

37th WEDC International Conference, Hanoi, Vietnam, 2014

**SUSTAINABLE WATER AND SANITATION SERVICES
FOR ALL IN A FAST CHANGING WORLD**

**Institutionalizing improved management practice and
reporting to sustain sanitation service delivery**

A. Candelario & H. Lafontaine, Malawi

BRIEFING PAPER 2000

Low open defecation free (ODF) achievement in Malawi can be partially attributed to the poor management of Health Surveillance Assistants (HSAs). Engineers Without Borders Canada (EWB) partnered with Salima District's Environmental Health Department to co-develop and deploy a reporting process to improve the incorporation of sanitation activities into the routine work of HSAs. The process was deployed using an "arm's length approach" that strengthened the local management structures in the district. This brought clarity on the scope of HSA responsibilities to both HSAs and their managers. The resulting report represented the first comprehensive report to capture the activity performance of 187 HSAs in the department. Further, monthly reports revealed that each HSA, on average, performed only 1.5 of 4 required sanitation activities. This equipped managers with new data that could enable them to improve activity prioritizations and address root causes to underperformance.

Introduction

In Malawi, Health Surveillance Assistants (HSAs) within the Environmental Health Department of district-level government are responsible for the delivery of sanitation and hygiene promotion activities as part of Malawi's Essential Health Package [Malawi Ministry of Health, 2004]. These HSAs are crucial in assisting communities to become open defecation free (ODF) and are essential proponents of Malawi's ODF Strategy [Ministry of Agriculture, Irrigation and Water Development, 2011]. In order to achieve and sustain ODF, however, regular follow-up visits to communities are needed [Kar and Chambers, 2008] [Mukherjee, 2012].

The current level of ODF achievement in Malawi is 9% [ODF Task Force, 2013]. This can, in part, be attributed to the inadequate incorporation of sanitation activities into HSAs' routine work. However, by institutionalizing the department's management system, a better prioritization and balance of HSA activities can be achieved which can lead to sustainable delivery of sanitation services.

Sanitation indicators and performance management

In Salima District, the Environmental Health Department tracks sanitation and hygiene indicators, but these are rarely linked to HSAs' routine work. Instead, they are viewed by HSAs as outcomes for project activities funded by donors. This mindset, combined with limited routine planning and supervision for sanitation and hygiene activities, has left Salima with only 8% of villages achieving ODF as of December 2013 [Malawi Ministry of Health, 2013].

Improving management and performance monitoring systems by focusing on non-financial incentives for improving health service delivery is an area of opportunity in Malawi [VSO, 2010]. Engineers Without Borders Canada (EWB) assisted in the improvement of the management system in Salima District's Environmental Health Department to strengthen HSA activity prioritization towards desired health outcomes, including sanitation.

The result was the introduction of a new reporting process that improved activity management for 187 HSAs in Salima District with promise to improve performance of the entire district's 323 HSAs through better monitoring of HSA activities and priority setting.

History of the partnership

EWB and Salima District's Environmental Health Office collaborated to improve HSA performance in June 2012. At the time, some HSAs created work plans but did so out of compulsion rather than as a strategic tool. In addition, monthly reports that were submitted could not be easily evaluated against work plans because they were mostly qualitative in nature and contained personal accounts of community experiences. This made it difficult for HSAs and managers to assess their activity performance. It was believed that improved planning and reporting tools were needed. EWB co-developed tools with department staff. However, the tools were too cumbersome and their use faded after EWB left the district.

From May 2013 to March 2014, EWB continued the partnership. This time, the district requested EWB's assistance in the scale-up and further development of the planning and reporting tools.

After six months of focusing on both planning and reporting process improvements, the reporting process gained more momentum than the planning process. This led to the collective decision to focus on reporting to improve the management system. Therefore, from November 2013 to March 2014, EWB co-developed a new and simplified reporting tool that was adopted by the department.

An arm's-length approach for adoption

In order for the department to develop and institutionalize this new reporting process, EWB took an "arm's-length-approach" increasing the potential for success [Booth, 2013]. Deployment would have been more rapid if EWB propelled the reporting process ahead by funding the stationery and transportation required to deliver the forms to all health centres. However, it was believed that doing so would remove the opportunity for department staff to learn how to mitigate and circumvent underlying issues that hinder their management system, such as lack of stationery, poor scheduling and uncoordinated staff efforts.

Instead, district staff deployed the system using their regular departmental meetings, disseminated the forms by coordinating with staff who were already travelling to and from health centres, and regularly reminded HSAs to report during day-to-day interactions.

EWB did, however, fund a field visit with the District Environmental Health Officer to three health centres. He was able to interview staff and discovered that HSAs had been de-motivated to produce monthly reports because of the lack of feedback from district managers. The intention of this type of visit was to help trigger a behaviour change in district management to increase the likelihood of the process being sustained.

What EWB did

EWB attempted to maintain a facilitative role by:

- Providing space for government staff to take the lead at all stages of this initiative.
- Continuously debriefing EWB's progress and implementation approach with key managers.
- Exercising patience and working within the pace of the department to implement this change.

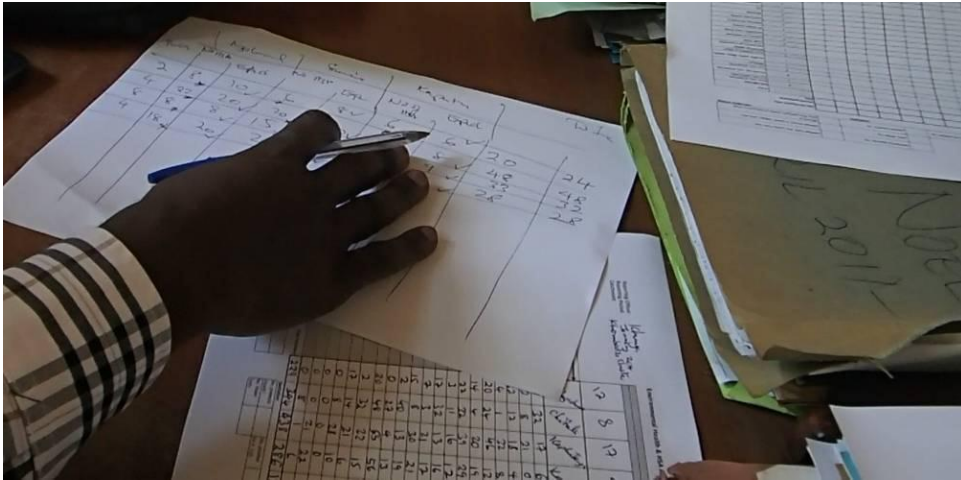
Having each manager responsible for ensuring that their staff shape and adopt the new reporting tool reduced the perception that this was an EWB initiative or separate from their government responsibilities. This approach also helped strengthen the internal management structure by requiring managers to meet with, communicate with and set expectations of their staff.

What EWB didn't do

To reinforce the institutionalization of the management system, EWB:

- Did not run a training workshop to introduce the new reporting tool or the process surrounding it.
- Did not fund transportation or communication costs for the district to implement the system.

EWB did not run a training workshop to guide staff on how to use the tool for two reasons. Firstly, training workshops are often implemented by external organizations and this risked setting the perception this was a temporary project instead of a new approach to the regular operation of the department. Secondly, workshops typically require per diems which can significantly increase the cost of an initiative and further entrenches problems related to the persistent informal culture of condoned abuse of per diems in Malawi [Søreide, Tostensen and Skage, 2012]. EWB also avoided funding transportation or communication costs that represented recurring expenses within the district. Instead, EWB funded non-routine activities that were important during the implementation phase but not critical during the regular operation of the department. For example, health centre visits to examine the adoption and function of the tool during its development.



Photograph 1. A manager explaining the reporting form to an HSA in Salima

Source: Author

Reporting tool

The tool¹ included a list of all activities that HSAs were required to perform, and the minimum number of times they were required to perform them per month. This was set by senior management and subsequently reinforced or adjusted by middle managers. HSAs were then able to report how many times an activity was conducted in the month as well as important information including disease outbreaks, administrative issues, et cetera. This format simplified the process to evaluate HSA performance by comparing the number of activities conducted monthly to what was expected.

In order to overcome computer literacy and access issues, the reporting tool was designed to work well using only paper and is simple to copy by hand if printed copies are not available.

Activities as the basis of evaluation

Activity duration is dependent on: what the activity is, the distance to the activity site, the size of that site, and if the specific activity is being conducted in parallel to others. This made activity durations difficult to predict or standardize. However, department staff and EWB identified that HSA activities are often conducted with a certain frequency which led to the use of the 'number of activities conducted' as the basis for performance evaluation in the reporting tool.

Report integrity

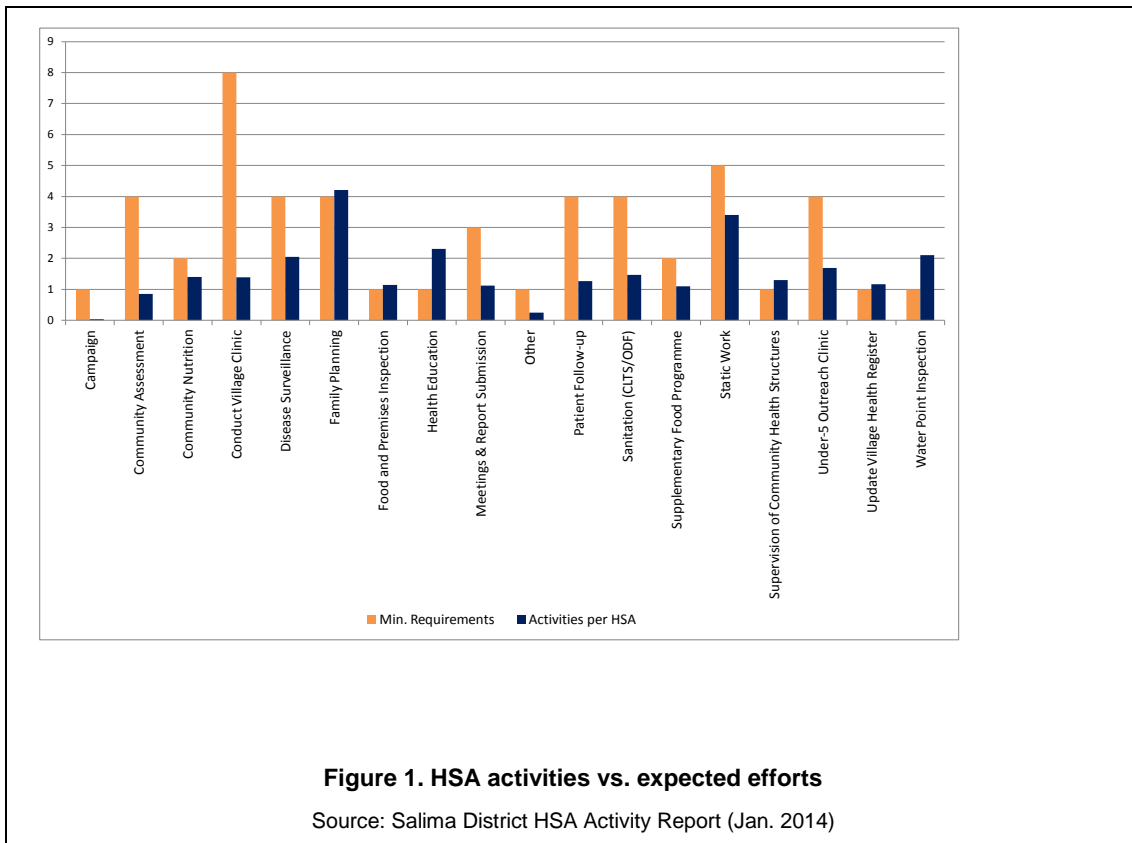
To mitigate fabricated reporting, HSAs compiled reports in groups increasing the potential for peer-to-peer accountability. Supervisors and managers also performed field visits to verify that the HSAs were truly performing the activities that they set out in their work plans. These methods may not have eliminated false reporting; however, this tool and reporting process offers a significant improvement compared to the previously existing management system.

Initial findings

The reporting process was initially deployed in December of 2013. By January 2014, 187 out of 323 HSAs were included in the monthly district summary report. Using existing district channels alone, over half of the district was able to use the reporting tool within the first two months. This was the first time that the District Environmental Health Office had a comprehensive report of HSA activity performance.

In the report, HSA activities fell short of the minimum requirements as shown in Figure 1. Managers saw which activities were conducted most and least frequently and discussed the potential contributing factors.

Examining sanitation, there was only an average of 1.5 activities conducted per HSA, despite a set minimum of four. This type of information provides a foundation for critical discussion and evaluation of the district's expectations as well as the HSAs' ability to prioritize and meet these expectations.



Performance

This data highlighted that the average HSA was underperforming by meeting only 55% of total minimum requirements. Without addressing the root causes of this, the prioritization of sanitation activities is difficult to achieve. The district will need to address the potential challenges currently constraining their operations:

1. HSAs may not be effectively prioritizing and balancing their work to meet all of their responsibilities.
2. Expectations of HSAs may be unrealistic leaving the HSAs to do what they can and de-prioritize different activities throughout the month.
3. Expectations do not accurately address the reality that HSAs are occasionally pulled out of their routine work by external disruptions.

Before this reporting process, the district was neither able to clearly articulate the scope of responsibilities for HSAs, nor were they able to share guidelines for HSAs to align their work with district goals. Now, these reports have led to a deeper understanding of the scope of work of HSAs and have highlighted important shortcomings of the current operations in the district. Managers are now equipped with a new set of data that is practical for their needs and is provoking them to ask critical questions about their ability to provide sanitation services to communities. Further, senior management is expecting to link these reports to the formal performance management processes being deployed in the Ministry of Health.

Awareness of HSA responsibilities

In Malawi, the responsibilities of HSAs have expanded both formally and informally, which has led to confusion in the department around activity prioritization. For example, when report data was shared with HSAs, they admitted that they did not know how to prioritize their activities before the deployment of this tool, but have since felt more confident to do so. By including activity requirements into the reporting tool, managers felt empowered to make better decisions about monthly expectations for their HSAs as well as gained confidence in their ability to accurately evaluate performance each month.

Next steps

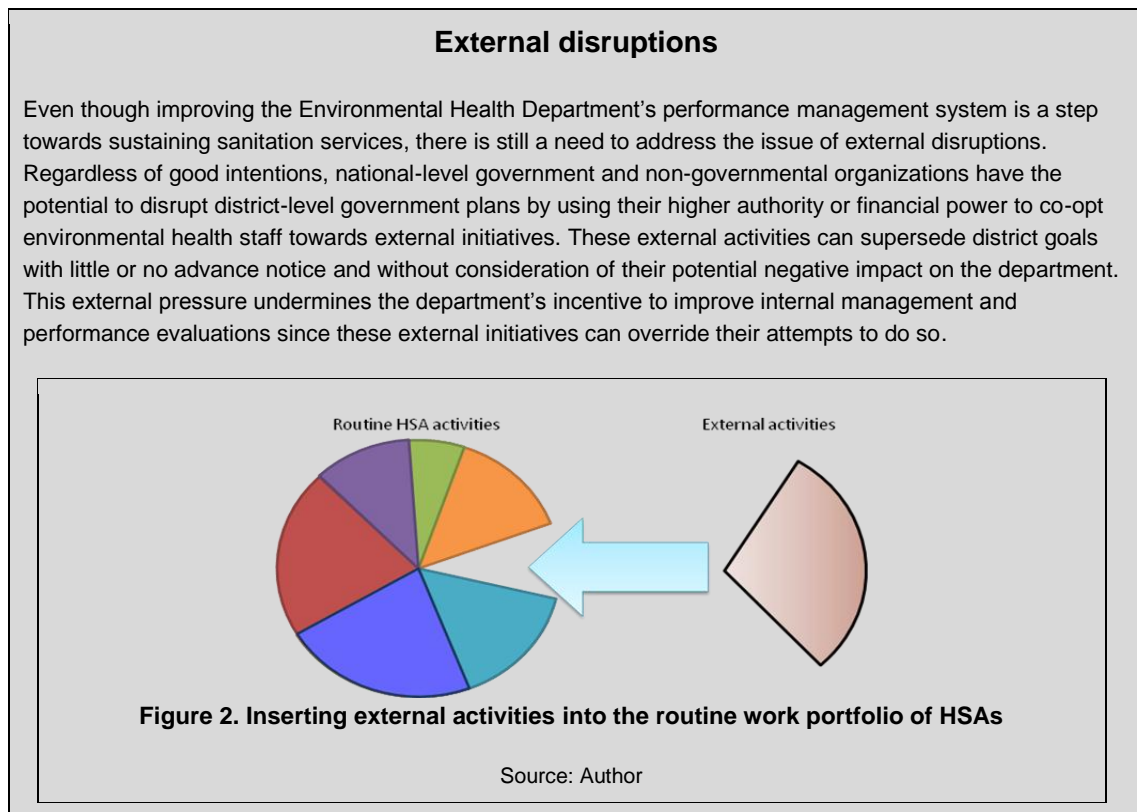
The department has committed to collecting feedback from staff on how to refine the reporting process over the next few months, as well as provide support to those who do not report. Community health indicators

will continue to be monitored by the district and further studies should be conducted to evaluate the long-term improvement of health service delivery due to this reporting process. Furthermore, this process and approach for deployment will contribute to current discussions in the Ministry of Health regarding Environmental Health activity management throughout Malawi.

Remaining challenges

With the deployment of any new management system, it takes time for new institutional practices to form and take root. The following challenges still remain with the adoption of this management system:

1. Report submission remains low and must increase from 57%, the current percentage of reporting HSAs.
2. HSAs and middle managers can fabricate reports due to difficulty in verifying data.
3. Management experience varies across the department and must be strengthened for this system to generate accountability and value.



Key lessons

- Empower and reinforce the supervision structures within government institutions by encouraging government staff to take the lead at every stage of deploying a management system, even if this will lengthen the time needed to do so.
- Evaluating HSA activities is easier for middle managers to respond to on a monthly basis compared to long-term sanitation performance indicators that are typically evaluated quarterly or annually.
- Planning for environmental health activities is devalued in an environment where external disruptions occur in the department with short notice
- It is important to ensure that a performance management system can be effective within the resource constraints of the system such as a paper-only environment.

Conclusions

Improving the Environmental Health Department’s reporting process and thus, their performance management system, is a promising approach to enable managers to lead and direct their staff toward achieving district priorities. This system, based on a simple and easy to understand template, has the

potential to increase the frequency and balance of routine activities in Malawi's Essential Health Package including critical sanitation activities that promote ODF achievement.

Equally important is deploying any new system in a manner that allows managers and HSAs to define and refine their roles, to discuss and set work expectations, to evaluate their current performance, to balance their responsibilities and to focus their efforts.

Even though this system is still in its infancy, the results so far are promising to improve the department's ability to ensure that all of their responsibilities are met, and that sanitation service delivery is sustained.

Acknowledgements

The authors would like to thank the Malawi Ministry of Health, Salima District Council and Salima's Environmental Health Department for their support and commitment to improving their capacity to deliver sanitation services and to reach an open defecation free Malawi.

References

- Booth, David (2013) *Facilitating development: an arm's length approach to aid*. Overseas Development Institute: London.
- Kar, Kamal and Chambers, Robert (2008) *Handbook on Community Led-Total Sanitation*. Plan: London.
- Malawi Ministry of Agriculture, Irrigation and Water Development (2011) *Open Defecation Free (ODF) Malawi Strategy 2011-2015*. Malawi Ministry of Agriculture, Irrigation and Water Development: Lilongwe.
- Malawi Ministry of Health (2004) *Handbook and Guide for Health Providers on the Essential Health Package (EHP) In Malawi: Understanding the EHP Planning Department*. Malawi Ministry of Health: Lilongwe.
- Malawi Ministry of Health (2013) *Salima Community WASH data December 2013*. Malawi Ministry of Health: Salima.
- Mukherjee, Nilanjana (2011) *Factors Associated with Achieving and Sustaining Open Defecation Free Communities: Learning from East Java*. Water and Sanitation Program: Washington, D.C.
- ODF Task Force (2013) *ODF Malawi Annual Review 2013*. ODF Task Force: Lilongwe.
- Søreide, Tina, Tostensen, Arne and Skage, Ingvild Agedal (2012) *Hunting for Per Diem: The Uses and Abuses of Travel Compensation in Three Developing Countries*. Norwegian Agency for Development Cooperation: Oslo.
- VSO (2010) *Valuing Health Workers: Implementing Sustainable Interventions to Improve Health Worker Motivation*. VSO: London.

Note/s

¹ The reporting tool used in Salima District is not shown because it is more important to co-develop a template that meets the needs of the local government institution.

Contact details

Anthony Candelario
Engineers Without Borders Canada
Box 2207, Lilongwe, Malawi
Tel: +265 997 682 946
Email: anthonycandelario@ewb.ca
www.ewb.ca

Holly Lafontaine
Engineers Without Borders Canada
Box 2207, Lilongwe, Malawi
Tel: +265 997 682 947
Email: hollylafontaine@ewb.ca
www.ewb.ca