while others take a participatory approach.<sup>4</sup> The need for a systematic, applicable and transparent indicator selection process was identified by the United States (US) National Commission on Science for Sustainable Forestry. They stated: *“the bottleneck in effective selection and use of indicators is not a lack of good indicators or good science, but rather the lack [...] a logical structured process of selecting indicators.”*<sup>10</sup>

Duignan posits that there are two approaches used for indicator selection.<sup>5-6</sup> The traditional approach which he calls the list, or table approach, in which a ‘best’ set of indicators is selected by ‘experts’. The new approach involves building a programme visual model and mapping indicators back to the model. The challenges with the first approach, according to Duignan, is that it leaves each person to construct their own mental model of the programme and thereafter backward map those lists of indicators to the mental model.<sup>5-6</sup> In addition, the traditional approach starts with measuring what the programme is doing, before working out what it is that the programme seeks to accomplish. In the new approach, a model is first designed after which indicators are developed under each of the identified strategic outcomes or results.<sup>5-6</sup>

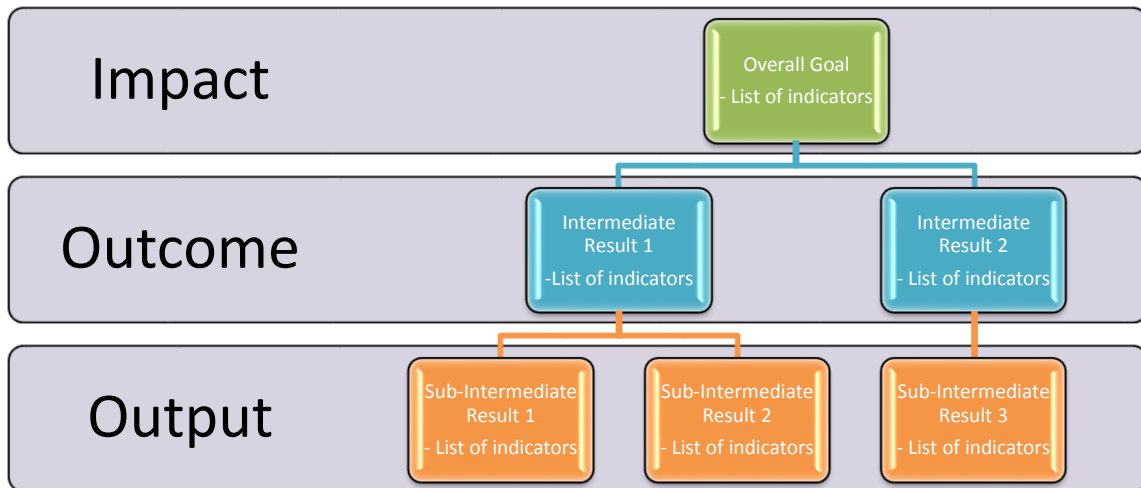


Figure 3: Intervention logic

A programme model has been named differently in literature; (programme logic<sup>11</sup>, theory-based evaluation or theory of change<sup>12</sup>, theory-driven evaluation<sup>13</sup>, theory-of-action<sup>14</sup> and, intervention logic).<sup>15</sup> The current study uses the theory of change (TOC) to refer to the programme model or theory usually presented in the form of linear intervention logics as shown in Figure 1 with different levels of complexity. Intervention logic models represent a cause-effect relationship among the inter-related results of a programme. Each level identifies results necessary and sufficient to achieve the results in the level above, for the selected causal path.<sup>16</sup>

In building the TOC model, NGOs need to follow a step-by-step process.<sup>5</sup> (1) Identify a programme goal. (2) Identify intermediate results (referred to as primary pre-conditions in TOC language). (3) Identify sub-intermediate results (referred to as supporting pre-conditions in TOC language). (4) Identify all critical assumptions. (5) Identify all activities to be implemented. (6) Select and develop indicators.<sup>17</sup> The differentiating factor and motivation for the use of the TOC in the current study is its clarity in showing the interconnectedness between levels of results (output, outcomes and impact), that has been described as the ‘missing middle’ in other frameworks.<sup>18</sup>

The aim of the study was to investigate and document the indicator selection processes of NGOs providing OVC services using the theory of change. The specific objectives were to conduct programme document reviews and mapping of the relationship between programme results and the selected indicators. The study also sought to document the process leading to the selection of indicators and the challenges experienced. This article is based on the experiences of two NGOs and two community-based organisations (CBOs) funded to

implement orphan and vulnerable children's (OVC) programmes in Gauteng and Mpumalanga provinces of South Africa.

## **Methods**

### **Study design and setting**

A qualitative exploratory multiple case study design was used.<sup>19</sup> This study was based on an analysis of the indicator selection processes of two NGOs, conveniently selected, that received international funding to implement OVC programmes in Gauteng (urban) and Mpumalanga/Limpopo (rural) provinces of South Africa between 2004 and 2013. The sampling was convenient in that the two NGOs were easily accessible, were considered more likely to agree to participate because of prior professional relationships with the researcher. In order to better understand the process, two CBOs that were sub-partners to the Gauteng OVC programme were included in the study using a snowballing approach.

### **Measurements**

The study used document reviews<sup>20</sup>, focus group discussions<sup>21</sup> (FGDs) and in-depth interviews<sup>22</sup> to collect data. The document reviews included the current M&E plans, evaluation reports and periodic programme reports of the selected NGOs. These were the primary source of evidence answering the first objective. After a comprehensive review of programme documents, two FGDs were conducted with participants from the NGOs at their respective offices to understand their indicator selection processes. A FGD guide was utilised to facilitate the discussions. The FGDs were conducted by the researcher and they each lasted about four hours including a lengthy presentation of the TOC development process by the researcher. Following the FGDs, in-depth interviews were conducted by the researcher with participants from both the NGOs and CBOs. Semi-structured questions to guide the interviews were designed to discuss individual experiences and perceptions about the indicator selection process.

The participant selection criteria for FGDs and in-depth interviews prioritised programme/monitoring and evaluation directors, managers, officers and coordinators. The specificity of position was based on the belief that these would be people with better knowledge and influence of the indicator selection process. Table 1 presents the demographic characteristics of participants.

**Table 1: Demographics of participants**

Data collection method	Gauteng Province		Mpumalanga/Limpopo Provinces	
	Male	Female	Male	Female
Focus group discussions	0	2 (Chief Executive Officer and Programme Director)	2 (M&E Manager and Data Manager)	2 (Director and Social Work Manager)
In-depth interviews	2 (Programme Officer and Data Capturer)	4 (Chief Executive Officer, Programme Director, Programme Manager and Programme Officer)	0	1 (Director)

### **Data management and analysis**

A cross-case synthesis of programme review documents was conducted using a table to map the programme results and selected indicators.<sup>23</sup> The mapping exercise looked into the relevance and completeness of indicators for each programme and result levels. Specific questions guided this document review and mapping exercise. These were:

- ✓ Do all programme result areas have indicators to track performance?
- ✓ Are indicators selected for (and linked to) each of the results levels (output, outcome and impact)?
- ✓ How relevant are the indicators relative to the programme result areas?
- ✓ How relevant are the indicators relative to the programme implementation approach?
- ✓ Are indicators both quantitative and qualitative?

For FGDs and in-depth interviews, all data was tape-recorded and partially transcribed. After the FGDs and in-depth interview sessions, data analysis involved repeated reading of the fieldwork notes, data summaries and listening to the voice recordings. A cross-method synthesis was used to relate results from document reviews, with results from FGDs and in-depth interviews in the context of TOC process as the analytical framework. Note-taking was used to capture main issues from the discussions. A full audit trail was maintained for reference purposes.

### **Reflexivity and representation**

During the course of this study, the researcher was an employee of the donor organisation that partially or fully funded the selected cases of this study. This position of the researcher may have influenced the responses received from the participants. However, a review of existing

programme documents provided information that could not be changed by the cases after the study had begun. To enhance study reliability and validity, the researcher backed into the passive voice by providing direct quotations of participants.<sup>23</sup> This acknowledgement of subjectivism is part of the quest for reflexivity in which the researcher is aware how their position and habitus may distort or prejudice their objectivity.<sup>24</sup>

### **Limitations of study**

This study may be critiqued for including a limited number of cases and thus lacks generalisability to all OVC programmes and donor implementing partners. The depth of data collection was compromised by the limited institutional memory due to the movement of M&E staff from one organisation to another. Despite this, the nature of the research is useful in giving an in-depth exploratory narrative and analysis of the experiences and perceptions of the specific organisations. The findings of this research are insightful in enabling an understanding of other NGOs' experiences with indicator selection.

### **Ethical and legal considerations**

The study protocol was approved by the University of Pretoria's Faculty of Health Sciences' Research Ethics Committee (Protocol #: 451/2013). The purpose and process of the study, participant and cases rights to confidentiality, voluntary participation and the right to withdraw at any stage of the study was discussed. All participants were guaranteed of anonymity in reporting and were requested to sign the consent forms that were explained in detail.



## Findings

Table 2 below provides findings of the programme results and indicators mapping exercise with a commentary based on the document review guiding questions.

**Table 2: Gauteng OVC programme results and indicators mapping**

Goal	Programme outcomes	Number of indicators
Improved quality comprehensive care services for OVCs and their families	Strengthening CBOs Institutional capacity	14
	Quality, Comprehensive OVC programmes	30
	Improved coordination between stakeholders	10

The Gauteng OVC programme had selected about 54 indicators to measure performance of the programme. These were linked to each of the programme results or intermediate results. Not all result levels had indicators mapped to them, for example, there were no indicators to measure outcome level results such as higher quality services by CBOs, more community resources and stronger family and local support systems. In addition, not all indicators were classified according to the specific level of results (output, outcome, impact) they were measuring. This was particularly so for the institutional capacity indicators. There was no documentation of the indicator selection process.

The indicators were also found to be relevant to the programme approach (community systems strengthening), for example, in their disaggregations, the indicators included people over the age of 18, which indicates a commitment to serving not only OVCs but more broadly, adult family members who take care of OVCs. For the identified result areas, the selected indicators seemed more relevant to the change the programme wanted to effect. While the intention was to measure both quantitative and qualitative results, the unit of measurement was mostly number and percentage of CBOs or individuals provided with support in specific domains of organisational development. The review also found that the unit of measure was indicated as a percentage and number but none of the indicators measured a percentage with a numerator and denominator.

The supported CBOs were classified according to their level of development: mature, expanding, emerging and nascent. It goes without saying that the measurement of the movement of CBOs from one category to another in a bi-directional way would be important to inform interventions. The review found that the programme had developed a periodic assessment of CBOs for this purpose. This was additional evidence of the programme having identified indicators that are in sync with its model of implementation over and above what was required for reporting by the donor.

There were multiple documents used to describe the programme based on the three identified intermediate results. In all these documents, the wording of the aim statements and programme results were worded differently. In the results framework, results levels are presented as outputs, outcomes and impact. In the M&E framework matrix they are presented as process outcomes, programme outcomes and impacts. This had the potential to introduce inconsistencies in the way performance would be measured (indicator selection) and make it difficult to trace achievements back to specific programme results on the results framework (linking indicators to programme results).

**Table 3: Mpumalanga/Limpopo OVC programme results and indicators mapping**

<b>Mpumalanga/Limpopo OVC Programme</b>	Improved well-being of vulnerable children and families	Increased organisational capacity to deal with child abuse	0
		Service delivery of quality services to OVCs	13
		Systems strengthening through linkages, coordination, networks and referrals	0

The Mpumalanga/Limpopo OVC programme had identified three intermediate results. For the whole programme, thirteen indicators were selected for routine programme performance monitoring. However, these indicators were only linked to one of the three result areas (service delivery of quality services to OVCs). This was a reflection of the primary focus of the programme; which was direct service delivery to OVCs and their families. The selected thirteen indicators were not classified and tied to any result levels (output, outcome, impact). There was no documentation of the indicator selection process.

While the selected indicators to measure service delivery to OVCs were aligned with the programme implementation approach, the review found that these indicators were adopted, verbatim, from the guidance provided for by the donor. All the indicators were quantitative.

The indicators were well defined and relevant to the model of programme implementation used by the organisation. This was important in that it enabled stakeholders to track change and measure contribution of the programme to the observed changes in children's lives. The identified indicators measure the number of children served by specific service categories.

The M&E plan's objective was captured as to, '*undertake a comparison between the intentions of the programme and the achievements*'. Also, one of the programme evaluation questions was, '*is there a solid, logical relation between the activity or programme and the actual indicators that are being measured*'. This was interesting for this review because it was one of the main objectives of the study to understand the relationship of programme results and indicators selected to measure performance.

Despite having a clear objective for the M&E plan and key performance questions, the main challenge observed in the presentation of the results framework was the establishment of linkages and mapping of lower level activities and results with broader outcomes. There were no arrows to map the anticipated direction of change and how each of the activities feeds into the higher level result towards the vision of success. There was a mix of anticipated results and activities at the same level of the results framework. In addition, some anticipated results were not in line with the programme activities and approach.

## The practice of indicator selection

The indicator selection process was summarised to capture a process characterised by a combination of factors made in deciding what programmes would measure. (1) A combination of brainstorming meetings, workshops and consultations. (2) Balancing between funding

requirements and programme focus. (3) Considerations of host government priorities. (4) Review of available programme data.

*“It was a combination of looking at what was in the donor guidance, what DSD was talking about, desktop research together with working with OVC research specialists [...] a lot of diverse input there and input from Tulane University”*

Results of the study reveal the indicator selection process was mostly an in-house process that commenced with teams set up to review requirements by the donor organisation and identify possible indicators.

*“...we took it department by department because our company has seven departments with three support departments...in terms of the service that we envision, what’s gonna fit under training and we looked at what is capacity building type of activities...”*

Consultations with government and review of government documents were other methods used to address specific government priorities. In Gauteng, the study revealed that consultations were mainly informal with the departments of social development, health and basic education. For the Mpumalanga/Limpopo programme, consultations were conducted with the provincial government as well as reviewing documents such as the *“social service delivery programmes service specifications: policy on financial awards to service providers”*<sup>25</sup> and the National Action Plan on OVCs.

*“We went to the district managers of social development and heard from them..., we also took StatsSA statistics, the National Plan for HIV/AIDS, orphans and vulnerable children survey, so all of those documents, that’s what we went to review and brought back and shared with other managers”*

The Mpumalanga/Limpopo programme reported to have used results obtained from a baseline assessment of 2008 and programme evaluation in 2012.

*“We looked at all the documents we had on mother and children... what do we see from the evaluation report that we have done, and how do we bring all of those things together”*

The experience of the indicator selection from the CBO perspective was different. For them,

the indicators were introduced during an M&E training at which they were oriented on what their reporting obligations would be.

*“It was a standardised template they brought during the M&E training”*

When asked how relevant the CBO felt the indicators were, relative to the type of support they received and their implementation approach, one of the participants indicated some level of inconsistency between indicators and what they do as a result of the need to meet donor requirements.

*“You can even see it, **clinical** nutritional support, what we are doing here is not **clinical** nutritional support, it’s a nutritional support, and somewhere somehow it doesn’t tally with what is being asked from the report”.*

*“Unfortunately it’s a numbers game; it’s an attempt to fit ... we are starting to wonder what we measuring and why we measuring it”*

The findings of this study show that, to some extent, the organisations followed about four steps (identified above) of the TOC in developing their intervention logics with varying degrees of success. The identified gap in this process was the limited identification and documentation of all critical assumptions. It also emerged that while the other four processes were exercised, the linkages of the vision of success, primary pre-conditions and secondary pre-conditions to the selected indicators was very limited. This was evidenced by lack of indicators to measure specific outcomes as depicted on the programme logic models.

## Discussion

The primary premise of the TOC is that the better the theory is laid out with all linkages, assumptions and result levels identified, the better the indicators can be selected. The study found that the NGO cases had, to some extent, used the TOC approach. This finding is in line with a conclusion made by Niemeijer in a study on the development of a conceptual framework on selecting environmental indicators. He stated that, *“science and analytical soundness are much better served by working on the basis of a concrete framework that guides the selection of indicators ... on the basis of analytical logic rather than individual characteristics”*.<sup>9</sup>

The study observed that there were differences in terms of the number of indicators selected (Gauteng OVC programme, 54; Mpumalanga/Limpopo, 13). The other difference was that the

Gauteng OVC programme had indicators clearly laid out and linked to programme objectives and results while the Mpumalanga OVC programme measured one of their three intermediate results. These differences show that the two cases followed different processes in the way they selected their indicators. As the processes through which indicators were selected are not documented, it becomes impossible to reconstruct as most of it depends on institutional memory of a few individuals. The main challenge observed was staff turnover as M&E managers for both NGOs who were present had left the NGOs at the time of study.

The two NGO cases' experiences with indicator selection can be described as representative of Duignan's two approaches to indicator selection. On the one hand, the Mpumalanga/Limpopo OVC programme had only selected indicators required by the donor suggesting a list or table approach identified by a few individuals interested in donor accountability. On the other hand, it appears that the Gauteng OVC programme had built their programme model first and mapped their indicators back to the model.

The six stage process of developing a programme theory or model noted earlier provides a clear illustration of how change will be achieved through a network of inter-dependent results. This inter-connectedness between objectives, results, activities, assumptions and ultimately the selected indicators is what gives relevance to not only the selected indicators but also the data that is produced, and by extension a validation of the change framework or programme hypothesis. The findings of this study show that the two case organisations partly used the TOC process in developing their intervention logics with differing degrees of success. However, the linkages of indicators to the programme results were not always obvious. This finding calls for and confirms what Dale and Beyeler noted that, *'A more rigorous and transparent indicator selection process will increase both the value and the scientific credibility of programme reports and ensure they meet community development and change needs.'*<sup>26</sup>

The challenges encountered by the NGO cases in using the TOC as a guiding framework to select indicators may be explained by a number of factors and considerations they have to contend with in the process. These factors are: balancing the reporting requirements from the donor and maintaining honesty to the real change a programme can effect in the community; considerations of host government priorities and; considerations of programme data from evaluations and other assessments.

In an attempt to balance what was required by the donor and the programme implementation approach, the Gauteng OVC programme developed a comprehensive list of +/-54 indicators. On the other hand, the Mpumalanga OVC programme had selected 13 indicators, for one of their three intermediate results. While the differences in the number of indicators selected may be understandable as they may reflect different programme funding levels and focus, this raises the question of how many indicators a programme can realistically track to represent its programme logic fully. The TOC is silent about this issue and further research is required to guide the extent to which programmes should go in monitoring their intended results in a socially inclusive manner.

The NGO cases reported that their indicator selection process was influenced partly by the need to represent well their programme models. However, evidence at hand point in another direction. While the Mpumalanga OVC programme reported to have consulted programme data from a previous evaluation, the fact that their selected indicators were similar to those required by the donor raises questions. It appears that they had used what Duignan referred to as the traditional approach of listing indicators from some source, which is often the easy way than the new approach.

It also appears that the nature of the relationship between NGOs and the donor organisation around indicator selection is mirrored in the relationship between NGOs and the CBOs they support. As reported in this study, standard reporting templates with already selected indicators were introduced during training with no prior consultation and considerations of CBO programme approach. As a result, there can be misalignment between selected indicators and what the programmes are doing on the ground. Using the TOC process in selecting indicators can help mitigate such challenges to better understand the transformative developmental impact of programmes on a remote village of Limpopo or squatter settlement in Gauteng. This can be achieved when the uniqueness of programmes is taken into consideration when selecting indicators and the TOC process is an important analytical framework in that context.

## **Conclusion**

There is evidence of some use of the TOC among OVC NGOs as evidenced by the common use of the intervention logics. While the TOC follows a step-by-step process in selecting indicators, observed differences in the outputs from the NGO cases in the current study show that the two cases followed different processes in the way they selected their indicators. The

lack of process documentation by NGOs limits the ability to reconstruct the process through which indicators were developed. As programme staff move from one job to another, it is important for NGOs to document processes and procedures to ensure consistence in the process of doing business. Following through the TOC process can help organisations build a framework of indicators in a systematic way that may help ensure their relevance to the programme model and local community context. The application of the TOC to indicator selection does not prevent external factors from influencing the process but rather keep the process focused on the real change that a programme can effect.

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## PART THREE: ADDITIONAL FINDINGS AND DISCUSSION

### Introduction

This section presents additional findings of the current study and discusses the policy implications on indicator selection processes of NGOs funded to provide OVC services. While the study findings are limited to the two case NGOs and the two CBOs, implications of findings may influence decisions by donors, governments, NGOs, CBOs and communities involved in programme indicator selection.

### Findings

The review of literature revealed naming inconsistencies of the same programme aim statement across programme documents in the Gauteng OVC programme. For example, in the results framework, result levels were presented as outputs, outcomes and impact. In the M&E framework matrix they were presented as process outcomes, programme outcomes and impacts. The study also noted inconsistencies in the naming of outcomes and indicators between these documents which is probably reflective of the process followed in selecting indicators. Table 1 below presents these observed inconsistencies.

**Table 1: Comparison of aim/impact statements between documents**

	<b>M&amp;E plan (long-term impact)</b>	<b>Results framework (Impact level)</b>	<b>Framework and indicators for institutional capacity development (overall programme aim)</b>
<b>Impact or Overall programme aim</b>	to improve the well-being of children, their caregivers and families, such that their levels of risk and vulnerability are reduced, and their socio-economic conditions are enhanced	(1) increased well-being among children caregivers and families and (2) enhanced socioeconomic conditions among beneficiary households	to increase the provision of quality comprehensive care and support that improves the well-being of children, their caregivers and families reducing risk and vulnerability and increasing resilience

The use of the results framework to present the programme model in both cases is evidence of some use of programme theory. However, there seems to be limited understanding of how to identify results that are relevant to the programme approach from which indicators are selected.

In this study, one of the NGOs conducted referrals of children to be initiated on anti-retroviral therapy (ART) but had an anticipated result of the number of children initiated on ART. This presents a mismatch between the programme activities and results. A realistic result that the programme could be held accountable for is the referral of children for ART initiation.

The NGOs and CBOs registered their frustration of not being able to report on some of their activities because their funders were not requiring data from such programme activities. This frustration leads NGOs to select indicators and report on only what is required by funders.

*“Process indicators (all the training and mentoring) clearly are not reflected anywhere, it’s a lot of our time and energy spent, it feels like something is missing in what we report [...] we are starting to wonder what we measuring and why we measuring it”*

It appears that data is perceived as only useful if it will be reported to the next level of supervision and not necessarily for use in programme management and implementation. All the CBOs participating in this study indicated that they are doing a lot more than what is required to be reported to the donors but that additional information is not required and therefore lost. For example, one of the CBOs was running a drop-in-centre while the other was implementing women empowerment programmes and all this data was not required to be reported to any of their funders. It also appears that the selection of indicators depended much on whether they will be reported to an oversight constituency otherwise the collection of data for that indicator can be frustrating and considered not useful.

*“No one is asking us about victim empowerment data, there is no way we can give that data out, that’s data lost”*

## **Discussion**

An inconsistency in the naming of results or programme aim statements presents potential challenges of reliability when the results are interpreted by different people in the same programme. This may introduce variations in the way performance would be measured (indicator selection) and make it difficult to link achievements with specific programme results on the results framework (linking indicators to programme results). The use of the theory of change (TOC) in programme design may help address such challenges by developing a model that will be a common point of reference for programme communication and documentation.<sup>1-</sup>

<sup>2</sup> When health decisions are made based on an inconsistently defined programme model, such

decisions maybe be questionable and would not be suitable to address the identified health challenges.

When the selection of indicators is heavily influenced by what is required to be reported to the funders, programmes tend to collect data for accountability purposes only. Learning from the programme to improve its implementation and service delivery becomes limited. This finding supports the United Nations' call on data revolution moving away from a broader international perspective to a more local level that promotes learning from the programmes being implemented.<sup>3</sup> This helps to increase a focus on what the programme seeks to achieve. When programme indicator selection is heavily influenced by what is required by funders, the relationship between NGOs or CBOs and the funders become more transactional. In a transactional relationship, the design of M&E systems and selection of indicators becomes less and less about the programme and more about continued flow of funding to the implementing organisation.

While the study found some evidence of the application and use of theory in programme design and the selection of indicators, there is need for more training of people involved in its development and selection of indicators.

This study also found that there were huge differences between the number of indicators selected by the two NGO cases. The Gauteng OVC programme had about 54 indicators while the Mpumalanga/Limpopo OVC programme had 13. Further research is required to investigate and make recommendations on the number of indicators that a programme can realistically select and adequately represent all its components.

## **Conclusion and recommendations**

The selection of indicators for community development projects need to be focused on the change that the programmes seek to bring to the local communities. In selecting indicators, NGOs and CBOs need to balance between the external reporting requirements and learning from the programme for improvement purposes. In deciding on programmes to fund, donors may need to consider the theoretical soundness of the model, linkages between the model and selected indicators and the relevance of such indicators. Such an assessment of concept notes or proposals may involve host government counterparts, field experts and the prospective donor agency in a workshop organised to better understand the NGO or CBO programme.

To improve the indicator selection process, funded organisations could also be required to demonstrate that they have followed through a systematic process that helps validate the outcomes. Using a systematic process help stakeholders to easily understand the programme and become more confident of not only the selected indicators but also the data produced upon which health policy decisions are made. The culture of programme data demand and data use at levels close to the point of action or implementation needs to be entrenched through supportive supervision and mentorship activities for NGO and CBO staff.

A study with more cases is more likely to produce results that can be generalizable to all OVC programmes and donor implementing partners. However, the use of a qualitative multiple case study approach with document review as the primary source of evidence provided greater insight in understanding the indicator selection process by NGOs. The case study approach in this case allowed for close collaboration between the researcher and the participating organisations enabling them to tell their stories better. This also made the researcher to better understand the context and meaning attached to the various indicators selected for the programmes. Given the findings of this study and an evolving understanding of programme theory in programme indicator selection, the future should bring the selection of relevant indicators that based on the real change that a programme can realistically effect and can be held accountable for.

## References

1. Duignan P, Casswell S, Chapman PH, Barnes MH, Allan B, Conway K. Community project indicators framework: its use in community projects. New Zealand: Ministry of Health. 2003.
2. Painless performance indicators: using a visual approach. [https://www.youtube.com/watch?v=2cvJasO\\_gdc](https://www.youtube.com/watch?v=2cvJasO_gdc). Accessed August 22, 2014.
3. United Nations. We can end poverty: millennium development goals and beyond 2015. Available from: <http://www.un.org/millenniumgoals/beyond2015-overview.shtml>. Accessed 8 October 2013.

The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 22 May 2002 and Expires 20 Oct 2016.
- IRB 0000 2235 IORG0001762 Approved dd 13/04/2011 and Expires 13/04/2014.



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

21/11/2013

**Approval Certificate  
New Application**

**Ethics Reference No.: 451/2013**

**Title** Selection of [child health](#) programme indicators; an assessment of the process in [Non-Governmental Organisations](#)

Dear Mr.Ozium Dewa

The **New Application** as supported by documents specified in your cover letter for your research received on the 13/11/2013, was approved by the Faculty of Health Sciences Research Ethics Committee on the 20/11/2013.

Please note the following about your ethics approval:

- Ethics Approval is valid for 2 years Start date: 2013 End date: 2014
- Please remember to use your protocol number (**451/2013**) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, or monitor the conduct of your research.

**Ethics approval is subject to the following:**

- The ethics approval is conditional on the receipt of 6 monthly written Progress Reports, and
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

We wish you the best with your research.

**Yours sincerely**

**Dr R Sommers**; MBChB; MMed (Int); MPharMed.

**Deputy Chairperson** of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

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## 1. Scope and editorial policy

### 1.1 Content

The mission of the *Bulletin of the World Health Organization* is “to publish and disseminate scientifically rigorous public health information of international significance that enables policy-makers, researchers and practitioners to be more effective; it aims to improve health, particularly among disadvantaged populations”.

The *Bulletin* welcomes a variety of unsolicited manuscripts (see below, 1.1.1.). These are initially screened in house for originality, relevance to an international public health audience and scientific rigour. If they pass the initial screening, they are sent to peer reviewers whose opinions are taken into account by the journal’s editorial advisers when they decide whether to accept a manuscript for publication. Accepted papers are subject to editorial revision, which may involve substantive changes, shortening or restructuring the text and deleting superfluous tables and figures. The word limits given for each type of contribution do not include the abstract (where applicable), tables, boxes, figures and references or appendices, if any. The principal types of manuscripts are outlined below.

#### 1.1.1 Unsolicited manuscripts

We welcome unsolicited submissions to the Research, Systematic reviews, Policy & practice, Lessons from the field and Perspectives sections of the *Bulletin*. All manuscripts destined for the first four of these sections must include two paragraphs indicating what they add to the literature. The paragraphs should briefly explain:

- what was already known about the topic concerned;
- what new knowledge the manuscript contributes.

#### Research

Research, methodologically rigorous, of relevance to international public health. Formal scientific presentations having not more than 3000 words and 50 references, plus a structured abstract (see below, 2.7); peer reviewed. As clear reporting is needed for readers and

reviewers when judging the quality of research, studies should comply with the relevant reporting guidelines, available on the EQUATOR Network web site, at: <http://www.equator-network.org/about-equator/equator-publications0/equator-network-publications-2010>. Intervention trials as defined by WHO (i.e. “any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes”) require registration in a public trials registry acceptable to the International Committee of Medical Journal Editors (ICMJE) before submission, and the registration number must be provided at the end of the abstract. Acceptable registries are listed at: [http://www.icmje.org/faq\\_clinical.html](http://www.icmje.org/faq_clinical.html). Web publication constitutes prior publication. This includes institutional web sites that are open to the general public.

#### Systematic reviews

Exhaustive, critical assessments of published and unpublished studies (grey literature) on research questions concerning interventions, policies or practices in public health, with meta-analysis when feasible. Not more than 3000 words plus a structured abstract (see below, 2.7); the number of references in accordance with the scope of the review; peer reviewed. How studies were included and excluded should be illustrated in a flow diagram. Authors should strictly follow the reporting guidelines for systematic reviews and meta-analyses (PRISMA) available at: <http://www.equator-network.org/reporting-guidelines/preferred-reporting-items-for-systematic-reviews-and-meta-analyses-the-prisma-statement>.

#### Policy & practice

Analytical assessments, debates or hypothesis-generating papers; not more than 3000 words and 50 references, plus a non-structured abstract (see below, 2.7); peer reviewed.

#### Lessons from the field

Papers that capture experiences and practice gained in solving specific public health problems in developing countries. Convincing evidence of ef-

fect should be provided. Not more than 1500 words and 15 references, plus a structured abstract (see below, 2.7); not more than one table and one figure; must include one box listing three lessons learnt; peer reviewed (see: <http://www.who.int/bulletin/volumes/84/1/3.pdf>).

#### Perspectives

Views, hypotheses or discussions (with a clear message) surrounding an issue of public health interest; up to 1500 words, no more than six references; peer reviewed.

#### 1.1.2 Commissioned manuscripts

The categories of articles shown below are normally commissioned by the editors. Authors wishing to submit an unsolicited manuscript for one of these categories should first contact the editorial office (see below, 2.1).

#### Editorials

Authoritative reviews, analyses or views of an important topic related to a theme or to one or more papers published in a given issue; not more than 800 words, maximum 12 references.

#### Commentaries

Explanatory or critical analyses of individual articles; not more than 800 words and 12 references.

#### Round tables

A base paper on a controversial current topic in public health (not more than 2000 words and an abstract) is the core of a debate by several discussants invited to contribute not more than 500 words each.

### 1.2 Ethical issues

The World Health Organization (WHO) publishes the results of research involving human subjects only if fully compliant with ethical principles, including the provisions of the World Medical Association Declaration of Helsinki (as amended by the 59th General Assembly, Seoul, the Republic of Korea, October 2008; available at: <http://www.wma.net/en/30publications/10policies/b3/17c.pdf>) and with the additional requirements, if any, of the country in



which the research was carried out. Any manuscript describing the results of such research must contain a clear statement to this effect and should specify that the free and informed consent of the subjects or their legal guardians was obtained and that the relevant institutional or national ethics review board approved the investigation. The *Bulletin* is a member of the Committee on Publication Ethics (COPE; see: <http://publicationethics.org>). Issues involving publication ethics may be referred to this committee by the editors. WHO Ethics Review Committee clearance is required for papers that report research supported by WHO or that are authored or co-authored by someone who was a WHO staff member while the research was conducted.

### 1.3 Competing interests

A competing interest arises when a professional judgement concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain or personal rivalry). We ask all authors to disclose at the time of submission any competing interests that they may have. Examples of competing interests may be found at: <http://www.icmje.org>. Further information on competing interests is available at: <http://www.who.int/bulletin/volumes/83/9/645.pdf>.

### 1.4 Funding

Authors should identify the sources that funded the work undertaken, affirm not having entered into an agreement with the funder that may have limited their ability to complete the research as planned, and indicate that they have had full control of all primary data.

### 1.5 Appeals process

Authors of rejected papers can appeal against the decision by following the procedures outlined in an editorial published in the *Bulletin* (see: <http://www.who.int/bulletin/volumes/83/9/645.pdf>).

## 2. Preparation and submission of manuscripts

### 2.1 Correspondence

Manuscripts should be submitted to the *Bulletin* via our submissions web site (<http://submit.bwho.org>), where full

instructions are given. Queries about online submissions should be sent to: [bulletin.submit.ask@who.int](mailto:bulletin.submit.ask@who.int). Authors requiring assistance with online submission can contact the editorial office.

### 2.2 Uniform requirements

Manuscripts should be prepared in accordance with the *ICMJE recommendations for the conduct, reporting, editing and publication of scholarly work in medical journals*. The complete document, updated in August 2013, is available at: [http://www.icmje.org/urm\\_main.html](http://www.icmje.org/urm_main.html).

### 2.3 Languages

Manuscripts should be submitted in English and will be published in that language in the *Bulletin*; the abstracts are translated into Arabic, Chinese, French, Russian and Spanish.

### 2.4 Authorship

On the manuscript's title page authors should give their full names and the name, city and country of their institutions. The corresponding author must also provide a full postal address, which will be published with the e-mail address unless otherwise requested. Academic titles and the names of departments and subdepartments are unnecessary and are discouraged for reasons of space. If an author has several affiliations, only the most important one should be provided. The criteria for authorship described in the *ICMJE recommendations* (see above, 2.2) must be rigorously observed. Each author should have participated sufficiently in the work being reported to take public responsibility for the paper's content and should describe in detail on the online submission system (not within the manuscript itself) his or her particular contribution. The *Bulletin* encourages submissions from authors in developing countries, and in line with this policy at least one author should have a professional affiliation in the country where the study was conducted.

### 2.5 Licence for publication

If a manuscript is accepted for publication, the author(s) will be asked to sign a statement granting exclusive licence for publication (not copyright) to the WHO. A copy of the statement is available at: <http://submit.bwho.org/journals/bullwho/forms/licence.pdf>. Authors are responsible for obtaining permission to reproduce in their articles any material enjoying copyright protection.

They should send the letter granting such permission to the editorial office when they submit their papers.

### 2.6 Figures, tables and boxes

These should be used only to enhance the understanding of the text, not to repeat what can be clearly communicated within the text. All tables, figures and boxes should be numbered consecutively (e.g. Fig. 1, Table 1 and Box 1).

### 2.7 Abstracts

Abstracts should highlight the text's most important points and should be provided for the following types of papers: Research, Systematic reviews, Policy & practice, base papers for Round tables and Lessons from the field. The abstract should not exceed 250 words. It appears in English at the beginning of the paper and in Arabic, Chinese, French, Russian and Spanish between the end of the text and the reference list. Structured abstracts are required for Research papers and Systematic reviews (Objective, Methods, Findings, Conclusion) and for Lessons from the field papers (Problem, Approach, Local setting, Relevant changes, Lessons learnt).

### 2.8 Bibliographic references

Reference citations should be numbered consecutively as they occur in the text and references should be listed in accordance with the *ICMJE recommendations* ([http://www.icmje.org/manuscript\\_a.html](http://www.icmje.org/manuscript_a.html)). The accuracy of all references is the authors' responsibility and authors are also responsible for dating access to URLs, providing a record of when they were active.

### 2.9 Maps

Papers should contain no maps unless an important finding cannot be conveyed without them or unless they are needed to make an essential point. Maps that show international borders, partially or in full, must be created from one of the following sources, approved by the United Nations: <http://www.un.org/Depts/Cartographic/english/htmain.htm>, <http://www.unsalb.org> or <http://apps.who.int/tools/geoserver> and the vectorial EPS (Encapsulated PostScript) file must be submitted. ■

Permission to do Research and access Records / Files / Data  
base at HIV South Africa

To: Programme Director  
HIV South Africa

From: The Investigator

Jean Armstrong

Ozius Dewa

Re: **Permission to do the following research at HIV South Africa**

I am a student at the University of Pretoria School of Health Systems and Public Health where I am pursuing a Master of Public Health degree. I am requesting permission to conduct a study on the HIV South Africa grounds that involves access to your PEPFAR funded OVC programme files, documents and data.

The title of the study is: **Selection of programme indicators: an assessment of the process in Non-Governmental Organisations.**

I intend to publish the findings of the study in a professional journal and/ or at professional meeting like symposia, congresses, or other meetings of such a nature.

I furthermore request in terms of the requirements of the Promotion of Access to Information Act. No. 2 of 2000 that I be granted access to your programme database. In addition, I request to be granted permission to interview 2 people from 2 of your sub-recipient organizations.

I undertake not to proceed with the study until I have received approval from the Faculty of Health Sciences Research Ethics Committee, University of Pretoria.

Yours sincerely

Signature of the Principle Investigator

Permission to do the research study at HIV South Africa and to access the information as requested, is hereby approved.

Programme Director

HIV South Africa  
Jean Armstrong

Signature of the Programme Director

**HIVSA**  
P O Box 3800  
Southgate, 2002  
Tel: 011 494 1900 Fax: 011 494 2635

**Permission to do Research and access Records / Files / Data base at Childline Limpopo**

To: Director  
Childline Mpumalanga/Limpopo

From: The Investigator

Dr. Benita Nel

Ozius Dewa

**Re: Permission to do the following research at Childline Limpopo**

I am a student at the University of Pretoria School of Health Systems and Public Health where I am pursuing a Master of Public Health degree. I am requesting permission to conduct a study on the Childline Limpopo grounds that involves access to your PEPFAR funded OVC programme files, documents and data.

The title of the study is: **Selection of programme indicators: an assessment of the process in NGOs.**

I intend to publish the findings of the study in a professional journal and/ or at professional meeting like symposia, congresses, or other meetings of such a nature.

I furthermore request in terms of the requirements of the Promotion of Access to Information Act. No. 2 of 2000 that I be granted access to your programme database.

I undertake not to proceed with the study until I have received approval from the Faculty of Health Sciences Research Ethics Committee, University of Pretoria.

Yours sincerely

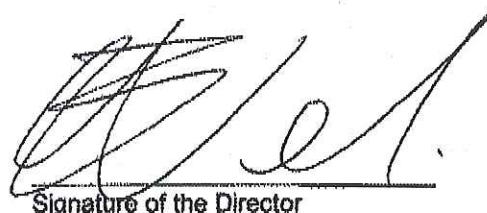


Signature of the Principle Investigator

**Permission to do the research study at Childline Limpopo and to access the information as requested, is hereby approved.**

Director

Childline Mpumalanga/Limpopo  
Dr Benita Nel



Signature of the Director

Childline Mpumalanga  
P.O. Box 40017  
The Village 1218  
Toll-free: 1300 23 2770  
Fax: (015) 755 2705

Protocol No.

**Principal Investigator(s) Declaration for the storage of research data and/or documents**

I, the Principal Investigator(s), Ozius Dewa, of the following study titled: "**Selection of programme indicators; an assessment of the process in NGOs**" will be storing all the research data and/or documents referring to the above mentioned study at the following address:

**Faculty of Health Sciences**

School of Health Systems and Public Health  
5th Floor, HW Snyman Building North  
31 Bophelo Road  
Gezina  
0031

I understand that the storage for the abovementioned data and/or documents must be maintained for a minimum of 15 years from the commencement of this study.

START DATE OF STUDY: October 18, 2013

END DATE OF STUDY: June 30, 2014

UNTIL WHICH YEAR WILL DATA WILL BE STORED: May 30, 2029

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Name: Ozius Dewa

Signature \_\_\_\_\_



Date \_\_\_\_\_

24/10/2013

Special Communication

# World Medical Association Declaration of Helsinki Ethical Principles for Medical Research Involving Human Subjects

World Medical Association

Adopted by the 18th WMA General Assembly, Helsinki, Finland, June 1964, and amended by the:  
29th WMA General Assembly, Tokyo, Japan, October 1975  
35th WMA General Assembly, Venice, Italy, October 1983  
41st WMA General Assembly, Hong Kong, September 1989  
48th WMA General Assembly, Somerset West, Republic of South Africa, October 1996  
52nd WMA General Assembly, Edinburgh, Scotland, October 2000  
53rd WMA General Assembly, Washington, DC, USA, October 2002 (Note of Clarification added)  
55th WMA General Assembly, Tokyo, Japan, October 2004 (Note of Clarification added)  
59th WMA General Assembly, Seoul, Republic of Korea, October 2008  
64th WMA General Assembly, Fortaleza, Brazil, October 2013

## Preamble

1. The World Medical Association (WMA) has developed the Declaration of Helsinki as a statement of ethical principles for medical research involving human subjects, including research on identifiable human material and data.

The Declaration is intended to be read as a whole and each of its constituent paragraphs should be applied with consideration of all other relevant paragraphs.

2. Consistent with the mandate of the WMA, the Declaration is addressed primarily to physicians. The WMA encourages others who are involved in medical research involving human subjects to adopt these principles.

## General Principles

3. The Declaration of Geneva of the WMA binds the physician with the words, "The health of my patient will be my first consideration," and the International Code of Medical Ethics declares that, "A physician shall act in the patient's best interest when providing medical care."
4. It is the duty of the physician to promote and safeguard the health, well-being and rights of patients, including those who are involved in medical research. The physician's knowledge and conscience are dedicated to the fulfilment of this duty.
5. Medical progress is based on research that ultimately must include studies involving human subjects.
6. The primary purpose of medical research involving human subjects is to understand the causes, development and effects of diseases and improve preventive, diagnostic and therapeutic interventions (methods, procedures and treatments). Even the

best proven interventions must be evaluated continually through research for their safety, effectiveness, efficiency, accessibility and quality.

7. Medical research is subject to ethical standards that promote and ensure respect for all human subjects and protect their health and rights.
8. While the primary purpose of medical research is to generate new knowledge, this goal can never take precedence over the rights and interests of individual research subjects.
9. It is the duty of physicians who are involved in medical research to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects. The responsibility for the protection of research subjects must always rest with the physician or other health care professionals and never with the research subjects, even though they have given consent.
10. Physicians must consider the ethical, legal and regulatory norms and standards for research involving human subjects in their own countries as well as applicable international norms and standards. No national or international ethical, legal or regulatory requirement should reduce or eliminate any of the protections for research subjects set forth in this Declaration.
11. Medical research should be conducted in a manner that minimises possible harm to the environment.
12. Medical research involving human subjects must be conducted only by individuals with the appropriate ethics and scientific education, training and qualifications. Research on patients or healthy volunteers requires the supervision of a competent and appropriately qualified physician or other health care professional.

O-D

13. Groups that are underrepresented in medical research should be provided appropriate access to participation in research.
14. Physicians who combine medical research with medical care should involve their patients in research only to the extent that this is justified by its potential preventive, diagnostic or therapeutic value and if the physician has good reason to believe that participation in the research study will not adversely affect the health of the patients who serve as research subjects.
15. Appropriate compensation and treatment for subjects who are harmed as a result of participating in research must be ensured.

### Risks, Burdens and Benefits

16. In medical practice and in medical research, most interventions involve risks and burdens.

Medical research involving human subjects may only be conducted if the importance of the objective outweighs the risks and burdens to the research subjects.

17. All medical research involving human subjects must be preceded by careful assessment of predictable risks and burdens to the individuals and groups involved in the research in comparison with foreseeable benefits to them and to other individuals or groups affected by the condition under investigation.

Measures to minimise the risks must be implemented. The risks must be continuously monitored, assessed and documented by the researcher.

18. Physicians may not be involved in a research study involving human subjects unless they are confident that the risks have been adequately assessed and can be satisfactorily managed.

When the risks are found to outweigh the potential benefits or when there is conclusive proof of definitive outcomes, physicians must assess whether to continue, modify or immediately stop the study.

### Vulnerable Groups and Individuals

19. Some groups and individuals are particularly vulnerable and may have an increased likelihood of being wronged or of incurring additional harm.

All vulnerable groups and individuals should receive specifically considered protection.

20. Medical research with a vulnerable group is only justified if the research is responsive to the health needs or priorities of this group and the research cannot be carried out in a non-vulnerable group. In addition, this group should stand to benefit from the knowledge, practices or interventions that result from the research.

### Scientific Requirements and Research Protocols

21. Medical research involving human subjects must conform to generally accepted scientific principles, be based on a thorough knowledge of the scientific literature, other relevant sources of information, and adequate laboratory and, as appropriate, animal experimentation. The welfare of animals used for research must be respected.
22. The design and performance of each research study involving human subjects must be clearly described and justified in a research protocol.

The protocol should contain a statement of the ethical considerations involved and should indicate how the principles in this Declaration have been addressed. The protocol should include information regarding funding, sponsors, institutional affiliations, potential conflicts of interest, incentives for subjects and information regarding provisions for treating and/or compensating subjects who are harmed as a consequence of participation in the research study.

In clinical trials, the protocol must also describe appropriate arrangements for post-trial provisions.

### Research Ethics Committees

23. The research protocol must be submitted for consideration, comment, guidance and approval to the concerned research ethics committee before the study begins. This committee must be transparent in its functioning, must be independent of the researcher, the sponsor and any other undue influence and must be duly qualified. It must take into consideration the laws and regulations of the country or countries in which the research is to be performed as well as applicable international norms and standards but these must not be allowed to reduce or eliminate any of the protections for research subjects set forth in this Declaration.

The committee must have the right to monitor ongoing studies. The researcher must provide monitoring information to the committee, especially information about any serious adverse events. No amendment to the protocol may be made without consideration and approval by the committee. After the end of the study, the researchers must submit a final report to the committee containing a summary of the study's findings and conclusions.

### Privacy and Confidentiality

24. Every precaution must be taken to protect the privacy of research subjects and the confidentiality of their personal information.

### Informed Consent

25. Participation by individuals capable of giving informed consent as subjects in medical research must be voluntary. Although it



may be appropriate to consult family members or community leaders, no individual capable of giving informed consent may be enrolled in a research study unless he or she freely agrees.

26. In medical research involving human subjects capable of giving informed consent, each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail, post-study provisions and any other relevant aspects of the study. The potential subject must be informed of the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal. Special attention should be given to the specific information needs of individual potential subjects as well as to the methods used to deliver the information.

After ensuring that the potential subject has understood the information, the physician or another appropriately qualified individual must then seek the potential subject's freely-given informed consent, preferably in writing. If the consent cannot be expressed in writing, the non-written consent must be formally documented and witnessed.

All medical research subjects should be given the option of being informed about the general outcome and results of the study.

27. When seeking informed consent for participation in a research study the physician must be particularly cautious if the potential subject is in a dependent relationship with the physician or may consent under duress. In such situations the informed consent must be sought by an appropriately qualified individual who is completely independent of this relationship.
28. For a potential research subject who is incapable of giving informed consent, the physician must seek informed consent from the legally authorised representative. These individuals must not be included in a research study that has no likelihood of benefit for them unless it is intended to promote the health of the group represented by the potential subject, the research cannot instead be performed with persons capable of providing informed consent, and the research entails only minimal risk and minimal burden.
29. When a potential research subject who is deemed incapable of giving informed consent is able to give assent to decisions about participation in research, the physician must seek that assent in addition to the consent of the legally authorised representative. The potential subject's dissent should be respected.
30. Research involving subjects who are physically or mentally incapable of giving consent, for example, unconscious patients, may be done only if the physical or mental condition that prevents giving informed consent is a necessary characteristic of the research group. In such circumstances the physician must seek informed consent from the legally authorised representative. If no such representative is available and if the research cannot be delayed, the study may proceed without informed consent pro-

vided that the specific reasons for involving subjects with a condition that renders them unable to give informed consent have been stated in the research protocol and the study has been approved by a research ethics committee. Consent to remain in the research must be obtained as soon as possible from the subject or a legally authorised representative.

31. The physician must fully inform the patient which aspects of their care are related to the research. The refusal of a patient to participate in a study or the patient's decision to withdraw from the study must never adversely affect the patient-physician relationship.
32. For medical research using identifiable human material or data, such as research on material or data contained in biobanks or similar repositories, physicians must seek informed consent for its collection, storage and/or reuse. There may be exceptional situations where consent would be impossible or impracticable to obtain for such research. In such situations the research may be done only after consideration and approval of a research ethics committee.

#### Use of Placebo

33. The benefits, risks, burdens and effectiveness of a new intervention must be tested against those of the best proven intervention(s), except in the following circumstances:

Where no proven intervention exists, the use of placebo, or no intervention, is acceptable; or

Where for compelling and scientifically sound methodological reasons the use of any intervention less effective than the best proven one, the use of placebo, or no intervention is necessary to determine the efficacy or safety of an intervention

and the patients who receive any intervention less effective than the best proven one, placebo, or no intervention will not be subject to additional risks of serious or irreversible harm as a result of not receiving the best proven intervention.

Extreme care must be taken to avoid abuse of this option.

#### Post-Trial Provisions

34. In advance of a clinical trial, sponsors, researchers and host country governments should make provisions for post-trial access for all participants who still need an intervention identified as beneficial in the trial. This information must also be disclosed to participants during the informed consent process.

#### Research Registration and Publication and Dissemination of Results

35. Every research study involving human subjects must be registered in a publicly accessible database before recruitment of the first subject.



36. Researchers, authors, sponsors, editors and publishers all have ethical obligations with regard to the publication and dissemination of the results of research. Researchers have a duty to make publicly available the results of their research on human subjects and are accountable for the completeness and accuracy of their reports. All parties should adhere to accepted guidelines for ethical reporting. Negative and inconclusive as well as positive results must be published or otherwise made publicly available. Sources of funding, institutional affiliations and conflicts of interest must be declared in the publication. Reports of research not in accordance with the principles of this Declaration should not be accepted for publication.

#### Unproven Interventions in Clinical Practice

37. In the treatment of an individual patient, where proven interventions do not exist or other known interventions have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorised representative, may use an unproven intervention if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering. This intervention should subsequently be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information must be recorded and, where appropriate, made publicly available.

#### ARTICLE INFORMATION

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COMMITMENTS AND RESPONSIBILITIES OF **PRINCIPAL/CO-INVESTIGATORS**  
REQUIRED FOR RESEARCH THROUGH THE FACULTY OF HEALTH SCIENCES RESEARCH  
ETHICS COMMITTEE, UNIVERSITY OF PRETORIA

**DECLARATION BY INVESTIGATOR:**

I agree to **personally** conduct or supervise the described investigation.

I understand as principal investigator that I am **totally responsible** for the study and am legally bound by the contract signed with the sponsor and **will not inappropriately delegate my responsibilities** to the rest of my study team.

I have **read and understand the information in the investigator's brochure**, including the potential risks and side effects of the drug.

I agree to **ensure** that all associates, colleagues, and employees assisting in the conduct of the study are informed about their obligations in meeting the above commitments, without relinquishing my total responsibility for the study.

I confirm that I am **suitably qualified and experienced** to perform and/or supervise the study proposed.

I agree to conduct the study in accordance with the relevant, current protocol and will only make changes in the protocol after approval by the sponsor and the Ethics Committee, except when urgently necessary to protect the safety, rights, or welfare of subjects.

I agree to inform any patients, or any persons used as controls, that the drugs are being used for investigational purposes and I **will ensure that the ICH GCP Guidelines and Ethics Committee requirements relating to obtaining informed consent are met.**

I agree to timeously reporting to the sponsor and Ethics Committee adverse experiences that occur in the course of the investigation according to the time requirements adopted by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria.

I agree to maintain **adequate and accurate** records and to make those records available for inspection by the appropriate authorized agents, be it EC, FDA or sponsor agents.

I agree to comply with all other requirements regarding the obligations of clinical investigators and all other pertinent requirements in the Declaration of Helsinki and South African and ICH GCP Guidelines and am conversant with these guidelines.

I agree to inform the Ethics Committee in advance should I go on leave together with an agreed plan of action regarding an alternate principal investigator or sub-investigator to take responsibility in my absence.

I understand that the study may be audited at any time and that deviation from the principles in this declaration will be put before the Ethics Committee for action, which may include disqualification as an investigator and rehabilitation before being accepted as an investigator in other studies.

I confirm that there is no conflict of interest whatsoever in my participation in this study. I have no shares in the sponsoring company and my participation and interests are as defined in the financial agreement.

OSIUS DEWA

NAME (Printed)



SIGNATURE OF PRINCIPAL INVESTIGATOR

24/10/13

DATE

COMMITMENTS AND RESPONSIBILITIES OF **SUB- INVESTIGATORS**  
REQUIRED FOR RESEARCH THROUGH THE FACULTY OF HEALTH SCIENCES RESEARCH  
ETHICS COMMITTEE, UNIVERSITY OF PRETORIA

**DECLARATION BY INVESTIGATOR:**

I agree to **personally** conduct or supervise the described investigation.

I understand as sub-investigator that I am **totally responsible** for aspects of the study delegated to me by the Principal Investigator and am legally bound by the contract signed with the sponsor and **will not inappropriately delegate my responsibilities** to the rest of my study team.

I have **read and understand the information in the investigator's brochure**, including the potential risks and side effects of the drug.

I agree to **ensure** that all associates, colleagues, and employees assisting in the conduct of the study are informed about their obligations in meeting the above commitments, without relinquishing my total responsibility for the study.

I confirm that I am **suitably qualified and experienced** to perform and/or supervise the study proposed.  
I agree to conduct the study in accordance with the relevant, current protocol and will make changes in the protocol only after approval by the sponsor and the Ethics Committee, except when urgently necessary to protect the safety, rights, or welfare of subjects.

I agree to inform any patients, or any persons used as controls, that the drugs are being used for investigational purposes and **I will ensure that the ICH GCP Guidelines and Ethics Committee requirements relating to obtaining informed consent are met.**

I agree to timeously reporting to the sponsor and Ethics Committee adverse experiences that occur in the course of the investigation according to the time requirements adopted by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria.

I agree to maintain **adequate and accurate** records and to make those records available for inspection by the appropriate authorized agents, be it EC, FDA or sponsor agents.

I agree to comply with all other requirements regarding the obligations of clinical investigators and all other pertinent requirements in the Declaration of Helsinki and South African and ICH GCP Guidelines and am conversant with these guidelines.

I agree to inform the Ethics Committee in advance should I go on leave together with an agreed plan of action regarding an alternate principal investigator or sub-investigator to take responsibility in my absence.

I understand that the study may be audited at any time and that deviation from the principles in this declaration will be put before the Ethics Committee for action, which may include disqualification as an investigator and rehabilitation before being accepted as an investigator in other studies.

I confirm that there is no conflict of interest whatsoever in my participation in this study. I have no shares in the sponsoring company and my participation and interests are as defined in the financial agreement.

OZIVUS DEWA

NAME (Printed)



SIGNATURE OF PRINCIPAL INVESTIGATOR

24/10/13

DATE

NAME (Printed)

SIGNATURE OF SUB-INVESTIGATOR

DATE

## Appendix A: Consent Form: Facilitated Workshop

Title of study: Selection of programme indicators; an assessment of the process in NGOs

Dear Participant

### 1) INTRODUCTION

I invite you to participate in a facilitated workshop for a research study. This information leaflet will help you to decide if you want to participate. Before you agree to take part you should fully understand what is involved. If you have questions that this leaflet does not fully explain, please do not hesitate to ask the investigator (Ozius Dewa).

### 2) THE NATURE AND PURPOSE OF THIS STUDY

The aim of the study is to investigate the indicator development process of PEPFAR funded OVC NGOs in South Africa's Limpopo and Gauteng provinces. Your organisation is one of the two selected organisations to take part in this study. Your organisation was selected because you met the selection criteria of implementing a PEPFAR funded OVC programme.

You as a participant are a very important source of information on understanding how your organisation has developed the indicators you are currently using to collect data for reporting to your donor and other stakeholders.

### 3) EXPLANATION OF PROCEDURES TO BE FOLLOWED

This study involves you participating in a workshop that I will facilitate. The approach of the workshop will be participatory and as interactive as possible. We will begin with a discussion about the process through which your organisation developed its programme indicators. In order to guide the discussion, I will be asking the group some questions about this subject. This will be followed by a PowerPoint presentation I will make on developing programme indicators. After that we will conduct some group work activity where we will be collectively identifying indicators based on the approach that I would have presented.

After this process has been finalised and on a separate date, I will come back to conduct personal in-depth interviews with you to follow-up on issues that I might need to understand better from you.

In order to ensure that I capture our discussions as accurately as possible, I will be tape-recording our conversation with your permission. This recording will only be accessed by my supervisor and appropriate staff in the School of Health Systems and Public Health (SHSPH) for academic purposes.

### 4) RISK AND DISCOMFORT INVOLVED

There are no risks in participating in the study as the process only requires you to narrate the process through which your organisation developed indicators for the PEPFAR programme. Your personal opinions about the process will be mixed with other people's opinions such that they will not be easily traced back to you. Some of the questions I am going to ask you may make you feel uncomfortable, but you need not answer them if you don't want to or you may not feel comfortable about discussing in a group and we can discuss during an individual in-depth interview to protect your identity.

The facilitated workshop will take 8 hours of your time.

#### **5) POSSIBLE BENEFITS OF THIS STUDY**

You will benefit directly by the study because at the end of the facilitated workshop, you will have a better understanding of your programme outcomes and how the theory of change approach can be used to develop indicators to track your progress more effectively. You will also gain confidence about developing indicators as well as personal fulfilment through the measurement of the real change and impact of your programme in your community/beneficiaries.

The results of the study will also be helpful to you and your organisation in enhancing your future applications for funding and enhance your chances of securing funding through an improved application.

#### **6) WHAT ARE YOUR RIGHTS AS A PARTICIPANT?**

Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time during the facilitated workshop and the in-depth interview without giving any reason. Your withdrawal will not affect you in any way.

#### **7) HAS THE STUDY RECEIVED ETHICAL APPROVAL?**

This study has received written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, telephone numbers 012 3541677 / 012 3541330.

#### **8) INFORMATION AND CONTACT PERSON**

The contact person for the study is Ozius Dewa. If you have any questions about the study please contact him at the following telephone numbers: 0799781832. Alternatively you may contact my supervisor at telephone numbers 0123541472.

#### **9) COMPENSATION**

Your participation is voluntary. No compensation will be given for your participation as both the facilitated workshops will be conducted at your offices during your normal working hours. Lunch and tea breaks will be provided for by the investigator.

#### **10 CONFIDENTIALITY**

All information that you give will be kept strictly confidential. Once we have analysed the information no one will be able to identify you. Research reports and articles in scientific journals will not include any information that may identify you or your organisation.

### CONSENT TO PARTICIPATE IN THIS STUDY

I confirm that the person asking my consent to take part in this study has told me about nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am participating willingly. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect my work in any way.

I have received a signed copy of this informed consent agreement.

Participant's name ..... (Please print)  
Participant's signature: ..... Date.....  
Investigator's name ..... (Please print)  
Investigator's signature ..... Date.....  
Witness's Name ..... (Please print)  
Witness's signature ..... Date.....

### VERBAL INFORMED CONSENT

I, the undersigned, have read and have fully explained the participant information leaflet, which explains the nature, process, risks, discomforts and benefits of the study to the participant whom I have asked to participate in the study.

The participant indicates that s/he understands that the results of the study, including personal details regarding the interview will be anonymously processed into a research report. The participant indicates that s/he has had time to ask questions and has no objection to participate in the interview. S/he understands that there is no penalty should s/he wish to discontinue with the study and his/her withdrawal will not affect his/her work in any way. I hereby certify that the client has agreed to participate in this study.

Participant's Name ..... (Please print)  
Person seeking consent ..... (Please print)  
Signature ..... Date.....  
Witness's name ..... (Please print)  
Signature ..... Date.....

## Agenda for the Theory of Change (TOC) workshop

**Facilitator: Ozius Dewa (Investigator)**

1. Objectives of the workshop

By the end of the training, participants will:

- ✓ Have a clear understanding of the concept of Theory of change and its purpose
- ✓ Have participated in a practical exercise of identifying key elements of the program TOC
- ✓ Have a clear understanding of the linkages between program TOC and the strategy for measuring program performance (Indicators)

### TOC facilitated workshop Agenda

Time	Key Agenda item	Process
9:00am to 10:00am	<p>Introductions and purpose of the workshop</p> <p>The group discusses the process through which the organisation developed their programme indicators</p>	<p>The researcher introduces the purpose of the study and the workshop.</p> <p>Individuals introduce themselves</p> <p>This process will be guided by a set of questions seeking to identify the process and forums through which indicators were developed.</p>
10:00am to 10:30 am	Introduction to the theory of change	PowerPoint (PPT) presentation and Discussion
10:30 am to 11:00 am	Key components of the theory of change	PPT presentation and Discussion
11:00 am to 11:15 am	<b>Tea/body break</b>	
11:15am to 12:30 pm	Getting started with developing the programme TOC- Part I	Brief PPT, Discussion and group work
12:30pm to 1:30 pm	<b>Lunch</b>	
1:30pm to 2:30pm	Getting started with developing the programme TOC- Part II	Discussion and group work
*2:30 pm to 4:00 pm	Operationalising outcomes (Identifying Indicators)	PPT and Discussion
4: 00pm to 4:30 pm	Next steps/way forward	Discussion

**\*Tea Break will be provided around 3pm as well.**

2. Documents needed for reference purposes (if available):
- Strategy documents reflecting the programme vision, mission and strategic approach
  - Detailed program description for the PEPFAR funded program
  - Program M&E plan
  - Baseline Assessment Report/Community Needs Assessment

## Appendix B: Consent Form: In-Depth Interview: NGOs

Title of study: Selection of programme indicators; an assessment of the process in NGOs

Dear Participant

### 1) INTRODUCTION

I invite you to participate in an in-depth interview for a research study. This information leaflet will help you to decide if you want to participate. Before you agree to take part you should fully understand what is involved. If you have questions that this leaflet does not fully explain, please do not hesitate to ask the investigator (Ozius Dewa).

### 2) THE NATURE AND PURPOSE OF THIS STUDY

The aim of the study is to investigate the indicator development process of PEPFAR funded OVC NGOs in South Africa's Limpopo and Gauteng provinces. Your organisation is one of the two selected sub-recipient to take part in this study. You were purposively selected by your organisation because you have expertise in the monitoring and evaluation field and also because you have intimate knowledge of the indicator development process for this programme.

You as a participant are a very important source of information on understanding how your organisation has developed the indicators you are currently using to collect data for reporting to your donor and other stakeholders.

### 3) EXPLANATION OF PROCEDURES TO BE FOLLOWED

This study involves you participating in an in-depth interview that I will facilitate. The approach of the interview will be conversational and as interactive as possible. We will begin with a discussion about your programme and the nature of support you get from your funding organisation and the work that you do in the community. We will then discuss the indicator development process for your programme. I will be asking you some questions to guide the discussion.

In order to ensure that I capture our discussions as accurately as possible, I will be tape-recording our conversation with your permission. This recording will only be accessed by my supervisor and appropriate staff in the School of Health Systems and Public Health (SHSPH) for academic purposes.

### 4) RISK AND DISCOMFORT INVOLVED

There are no risks in participating in the study as the process only requires you to narrate your programme description and the process through which you report to your funding organisation. Your personal opinions about the process will be mixed with other people's opinions such that they will not be easily traced back to you. Some of the questions I am going to ask you may make you feel uncomfortable, but you need not answer them if you don't want to.

The interview will take about 3 hours of your time.

## **5) POSSIBLE BENEFITS OF THIS STUDY**

You will benefit directly by the study because at the end of the interview, you will have a better understanding of the process through which indicators are to be developed through the theory of change process. You will also gain confidence about developing indicators as well as personal fulfilment through the measurement of the real change and impact of your programme in your community/beneficiaries.

## **6) WHAT ARE YOUR RIGHTS AS A PARTICIPANT?**

Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time during the in-depth interview without giving any reason. Your withdrawal will not affect you or your organisation in any way.

## **7) HAS THE STUDY RECEIVED ETHICAL APPROVAL?**

This study has received written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, telephone numbers 012 3541677 / 012 3541330.

## **8) INFORMATION AND CONTACT PERSON**

The contact person for the study is Ozius Dewa. If you have any questions about the study please contact him at the following telephone numbers: 0799781832. Alternatively you may contact my supervisor at telephone numbers 0123541472.

## **9 COMPENSATION**

Your participation is voluntary. No compensation will be given for your participation as the interview will be conducted at your offices during your normal working hours. Refreshments will be provided for by the investigator.

## **10 CONFIDENTIALITY**

All information that you give will be kept strictly confidential. Once we have analysed the information no one will be able to identify you. Research reports and articles in scientific journals will not include any information that may identify you or your organisation.



### CONSENT TO PARTICIPATE IN THIS STUDY

I confirm that the person asking my consent to take part in this study has told me about nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am participating willingly. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect my work in any way.

I have received a signed copy of this informed consent agreement.

Participant's name ..... (Please print)  
Participant's signature: ..... Date.....  
Investigator's name ..... (Please print)  
Investigator's signature ..... Date.....  
Witness's Name ..... (Please print)  
Witness's signature ..... Date.....

### VERBAL INFORMED CONSENT

I, the undersigned, have read and have fully explained the participant information leaflet, which explains the nature, process, risks, discomforts and benefits of the study to the participant whom I have asked to participate in the study.

The participant indicates that s/he understands that the results of the study, including personal details regarding the interview will be anonymously processed into a research report. The participant indicates that s/he has had time to ask questions and has no objection to participate in the interview. S/he understands that there is no penalty should s/he wish to discontinue with the study and his/her withdrawal will not affect his/her work in any way. I hereby certify that the client has agreed to participate in this study.

Participant's Name ..... (Please print)  
Person seeking consent ..... (Please print)  
Signature ..... Date.....  
Witness's name ..... (Please print)  
Signature ..... Date.....

**Questions:**

**Objective 1: Document the decision making processes that lead to the identification of indicators used to monitor and track programme performance**

- Describe in detail the process through which the programme indicators were developed
  - Who was involved?
  - What forum was used for discussion?
  - How long did the process take?
- What key performance questions did the project seek to address?
  - Are the key performance questions still relevant today? Explain.
  - Are the indicators you are collecting still relevant to your programme? Explain.
  - Are there any indicators that your programme is currently not collecting that you think should be collected? Explain.
  - Does the programme collect indicators more than is required by the programme donor? Explain.
- Did any of the indicators change over the course of the programme?
  - What indicators changed and how?
  - What were the factors that influenced the change?
  - Can you describe the change process?

**Objective 2: Identify common pitfalls in the indicator development/identification process**

- Based on the experience you have with the process of deciding on indicators on this project, what would you say are the common challenges such a programme can face? Give examples from your programme.
- What are some of the traps that programme managers need to avoid when developing indicators? Please draw examples from your experience on this programme.

**Objective 3: Provide recommendations on how the indicator development process should be conducted in a way that responds to community needs**

- When looking backwards, what would you change about the process you undertook developing your programme indicators?
- How would you address some of the challenges you noted in the development of indicators?
- What other general recommendations do you have for programmes such as yours?

## Appendix C: Consent Form: In-Depth Interview: CBOs

Title of study: Selection of programme indicators; an assessment of the process in NGOs

Dear Participant

### 1) INTRODUCTION

I invite you to participate in an in-depth interview for a research study. This information leaflet will help you to decide if you want to participate. Before you agree to take part you should fully understand what is involved. If you have questions that this leaflet does not fully explain, please do not hesitate to ask the investigator (Ozius Dewa).

### 2) THE NATURE AND PURPOSE OF THIS STUDY

The aim of the study is to investigate the indicator development process of PEPFAR funded OVC NGOs in South Africa's Limpopo and Gauteng provinces. Your organisation is one of the two selected sub-recipient to take part in this study. You were purposively selected by the organisation that supports you because you have expertise in the monitoring and evaluation field and also because you have intimate knowledge of the indicator development process for this programme.

You as a participant are a very important source of information on understanding how your supporting organisation has developed the indicators you are currently using to collect data for reporting to them and other stakeholders.

### 3) EXPLANATION OF PROCEDURES TO BE FOLLOWED

This study involves you participating in an in-depth interview that I will facilitate. The approach of the interview will be conversational and as interactive as possible. We will begin with a discussion about your programme and the nature of support you get from your funding organisation and the work that you do in the community. We will then discuss the indicators you are required to report on and how those indicators were developed. I will be asking you some questions to guide the discussion.

In order to ensure that I capture our discussions as accurately as possible, I will be tape-recording our conversation with your permission. This recording will only be accessed by my supervisor and appropriate staff in the School of Health Systems and Public Health (SHSPH) for academic purposes.

### 4) RISK AND DISCOMFORT INVOLVED

There are no risks in participating in the study as the process only requires you to narrate your programme description and the process through which you report to your funding organisation. Your personal opinions about the process will be mixed with other people's opinions such that they will not be easily traced back to you. Some of the questions I am going to ask you may make you feel uncomfortable, but you need not answer them if you don't want to.

The interview will take about 3 hours of your time.

**5) POSSIBLE BENEFITS OF THIS STUDY**

You will benefit directly by the study because at the end of the interview, you will have a better understanding of the process through which indicators are to be developed through the theory of change process. You will also gain confidence about developing indicators as well as personal fulfilment through the measurement of the real change and impact of your programme in your community/beneficiaries.

**6) WHAT ARE YOUR RIGHTS AS A PARTICIPANT?**

Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time during the in-depth interview without giving any reason. Your withdrawal will not affect you or your organisation in any way.

**7) HAS THE STUDY RECEIVED ETHICAL APPROVAL?**

This study has received written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, telephone numbers 012 3541677 / 012 3541330.

**8) INFORMATION AND CONTACT PERSON**

The contact person for the study is Ozius Dewa. If you have any questions about the study please contact him at the following telephone numbers: 0799781832. Alternatively you may contact my supervisor at telephone numbers 0123541472.

**9 COMPENSATION**

Your participation is voluntary. No compensation will be given for your participation as the interview will be conducted at your offices during your normal working hours. Refreshments will be provided for by the investigator.

**10 CONFIDENTIALITY**

All information that you give will be kept strictly confidential. Once we have analysed the information no one will be able to identify you. Research reports and articles in scientific journals will not include any information that may identify you or your organisation.

### CONSENT TO PARTICIPATE IN THIS STUDY

I confirm that the person asking my consent to take part in this study has told me about nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am participating willingly. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect my work in any way.

I have received a signed copy of this informed consent agreement.

Participant's name ..... (Please print)  
Participant's signature: ..... Date.....  
Investigator's name ..... (Please print)  
Investigator's signature ..... Date.....  
Witness's Name ..... (Please print)  
Witness's signature ..... Date.....

### VERBAL INFORMED CONSENT

I, the undersigned, have read and have fully explained the participant information leaflet, which explains the nature, process, risks, discomforts and benefits of the study to the participant whom I have asked to participate in the study.

The participant indicates that s/he understands that the results of the study, including personal details regarding the interview will be anonymously processed into a research report. The participant indicates that s/he has had time to ask questions and has no objection to participate in the interview. S/he understands that there is no penalty should s/he wish to discontinue with the study and his/her withdrawal will not affect his/her work in any way. I hereby certify that the client has agreed to participate in this study.

Participant's Name ..... (Please print)  
Person seeking consent ..... (Please print)  
Signature ..... Date.....  
Witness's name ..... (Please print)  
Signature ..... Date.....

## Questions:

### **Objective1: *Document the decision making processes that lead to the identification of indicators used to monitor and track programme performance***

- Describe the support that you receive from NGO A?
- What reports are you required to provide them and how often?
- What M&E indicator data do you report on?
- Were you involved in the development of the indicators? If yes, how were you involved?
- How were you informed about the indicators if you were not involved in their development?
- For the indicators you collect data on and report to NGO A, do you think they are aligned with:
  - The support you receive from them?
  - The focus of your programme?
- Do you have any indicators you think are not necessary for your programme to collect?

### **Objective 2: *identify common pitfalls in the indicator development/identification process***

- What are some of the challenges that you have experienced in the development of indicators?

### **Objective 3: *provide recommendations on how the indicator development process should be conducted in a way that responds to community needs***

- What recommendations would you give to improve the indicator development process?

## ATTENDANCE REGISTER

**Title of study: Selection of programme indicators; an assessment of the process in NGOs**

Please specify type of contact (please circle one option):

1. Facilitated Workshop Discussion
2. In-depth Interview (with which group?)
  - a. NGO
  - b. CBO

Name of Organisation: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Location of Interview: \_\_\_\_\_

Name of Facilitator: \_\_\_\_\_

Time Interview Started .....

Full Name	Position	Email	Signature

Time Interview ended .....