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**MONITORING AND EVALUATION (M&E) PLAN
FOR
WELLNESS MANAGEMENT IN THE PUBLIC SERVICE**

TABLE OF CONTENT	PAGE
ABBREVIATIONS	
CHAPTER 1: BACKGROUND INFORMATION OBJECTIVE OF THE WELLNESS MANAGEMENT M&E PLAN THE VISION WELLNESS MANAGEMENT M&E PLAN GUIDING PRINCIPLES FOR WELLNESS MANAGEMENT M&E PLAN PERFORMANCE GOALS RELEVANT POLICIES, STRATEGIES AND LAWS	
CHAPTER 2: FRAMEWORK FOR WELLNESS MANAGEMENT M&E PLAN SUMMARY OF WELLNESS MANAGEMENT INDICATORS	
CHAPTER 3: 3. IMPLEMENTATION OF THE M&E PLAN 3.1. <i>Organizational Structure</i> 3.2. <i>Human Capacity for M&E</i> 3.3. <i>M&E partnership</i> 3.4. <i>M&E plan</i> 3.5. <i>Costed M&E work plan</i> 3.6. <i>Advocacy, communication and culture</i> 3.7. <i>Surveys and surveillance</i> 3.8. <i>Routine monitoring</i> 3.9. <i>Supervision and data auditing</i> 3.10. <i>Database</i> 3.11. <i>Evaluation, research and learning</i> 3.12. <i>Data analysis, information dissemination and use</i>	
CONCLUSION	

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COIDA	Compensation for Occupational Injuries and Diseases Act
DG	Director General
DoH	Department of Health
DoL	Department of Labour
DPSA	Department of Public Service and Administration
EAP	Employee Assistant Programme
EH&W	Employee Health and Wellness
EH&WSF	Employee Health & Wellness Strategic Framework
HR	Human Resource
ILO	International Labour Organisation
IR	Industrial Relations
ISO	International Standardization Organisation
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPM	Health and Productivity Management
HR	Human Resources
HRD	Human Resource Development
MDG's	Millennium Development Goals
M&E	Monitoring and Evaluation
NEPAD	New Partnership for Africa's Development
OD	Organisational Development
OHS	Occupational Health and Safety
PILIR	Policy and Procedure on Incapacity Leave & Ill-Health Retirement
QWL	Quality of Work Life
ROI	Return on Investment
SABS	South African Bureau of Standards
WEF	World Economic Forum
WLB	Work Life Balance
WHO	World Health Organisation

CHAPTER 1

1. BACKGROUND INFORMATION

- 1.1 Wellness Management emerged as a priority due to increasing recognition that the health and wellbeing of employees directly impacts on productivity of the entire organization. As employees are the life-blood of the organization it is vital to help them produce at their optimum levels. The World Health Organization's Global Plan of Action on Workers Health 2008-2017 states that workers represent half the world's population and they are major contributors to economic development. It calls for effective interventions to prevent occupational hazards and to protect and promote health at the workplace and access to occupational health services.
- 1.2 Work is central to people's well-being, in addition to providing income; work can pave the way for broader social and economic advancement, strengthening individuals, their families and communities. The Public Service seeks to contribute to the Decent Work Agenda to achieve sustainable development that is centred on people. Decent Work is a key element to build fair, equitable and inclusive societies being based around the principles of employment creation, workers' rights, equality between women and men, social protection and social dialogue. This Agenda addresses the four priority areas of tackling unemployment, underemployment and poverty; the role of social protection in poverty-reducing development; social exclusion and the effects of HIV & AIDS; and tackling HIV & AIDS in the world of work.
- 1.3 The ILO Promotional Framework for Occupational Safety Convention No.187 June 2006, provides for the creation of a National Policy on occupational safety and health; National System for Occupational safety and health; National Programme on Occupational safety and health; and National Preventive safety and health culture in which the right to a healthy and safe environment is respected at all levels. In accordance with the ILO Promotional Framework, the Public Service seeks to develop policies, systems, programmes and a preventative culture to promote the wellbeing of Public Servants.
- 1.4 Both personal and workplace factors influence overall wellness and employee performance. Individual wellness is viewed as the promotion of the physical, social, emotional, occupational, spiritual, financial, and intellectual wellness of individuals. This is attained by creating an organisational climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risk.

1.5 The foundation for this M&E plan is based on the EHW Strategic Framework for the Public Service (2008), which was a departure from the Employee Assistance Programme (EAP), which was limited in scope and practice and was more reactive than proactive. This approach to Wellness is largely preventative in nature focusing on both primary (avoid the risk or condition) and secondary (minimize the effects of the condition) prevention. This is against the analysis done by many epidemiological and health information and medical aid cost driver trend reports such as the Key Health Trends from the Government Employee Medical Scheme (GEMS) and other medical aid schemes. It confirms the trends of psychosocial problems, organisational climate assessments of hostile physical and psychosocial working environments.

2. OBJECTIVES OF WELLNESS MANAGEMENT M&E PLAN

The Wellness Management M&E plan is based on the Wellness Management Policy and the Generic Implementation Guide for the Public Service. The purpose of this M&E plan is to establish an effective and coordinated Government M&E response on issues of Wellness in the Public Service. This is done to ensure that there is:

- Evidence based policies, plans and programmes;
- Systematic collection and use data to track progress and for informed decision making on the key interventions;
- Assess the impact by monitoring trends and explain changes in the levels of wellness over time;
- Define a list of core indicators that will enable tracking of progress in the most critical areas of wellness;
- Develop a data collection strategy that will enable the measurement of the core indicators;
- Establish clear data flow channels between the different stakeholders in Wellness Management;
- Develop a strategy and mechanisms to ensure a correct dissemination of all critical information amongst all stakeholders, implementing agencies, beneficiaries and the general public;
- Clearly describe the role of each of the stakeholders in the monitoring and evaluation of Wellness programmes;
- Develop a plan for strengthening the capacity of all partners involved in the monitoring and evaluation of Wellness programmes.

3. THE VISION OF WELLNESS MANAGEMENT M&E PLAN

To conduct effective, well-coordinated monitoring and evaluation in order to strengthen the government sector response to Wellness for the accomplishment of the four objectives of the Wellness Management Policy, which are;

- To meet wellness needs of Public Servants through preventative and curative measures.
- To promote the physical, social, emotional, occupational, spiritual, financial, and intellectual wellness of individuals.
- To create an organizational climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risks.
- To promote Work-Life Balance through flexible policies in the workplace to accommodate work, personal and family needs.

4. GUIDING PRINCIPLES FOR WELLNESS MANAGEMENT M&E PLAN

- Result Oriented
- Participatory approach
- Integrated M&E systems
- Phased M&E Plan
- Essential and Strategic Indicators
- Interconnectedness
- Comparability
- Standardization
- Quality Assurance
- Transparency
- Reporting requirements
- Timeliness
- Dissemination
- Recognition of diversity

5. PERFORMANCE GOALS

- Ensure adequate skilled human resources at all levels of the M&E system in order

to complete all activities defined in the Generic Implementation Guide.

- Establish and maintain an effective network of organizations responsible for M&E of Wellness at all levels.
- Establish and maintain partnerships among stakeholders involved in planning and managing the Wellness M&E system.
- Develop and maintain a Wellness Management M&E Plan including identified data needs; national standardized indicators; data collection tools and procedures; and roles and responsibilities, in order to implement a functional Wellness Management M&E system.
- A multi-partner and multi-year M&E workplan will be used as the basis for planning, prioritizing, costing, resource mobilization and funding of all Wellness M&E activities.
- Ensure knowledge of, and commitment to, the Wellness Management *M&E* system among policy-makers, program managers, implementers, and other stakeholders.
- Produce timely and high-quality data from surveys and surveillance.
- Produce timely and high quality data from routine data management systems.
- Monitor data quality periodically and address challenges associated with data quality (i.e. valid, reliable, complete, and timely data).
- Develop and maintain Wellness databases that enable stakeholders to access relevant data for policy formulation, program management and improvement.
- Identify key evaluation and research questions and coordinate studies to meet the identified needs.
- Disseminate and utilize data from the M&E system to guide policy formulation and program planning and improvement.

6. RELEVANT POLICIES, STRATEGIES AND LAWS

The development of the M&E Plan for Wellness Management is aligned to the following policies and strategic documents:

- Government Wide Monitoring and Evaluation Policy Framework, November 2007
- Employee Health and Wellness Strategic Framework for the Public service, 2008.
- The Wellness Management Policy for the Public Service, 2009.
- The Statistic Act (no 6 of 1999)
- Constitution of the RSA, Act 108 of 1996
- Public Service Act, 1994 as amended and regulations

CHAPTER 2

1. FRAMEWORK FOR WELLNESS MANAGEMENT M&E PLAN

Conceptual Framework

The Employee Health and Wellness Strategic Framework for the Public Service have been developed as a strategic response to the complex factors that play a role in the ill-health of employees in the Public Service. Subsequent to that, the Wellness Management Policy specifically focuses on physical wellbeing, psycho-social wellbeing, work-life balance of individuals and the wellbeing of an organization as a whole.

The conceptual framework set out in Figure 1 helps to illustrate the complex interconnections and relationships between the socio-structural, biological and behavioral causes, interventions and the burden of ill-health. Figure 1 shows schematically the upstream socio-structural factors that are considered to be the underlying determinants of ill-health as well as the downstream proximate factors that are a complex of biological and behavioral causes at individual, family, community and societal levels. The Public Sector response is depicted by the interventions and programmes aimed at the underlying determinants and proximate factors, as well as social support efforts. The incidence, prevalence and mortality rates are ultimate outcome measures used to measure the epidemiologic and demographic impact of the burden of ill-health.

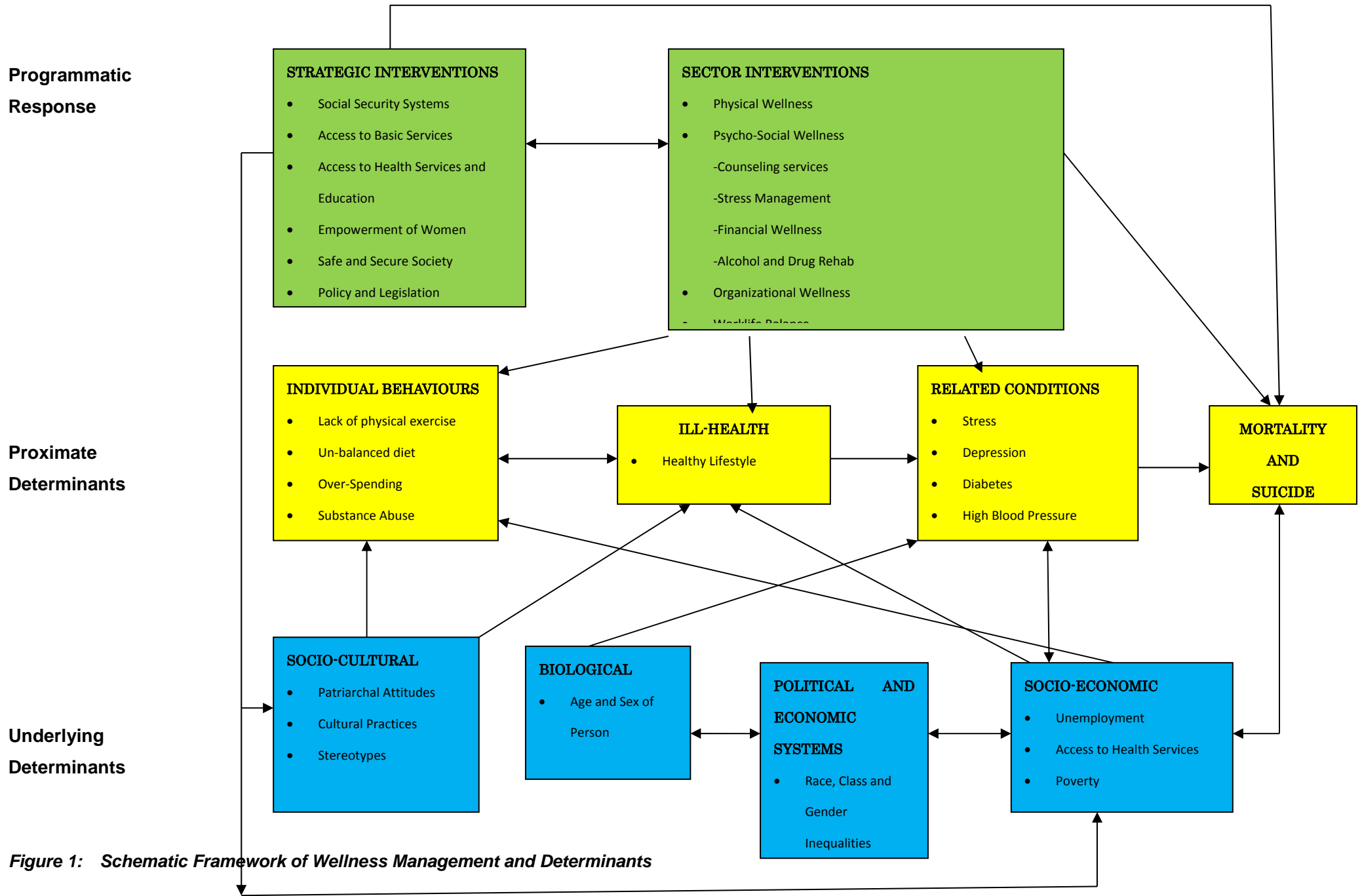


Figure 1: Schematic Framework of Wellness Management and Determinants

WELLNESS MANAGEMENT

Goal 1: Increase Physical Wellness in the Public Service						
Ref. No	Indicator definition	What to collect	Level	Data Source	Data reporting frequency	Institution Responsible
1.1	Percentage of Departments with Wellness facilities in the Public Service	Numerator: Number of Departments with wellness facilities Denominator Number of Departments in the Public Service	Output	M&E Reports	Quarterly	All Departments
1.2	Percentage of employees utilizing wellness facilities	Numerator: Number of Employees using wellness facilities. Denominator Number of employees in the Department	Outcome	M&E Reports	Quarterly	All Departments
1.3	Percentage of Departments with educational, awareness and prevention programmes	Numerator Number of Departments with educational, awareness and prevention programmes Denominator Number of Departments in the Public Service	Output	M&E Reports	Quarterly	All Departments

1.4	Percentage of employees attending educational, awareness and prevention programmes	<p>Numerator Number of employees attending educational, awareness and prevention programmes</p> <p>Denominator Number of employees in the Department</p>	Outcome	M&E Reports	Quarterly	All Departments
1.5	Percentage of Departments with Wellness Information Management System	<p>Numerator Number of Departments with Wellness Information Management System</p> <p>Denominator Number of Departments in the Public Service</p>	Output	M&E Reports	Quarterly	All Departments
1.6	Percentage of employees utilizing the Wellness Information Management system	<p>Numerator Number of employees who used the Wellness Information Management system</p> <p>Denominator Number of employees in the Department</p>	Outcome	M&E Reports	Quarterly	All Departments
Goal 2: Increase Psycho-Social Wellness in the Public Service						
2.1	Percentage of Departments with Psycho-Social programmes	<p>Numerator Number of Departments with Psycho-Social programmes</p> <p>Denominator Number of Departments in the Public Service</p>	Output	M&E Reports	Quarterly	All Departments

2.2	Percentage of employees utilizing Psycho-Social services	Numerator Number of employees using Psycho-Social services Denominator Number of employees in the Department	Outcome	M&E Reports	Quarterly	All Departments
Goal 3: Increase Organizational Wellness						
Ref. No	Indicator	What to collect	Level	Data Source	Data reporting frequency	Institution Responsible
3.1	Percentage of Departments with Organisational Development & Support Programmes	Numerator Number of Departments with Organisational Development & Support Programmes Denominator Number of Departments in the Public Service	Output	M&E Reports	Quarterly	All Departments
3.2	Percentage of employees attending Organisational Development & Support programmes	Numerator Number of employees attending Organisational Development & Support programmes Denominator Number of employees in the Department	Outcome	M&E Reports	Quarterly	All Departments
3.3	Percentage of Departments with fair labour practices	Numerator Number of Departments with fair labour practices	Output	M&E Reports	Quarterly	All Departments

		Denominator Number of Departments in the Public Service				
3.4	Percentage of employees reporting fair treatment in the workplace	Numerator Number of employees reporting fair treatment in the workplace Denominator Number of employees in the Department	Outcome	M&E Reports	Quarterly	All Departments
Goal 4: Promote Work-Life Balance						
4.1	Percentage of Departments with flexible policies that address work and personal life	Numerator Number of Departments with flexible policies that address work and personal life Denominator Number of Departments in the Public Service	Output	M&E Reports	Quarterly	All department
4.2	Percentage of employees benefiting from flexible policies	Numerator Number of employees benefiting from flexible policies Denominator Number of employees in the Department	Outcome	M&E Reports	Quarterly	All Departments
4.3	Percentage of Departments with child-care facilities	Numerator Number of Departments with child-care facilities	Output	M&E Reports	Quarterly	All departments

		Denominator Number of Departments in the Public Service				
4.4	Percentage of employees utilizing child-care facilities	Numerator Number of employees who utilized child-care facilities in the last three months Denominator Number of employees in the Department	Outcome	M&E Reports	Quarterly	All departments
4.5	Percentage of Departments with retirement programme	Numerator Number of Departments with retirement programmes Denominator Number of Departments in the Public service	Output	M&E Reports	Quarterly	All Departments
4.6	Percentage of employees attending retirement programmes	Numerator Number of employees who attended retirement programmes in the last three months Denominator Number of employees in the Department	Outcome	M&E Reports	Quarterly	All Departments
4.7	Percentage of Departments with accessible workplaces	Numerator Number of Departments with accessible workplaces	Output	M&E Reports	Quarterly	All Departments

		Denominator Number of Departments in the Public Service				
4.8	Percentage of employees from designated groups reporting satisfaction in terms of accessibility	Numerator Number of employees from designated groups reporting satisfaction in terms of accessibility in the last three months Denominator Number of employees from designated group in the Department	Outcome	M&E Reports	Quarterly	All Departments

CHAPTER 3

IMPLEMENTATION OF THE M&E PLAN

The implementation of the Public Service Wellness Management M&E plan will be underpinned by the 12 components in an effort to coordinate an effective M&E system within the Public Service. The Government Wide M&E (GWM&E) Framework has led to several M&E system initiatives which address most of the components, as a result departments should align their Wellness Management M&E initiative to existing GWM&E system components, identifying and strengthening these for the M&E of Wellness Management.

3.1. *Organizational Structure*

The aim of this M&E plan is not to develop new or parallel structures, but to strengthen and adapt existing structures for effective Wellness M&E activities within the Public service. Implementing organizations are expected to appoint or assign M&E focal persons. The role of the appointed/assigned M&E focal person in each department should be closely aligned to that of the existing GWM&E technocrats in his/her department. The key role of the focal person would be:

- Identify key person for GWM&E in his/her organization
- In association with GWM&E officer plan and implement Wellness related data-management and flow between the Department and the DPSA.
- Implement good quality record keeping in partnership with the GWM&E officials
- Compile monthly summary records on departmental Wellness activities.
- Adhere to timelines on data reporting requirements
- Participate in all Wellness M&E related trainings and activities

3.2. *Human Capacity for M&E*

- The M&E focal person should have competent data management and reporting skills, supported by the GWM&E technocrat within the organization. The supporting mechanism of supervision, in-service training and mentoring will be developed, planned and exercised.
- The ongoing support to the Wellness M&E focal people on practical reporting requirements will be provided by DPSA.

- It is envisaged that PALAMA will develop or adapt their M&E curriculum accordingly to ensure ongoing professional development for the M&E focal persons.

3.3. M&E partnership

- Government sector M&E forum comprising of M&E and Employee Health and Wellness representatives from all government departments will be convened quarterly to review progress, identify further learning needs and share lessons learned during the early stages of the implementation of this plan.
- Partnerships need to be strengthened at various levels of the implementation of this M&E plan among identified stakeholders under government sector.
- At organizational level between M&E focal persons, EHW programme managers, Wellness (Workplace) Coordinators and organizational GWM&E officers to discuss the M&E of Wellness Management, database management and reporting mechanisms
- Partnerships need to be strengthened at various levels of the implementation of this M&E plan among identified stakeholders outside of government sector.

3.4. M&E plan

- Public Service Wellness Management M&E Plan will be regularly updated to make adjustments in data collection needs associated with revisions of EHW Strategic Framework and Wellness Management Policy, and to strengthen M&E system performance based on periodic M&E assessments.
- Review will be conducted with the participation of all stakeholders.

3.5. Costed M&E work plan

For the Public Service Wellness Management M&E plan to be operationalised, an annual costed Wellness M&E workplan needs to be developed that describes the priority M&E activities in the Public Service for the year with defined responsibilities for implementation, costs for each activity, identified funding, and a clear timeline for delivery of outputs. All relevant stakeholders should develop, review, update and endorse the Wellness Management M&E workplan annually based on performance monitoring.

3.6. Advocacy, communication and culture

It is important to create a supportive M&E culture, and to promote effective and efficient service delivery through M&E activities. Public Service Wellness M&E communication and advocacy plan will be developed with tailored messages for different audiences, including the general public. Wellness M&E advocacy activities, such as developing and disseminating M&E materials that target different audiences and support data sharing and use, will be implemented according to the Wellness M&E advocacy plan.

3.7. Surveys and surveillance

Biological and behavioral surveillance and surveys are essential to determine the drivers and the ill-health determinants in the Public service. Wellness surveillance and surveys may focus on the general population, most-at-risk populations or both.

- Protocols and data collection tools for all surveys and surveillance based on international standards and indicator requirement will be established and reviewed.
- Inventory of Wellness related surveys and surveillance within the Public Service will be conducted.
- Specified schedule for data collection should be linked to stakeholders' needs, including identification of resources for implementation.

3.8. Routine monitoring

i. Data collection

- Comprehensive and good quality data that will be used to guide decision-making at all levels, and routine data needs to be made available in a timely fashion.
- The data should include the four priority areas of Wellness Management that are being monitored where required.
- Data collection mechanism from the government departments will be designed to gather and compile the data to monitor the Wellness services delivery and Wellness response in the Public service.
- The DPSA will coordinate the routine data collection activities among the departments; to facilitate the departments to identify all existing data sources, and appropriate links.

- The DPSA will assist the departments to identify the duplication or oversight of data collection, and modify data collection tools when necessarily.

ii. Data flow

National Departments will be responsible for service level data (routine) and social and behavioural surveys. Data will flow from the reporting entities, to individual national departments or provinces, which will in turn submit reports to the DPSA.

iii. Reporting requirements and data sources

Reporting from government department to the DPSA will be compiled as outlined in Chapter 2- Summary of indicators (which describes indicator definitions, data sources, frequency of reporting and institutional responsibilities).

- While most of the indicators are to be reported annually, the DPSA will collect quarterly reports from departments.
- Departments are expected to collect and submit data within 21 days after the end of each quarter.
- The DPSA will consolidate data for reporting back to Departments.
- The DPSA will facilitate the periodical review in terms of overall workload of the reporting entities so that data collection will not be the hindrance to service delivery or programme implementation.

3.9. Supervision and data auditing

Supportive supervision refers to overseeing and directing the performance of others and transferring the knowledge, attitudes, and skills that are essential for successful M&E of Wellness activities.

Data auditing is the process of verifying the completeness and accuracy of reported aggregate Wellness programme data. This typically requires field visits to organizations that reported the data in order to check these data against client or other individual records.

The following activities will be in place to implement supervision and data auditing;

- Guidelines for supervising routine data collection at service delivery levels will be developed to define minimum requirements for data auditing and supervision.
- Routine supervision visits, including data assessments and feedback to local staff will be conducted by the M&E focal person in individual departments. The focal person should provide supportive supervision to the reporting entities and using this as a mechanism to strengthen local M&E capacity.
- Periodic data quality audits will be conducted by M&E focal person and GWM&E technocrats in the department. Data auditing requires that indicator protocols as well as protocols for data quality audits be developed.
- Supervision reports and audit reports will be produced and shared with the stakeholders at departmental Wellness service delivery levels.
- The DPSA will coordinate and assist each department to establish a mechanism of providing the high quality of supportive supervision and data auditing.

3.10. Database

- The infrastructure (hardware) and databases to capture, verify, transfer, analyze, and share data which are important elements of the Public Service M&E information system, needs to be designed to respond to the decision-making and reporting needs of different stakeholders.
- A standard reporting template will be developed to facilitate feeding the national data-base.
- Inventory and linkages with existing data system should be identified both at departmental and government sector coordination level.
- Each organization (province/departments) can have own reporting system but ensure customization and standardization to feed into national data-base.
- Linkage between different relevant databases is important to ensure data consistency and to avoid duplication of efforts.
- Standard exchange formats will be used to facilitate data transfer between different databases
- DPSA will manage, compile, analyze, and present data from all departments and provide the routine reports and other information products to Departments.
- Clear roles and responsibilities will be established at national, sub-national, and service-delivery levels to ensure appropriate and timely data flow between the different levels.
- A government sector Wellness database may include the following types of data:

- Recent and historical data
- Up-to-date registration information or a contact list of organizations involved in Wellness programmes, Data on all government sector standardized Wellness indicators specified in the M&E plan.
- Data from surveys and surveillance.
- Routine facility-based programme data.
- Routine community-based programme data.
- Information on supervision visits.
- Inventory of Wellness research and researchers.
- Information on Wellness capacity building activities.
- Information on Wellness M&E advocacy and communication activities.
- Inventory of department documents, including all Wellness-related information products.
- Other data from various related sources

3.11. Evaluation, research and learning

Appropriate use of evaluation and research data ensures that the planning of Wellness response is evidence-based and guides ongoing programme improvement.

- The Public Service need to coordinate with evaluation/research partners, establishing a process for developing a Wellness research strategy and for identifying relevant evaluation/research needs; to avoid duplication of effort; and that study results are shared and available for use in decision-making.
- Inventory of completed and ongoing Wellness evaluation and research studies and research capacity in the Public Service, including major research institutions and their focus of work will be conducted in collaboration with evaluation/research partners.
- Procedures for ethical review and reference to guidelines on evaluation and research standards under government sector will be developed in collaboration with evaluation/research partners.
- Conference or forum for dissemination and discussion of Wellness research and evaluation findings will be planned in collaboration with evaluation/research partners.

3.12. Data analysis, information dissemination and use

The most important reason for conducting Wellness M&E is to provide the data needed for guiding policy formulation and programme operations for Wellness responses.

- The data use plan will be included in the Public Service Wellness Management M&E plan, including data use calendar to guide the timetable for major data collection efforts and reporting requirements, analysis of data needs and data users, timetable for national reporting, standard format for reporting and data tabulation
- The data use plan will link data needs and data collection efforts with specific information products for different audiences, as well as a timetable for dissemination. It should also include activities to encourage data use, such as workshops to discuss the implications of Wellness M&E data for programme planning and improvement.
- Information products will be tailored to different audiences, including the general public and beneficiaries of Wellness services.
- The strategies to promote data dissemination and use will be developed, including: ensuring ownership of data; ensuring dissemination of good quality data in a timely manner; determining appropriate information products for different users; allocating sufficient resources for data dissemination; and, providing assistance for data use.

CONCLUSION

Successful implementation of this plan will be supported by:

- The existence of the functional Public Service M&E system, based on consensus built among relevant departments.
- Clear roles and responsibilities at different levels of M&E of Wellness, namely service delivery levels, intermediate aggregation levels and Public service data. This section need to be informed by strong consensus among departments, departments-specific M&E organizational structures, available M&E skills and HR capacity within departments
- Agreed-upon specific reporting timelines, supported by standard compatible data collection and reporting tools.

- Data review procedures to be performed at all levels and steps for addressing data quality challenges.
- Storage policies that will allow retrieval of documents for auditing purposes.