



The Importance of Practical Norms in Government Health and Education Services in Malawi

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Abbreviations and acronyms

ADC	Area Development Committee
AIDS	Acquired Immuno-deficiency Syndrome
CMST	Central Medical Stores Trust
CPH	Community Participation in Health
CSEC	Civil Society Education Coalition
DEHO	District Environmental Health Officer
DEM	District Education Manager
DHA	District Hospital Administrator
DHMT	District Health Management Team
DHO	District Health Officer
DMO	District Medical Officer
DNO	District Nursing Officer
EHP	Essential Health Package
GDP	Gross Domestic Product
GOM	Government of Malawi
GPF	General Purpose Fund
HAC	Hospital Advisory Committee
HCAC	Health Centre Advisory Committee
HFC	Health Facility Committee
HSA	Health Surveillance Assistant
HSSP	Health Sector Strategic Plan
ICT	Information Communication Technology
IFMIS	Integrated Financial Management System
LAN	Local Area Network
MANEB	Malawi National Examinations Board
MDAs	Ministries, Departments and Agencies
MHSP-TA	Malawi Health Sector Strategic Plan - Technical Assistance Component
MoEST	Ministry of Education and Technology
MoFEPD	Ministry of Finance, Economic Planning and Development
MOH	Ministry of Health
MPSR	Malawi Public Service Regulations
NESP	National Education Sector Plan
NGO	Non-governmental Organization
NHA	National Health Account
OPD	Out-patients Department
ORT	Other Recurrent Transactions
PEA	Primary Education Advisor
PTA	Parent and Teacher Association
PTR	Pupil to Teacher Ratio
SMC	School's Management Committee
TB	Tuberculosis
TBA	Traditional Birth Attendant
VDC	Village Development Committee
VHC'	Village Health Committee
WHO	World Health Organisation
ZBS	Zodiak Broadcasting Services

1.0 Introduction

This report presents the findings of a qualitative field study in Malawi for the project ***Accountability Through Practical Norms: Civil Service Reform in Africa From Below*** funded by the British Academy and the British Department for International Development.

1.1 Study objectives, aim and purpose

The objectives of the study were twofold: to examine the extent to which official rules are being applied and to what degree everyday practices in health and education ministries, district hospitals and health centres, district education offices and schools are governed by practical norms; and to examine the interdependence between site-specific norms, profession-specific norms and general practical norms of bureaucratic culture. Specifically, the study sought to identify practical norms that could be employed to promote discussions about professional integrity and ethics. Its purpose was to generate findings that would function as a mirror for beneficiaries and stakeholders encouraging them to discuss practical norms in a constructive manner. The research also aimed at creating an inventory of practical norms in health and education in Malawi.

The premise of the study was the belief that practical informal norms at shop-floor level play an important role in regulating bureaucratic practices in African countries where there is a wide discrepancy between official rules and lived realities. This might be negative, justifying or facilitating corrupt practices, but it might also be positive, resulting in hubs of integrity. These practical norms co-exist with official regulations and societal moral values resulting in situations of normative pluralism.

In this local study, three different types of practical norms were differentiated: institutional norms, individual norms, and workplace norms – in line with the general framework of the international research that captures site-specific norms, profession-specific norms, and general norms of bureaucratic culture. The local study includes a presentation of the normative values that drive the practical norms in the health and education sectors in Malawi, and, possibly, dominating the civil service culture more broadly.

1.2 Working definition of practical norms

For the purposes of this study, practical norms are defined as informal socio-cultural rules at shop-floor level existing parallel to official regulations. In most cases government employees develop these practical norms as a pragmatic effort to manage their work and reconcile the discrepancy between lived realities in weak government bureaucracies and the official regulations in the book that are often perceived as impractical, outdated and out of touch with reality. The practical norms, in turn, are shaped by the moral principles governing conduct in society at large and are expressed in terms of social obligations and patron-client relationships. The interplay of official rules and practical norms results in situations of normative pluralism. In these situations, alternative practical norms are invoked to justify the disregard for official regulations or determine the ways official rules are being applied. On the negative side, compliance with informal rules may facilitate entrenchment of corrupt practices, fraud, and favouritism.

1.3 Study sites and methodology

The Malawi component of the study was done in three districts - Balaka, Machinga and Ntchisi. The districts were selected on the basis of accessibility, availability of interviewees, and geographical coverage – covering southern and central parts of the country. In each

district health and education were covered. Locations included District Health Offices, District Education Offices, District Hospitals and extension services - health centres, and primary and community day secondary schools. In total, 3 district hospitals and education offices, 3 health centres, 3 secondary schools, and 3 primary schools were visited.

Field data collection employed qualitative methods studying the interaction of official rules, practical norms and practices in all the research sites. A two-pronged strategy was used: (a) employing a case study approach drawing on participant observation, semi-structured interviews and focus-group discussions - tracking decision-making from ministerial headquarters, through district offices, to hospitals, health centres; and schools; and (b) focusing on frontline services where government employees (health workers and teachers) engage the public.

In addition, the study gathered data related to health issues from four workshops organized by the Ministry of Health (MOH), two for senior ministerial officials, and two strategic planning workshops for ministry and district health officials and stakeholders. Additional interviews and topical discussions with health officials and stakeholders were conducted during these workshops. For education issues, additional data were gathered from field reports of the Civil Society Education Coalition (CSEC), a network of over fifty civil society organizations working in the education sector. The CSEC Secretariat in Lilongwe provided input into the findings of this study by commenting on the first draft. Reports of previous studies on accountability in the health and education sectors were also reviewed to provide a wider context for the present study, and for purposes of comparing results.

2.0 Contextual background

Of late there has been increasing interest in accountability for health¹ and education² services delivery in Malawi. Related to health, it has been observed that much as the health of Malawians has generally improved over the last few years, considerable challenges in personnel and health resources management continue to haunt the country's health system. The improvements have largely been due to the substantial investments made by both the Government of Malawi and by development partners into the sector. Total health expenditure in Malawi rose from USD 168 million in 2002 to USD 632 million in 2012 (NHA 2013). The health sector has been one of the best resourced sectors in the country, though a large amount of the financing is committed to specific disease programme, particularly related to the fight against AIDS, TB and malaria (Resource Mapping, 2013/14).

However, despite this Government of Malawi increasing its health budget year on year, the most recent National Health Accounts and health sector costing exercises³ indicate that government health sector allocations are not sufficient to cover health sector costs, putting health sector budgets under significant pressures (Carlson, Chirwa and Hall, 2015). An analysis of funding and expenditure over a five-year period from 2009/10 to 2013/14 for the health sector at district level carried out in 2015 revealed that the health sector received more funding than any other social services sector but the levels declined over the period; 79% in 2009/10 and 51% in 2013/14. The sector's budget grew in nominal terms by just 6% over the period, from MK9.107 billion in 2009/10 to MK9.696 billion in 2013/14. In US dollar terms funding declined by 45%.

However, there was also evidence for under-utilization and misuse of resources. For example, district hospitals did not use all the funds provided in the 2013/14 budget. Their expenditure records showed an absorption rate of 93%. Close to 26% of the expenditure was paid to staff as allowances, the bulk of them likely to qualify as unallowable expenditure. Of the MK3.787 billion, MK987 million was paid as allowances against a budget of MK444 million (122% over expenditure). Some 22% of transactions were misposted in the expenditure report – MK848 million worth of transactions were posted in wrong accounts, and 51% of the mispostings were allowances mostly posted to medical expenses accounts suggesting fraudulent behaviours and practices. The study concluded that among the implications of these practices was poor service delivery as funds for service delivery were systematically used to pay routine allowances, and health staff were not giving their best unless paid allowances.

The findings of a drug leakage study done in the same year revealed similar accountability shortcomings in the health service delivery system. It showed that cumulatively 32% of the

Examples include C. Carlson, W.C. Chirwa and N. Hall, 2015, *Study of Health Sector Efficiency in Malawi*, MHSP-TA and Options. Lilongwe; Government of Norway (unpublished 2015) Health Commodity Leakage in Malawi: a Quantitative and Qualitative study on National Leakage of Medicines and Health Supplies. Lilongwe

² See, for example, Nick Hall With Michael Mambo, 2015, *Education For Development: Financing Education In Malawi – Opportunities For Action* Country Case Study For The Oslo Summit On Education For Development, 6-7 July 2015, Oslo, Sweden; Marieke Dekker, 2010, *The Malawian view on Community Participation in School Development: A Qualitative Program Evaluation in the South of Malawi*, Study number: 3033309; and Civil Society Education Coalition (CSEC), 2013, *Findings Of The 2011/2012 Public Expenditure Tracking Survey (PETS) On Education Sector In Malawi*, March 2013. Lilongwe

³ MOH/SSDI (2014) National Health Accounts 2011 and MOH/CHAI (2014) Costing of the Essential Health Package report

medical drugs sourced for the Essential Health Package (EHP) was unaccounted for,⁴ - 85% of leakage was found at the health facility level and 15% at the warehouse level. Malaria commodities ACTs and mRDTs had the highest levels of leakage, with 47% and 52% respectively. Essential medicines were also the most poorly documented commodities at health facility in-patient wards and out-patients departments (OPDs) where the drug pilferages were also high – suggesting deliberate fraudulent practices in those departments. In financial terms, an estimated \$11,572,886 worth (or 18%) of the total value of commodities assessed for the study was found to be unaccounted for. The study concluded that perceived high levels of leakage undermine the confidence of donors and the general public in the government health system.

Similarly, a study on efficiency in the health sector also done in the same year observed that there was significant disconnect between *cost centre* planning processes, *central* budget allocation processes and *cost centre* spending processes. Most allocation decisions in cost centres were based on payment priorities with each month's funding, with little reference to the annual budget, and – payee influence often determined expenditure prioritisation, which in turn opened up avenues for corruption, fraud, and other forms of favouritism. Frequent 'creative' use of coding in IFMIS (misposting) were used to hide overspending on budget lines and transferring of resources to "unallowable" expenditures. Systems and procedures, even when followed on paper, were easily manipulated by managers to by-pass controls and to take advantage for personal gains. Procedures for regular monitoring of consumption and prices against benchmarks (e.g. fuel mileage per litre, patient food cost per meal) were inadequate. Leakage of drugs were common and difficult to control because at every point where drugs were stored and dispensed, health staff were able to request of and receive from those in control the drugs they want. Patient food tendering was frequently exposed to inappropriate contract award plus various foodstuffs often stolen by staff. Both vehicle fuel and vehicle maintenance costs were frequent sources of inappropriate income to some staff members, while buildings maintenance was characterized by inadequate budgets – often a false economy and harmful to service delivery.

At the institutional level (rules of the game), practical norms were characterized by weak supervision and accountability systems and staff structures that did not provide checks and balances.⁵ These created openings for misuse and abuse of resources. Weak or non-existent performance management systems led to staff having little prospect for progressing in their careers or improving their grades and salaries, so that they were tempted to seek rewards through other, often abusive, means. The health delivery system was characterized by lack of published market prices and reasonable consumption rates or costs of service delivery to a given population to provide benchmarks, and lack of mechanisms for using such benchmarks to control expenditures. Lack of demand for and shortage of capacity to use such management information by those who were in control of resources was also noticeable.

At the level of individuals, practical norms are heavily influenced by the highly professionalised and 'closed system' nature of the health sector. Emphasis on "professional qualifications" and categories of staff gets in the way of introduction and use of more efficient management practical norms. The staff are "regimentalized" by their professional qualifications and job categories resulting in fragmentation of the labour force and emergence of practical norms that are specific to the staff "regiments". The tendency to

⁴ Leakage Study (2015)

⁵ See also Anders (2009, 2010).

emphasize the professionalized nature (and inadequacy of qualified health staff) results in cushioning and protecting inefficient managers and technicians, and even rewarding inefficiency. By over-protecting and over-cushioning the professionals, *their* “best interests” override those of the beneficiaries, tax payers and donors.

At the level of commitments (personal values and values) the tendency is to enforce compliance with informal rules – use of abusive language against, despising, ridiculing, flouting those that operate by the formal practical norms and rules, while praising and “good-buddying” those that don’t follow procedures and regulations.⁶ Attitudes towards government resources as free public goods undermine a sense of responsibility for managing resources efficiently, and contribute to misuse and abuse of resources. Health resources are characterized as *zaboma*, belonging to government, and *zaulere*, meaning provided freely, attitudes that undermine individual commitments to protection of public property. Limited involvement of beneficiaries and their representatives in health resources management and monitoring of service delivery, compounded by incomplete decentralization of the services delivery system and weak local governance structures further erode staff commitment to compliance with normative standards that would enhance delivery of quality health services.

An assessment of the state of education shows a mixed picture.⁷ On one hand, access to primary schools, with nearly all children aged 6 enrolled, is significantly better than the average for the sub-Saharan region. This is as a result of the Malawi Government’s commitment to education, including the adoption of free primary education in 1994. Furthermore, this enrolment level has been achieved even though population growth remains high, with 10 million of Malawi’s overall 17 million now below 20 years of age.

On the other hand, there are some results that are significantly worse than the regional average, including: primary completion at only 31%; secondary enrolment at only 15%; pupil to qualified teacher rates at 78:1 in primary and 44:1 in secondary; and primary pupil to classroom ratio of 111:1. These factors influence learning outcomes; in independent assessments, Malawi’s primary children demonstrate weaker reading and math scores on average than almost all comparable countries in the region.

On a more positive note, Malawi has achieved overall gender equity at the primary level and increasing equity in the highest grades (during which female drop out rate is much higher than male), thanks to current initiatives. Malawi has a substantial challenge at the secondary and tertiary levels regarding socio-economic equity in the distribution of support; for example, only 3% of government subsidies at the tertiary level benefits the two lowest wealth quintiles, while 82% benefits the highest quintile.

The current study is located in this contextual background. It uses a political economy analysis to analyse practical norms that dominate the Malawi health services and education delivery systems. The political economy analysis emphasizes the power of institutions (formal and informal rules that govern normative behaviours and practices); the power of individuals as actors (personal norms); and the importance of commitments (institutional and individual values that influence normative behaviours).

⁶ See also Anders (2009, 2010).

⁷ This account, and the paragraphs below, come from Nick Hall With Michael Mambo, 2015, *Education For Development: Financing Education In Malawi – Opportunities For Action* Country Case Study For The Oslo Summit On Education For Development, 6-7 July 2015, Oslo, Sweden

3.0 Study findings

3.1 Practical norms in the health sector

This section addresses the formal and informal rules that shape the institutional work culture in the health sector - in order to highlight institutional practical norms; site-specific workplace norms; individual and collective values that influence workplace normative behaviours; and the key drivers of the practical norms as contained in the findings of the study.

3.1.1 Institutional norms

The starting point is the presentation of the findings on institutional norms. The data show that the Malawi health sector is not short of legal and policy instruments designed to govern institutional norms. These include the Health Act, the Public Health Act, the Malawi Public Service Regulations (MPSR), Treasury Instructions, and various codes of conduct for staff. Interviews and discussions with health workers revealed that most workers are aware of these. In some cases they were able to cite specific sections of these instruments, or to acknowledge that some of these documents are posted on notice boards in various offices and are therefore easily accessible. “What matters is not presence or absence of institutional regulations”, observed one informant, “rather it is the compliance with the regulations....As civil servants were are all inducted in the rules and regulations governing our work...Some individuals follow them, others don't”.⁸

Information collected from top Managers in the Ministry of Health at a Financial Accountability Change Process Planning Workshop in Mangochi between 3rd and 5th June 2016 revealed that the majority of issues relating to financial accountability in the Ministry's headquarters are about attitudes and beliefs or a public culture, which in turn drive the current behaviours, some of which are now accepted as the standard operational norms. In the words of one Director of Finance, “Imagine a situation you would be put to if a Principal Secretary, who is the Ministry's Controlling Officer, and he is fully aware of the regulations, comes to you and tells you that he wants his monthly fuel allowance paid to him for four months in advance.... He knows that is an audit query. It is not in the regulations, and it is a bad management practice...but because he is the Big Bwana (boss) you are expected if not compelled to comply.... He is bending the rules, you are also bending the rules. It becomes acceptable, and becomes a normal routine.”

As if to emphasize the acceptance of this “norm”, the participants at this workshop (based on the results of the workshop) focussed to a large extent on technical aspects of the challenges the Ministry of Health was facing on financial accountability matters. Little attention was paid to the challenges relating to the practical norms much as there was frequent reference to them. **Annex I** summaries the Ministry's key challenges and their associated practical norms.

Information from the districts visited indicates that whatever is said about the central level applies at the district level where the members of the District Health Management Team (DHMT) comprising the District Health Officer (DHO), the District Medical Officer (DMO), the District Nursing Officer (DNO), the District Hospital Administrator (DHA), the District

⁸ Former Secretary of Health, extract from a discussion at the Financial Accountability Change Process Planning Workshop (Makokola Retreat Hotel – June 3rd - 5th 2016)

Environmental Health Officer (DEHO), the head of finance, and other departmental heads behave in a similar manner to the Managers at the Ministerial Headquarters. The support and other technical staff, and the non-medical staff are often at the receiving end of the key decisions made by the members of the DHMT. The decisions, particularly those relating to budget allocations, expenditure priorities, training opportunities, and task allocations are often not done transparently. A Radiologist at one of the district hospitals visited shared his personal experience in the following words: “I requested for gumboots for foot protection when I enter the X-ray room. The request took six months to be approved, and the gumboots took nine months to be procured. When they arrived here, it took another four months for the management to give them to me. I got them just last Thursday.... Look at the sole of my shoes...big gaping holes, completely open... my feet step directly on the floor....You can imagine the risk of infection....”

An important element of institutional culture that influences the nature of practical norms is the lack of sanctions or a clearly defined reward system, which is the same in other parts of the civil service. In the health sector, a staff member with a case of professional misconduct is not disciplined at the hospital. The case is sent to the Ministry for disciplinary action. Such cases take too long and the usual sanction is to transfer a staff member to another facility, with the Ministry arguing it does not have enough professional staff. This practice simply transfers inefficiency from one centre to another, rewards unprofessional staff and demoralises good performers. The Ministry awards more service-based promotions (i.e. length of service or educational qualifications) than performance-based ones. Those that perform well and are exemplary are not treated as role models or rewarded. At one of the district hospitals visited for this study a case was cited of a Pharmacy Assistant who was transferred from another district hospital after being found with stolen drugs, and was promoted to a higher grade in the course of the transfer. “Take the example of a Pharmacy Assistant who had a case of stealing drugs from [x] district hospital. He was transferred here on promotion. As DHO I could not accept that, so I queried, but no immediate action was taken. Within few months he was involved in a similar case and I decided that I should post another person to the Pharmacy Department to keep a check on this guy...and I told him to give me a full report on the missing medicines. He later came back and said that the medicines were just misplaced...they are there in the Pharmacies....To me he still has a case to answer and I will not allow him to be working alone in that department. I will be keeping a close eye on him. He is an embarrassment. If I let him go away with that it will be like allowing him to get away with murder. Others will also start following his example....”

3.1.2 Site-specific practical norms

In addition to the institutional culture discussed above, individual norms are largely shaped by the working environment – particularly the shortage of staff; and the attitudes and normative behaviours of staff at the work place. A noticeable feature of the Malawi health system is the shortage of staff. Malawi fails to meet the World Health Organisation (WHO) minimum threshold of doctors, nurses, and midwives necessary to deliver quality health services. This results in inadequate staffing in many hospitals, health facilities manned by one or two health personnel, facilities run or led by inadequately trained personnel, overworked and unmotivated staff, high maternal mortality rates due to failure by pregnant mothers especially in hard to reach and rural areas to access skilled birth attendants. Since 2007 the government started a number of interventions to address some of these problems – including task shifting for some categories of staff such as Nurse Midwives and clinicians, extra pay for extra working hours through LOCUM, and rehiring of retired staff. Recent

studies have shown that extra pay for extra working hours has created fresh challenges.⁹ The official targets are nurses that work at night, but in reality the beneficiaries include non-nursing staff. A DHMT members at one of the sites for this study was “shocked to see that the list of the recipients of LOCUM included a Pharmacy Assistant, and two additional members of the Accounts Department at the District Commissioner’s office who were involved in processing the allowances....” At another site the staff maintained that it was “normal” for some members of the DHMT to be included on the LOCUM list even when they were not doing extra work. “With the shortages of staff, sometimes you let such things go. You allow those not eligible for such benefits to also benefit in order to keep them motivated. You never know when you need them, especially for emergencies cases...they will refuse to come, so you entice them with such benefits even when you know that they are not supposed to have such benefits”.

Extra pay for extra work has tended to increase the work burden for some categories of staff, particularly nurses and midwives. “I normally work between twelve and fifteen hours in a day and I get very tired at the end of the day”, complained a nurse midwife at one district hospital visited. “One day, I was so tired. They brought me a case of a woman who was in prolonged labour. I didn’t check her details and did not inspect her thoroughly. I assisted her to the bed and was attending to her. In minutes the uterus burst open and the fluids splashed into my mouth, my whole face was covered with fluids.... Instinctively I stopped whatever I was doing and rushed to the sink, washed my face and my mouth with soap, spirit, and whatever disinfectants I could get hold of.... It was a bad experience.”

Periodically workers in health facilities have part of their work burden taken over by trainee doctors and nurses on attachment as part of their practical training. These come from both government and private training institutions. Trainee doctors and nurses compliment the staff of the hospitals and health centres, respectively. Sometimes they “do the work that the qualified doctors and nurses are supposed to be doing. Trainee nurses manage the patients in the wards and administer doctors’ prescriptions”. The majority of those from private training institutions are from the nursing colleges belonging to the Christian Health Association of Malawi (CHAM), a grouping of the Christian bodies that own hospitals, health centres, and nursing training colleges. CHAM has a Service Level Agreement with government that includes government subsidizing training costs of nurses, and paying for maternal and child health services offered by the CHAM facilities. The payments are done through the district Hospitals to the CHAM facilities within the district.

From the sentiments of the informants, a contentious issue is the “preferential treatment” given to foreign volunteer doctors, experts, and interns. These are seen as “getting everything and anything they want...from transport, housing, field allowances, to office space, which some of us don’t get.... It creates the feeling that we are less needed around here. Even the patients probably think that we are less important and even less qualified”. However, there was acknowledgement that foreign expert doctors were “important because they bring needed expertise based on long-term exposure, and experience from different parts of the world”.

At the tail-end of the health extension service are Health Surveillance Assistants (HSAs). They are salaried extension workers. Until about a decade or so ago they were primarily recruited for, and trained in, public health issues, including hygiene, sanitation, and gathering of information and reporting on outbreaks of communicable diseases at the community

⁹ These are covered in detail in the Health efficiency Study (2015)

level. Over the years the duties and responsibilities of HSAs have been expanded to include keeping maternal health registers (pregnancy, antenatal and postnatal care information, child health information), participation in under-five clinics, distribution of ITN nets for malaria prevention and control, malaria treatment, and some social aspects of the HIV/AIDS community response such as home-based care, condom distribution, and social mobilization for testing and counselling.

HSAs are often perceived as conduits for leakage of health commodities as they do not have proper systems for the distribution of the items they handle. One official at the Ministry of Health was of the view that “they [HSAs] just share the drugs with their relatives and friends as if they are sharing salt from their kitchens...with no diagnosis, no prescriptions, no opinion from a qualified person.... To them any sign of high temperature is malaria, so they administer malaria drugs, and any opening of bowels is diarrhoea caused by bacterial infection, warranting treatment with antibiotics....” As if that is not enough, they just collect drugs from the Health Centres or District Hospitals to keep at home, and to give to relatives and friends even when they are not sick...some of these items end up on the shelves of grocery shops and on the benches of vendors in the markets.”

On their part, the HSAs were of a different opinion: “we don’t give out drugs just for the sake of giving. We know that drugs are not candies or toffees. After all we are trained to administer very specific drugs, such as common pain killers, malaria drugs, some generic antibiotics, drugs for dressing common wounds, and others of that nature. We have been trained on the modes of administration of those drugs, and on the right dosages...As for administering the drugs without diagnosis, what we know is that we only do precautionary treatment, and we are told by the very same qualified people that that is allowed in their profession. After that we advise the patient to seek medical attention at the Health Centre or District Hospital...It’s not as if we have admission wards in our houses. Most of us are in very remote rural areas, far from health facilities. For a patient to walk from those communities to the nearest health facility takes several hours. What we do should be seen as a way of stabilizing the patients before they access full medical care...it is first aid at best....” By the way, if the health commodities are given to relatives and friends, does it make any difference? Is it not the same relatives and friends who fall sick and become patients? Would they not be the same patients accessing the same items at a Health Centre or District Hospital? The end result is the same, isn’t it?”

One of the valuable roles of the HSAs is the generation of community-level data on maternal health and newborn care, communicable diseases, water and sanitation, and other public health issues. If properly utilized, these data can guide effective formulation and implementation of community-level health interventions.

Another group of rather controversial players in the health delivery system is the traditional birth attendants (TBAs). These are local women with traditional knowledge in pregnancy care, child birth and newborn care. They, usually, have personal experience in child bearing and have passed the child bearing age. They offer pregnancy care and birth attendance services for a fee or in kind. Their practice is usually inherited from their own parents, grandparents, or guardians who brought them up.

The official policy of the Malawi Government is that deliveries should be done by competently qualified staff, and at a health facility. The TBAs therefore operate unofficially. However, the government has sometimes allowed the involvement of TBAs in maternal

health activities as volunteers, but not to conduct deliveries. In some districts,¹⁰ chiefs have established by-laws banning home deliveries in their areas. These have not gone down well with women in the areas¹¹ – “just doesn’t make any sense. Do I know when labour will start? I could be in the garden when it starts. I could be away from my own home. Who said labour makes an appointment that I will come at such and such a time? I will go to the nearest place where I can get assistance.... If the home of the TBA is the nearest place, that is where I will go....After all, if I go to the health facility with delayed labour, those ‘girls’ [meaning nurses and midwives] there will start shouting at me, showering all kinds of abuses on me, not even being mindful that I am in pain. So why not just go to where I can get quick care with humane treatment, in a friendly manner and with some respect....”

Where the TBAs are used as volunteers they complain about “receiving token allowances that do not compare with the ‘small’ fees” that they charge or the value of the items they receive in kind. “So why not just do the things that have more benefit to me?” Given that there will always be women who will need attention at crucial times because, for some reasons, they cannot access maternity care at a health facility, the TBAs are assured that “the practice of our parents and grandparents will not die.”

3.1.3 Workplace attitudes and normative behaviours

The 2015 study on efficiency in the health sector reported that taking responsibility for public goods and services was mentioned by interviewees as not being within the culture or norms of most staff members – “*Zaboma zilibe mwini*” (public or government property does not have an owner). This attitude toward shared resources is not uncommon. The dominant view was that public goods and services were *zaboma* (things of government) and *zaulere* (‘for free, extra or loose’ so available). Whatever is *zaboma* is considered *zaulere* – i.e. public goods or services are ‘free’ goods and services. People with responsibility for public goods and services are not naturally inclined to take responsibility for them. Public goods and services are regarded to be always readily available, and can be used at any time by anyone

The current study came across the same negative normative values. Informants interviewed for the study used such terms as *boma siliyamika*. (government is never thankful) no matter how best one tries. In some cases they used the term *papya tong’ola* (when it is ripe, harvest), and *likaomba otheratu* (similar to make hay while the sun shines), meaning that given the chance they would use any available opportunity to take advantage of public resources for personal interest. According to one nurse, “with the low salaries in this job people look for whatever little opportunity is there...workshops, training sessions, whatever can bring you extra income...for those in the higher offices *akudyerera udindo* (“they are eating from their positions, meaning using their positions for personal benefits)...The opportunities are limited so everybody is making the best of the chances they can get. If I get an invitation to a workshop that is providing some allowances, I disappear for some two or three days. I will say I am sick or I am attending a funeral, or some kind of emergency of that sort...when I come back I compensate for the tie lost. I work hard, I am good to everybody, and I treat my patients well. My face shines, and I am in high spirit....”

¹⁰ One good example is Ntcheu, neighbouring the district of Balaka which was one of the study sites

¹¹ The statements that follow were gathered at a workshop organized by the Malawi Health Sector Strategic Plan - Technical Assistance Component, a DfID-sponsored programme, that provides support to the Government of Malawi’s five year health sector strategy, the Health Sector Strategic Plan 2011-2016 (HSSP).

3.1.4 Drivers of practical norms

The paragraphs below outline perceptions of what is currently causing or sustaining the practical norms discussed above, along with the perceived key players and their roles.

(a) Weak accountability culture

At both the headquarters and district levels informants cited a weak accountability culture as one of the factors that sustain the practical norms discussed above. The weakness in the accountability systems, was, itself, a result of several reasons, among which were:

- **Political environment** (transition to liberal politics) – the adoption of political liberalism has resulted in a collapse in public service discipline and management controls. “In the past people feared punishment. In the one party era the moment you mess up, you knew the results... No indiscipline was tolerated. You were suspended or dismissed. These days, there are so many formalities to go through before you dismiss or fire a person. They have to be taken through the disciplinary hearing process, or interdicted or suspended with pay while awaiting hearing or investigation...it is about individual rights, and the law protects them. Not following procedures may result in the staff members winning the case in court and being paid a lot of money. So you avoid such embarrassments by simple transferring people around or just cautioning them”.
- **Cronyism** – managers are put in senior positions without public service commitment. These tend to serve their own interest first before serving the interests of the public. “At Capital Hill (Government Headquarters) when you hear juniors referring to someone as *Big man wamkulu*, similar to Nigerian *Oga Boss*, you know that those are the owners of Capital Hill... It does not necessarily refer to being ‘big’ in terms of position, it simply means refers to those with influence, connections, power, and those who know how to get their own things done...They reward others to maintain their influence, and command support...they by-pass rules without consequences, and you know about it. They are the *Big Man Wamkulu*”.
- **Cultural norms and social pressure** – traditional cultural norms tend to permeate into professional norms. There are traditional perceptions of the status of bosses that staff and services users are expected to comply with. For example, there is the view that *wamkulu salaka* (an elder doesn’t err) – “ a leader does no wrong”. With this, the actions of managers are not questioned, and the managers are not supposed to be accountable for their actions. As for the junior staff, they are afraid of *kuwapezera zifukwa* – “finding fault in order to remove those who raise issues”. This results in enforcement of “informal discipline”, censorship, and intimidation. Managers who operate by the rules are afraid of being labelled *wankhanza*“ being blamed for lack of concern for others – when they are reported or brought to book for their actions”. “If you want to save your skin, you don’t cross path with those that can turn against you, or those who have access to decision makers. It is suicidal”.

At the health facility level, traditional social pressure is reflected in the way medicines are administered. At one of the district hospitals visited, a Pharmacy Assistant complained that “it is not unusual for a nurse to come to the Pharmacy Department or to go to a ward and ask for a dosage of anti-malarial drugs or antibiotics to take home for a family member without that family member being diagnosed for the illness...they just collect dosages for drugs for family members, neighbours or friend. If

you say no, they castigate you and call you bad names”. The same story was shared by a nurse at one of the health centres visited – “these Health Surveillance Assistants ask for dosages of drugs for their patients in their villages. They say the patient cannot come to the health centre because she is old, or too sick to walk, or they say it is a small child that needs good care at home. So you just allow them to take the drugs. Whether indeed they take the drugs for the patient one cannot tell. You just find solace in the thought that well, whatever is the case the drugs will be taken by some kind of a patient...even if they sell the drugs, if they were to sell, the drugs would still be taken by a sick person somewhere somehow. You are still treating a sick person, whether it is at home or at a health facility. The end result is the same....”

- **“Acceptance” social pressure** – for those in managerial and other leadership positions, it is taken as “his turn to eat” “that’s normal”. There is almost no clear dividing line between personal or professional privileges associated with one’s position and abuse of office. “When one reaches a certain higher position in the hierarchy it is almost universally accepted that they should enjoy their position. It is their time. So those who are junior also wait for their turns...when their turns come, it is expected that they will also use their positions for some personal advantages...it is expected’.
- **“Zaboma”** (it belongs to government – therefore nobody should take personal interest), **“Zaulere”** (it is for free – no need to sweat to earn it), *boma siliyamika* (no one thanks you for public service)...
- **Pressure from Informal Rules** – if you want to succeed in the civil service you better comply with authority whether the authority is right or wrong. Often you are asked such questions as “do you want to be promoted?”. Those that play by the rules are often victims of abusive language, despising, and ridiculing – “you think that this hospital is yours? Is this your mother’s hospital? You came here alone and you will go alone. You will leave this hospital here....All of us are here only temporarily. There were people here before you. They went, They left this hospital here. Be good to others”.
- **Lack of sanctions** – even where there is adequate evidence, the government rarely wins court cases. They lose on technicalities. Where the cases are won the penalties are too small, and almost insignificant. “One awkward example of this is in the case of stolen drugs. A person caught with stolen drugs are fined very small amounts, usually ranging from K20,000 to K50,000. They pay and go, tomorrow they do it again, provided they are not caught. In fact, you really have to catch them red-handed, otherwise your best bet is to have them charged with the offence of being found with drugs believed to have been stolen from a public health facility. The charge itself has to be the right one or else they will go free’.
- **Divisive donor projects and programmes** – donor projects come with their own accounting formats and procedures that often do not fit in the government ones. The resources are in large amounts, often controlled by individuals and do not flow through the formal channels. In the end, donor programmes create parallel systems with various accountability challenges. “My experience as a PS [Principal Secretary] in a number of ministries is that usually donor projects start like small exercises, maybe a conference or workshop. One writes a paper that impresses a particular donor who decides to fund the idea expressed in the paper. Then it becomes a project, then it grows into a programme, running parallel to official ministerial programmes...Then it may grow into a unit. The one who originated the idea heads the project, programme

or unit...has a big budget...sometimes bigger than the budget of a ministerial department...whatever happens there is not channelled through the official ministerial programmes...By the time you realize it is too late. You have created an empire...a parallel department, with its own authorities, and you can't control the people in that rich empire. And it can run for years if that project or programme is renewed repeatedly...Their argument is very simple, 'this is my own project, it comes out of my own effort...you are too bureaucratic you delay our operations. This is a project we want things to move fast. We have deadlines to beat and indicators to achieve within a given time'. So, you sometimes lose control over things if you are a senior manager”.

For those projects that come through the official channels, you also have other problems: “When you manage donor-supported projects you spend more time accounting for donor funds than working on your real job. If the accounting formats are similar you just procedure the same report for each one of them, you just change the figures accordingly...otherwise it is such a daunting task accounting for donor funds, on top of the normal accounting work you have to do. For those who are clever, there ways of reducing the pressure of work. They issue two, three bad financial report, the donor gets disappointed, and then they claim that there is no capacity. That forces the donor to give them training...or the donor recommends for out-sourcing of the accounting work”.

(b) Poor management processes

The field data suggest a close connection between poor management processes and lack of accountability. The informants cited a number of examples to demonstrate that:

- **Senior managers are not clear on how they apply rules and standards**, and in most cases they take deliberate actions that are aimed at gaining favours rather than showing their commitment to professionalism. But sometimes they do so under pressure from services users and especially under emergency situations “Here is a case of a DHO who needed an oxygen resuscitator, and that is me. The DHO knows procurement procedures, and that such items can only be ordered through the Central Medical Stores Trust (CMST), but it was needed urgently So I decided to source it on the open market. I contacted a pharmacy in Blantyre and the resuscitator arrived within 18 hours. Meanwhile CMST were organizing another one and in came 3 days later. What could I do. I had to save lives, so I had to bend the rules a bit. Necessity knows no law....I put myself in trouble for that. I was queried by the Headquarters. They told me to write a report on that, which I did. I don't know what they intend to do with it. [Would you bend the rules a bit to help yourself or a relative or a friend?]....Of course I would. Why not? It is an emergency. Do emergencies follow procedures? You can only follow procedures for situations that follow procedures....”
- **Roles of Directors of Planning and Administration** are very clear, however some directors abdicate from their responsibility. They do more monitoring than planning. “A Director of Planning is supposed to be in the office planning things and administering plans, but they are busy in the field monitoring what others are doing. They assume the duties and responsibilities of Monitoring and Evaluation Officers In the end they become ineffective because they overload themselves with functions that are not their.... Even where and when they become effective they unnecessarily overload themselves”. Weakness of such directors leads to other directors usurping responsibilities

- **Misallocation of responsibilities** – Managers are put in positions they are not professionally qualified for. “It is very common at both the Headquarters and in the district health offices to have people in positions that they are not trained for. You find a Medical Doctor is heading a unit at the Head Office, a Clinical Officer is a Hospital Administrator, a specialist doctor, like a paediatrician, is a Principal Secretary. Much as it is good to have people promoted to her position, but it must be in the line of one’s professional career. Misallocation of responsibilities is sometimes done as a form of punishment for those that are regarded to be uncooperative. Where that happens it usually takes the form of a promotion, intended to silence “bad boys” or “bad girls”. In such an environment, there is considerable deliberate bending of regulations for personal benefit to make sure that one does not become a “bad boy” or “bad girl”. “You know that your promotion is not a genuine one. You are given because someone somewhere wants to silence you and the expectation is that you will be complying with their wishes. *Akukuyika dala chisikono mkamwa* [they are deliberately putting a big scone in your mouth, meaning silencing you)...but it is a promotion, so you take it, and you give them what they want at times or you choose to distance yourself from them and remain silent....”
- **Lack of performance management and supervision** - Currently the system is not there. It has just been developed but not fully implemented. As a result, “there is no clear criteria for promotion...some people are promoted on the basis of long stay others on the basis of newly acquire educational or professional qualifications...a lot more on the basis of familiarity with top officials”.

(c) *Poor compliance with control systems*

The causative factors of this include:

- **Poor record management and laxity in financial management** – often arising from lack of supervision by senior officers, lack of commitment by officers to perform the job efficiently and to the expected standard, lack of orientation and induction on the job; and deliberate piling up of documents, instead of instant filing in appropriate folders to justify claims. Recently the Ministry of Health employed (and trained) a number of ICT officers who are placed in central and district hospitals. At one central hospital visited in an earlier study an ICT officer felt that “my job description here is very unclear....I have been trying to set up an information system but it is not working because it looks like nobody is sure about how to use such a facility....Even if the information was made readily available for people to access, I think only very few would do so. The majority of the workers in the hospital don’t know the value of information in their work...They jut know how to deal with patients on a daily basis”. Another one at a district hospital shared similar sentiments – “I have been here for six months now, but I am not appreciated in terms of my job and contribution to the work here...I am reduced to a technician fixing broken computers and other electronic gadgets, including some that I don’t know too well about. I try to tell the staff here, including the DHO that I am not a computer repairman. I am an ICT person. I can set up a local area network (LAN), computerized system for acquisition and disbursement of drugs, administrative systems for file management and record keeping, transport and fuelling systems, patients’ records management systems, internal communications systems, and others. Since as a hospital we do not have clear procedures on how this could be done, I just do it at an individual basis. Heads of departments who want to have something done for them or within their departments,

I just work with them at that level. There's no use in trying to *kuongola mbatata yokhota* (straightening a bent potato, meaning correcting a system that cannot be repaired or rules that are no longer functional). You would just be breaking it”.

- **Mix up: Rules for government vs donor projects/ programmes** – most donors are reluctant to use country systems despite agreement to do so. Some projects are negotiated and implemented in ministries, departments and agencies (MDAs) without consulting relevant stakeholders such as the Ministry of Finance. Donors finance projects and programmes off budget to be implemented with their own conditions attached. There is no standard operation framework for project implementation on the part of government. These challenges are more pronounced at the district level where the district hospitals are torn in between account through the district councils, and directly to their donors
- **Lack of integrity by some officers in financial management** - mostly due to poor leadership styles leading to compromising rules, procedures and professional work ethics; and application of double standards by supervisors leading to failure to observe laid down rules. Field data for an earlier study on efficiency in the health sector show that “in some of the hospitals visited, there was deliberate misposting of expenditures in the record books. Transactions on allowances were posted to the medicines budget line or food budget line. Some of the postings to training were actually expenditures on field trips and supervision exercise....Though some of these were on account of lack of accounting capacity, there was also considerable evidence for deliberate actions intended to take advantage of the accounting systems. At the Senior Managers workshop in Mangochi, the participants observed that “there is desire on the part of some managers to use public resources to amass wealth within a short time, and unnecessary competition amongst officers for financial recognition. “It is about conspicuous consumption. Those that take advantage of their positions to amass wealth from public resources are usually those that want to show that they are big guys in town”. However, some Managers gave some examples of cases where they have resisted attempts to abuse public resources. “One day I got a list of people who were supposed to attend a workshop and had to be given upkeep allowances. My name was top on the list. I was not attending the workshop. So I cancelled out my name and a few others that I thought should not be on the list. I asked for a revised list, and when I got it I noticed that my driver’s name was on the list...so I included my Secretary’s name, deliberately. Vouchers for payment of allowances were prepared and brought to me. I cancelled them and called the officer to explain. He said he thought that I did not want to have my name seen on the list so he had to devise another way of ‘sharing’ the money with me, and that was through my driver and secretary...who, interestingly, were not even travelling to the workshop. So I decided to take over the exercise and compiled my own list of the workshop participants. I understand they were very annoyed with me, including those I had included on the list. They said I was unreasonable and unthankful”.
- **Weakness of the Integrated Financial Management Information System (IFMIS)** – informants indicated that there is collusion amongst operators of the system through password sharing by officers, disabling control devices, such as firewalls, and manipulation of some controls and security features. Senior Managers consulted for this study were of the opinion that “some senior managers are not conversant with the system, while at the same time there are considerable delays in deleting officers with access rights after posting to other ministries, departments and

agencies...we have also noticed that some officers are sharing access codes. That makes the system extremely vulnerable. But at the same time it allows for flexibility. In case of emergency situations it becomes possible for transactions to be done when officers share their access codes with others". New recruits do not have operational skills due to lack of orientation as a result of non-availability of training centres. Only those with access codes can therefore make transactions.

- **Decisions to spend made by one person** - failure to hold meetings to determine how to spend funds once funding is received, and deliberately ignoring to prioritize decisions and commitments approved by the cash management committees. These practices are more pronounced at the District Health Office level where decisions to spend are taken by the DHMT but often implemented by the DHO and the Hospital administrator, in collaboration with the Director of Finance. Even where the DHMT makes the decision on how to spend, the final decision on who should be paid and when could rest with the DHO or the Hospital administrator. A Maintenance Supervisor at one of the central hospital visited in an area study gave an example of where a contractor was paid twice, including for work that he had not done. "I had submitted my report on the construction works and other maintenance works. The Management approved everything and decided that the contractors should be paid. One contractor got his cheque. A month or so later I saw another invoice from the same contractor and he was citing the same works he had already been paid for. I minuted to the Hospital Administrator that the contractor had already been paid. A few days later another invoice came in, now citing works that had not been done, and, in my view, were yet to be done. I minuted again that the works cited are yet to be done. Next thing I hear the contractor is paid. I don't know whether it was just a mistake or some kind of collusion in some of our offices, but it showed that some people are making these decisions on their own. There was adequate documented evidence for proper decision making. But someone just approved the payment without checking with my office, or without follow-ups on the communication on the file".

(d) Non-existence of cooperation strategy and unclear processes

At the ministerial level, cooperation strategies and processes are only known to the Ministry of Finance, Economic Planning and Development (MoFEPD) but have not been disseminated to the other line ministries for compliance. When the Cooperation Strategies and Procedures were developed, there was no involvement of the line ministries. Otherwise, ministries should have been in the know for the purposes of compliance. Some of the donor partners perpetuate the non-compliance because of personal interest, which can be achieved if MoFEPD procedures are not followed. Non-compliance is also perpetuated by ministry officials for their personal benefit, because they are able to avoid certain accountability and reporting requirements of the MoFEPD. Officials of the ministry and donors feel that the lengthy bureaucratic procedures that they have to go through when MoFEPD is involved delay implementation of the projects and therefore opt to take shortcuts. Unclear cooperation strategy and processes are sustained by:

- (a) The absence of a system to track all projects being implemented by ministries or departments whether in the budget or outside the budget
- (b) Lack of knowledge of stakeholders vested with oversight functions to demand that information

The district hospitals visited for this study did not have access to the national Cooperation Strategies and Procedures. The only way they accounted for donor resources that came

directly to them was through memoranda of understanding or through the accounting conditionalities imposed by the donors themselves.

(e) Inadequate oversight by stakeholders

Community Participation in Health (CPH) has been advocated for more than 30 years as a model for improving health outcomes in developing countries.¹² This followed the World Health Organization's (WHO) Alma Mata Declaration of 1978. Since then, a commonly promoted mechanism for CPH has been the establishment of Health Facility Committees (HFCs) and Village Health Committees (VHC's). In Malawi, since the first PHC action plan was drawn and piloted in three districts in the early 1980s, Health Facility Committees – HFC's (locally referred to as Health Centre Advisory Committees – HCAC in Health Centres and Hospital Advisory Committees – HAC in Community and District Hospitals) have been rolled out in all public health facilities.

Despite being referred to in the Health Sector Strategic Plan (HSSP)¹³, evidence on the ground suggests that most HCAC's are dysfunctional or non-existent.¹⁴ In those instances where these committees do exist, there are serious capacity gaps in terms of their ability to ensure there is correct, efficient and cost-effective handling, and prudent use of drugs within their respective facilities. Further confounding matters, the HSSP does not explicitly mention HCAC's and their expected roles regarding drug monitoring aside from pointing out need for the revitalization and closing capacity gaps in existing drug committees.¹⁵ On the ground, membership of HCACs does also include individuals who are supposed to serve on drug committees (e.g. Ward Councillors and Village Headmen). Clearly, there are grey areas regarding the apparent overlaps in roles and functions of Drug Committees and HCACs and how these two committees relate to each other on matters of drug/medical supplies accountability.¹⁶

Where functional, the HCACs have limited powers, just like the Ward Councilors. At one workshop attended for the purposes of this study a Ward Councilor who was also a member of a HCACs shared an experience of being involved in a drug monitoring exercise. "We visited the hospital to monitor receipt and disbursement of drugs. On two occasions we were quite successful. Everything went on very well. On this other day, we went there and found some very angry hospital staff members. They started querying us why we were there and what our mandate was...they said 'just go home. Do you understand these things? Who are you by the way? What is your mandate? These things are very technical you can't even understand them'. We felt embarrassed and we abandoned the exercise. But we also had our own way of getting back at them. We took the issue to the District Council where we have mandate, and we carpeted the DHO on the behaviour of his staff. That gave him a lesson a bit. Hope next time they will not repeat it".

Various Capacity Building initiatives for the HCACs have been taking place across the country. District Health Offices (DHO's) variably do send teams to induct and orient new members of HCAC's once they have been constituted. Evidence on the ground suggests this

¹² This account comes from Stuart Miller and Tuntufye Mwalyambwire (2015), Analysis of sub-district drug accountability mechanisms in health centres in Malawi

¹³ MoH Zonal Reviews (September, 2014)

¹⁴ Annual Health Sector Performance Report (October, 2014)

¹⁵ HSSP: Sub section 5.2.2.2: Essential Medicines and Supply

¹⁶ In practice, Drug committees do not exist at Health Centre level. The HCAC performs the drugs oversight function.

has been done in a very basic and uncoordinated manner with a content bias towards other areas of envisaged HCAC roles such as arbitration of patient/facility staff conflict, maternal health issues, and immunization. The drug accountability role of the HCACs does not feature prominently in the capacity development initiatives despite the fact that drug/medical supplies leakages is a serious problem at tertiary level public health establishments in Malawi.

3.2 Practical norms in the education sector

The policy framework for education in Malawi is contained in the National Education Sector Plan (NESP), 2008 – 2017, which draws on the first and second post-independence education development plans. The NESP document states that *the vision for the education sector is to be a catalyst for socio-economic development, industrial growth and instrument for empowering the poor, the weak and voiceless. Education enhances group solidarity, national consciousness and tolerance of diversity. In essence, the sector wishes to ensure better access and equity, relevance and quality, and good governance and management in all institutions from basic education to higher education (GOM, 2008:1)*. Accountability is an element of empowering the poor, the weak, and the voiceless, and at the centre of good governance and management,

Recent assessments show that, at the policy implementation level, Malawi has had “a mixed picture... from the education perspective”.¹⁷ State commitment to education is strong, with free primary education offered since 1994 and a net primary intake rate of 97% in 2014, compared to the sub-Saharan Africa average of 79%. This result has been achieved despite an average annual enrolment growth rate of 5% and with 58% of the population under the age of 20.

The Malawi public education system includes primary. Standards 1-8 (for ages 6-13) and secondary, Forms 1-4 (ages 14-17). Although the net intake rate of 6 years old into the free primary stage is 97%, dropouts are common and the primary net enrolment rate of 87% in 2014 shows that there is some way to go before universal primary education is achieved. Enrolment at the secondary level is only 15%, well below the sub-Saharan Africa average of 33%. Since fees are charged at public secondary schools, poverty is the major contributing factor, together with insufficiently trained teachers and poor infrastructure. Tertiary enrolment is reported as only 1% of eligible aged students.¹⁸

At the schools' level the account below excludes tertiary education and focuses on primary and secondary levels.

3.2.1 Institutional norms

The Ministry of Education, Science and Technology (MOEST) is more decentralised than the Ministry of Health. That means the education services delivery system is also more decentralized. Bureaucratic structure starts with the Ministry Headquarters, to the Division – with a Division Manager, responsible for a few districts, to the District – with a District Education Manager (DEM), to the Zone - with at least one Primary Education Advisor (PEA) – responsible for a cluster of a few schools. At each level, there are certain responsibilities and decisions than the responsible officers can make.

At the sectoral level, three themes dominate the accountability discourse in the education sector: the management of the education sector budget and financial accountability in the procurement of educational materials; inadequacy and maladministration of human resource (teachers); and the declining quality of educational standards.

¹⁷ A good analysis of this is in Nick Hall With Michael Mambo, 2015, *Education For Development: Financing Education In Malawi – Opportunities For Action Country Case Study For The Oslo Summit On Education For Development*, 6-7 July 2015, Oslo, Sweden

¹⁸ This account comes from Nick Hall With Michael Mambo, 2015, *Education For Development: Financing Education In Malawi – Opportunities For Action Country Case Study For The Oslo Summit On Education For Development*, 6-7 July 2015, Oslo, Sweden

(a) Accountability in budget and procurement management

A recent (2015) country study¹⁹ on education financing has noted that overall, with about 40% of public expenditure funded by donors, total spending on education is 7% of GDP. This rate is higher than many other African countries including Kenya, Uganda, Mozambique and South Africa - countries that on average have better education results than Malawi. This implies that Malawi has a lower level of expenditure efficiency. One area of expenditure in which Malawi may be setting a high standard is the primary school improvement grant program, through which a grant is given to each school's management committee (SMC), which is made up of elected community members and senior teaching staff. The grant is a minimum of about \$1,200 USD per school each year (more for large schools) and evidence of significant benefits from this new programme is already emerging. In addition, the program greatly contributes to improved equity, decentralization, and accountability. Future funding from the Global Partnership for Education is expected to finance a performance-based element of these grants.

Though primary education is for free, in the sense that schools do not demand tuition fees and textbook revolving funds, there are other payments through which schools raise additional funding. These include token contributions to the school development fund, mock examination fees, examination fees, contributions to parent and teacher association (PTA) fund, and general purpose fund (GPF).

One education official who participated in this study "wished[d] the primary school grant was extended to secondary schools...because it is very handy when it comes to meeting expenses that the Ministry Headquarters would normally not do..." The grant "is used for minor maintenance costs at the school, small incidental expenses such as water bills, transport to hospital for learners and teachers in emergency cases, and other expenses of that nature. However, the "challenge with the grant is that it does not have strong accountability mechanisms, especially where the SMC is weak, Clever Head Teachers collude with their colleagues to procure items the school may not need.. Where the SMC is strong and monitors everything, everything goes very well... Mismanagement of the GPF, mock examination fees, and moneys contributed to the PTA fund are also not unusual. It depends on the ethical qualities of the Head Teacher and his/her staff. A strong SMC and the presence of teachers with integrity at a particular school make a difference. The Head Teacher felt that "considering the amounts involved I, personally, would think it is not worth spoiling one's name for...it is not worth it."

In terms of accountability for the primary school improvement grant, the success could partly be attributed to the position and supervisory role of the Primary Education Advisors (PEAs). Each PEA has 10 schools and a motor-bike to visit them. He/she supervises all administrative and academic aspects of the schools in his/her area of jurisdiction. The PEA therefore demands accountability from SMC members and the staff of the schools. That way accountability is embedded in the school system at the community level. The grant has "clear and strict accountability procedures and requirements. Head Teachers, members of the SMCs, and school teachers are all aware of these. It is therefore easy to detect malpractices", observed one PEA who participated in this study.

¹⁹ Nick Hall With Michael Mambo, 2015, *Education For Development: Financing Education In Malawi – Opportunities For Action* Country Case Study For The Oslo Summit On Education For Development, 6-7 July 2015, Oslo, Sweden

However, he further observed that that does not mean that there are no malpractices. “Sometimes there is collusion between some suppliers of goods and services and some Head Teachers, or members of SMCs.... For example, last year alone, at not less than three schools I heard stories of some members of SMCs providing services to the schools under pseudo names...they tendered for maintenance services under pseudo names, or using relatives...they colluded with two or three fellow SMC members not to reveal who exactly was tendering to offer the services...in all the three cases they won the bids.... Sometimes it is because the procurement rules are unnecessarily restrictive, especially the requirement to get three quotations, and the requirement that members of the SMCs should not participate in offering services to their schools. There are very few services providers in a local setting, and most of them would be connected to the school or to someone with influence at the school,,,. It means you would have to get out of the local community to source the services of, say, a builder or carpenter to do maintenance at the school. In the end it would be expensive, not to mention that it would be denying local artisans to earn an income from an opportunity that has arisen in their community...why not favour them?”

At one of the schools, it was “the Head Teacher who colluded with a supplier of school maintenance materials who inflated invoices in exchange for some kind of a kick-back, members of the SMC at the school were not aware that the invoices were being inflated...they approved the payments to the supplier of the maintenance services.” Such practices are common at workshop events. Officials at the District Education Offices, Head Teachers, or members of the SMCs, depending on the level at which the workshop is held, collude with suppliers of refreshments or owners of venues where the workshop is held, to inflate the prices of refreshments,,,. Much as the amounts involved may sound to be small, at the end of the day they still go away with something...”

(b) Case study: 2011/12 budget tracking

To demonstrate how education workers develop informal rules and practices as a pragmatic effort to manage their work and reconcile the discrepancy between lived realities and official regulations the account below uses the management and implementation of the 2011/12 education sector budget as a case study. The budget is chosen because adherence to its implementation is a good example of an *official norm*.²⁰ The budget is passed in parliament as law, and therefore binding on every official at every level of the government bureaucracy. It has regulations and professional or administrative procedures (recommendations or/and instructions) for its implementation. It is therefore formalised and codified.

The case study below shows how the implementation and management of the education sector budget, as an official policy implementation tool, is perceived as impractical and out of touch with reality. The result is that education workers develop their own informal practices that become practical norms for managing their situations.

Evidence from budget tracking exercises by the Civil Society Education Coalition (CSEC) , a network of over fifty civil society organizations working in the education sector, shows a big mismatch between education financing on one hand, and, on the other hand, quality of education delivered and the procurement of learning and teaching materials needed for the delivery of quality education. For example, in the 2011/12 fiscal year, CSEC characterizes the situation as “*Down the Drain*”, implying that it is a situation where a significant

²⁰ For a detailed discussion on different types of norms see, Jean-Pierre Olivier de Sardan, 2008, Researching the practical norms of real governance in Africa, *African Power and Politics Discussion Paper No. 5 Dec, 2008*

proportion of education sector financing is not reaching the targeted beneficiaries. Public money allocated through Malawi education budgets is missing the target and not all the funds are producing the desired outputs.”²¹

The 2011/12 approved recurrent budget was K33.252 billion and was revised upwards to K37.0 billion. There were two key programmes under the Ministry of Education and Technology (MoEST) recurrent budget in that fiscal year: Education and Vocational Training, which was allocated an approved total of K31.205 billion, later revised upwards to K34.406 billion; and the Public Administration Programme, which had an approved allocation of K2.046 billion, later revised upwards to K2.598 billion. Pre-Primary and Primary Education had a revised budget allocation K24.602 billion, the lion’s share of all the six (6) other sub-programmes under the Education and Vocational Training Program, representing 71% percent the total Programme allocation. Pre-primary and Primary Education accounted for 66.4 percent of total Recurrent Expenditure, and further represented 56.4 percent of total revised MoEST Vote. In aggregate, K21.88 billion was allocated to District Education Management (DEM) offices in the revised 2011/12 MoEST budget, representing 59 percent of the revised total recurrent budget for MoEST. This revised budget had targeted a total number of 4,034,220 primary school pupils under the 34 DEMs. The average per pupil spending across the DEMs was K6, 398.22.

The findings of a budget tracking exercise conducted in five districts²² revealed that of all the primary schools visited, 49 percent received teaching and learning materials through the budget allocation and other recurrent transactions (ORT) of the District Education Managers (DEMs) offices, while 51 percent did not. In addition, 70 percent of the schools received the school improvement grant while 30 percent did not. The figures suggest an unsystematic implementation of the education budget which in turn affects procurement and distribution of learning and teaching materials, and the quality of education services provided.

The tracking exercise further revealed that though there was in the budget an allocation for school bursaries for needy learners, no school in all the districts visited received funds for bursaries in 2011/12. Members and school teachers were of the view that bursaries “did not exist in their schools., but they were extremely needed, especially for educational support to orphans, disabled children and other disadvantaged children”.

The tracking exercise also revealed that 77 percent of the schools did not receive any new houses for teachers through the DEMs, despite the huge demand for teachers’ houses in almost all the schools. The 23 percent of the schools that indicated that at least a house was constructed still complained of inadequate numbers of houses compared to the number of teachers who needed accommodation. Another 94 percent of the schools indicated that no classroom block was constructed at their schools. School teachers respond to the frequent shortages of physical space for learning and teaching in ways that demonstrate their creativity and pragmatic effort to manage their work under difficult situations. One of such efforts is to conduct classes like the chief’s *bwalo* or *mphala*, village gathering under a tree where community discussions are held or cases settled. “Where schools do not have adequate classroom space, we gather the learners under a big mango tree and perch a

²¹ Civil Society Education Coalition (CSEC), 2013, *Findings Of The 2011/2012 Public Expenditure Tracking Survey (PETS) On Education Sector In Malawi*, March 2013. Lilongwe

²² The districts were Chikwawa, Mchinji, Salima, Mzimba, Nkhata Bay

blackboard on the tree trunk, that's it, that's a class. Where there is a church nearby we use the church....For junior classes we divide them in streams or shifts. One shift or stream comes in the morning and the other one in the afternoon. One classroom is thus used twice in a day." Such deviations from the official practice, which requires classes to be conducted in a classroom, become the norm.

At the school level, budget management is almost ineffective because of the unsystematic manner in which funds are disbursed to the districts from the central government. Even in the cases where the schools have budgets it is difficult to implement these because monthly disbursements of funds to the schools are not systematic. In some months the schools receive less than their monthly requirements and more in other months. Budget tracking exercises show that it is not a problem of schools not having budgets rather it is because the monthly money transfers to the schools are not consistent with the budgets. The tracking exercises show in most districts, 94% to 100% of the schools prepared annual budgets. The challenge is in the usefulness of the budgets as both management and accountability instruments. One Head Teacher acknowledged failure in implement the school budget: "We prepare budgets as a formality. We know that they are not systematically implemented. How would one implement a budget when the money one receives is not consistent with what is in the budget? The budget is just an official requirement...just a formality and nothing more. It makes it difficult to management procurement of items the school needs. We prepare the annual school budget just as a way of complying with the official requirement. Not that we believe in it. In fact, in most cases the figures we put in it the budget are not. We know that we will be told to cut them down, because we will be given budget ceilings that we cannot exceed. The ceilings, themselves, are unrealistic because they are way below our requirements. In reality therefore there is nothing like budget implementation."

Schools respond to such challenges by reverting to administrative practices that sometimes disadvantage the learners. They raise additional funding through strict enforcement of the requirements for contributions to the school development fund, mock examination fees, contributions to teacher association (PTA) fund, and general purpose fund (GPF). "When the school is under financial stress, these sources of additional funding become handy. The Head Teacher announces that nobody who has not made such payment should come to school by such a day...those who come without the money will be sent back home. They will not be allowed into class...or to sit for mock examinations." In the context where primary school education is free, such administrative practices would be regarded as being inconsistent with the official principles of free education, but they are done as part of the rules at shop-floor level existing parallel to official regulations, and constituting part of the school culture.

(C) Teaching and learning materials management

The 2015 review of financing of the education sector²³ noted that procurement and distribution of teaching and learning materials has been affected by management inefficiencies, resulting in average pupil to textbook ratios as high as 6:1 in some subjects and standards. These factors have contributed to an inefficient education system characterized by both high repetition and high dropout rates. The repetition rate is about

²³ Nick Hall With Michael Mambo, 2015, *Education For Development: Financing Education In Malawi – Opportunities For Action* Country Case Study For The Oslo Summit On Education For Development, 6-7 July 2015, Oslo, Sweden

25% in Standard I and as a result over 50% in Standard I are over 6 years of age. The average repetition rate in the first six grades is above 20% in Malawi, significantly higher than the sub-saharan average of 15%. Dropouts are over 10% in the first two years. As a consequence, primary school completion rates have remained around 30% since 2009.

Faced with the challenge of shortages of teaching and learning materials, teachers are “forced to resort to their own wits.... As teachers we are trained to improvise and to look for solutions that make sense under the circumstances....If there is shortage of books you put several learners, three to five around one book and they read in turns...if you have some money, you go and photocopy the book....The school also sometimes photocopies books and pamphlets for teaching...that is normal....nothing unusual about that, no big story.... It is just like the way you run a home. If you do not have bread for breakfast, you look for cassava and cook it, or you roast maize. If you cannot give a full cob to one child because you do not have enough, you break it in the middle and give two children half a cob each. It also teaches the children the value of sharing. When the learners share a book or a ruler they also learn something about how to live with others...So, we do it not just because we do not have adequate teaching and learning materials but also because it is important for the teaching and acquisition of moral values on the part of the learners. We are killing two birds with one stone...solving a shortage problem and teaching moral values....”

One retired Senior Education Methods Advisor (SEMA) who participated in this study was of the view that shortages of teaching and learning materials were often caused by hoarding of these materials by Head Teachers. In the name of prudence and providence Head Teachers are “in the habit of hoarding the material. Sometimes for fear that if they release a lot of books and other items, the items will be destroyed within a short period of time. So they keep some of them in their offices,,,, During my time as Advisor I would find a lot of books in Head Teachers’ offices, or school storerooms. When I checked I noticed that some of the books have been taken out of the syllabus, but they are still new and unused, kept in the Head teachers’ offices. When I asked them why, the answer was almost the same everywhere...we had kept them for future use, or we thought we needed to keep some so that we don’t have all the books destroyed at the same time....We were trying to preserve some....When they were asked if they were aware that the books or pamphlets were no longer in use, the answer was obvious, ‘yes, were aware but we will still distribute them,,, the learners may still find them useful as practising materials....” The former SEMA observed that such practices caused distortions in the supply and distribution of learning and teaching materials as they caused “artificial shortages”.

(c) Human resource management

The management of human resource in the education sector is another area characterized by discrepancies between realities on the ground and the stated positions in official policy documents. Within the first few years after 1994, when free primary education was introduced, over one million children poured into schools.²⁴ This was many more than the system could handle and there was a massive drop in educational achievement. Many of today’s teachers were educated in this weakened system and the quality of teaching remains low. Progress has been made recently in teacher production, with donors supporting the

²⁴ Detailed analysis in Nick Hall With Michael Mambo, 2015, *Education For Development: Financing Education In Malawi – Opportunities For Action Country Case Study For The Oslo Summit On Education For Development*, 6-7 July 2015, Oslo, Sweden

building of new teacher training colleges and distance learning programs. However, the 2014 primary school pupil to teacher ratio (PTR) of 78:1 (improved from 91:1 five years before) is still too high for effective teaching and much worse than the sub-Saharan Africa average of 42:1. The PTR should already have improved to 66:1, but the improvement has been delayed as close to 10,000 newly qualified teachers have not yet been placed in schools after more than a year due to funding shortage. The PTR at the secondary level is 26:1, slightly better than the sub-saharan average of 28:1. However, the actual PTR (pupil to qualified trained teacher) is only 44:1, as many schools rely on primary-trained teachers who are not adequately qualified to teach. One District Education Manager who participated in this study was of the view that the “use of unqualified teachers and volunteers is a mockery of the qualified teachers...and just doesn’t make any sense....Why should the schools be using unqualified staff when there are thousands of qualified one out there? The whole thing is a joke....At a personal level I find it difficult to understand why I should be managing people who are not qualified for the job when thousands of those qualified are out there...but we have no choice. We will keep on employing and using unqualified teachers.... The easiest and most convenient way of doing this is to employ unqualified teachers and volunteers from within the community, or to use retirees. Such people are always readily available within the communities. You don’t have to go very far to find them. Doing that is good because it provides some employment opportunities to those who may not have chances of being employed.”

At primary school level the Malawi Government has moved away from using untrained volunteer teachers. With support from USAID the Malawi Government has ran several phases of the Open Distance Learning (ODL) programme that included the identification of school graduates (at the Malawi School Certificate²⁵ level) in the local communities who would enlist for teaching. The local SMC identified the school graduates from the local community and the names were taken to the District Education office for official recruitment. The volunteer teachers would teach during the school term period and attend teacher training at a recognized teacher training college during holidays until they qualified as teachers. The PEAs, Head Teachers and SEMA who participated in this study maintained that the ODL programme “was very useful in resolving the teacher shortages at the local level, apart from giving employment opportunities to the school graduates who were doing nothing in their communities...” They also “praised community involvement in the programme. It gave the SMCs a sense of ownership. However, you cannot rule out patronage. Chiefs, Chairs of SMCs, and other influential people always had their own preferences. That prioritized their own children, wards and relatives even when they were not interested in a teaching career. In some cases these ODL teachers used the teacher training as a stepping stone. Once they got the qualification they moved on to other more lucrative jobs, especially in the NGO sector....that is whether their real interest was.”

3.2.2 Site-specific norms

All variants of norms - be they social, official, professional, or practical – regulate individual or/and collective practices of action, and are “situated at the mid-point between ...values and interests.”²⁶ The paragraphs below present the findings of this study on site-specific norms of education workers within the context of the values and interests that these workers stand for.

²⁵ This is equivalent to “O” levels in the UK

²⁶ As explained in Jean-Pierre Olivier de Sardan, 2008, *Researching the practical norms of real governance in Africa, African Power and Politics Discussion Paper No. 5 Dec, 2008*

Various conceptions of the “school” play a crucial role in the construction of workplace norms among education workers. From the field data, three conceptions of the school can be identified: as a work place – where workers are employed and get a salary at the end of the month; as a community institution embedded in the socio-cultural structures of the local society; as a physical structure – buildings and open grounds that can be used for various functions. In all these, the informants tended to refer to the “past” and the “current” situations, suggesting that there have been some norms shifts. The dividing line is at the point of transition from the one-party state to the current multiparty democracy starting from the early 1990s.

Until very recently most schools in Malawi, including teacher training colleges, had connections with religious institutions, particularly Catholic, Presbyterian, Adventist, and Anglican churches. As a result, the teaching profession was also closely associated with Christian values. Older teachers who participated in this study referred to their profession as “a calling”, and that a teacher is there “to serve”. “Teaching is not just about appearing in class, It is also how you relate to your learners, the school, and society...that requires that one be dedicated to the profession.” That is why in the old days when the Ministry of Education, Science and Technology was the Ministry of Education and Culture we used to refer to it as the *Ministry of Dedication and Torture* because it was about our dedication to the learners, the school and the community we were serving”. What mattered most was “discipline among the teachers...discipline was enforced. A teacher could not do anything that offended the school authorities or community and get away with it. You could be fired or suspended”. Teachers who were proven to have engaged in criminal acts, or those who impregnated school girls, faced disciplinary action. When I had just joined teaching, I was with a friend and colleague....we were just boys then. My friend fell in love with a school girl and she became pregnant. He convinced the parents’ girl that he would marry her and would support her to get back to school and would pay her fees, he was fired all the same. The District Education Office heard about it, and he and the Head teacher were both summoned...they tried to explain the situation but the teacher was still fired. Lucky enough he found another job and took his wife with him. He continued to support her and she finished secondary school. Now she is a teacher and he is working for an NGO. They are still together”. Discipline was enforceable and sanctions for indiscipline were clear. That is what made teachers accountable for their actions. The general perception among teachers was that “discipline has collapsed because of lack of sanctions” and against a background of individual rights and other civil liberties, teachers resort to courts whenever they are disciplined, and “often win their cases on technical grounds even when they are on the wrong”.

Informants were rather nostalgic about what they referred to as “the past”. “In those days”, they claimed, teachers were community leaders...Head Teachers had a special position in society, they had influence on other community members.” One teacher recalled the experience she had growing up in a family in which the mother was a teacher: “my mother taught not just the learners in school. She also taught community women. In those days female teachers used to teach what was called ‘domestic science’ – cooking, sewing, house care and others. My mother would gather community women on *mphasa* (reed mat) behind our house, surrounded by women who came to learn how to cut a piece of cloth for a dress, how to iron clothes for their husbands and children... on some days she gave them some basic lessons in cooking....that is what the *Madam* (female teacher) was supposed to be doing,,,. It was a social obligation that the community expected of her.” In return she was rewarded with social privileges such as community women coming to her house to

assist with caring for her children, drawing water for her, and free foodstuffs from the community. Such services and gifts kept her domestic bills low. Even with a small income her family could live comfortably in a rural setting.

The field data suggest that the informants viewed the school as an institution embedded in the social fabric even in its physical state. Classrooms could be turned into prayer rooms and meeting places. The school grounds were equivalents of “town halls” where community members came to discuss their issues, network on important matters, have entertainment (such as dances and football matches), but that has changed. “These days, with the proliferation of religious groups and other groups, you get charged for holding a meeting in a classroom...the schools have started making money out of the service. We don’t know where that money goes...it is probably shared by the teachers...Head Teachers operate the school facilities as business enterprises. They charge for meetings, unless it is an NGO or the chief requesting them to provide the space for free.” Though such practices may be an exception rather than the general rule, they nonetheless provide evidence for shifts in the norms.

Teachers do not handle public resources such as school money or school property unless they hold special positions such as Head Teacher or Boarding Master/Mistress in the case of secondary schools. Two positions regarded to be “so powerful” in the case of boarding secondary schools is that of the Boarding Master/Mistress and that of the Bursar. These make decisions on procurement, under the general supervision of the Head Teacher and the School Internal Procurement Committee. Because they are the ones who decide on what to procure and how much, they have various ways of colluding with suppliers for inflated invoices, kick-backs, and “tips”. Head Teachers, because they are supervisors, also have such advantages. One area where Head Teachers often abuse school resources is transport. They control school vehicles, in the case of the schools that have vehicles. “When I was at...secondary school our Headmistress was never around from Friday afternoon. She would take the school minibus with the driver and disappear into town [Blantyre], returning Sunday afternoon. I think she had a boyfriend in town that she visited almost every weekend. The minibus had no school name written on it, and she made sure that the school name was not written on the bus...so she would use it as a personal vehicle whenever she wanted...nobody would know”. Teachers did not like it and “one day they reported her to the school PTA and she became very furious with the staff members, calling them hypocrites and devils, Judases of the modern day... but she survived it because she had connections with the ‘top’ somewhere.”

3.2.3 Workplace norms

Informants used the phrase *sukulu yinali kale* (school was real in the past) to distinguish what they used to do then from what they are doing currently. “Kale (in the past) as a teacher you made it a point that you have written your schemes of work, your lesson plans are done every day, homework is marked, and you are properly dressed for class...you never knew when you are visited by the Inspector. Not these days. You hardly find teachers with written schemes of work and lesson plans....They go to class in jeans trousers and t-shirts. Not in the past!” A retired Senior Education Methods Advisor (SEMA) who participated in the study observed that the reasons for these “changes” had to do with the shifts in the inspection emphasis. In the past inspection was more draconian and went beyond teaching methods to include behavioural issues. While some of those elements are still there, the emphasis currently is on methods, supervision, financial management training, and resource mobilization for the schools. “in fact, as opposed to the past, there are no draconian

measures against failures, unless a teacher is a habitual ‘offender’, and usually it just ends with caution. When I was a Senior Methods Advisor I was instructed to work jointly with the teachers, including Head Teachers, to see that they do things properly, following work plans, action plans, recommended methods, etc, and not to impose on them. Of course we also did physical inspection of the school... If there were any shortfalls, we did follow up visits. The real task was in making sure that there was systematic implementation, so it was the follow ups that mattered most because there was usually a lot of under-reporting by the teachers, and even where they reported regularly, the reports were inconsistent and fragmented. So, it was more of coaching than inspecting....”

As a workplace the school is a small unit. A primary school in a rural area would normally have not more than 9 teachers, while a community day secondary school would have 4 or 5 teachers. A full boarding school would have between 12 and 15 teachers, plus 4 or 5 support staff members and another 3 or 4 kitchen staff. School staff therefore usually work as a united team, unless individual members have personal issues between them/ “Since we usually live together in one canteens, and because we work so closely with each other, personal differences are not so pronounced, much as the exit and could be common in some school...they tended to be avoided in favour of maintaining unity”. Events such as funerals or weddings demonstrate how united a school can be. “We all come out to support, including our school children...we are one family. And that is how we also approach our work. If for some reason one is not available, we stand in for each other...But sometimes covering each other can be misused. For example, if I want to go away and do my own private things during school days or hours, I make arrangements with a friend, sometimes even without the Head Teacher knowing”. The “unity therefore has both advantages and disadvantages”. The “unity is also because we realize that we are always understaffed, so it is important for us to work together.”

Of late there have been a number of NGOs implementing social accountability interventions in schools. One aspect covered in these is teacher absenteeism. The NGOs are using scorecards to assess the performance of a school on a number of indicators including teacher absenteeism. Positive results have been reported wherever these interventions have been implemented. “Teachers hate the publicity associated with the negative scores...whether it is at an individual level or the school level...it is embarrassing and nobody wants embarrassments.”

Students’ high performance in examinations is one area where teachers always strive to demonstrate their professionalism and commitment to their work. When the school is doing well in national examinations²⁷ “teachers feel very proud...and they claim the credit as a group”. For that reason schools compete with each other for high performance at national examinations. To achieve high performance schools stage mock examinations, offer extra classes and study time, including at night, examination coaching, and other strategies. “We use the general purpose fund to buy kerosene for lamps, or we buy solar lamps, and tell the students to come at night to study...They cluster in groups and practice past examination papers...we also give them a series of mock examinations using past examination papers. Some teachers provide examination coaching for one or two weeks before the examinations. By the time the examinations come, the students are sharp, even the less intelligent ones. They will have mastered how to approach an examination and it becomes

²⁷ National examinations are at Standard 8 in primary school and Form 4 in secondary school. The Junior Certificate Examination at Form 2 was phased out.

easy for them to pass. Not everybody who passes a national examination is an intelligent student. Sometimes it is just because they were coached well.”

Some schools also encourage their students to cheat just to make sure that they increase the numbers of those passing the examination. “There are so many ways of doing it, You can do it by playing around with the sitting arrangement during the examinations...you pair brilliant ones and dull ones, and instruct the brilliant ones to expose their answer sheets to the dull ones without attracting the attention of the invigilator...so when they are writing the place their answer sheet in such a way that it is exposed to the other student... There are also various ways of communicating with them in the examination room. You go there as if to answer some queries and you reveal the answers in such a way that only your students understand what you are saying....But these days it is becoming very risk because the Police patrol examination centres. MANEB [Malawi National Examinations Board has tightened examination rules. People are getting arrested every year.... Who would want to go to jail for such issues? You appear in the newspapers, your name is on Zodiak (as in Zodiak Broadcasting Services, ZBS, a popular private radio and television station in the country.). Teachers are afraid of *Zodiak* (meaning negative publicity)...You know, Zodiak has a way of putting it – *zikachitika mumvera kwa ife* (when it happens you will get it from us, the ZBS slogan). *Akufuna kukhala zochitika ndi ndani?* (literally meaning who would want to be the ‘happening’”).

3.2.4 Drivers of practical norms among education workers

A 2010 study²⁸ on community participation in the education sector highlighted a number of normative values and attitudes that influence workplace practices of education workers in Malawi. Most of these were referred to by the teachers and education officials consulted for the present study as well. The paragraphs below outline *perceptions* of what is currently causing or sustaining the practical norms of education workers.

(a) Role-modelling

The teachers referred to themselves as societal role models. “A teacher is a role model.. has a lot of influence on school children and their parents and guardian...therefore has to show good examples all the times.” Evidence from the 2010 study suggests that this is a common normative value at the community level. *To serve as an example was also a role in which the parents saw themselves. The parents said we also want to be role models for other communities and show that we take part in the development of the school.... We will always help, because we are the parents and we can show the community to work together.* Members of the School Management Committees and the Parent Teacher Associations placed themselves in a central role as communicators: *If we work together, the less work there is. That’s why we make sure each and everyone is involved and present. We have to communicate to everyone.* In this respect, the teachers consulted for this study, as was the case in the 2010 study, regarded themselves as the lead role players. What was important to them was to ‘create a conducive environment for the learner. We are the guides and drivers of development and change....’ The informants also mentioned the existence of Mother Support Groups in some schools. They promote girls’ education by participating in activities aimed in encouraging girls to stay in school. “They come and clean the girls’ toilets, provide sanitary and personal hygiene counselling to girls, and work with school teachers on issues related to girls’ education.”

²⁸ Marieke Dekker, 2010, The Malawian view on Community Participation in School Development: A Qualitative Program Evaluation in the South of Malawi, Study number: 3033309

The 2010 study found chiefs to have the most pronounced opinion about their role as exemplary figures in education development projects. *They felt like they should be in the forefront and that is their responsibility to be role models for the entire community. As chiefs, they feel like they are guiding the community members and encouraging them to develop the school. 'We are the leaders, "if we don't take part, our followers won't listen to us". "As chief, I'm in the forefront of the community participation. Donors like to see me push things and not let organisations push. My presence shows to others what they should do, they can copy"*.

In the present study teachers also referred to themselves as role models and parents. "We are not just teachers. We are the guiding light of the community. We inspire others, including parents and guardians and the school children themselves. We also have a role to protect our children. Like this other day, I found a boy harassing a girl on the way. I noted that both were school children, but not from my school. I felt bad and concerned...I found a whip and whipped the boy...some five strokes. I told him to go and report to his parents and his Head Teacher that I had whipped him. I did that because I was a teacher so had to protect the school girl, but also because I was a parent and that girl could have been my daughter, also because I was a member of the community and I share the collective responsibility to teach children how to live well with others...and it was my responsibility to protect the girl..."

(b) Team spirit and team building

The teachers who participated in this study cited team spirit and team building as an important workplace normative behaviour. Sharing responsibilities, covering up for each other, makes the job lighter. This "... is extremely important to us because we are always understaffed... one cannot shoulder the heavy burden of appearing in too many classes, so many hours, five days a week. Sometimes you take a break and request a colleague to stand in for you". The Head Teachers were said to "encourage the practice" because it was a way of reducing the burden of work and offering rest to the overworked staff.

(c) Stewardship and self-fulfilment

Stewardship (sense of ownership) was cited as one of the most common elements of teachers' accountability to their learners and the communities in which the teachers were serving. "Without a teacher there is no school... the teacher is the school". "You can take away a building from a school but you can't take the teacher out of the school". However, there were some differences in the way the older teachers (35 years and above) and the younger ones valued stewardship. While the former viewed the school as more than a work place, more like a home, the latter viewed it as just any other work place. The younger teachers' position was heavily influenced by the general impression that the education sector in Malawi was less paying, did not offer opportunities for career advancement, and other material gains. It was like *kugwira ntchito yabule* – meaning working for nothing. The older teachers were of the opinion that "being a member of staff at a school makes you become part of that school and the community in which it belongs....seeing the kids grow and get their education, even to the extent of being more educated than you, is the most fulfilling experience in a teacher's life...You become part of the families, the community, and the school at the same time. You share the achievements with everybody.... I have three of my former students who are like part of my family. I supported them through their primary school until they reached secondary school, and they went on to complete secondary school to university. Now they are big bosses. They are more educated than my own children. They even support me and my family materially. Whenever they visit they remind me of those days when I could get some exercises books and pencils from the school office

and hide them for them. I would give them secretly and warn them not to tell anyone, not even their parents and they would listen. I would even give them extra lessons and tests because I they impressed me as having the potential. I wanted them to pass, and they passed and they have succeeded in their careers. I am proud of them. All those wrong things I was doing with them have paid off. I had to go an extra mile with them....”

(d) In the best interest of the learners and the community

Both groups of teachers were however agreed that delivering quality teaching services was in the interest of the learners, and that it was the learners’ expectation that the teachers will live up to that. The more the teachers were exemplary in their actions the more the school would attract more learners and that was good for the development of the community. *This encourages the learning process and it will make other pupils who were at home come to school.... Pupils that are learning in good environments can become future leaders....The community wants to ensure the pupils have adequate lessons and to see the pupils learning in a nearby school. Community members “feel encouraged to send their children to school, they support the school and the teachers,.. And they feel happy about it”.*

4.0 Observations

The foregoing account suggests that the informants in the health sector provided responses that were more negative than those in the education sector. This needs to be explained. One reason was the timing of the study. The research was conducted at a time when there was considerable debate on resource accountability in the health sector. There were also a number of other studies prior to this one that addressed issues of accountability and governance in the health sector. Good examples of these include the studies done by the DfID-sponsored MHSP-TA programme.²⁹ The findings of these studies were widely disseminated and informed change management interventions that became part of the health sector reform proposals in the on-going public sector reforms in the country. The information provided to this study by health workers was therefore located in this context.

Another reason is the organizational structure of the two sectors. The health sector in Malawi is more centralized than the education sector. Decision making processes and lines of authority in the health sector are more lineal, running from the ministerial headquarters down to the district hospitals and community health centres, while in the education sector they are more decentralized. Some staff issues in the education sector are handled at the Zone, District and Division levels without referring them to the ministerial headquarters. It gives education workers more flexibility in their operations than their counterparts in the health sector.

The level of institutional 'integration' in societal structures also mattered. Due to both historical reasons and the social functions it plays in society, the school as an institution, including teachers, tend to be more embedded in the local community structures compared to a health facility. Both the personal and professional behaviours of teachers is thus shaped by the day to day interactions they have with other community members. In contrast with teachers, health workers can operate at an impersonal level.

Unlike teachers health workers at every level handle removable commodities that are vulnerable to malpractices such as theft and other forms of leakages Resource accountability issues are therefore more prominent in the health sector than in the education sector. That could be one of the major reasons for the negative perceptions expressed by the informants in the health sector.

²⁹ These included an examination of how health workers manage public goods, such as drugs, ("Study of Health Sector Efficiency in Malawi": February 2015); review of health facility committees to inform the development of an health facility committee strengthening programme (April 2015)); and Scoping Investigative and Accountability Mechanism for Health Commodities in Malawi (November 2015).

5.0 Conclusion

The findings of this study show that in the Malawi health and education sectors official rules are applied side by side with informal rules. Sometimes there are no clear demarcations between official and non-official practical norms, especially that non-official norms are often regarded and accepted as “normal” practices. What from the official point of view would be regarded as violations of laws, regulations and policies – including corrupt practices – are sometimes ‘glorified’ by society. The language used to refer to such practices sounds like and would amount to praising the wrong-doers. However, society sets the limits to which such practices would be regarded as acceptable. The findings of this study comes with numerous examples of situations in which some individuals, acting singularly, or in concert, have stood up to those engaged in, or promoting such behaviours. It can therefore be argued that although sometimes sounding negative, and justifying or facilitating theft, favouritism, and corrupt practices, the application and acceptance of the negative practical norms is not without limits. Society sets the boundaries within which those practices can be accepted or rejected. Such boundaries are defined by the operations of the corresponding normative values at floor-shop levels. This is the reason the practical norms co-exist with official regulations and societal moral values resulting in situations of normative pluralism.

6.0 Key recommendations

At all the study sites visited informants provided some key recommendations, summarized here broadly as follows:

6.1 Related to *practical norms in the health sector*

- To deal with the over-centralization of the health sector, decentralize fully the health delivery system so that some of the key decisions are taken at the local level through District Councils, and align health governance structures at local authority level to local governance structures in line with the decentralization policy.
- To enhance accountability of health workers, empower District Councils and community accountability structures (such as hospital and health centre advisory committees) to have oversight and management responsibilities including management of public resources at each level of the district health system, and enabling them to identify and tackle the determinants of health, and to identify and tackle the health challenges that affect them.
- To provide a basis for reforming human resource management, conduct and implement a functional/organizational review of health facilities (Health Centres, and Community and District hospitals) based on work load to equitably distribute workload and health services across the board.
- To enhance performance management, revitalise and strengthen the MOH's performance management system focusing on improving health sector efficiency and effectiveness, and rewarding health workers based on their professional performance.
- To encourage norm shifting, increase and sustain a sense of personal and collective responsibility for health resources through change management processes and interventions that result in norm shifting - *If "business as usual" within MoH involves inconsistent financial management and even occasional misuse of resources, then it is time for "business as unusual".* Among the key interventions would be training health managers to become change agents.

6.2 Related to *practical norms in the education sector*

- To reduce problems of procurement of learning and teaching materials, decentralize fully the education sector budget so that items are procured at the District Council level.
- To enhance the professional accountability of teachers, strengthen inspection at every level of the teaching profession and the school system. More inspection powers should be given to PEAs because they are closer to the schools.

- To enhance accountability of education workers, empower SMCs and PTAs to have more oversight and management responsibilities including taking part in the management of school resources, and planning for school development.
- To encourage norm shifting, involve teachers more in community activities including membership in local community accountability and development structures such as Village Development Committees (VDCs), Area Development Committees (ADCs), and others.

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Appendices

A2 Summary of Key Accountability Challenges And Related Norms In Health

Non-existent cooperation strategy and unclear processes	Inadequate staff training and development in resource management	Poor management processes	Poor compliance with control systems	Weak accountability culture
<ul style="list-style-type: none"> Ownership of donor funded projects 	<ul style="list-style-type: none"> Staffing levels in accounts low 	<ul style="list-style-type: none"> Senior managers not clear/ transparent – how they apply rules/ standards 	<ul style="list-style-type: none"> Poor record management 	<ul style="list-style-type: none"> Lack of protection by seniors (<i>for those trying to hold people accountable</i>)
<ul style="list-style-type: none"> Insufficient GoM leadership over donors 	<ul style="list-style-type: none"> Staff get promoted but not fully equipped with skills and knowledge 	<ul style="list-style-type: none"> Roles for Director of Planning and Admin not well defined 	<ul style="list-style-type: none"> Mix up: rules for govt. vs donor projects/ programs 	<ul style="list-style-type: none"> Personal attitude (fear/ manipulation)
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Limited human and financial resources 	<ul style="list-style-type: none"> Misallocation of responsibility 	<ul style="list-style-type: none"> 7 fuel cards with one pin code is a challenge 	<ul style="list-style-type: none"> Attitudes – business as usual (<i>laissez-faire</i>)
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Operational knowledge gaps at all levels 	<ul style="list-style-type: none"> Deliberate bending of regulations for personal benefit 	<ul style="list-style-type: none"> Who makes final decision to pay or spend? 	<ul style="list-style-type: none"> Resistance to change
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Staffing levels/ capacity building 	<ul style="list-style-type: none"> Lack of servant-ship (stewardship) 	<ul style="list-style-type: none"> Laxity in financial management 	<ul style="list-style-type: none"> Commitments (use of informal rules too common)
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Competency levels 	<ul style="list-style-type: none"> Lack of performance management and supervision 	<ul style="list-style-type: none"> Lack of integrity of some of the staff in financial management 	<ul style="list-style-type: none"> Lack of sanctions against malpractice
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> No regular training for accountants at Mpemba – no induction courses for new recruits 	<ul style="list-style-type: none"> Proceeds from paying wards – remittance to account #1 or use by institution not clear 	<ul style="list-style-type: none"> Fuel use on cards with one pin 	<ul style="list-style-type: none"> Lack of incentives for common service (no top-up 52%)
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Capacity building 	<ul style="list-style-type: none"> High staff turnover at leadership level 	<ul style="list-style-type: none"> Weakness of the current IFMIS 	<ul style="list-style-type: none"> Bad culture
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Supervision capacity 	<ul style="list-style-type: none"> Lack of handover notes when Officers are posted away 	<ul style="list-style-type: none"> Non-compliance to internal controls 	<ul style="list-style-type: none"> Inadequate sanctions for abusers
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Orientation and on-the-job checks not adequate 	<ul style="list-style-type: none"> Issue of paying wards in districts and central hospitals needs clear direction 	<ul style="list-style-type: none"> Lack of authorization in the system 	<ul style="list-style-type: none"> Non-action by authorities e.g. on audits

Non-existent cooperation strategy and unclear processes	Inadequate staff training and development in resource management	Poor management processes	Poor compliance with control systems	Weak accountability culture
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Staffing 	<ul style="list-style-type: none"> • How to address issues of conflict of interest in procurement (hint: IPC – membership, etc.; New partner projects' registration) 	<ul style="list-style-type: none"> • Monitoring payments (leading to court cases) 	<ul style="list-style-type: none"> • Conflict with need to survive