

Welcome to the Final Round of the 2012 Case Competition!

We thank the First Nations and Inuit Health Branch of Health Canada for the information provided to support this case. Please note that this request for proposals (including program data) is hypothetical and in no way reflects the process used by Health Canada to evaluate this program.

SCENARIO

Your consulting firm has been asked to respond to the attached Request for Proposals issued by Health Canada for the evaluation of the **Community-based Water Monitor Program**.

The Senior Management of the First Nations and Inuit Health Branch of Health Canada (aka the judges for the final round) has requested a briefing from the three consulting teams that have been invited to submit proposals.

They are interested in learning about the evaluation design and overall approach you propose for conducting this evaluation and the evidence you expect will be generated by the evaluation and how these will be used to support conclusions about the program's design, delivery and achievement of program objectives.

Based on the presentations, they will 'award the contract' and select the winning team for the 2012 Student Case Competition.

We look forward to your presentation later today.

FINAL ROUND INFORMATION

1. Coaches must not communicate with their teams once the case document has been downloaded and distributed to the team.
2. Teams may use the Internet to search outside resources but may not consult with any individuals or organizations.
3. Organizers may interrupt teams briefly to take pictures of members at work preparing their presentation. The final round presentations will be videotaped.
4. Presentations should be no longer than 20 minutes. A time-keeper will give warning as the end of the presentation period approaches.
5. Teams may present in either or both official languages. Judges will ask questions in the team's language(s) of choice.
6. The judges will have up to ten minutes after the presentation to ask questions of the team.

JUDGING CRITERIA FOR THE FINAL ROUND

The following are the criteria for judging of the presentations.

Criteria
Demonstration of an understanding of the program
Appropriateness of the overall evaluation approach, evaluation design, data collection and analysis plan
Attention to anticipated challenges in conducting the evaluation and issues of diversity, culture and programming involving First Nations communities
Quality of the presentation (clarity, flow of information, persuasiveness, interaction with the judges). Team members' involvement and collaboration in presentation and Q & A session.

Questions or Problems

To communicate with organizers during the competition, please contact one of the following:

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Request for Proposals

Evaluation of the Health Canada Community-based Water Monitor Program

1.0 Program Context

1.1 Responsibilities for Drinking Water Management in First Nations Communities

In First Nations communities located south of 60 degrees parallel in Canada, responsibility for ensuring safe drinking water on reserves is shared between First Nations communities and the Government of Canada.

Chief and Council are responsible for planning and developing their capital facilities, which provide for the basic infrastructure needs of the community, including drinking water. They are also responsible for the day-to-day operation of water and wastewater systems on reserves, including sampling and testing drinking water.

Aboriginal Affairs and Northern Development Canada provides funding for water services and infrastructure such as the construction, upgrading, operation and maintenance of water treatment facilities on First Nation reserves.

Health Canada ensures that drinking water quality monitoring programs are in place in First Nations communities south of 60 degrees parallel in Canada.

There is no legislative basis for water programming on-reserve and Health Canada does not have the power to enforce drinking water standards in First Nations communities. As such, the department relies heavily on drinking water monitoring activities, the provision of advice and recommendations, and public education, training and capacity building activities to assure safe drinking water on-reserve.

1.2 Environmental Public Health Program

The Environmental Public Health Program provides environmental public health services to First Nations communities south of 60°. ¹ The objective of the program is to identify and prevent environmental public health risks that could impact the health of community residents and to recommend corrective action that may be taken by community leaders and residents to reduce these risks.

¹ North of 60, responsibility for environmental public health programming has been devolved to territorial governments or First Nations and Inuit control as part of land-claims settlements.

Health Canada's Environmental Public Health Program is committed to providing First Nations with a high-quality environmental public health program through:

- Collaboration with First Nations to formulate Environmental Public Health Program activities;
- Timely response to the environmental public health needs of communities;
- Advocacy and expertise in environmental public health;
- Support for the development of First Nations capacity in environmental public health;
- Use of culturally appropriate education and promotion techniques;
- Recognition that environmental public health is part of the holistic approach to wellness; and,
- Respect of First Nations cultures and their special relationships with the environment.

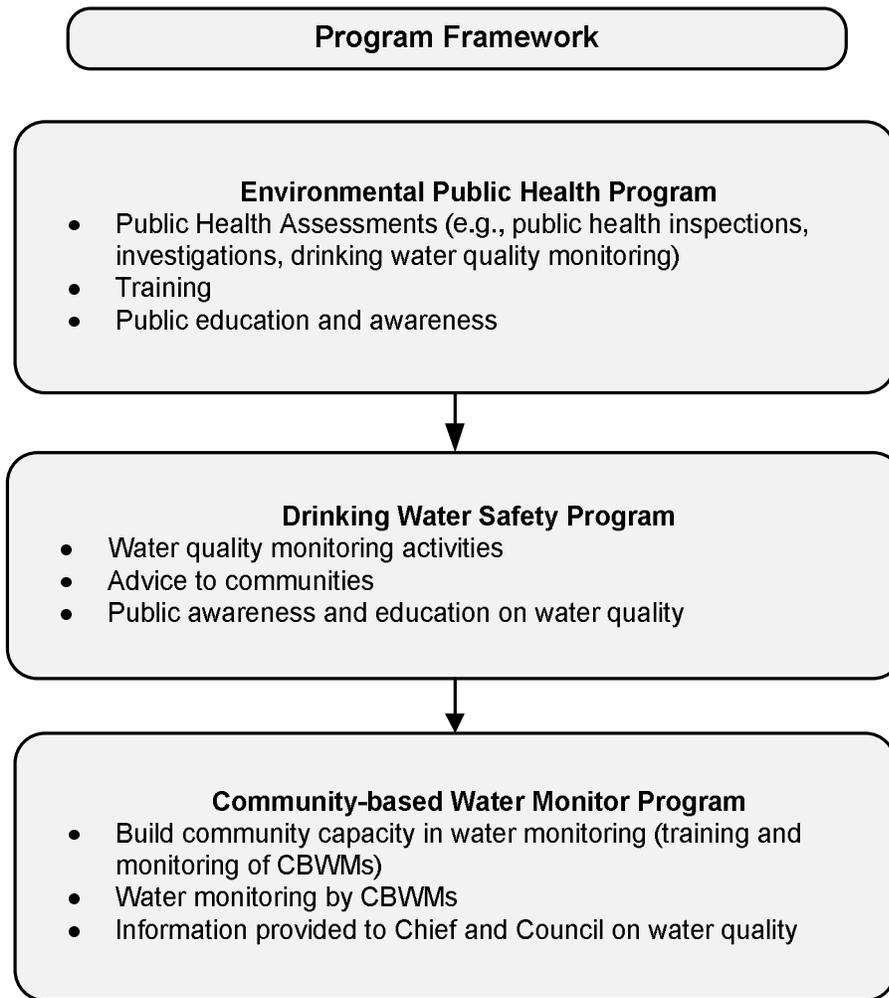
Programming is provided in agreement with and/or at the request of First Nations Authorities (e.g., Chiefs and Councils and/or their delegates overseeing health programming in communities). Key program activities include environmental public health assessments (e.g., public health inspections, investigations, drinking water quality monitoring), training, and public education and awareness.

1.3 Drinking Water Safety Program

One component of the Environmental Public Health Program is the **Drinking Water Safety Program**. Through this program, Health Canada assists First Nations in establishing drinking water quality monitoring activities in their communities, advises communities about how to address potential public health concerns associated with drinking water supplies, and promotes the importance of safe drinking water through increased public awareness and education, including education on the health effects of water contamination.

One sub-component of the Drinking Water Safety Program, which was introduced in 2004, is the **Community-based Water Monitor Program**. Through this program, Health Canada helps build First Nations community capacity in monitoring drinking water quality. The aim is to ensure that drinking water is monitored as per established national guidelines (*Guidelines for Canadian Drinking Water Quality*).

Figure 1 below sets out the program framework:



2.0 Community-based Water Monitor Program

2.1 Rationale for the Program

The experience has been that remote/ isolated communities have difficulties sending drinking water samples to accredited laboratories in a timely manner. Community-based Drinking Water Monitors (CBWMs) were established to address this challenge and build community capacity. CBWMs are now the core component of Health Canada’s First Nation Drinking Water Safety Program.

A key benefit of the Community-based Water Monitor Program is that it enables First Nations communities to sample and test their own drinking water for microbiological contamination

where it is difficult or impossible for external parties to do so on a regular basis and/or to get the samples to a laboratory in a timely manner.

2.2 Program Roles and Responsibilities

Through the Community-based Water Monitor Program, Health Canada funds First Nations communities (through contribution agreements) so that they can hire local community members as Community-based Drinking Water Monitors (CBWMs).² CBWMs complete routine water monitoring of public and semi-public water systems, as well as sampling of individual wells and cisterns on request. Chief and Council play an important role in committing to the management of their community's drinking water. Ultimately it is the community's responsibility to ensure they have a CBWM in place and that they routinely sample their water system(s), as per the conditions of their specific contribution agreement.

As Chief and Council are elected every few years, Health Canada works continually to build relationships with the leadership in communities and gain their commitment to the program.

2.3 Staffing

CBWMs are employees of the First Nations, and are not Health Canada employees.

There is no minimum education requirement for CBWMs – First Nations seek candidates who are reliable and available to carry out this work.

First Nations communities use various models for staffing the position. The duties of a CBWM rarely constitute a full-time job. In some communities, multiple residents are trained to monitor water quality, and the role of the CBWM is shared among many people. This may be because the community is quite large, so logistically it makes sense to have more than one person trained. It is also helpful to have back-up CBWMs in-case the primary contact is unavailable. In some cases, CBWMs perform other roles, such as Community Health Representative. Some CBWMs service multiple communities. Ideally, a community would have a trained CBWM and a trained back up person – but this is often difficult to achieve.

The First Nation decides on the way they will compensate their CBWM(s). Some First Nations pay their CBWM an hourly or annual salary. Others pay CBWMs per sample taken, in accordance with the sampling schedule agreed upon with the EHO.

² Note that in the case documents, these workers may also be referred to by other titles such as Community-based Drinking Water Quality Monitors.

2.4 Program Delivery

Programming is delivered and coordinated by Environmental Health Officers (EHOs). Most EHOs are employed by Health Canada, but some are employed directly by Bands and Tribal Councils as part of their transfer agreements. All EHOs are professionally certified with the Canadian Institute of Public Health Inspectors.

Environmental Health Officers (EHOs) train the CBWMs one-on-one and provide guidance, direction, quality control of a percentage of their samples, and analysis of water monitoring results.

CBWMs test each water system on a weekly basis according to a prescribed schedule in line with the national guidelines. They communicate the test results to EHOs each week. EHOs then review and interpret drinking water quality tests and disseminate the results and analysis to First Nation communities. EHOs monitor to ensure that samples are submitted on a weekly basis, and follow up with CBWMs or Chief and Council when there are delays to determine the reasons and to advise on any issues being experienced.

In rare cases when there is no CBWM in a First Nations community, EHOs will provide water sampling in the community when possible. However, since the EHOs cannot be in communities on a weekly basis (they usually visit only once a month), the CBWMs are very important to the program delivery and results.

In all situations, if the drinking water quality is found not to be safe, the EHO will immediately communicate the appropriate recommendation(s) to Chief and Council for action such as issuing a boil water advisory.³

2.5 Tools and Services

Health Canada has developed documents to guide program delivery. Your team is being provided with copies of these documents as background information in preparing your proposal:

- **Procedure Manual for Safe Drinking Water in First Nations Communities South of 60°** (2007) http://publications.gc.ca/collections/collection_2007/hc-sc/H34-140-2007E.pdf. Your team is being provided with an excerpt from this manual on **Roles and Responsibilities**.
- **Recommended Minimum Training for Community-based Water Monitors**

³ As of **February 29, 2012**, there were **112 First Nations communities** across Canada under a Drinking Water Advisory.

- **Toolkit for Individual Wells** (http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_environ/individ-wells-puits/index-eng.php) which contains public awareness materials for First Nations residents served by individual wells or wells with fewer than five connections. It includes a step-by-step checklist for visually inspecting and maintaining wells, and for avoiding contamination of a well. This is being provided as background information only.

2.6 Current Program Funding and Activities

In 2009-10, \$24 Million was provided to First Nations communities for the Community-based Water Monitor Program. This includes funding for training, laboratory supplies, monitoring equipment, shipping costs, and CBWM salaries. Health Canada funds communities approximately \$7,000 per CBWM per community site to cover the labour cost of weekly sampling.

In 2009-10, there were 691 CBWMs in place in 688 First Nation communities, across 720 community sites. Although most community sites have access to a CBWM, the number varies within each region, as shown in the following table.

Community Sites and Community-based Water Monitors by Region (2009-10)	Number of First Nations	Number of Community Sites	Number of CBWMs	Number of EHOs
British Columbia	288	298	170	28
Alberta	43	52	90	17
Saskatchewan	100	100	52	19
Manitoba	62	62	70	17
Ontario	133	141	236	19
Quebec	28	30	25	8
Atlantic	34	37	48	8
Total	688	720	691	116

Program data indicates that both the number of EHOs dedicated to drinking water quality and the number of community sites with access to a trained CBWM increased significantly since 2003. In the areas of drinking water quality monitoring there have been measurable and significant improvements, especially in regards to the percentage of water distribution systems that comply with recommended sampling frequencies.

However, turnover among CBWMs is high. Overall the key factors influencing turnover are the part-time nature of the job, plus competition for trained workers in communities. Health Canada provides assistance to First Nations communities in developing approaches to recruit and retain CBWMs. All CBWMs are trained one-on-one by an EHO. Some Health Canada regions also assist by offering more structured annual workshops and networking opportunities to help First Nations develop their CBWMs.

3.0 Evaluation Requirements

Health Canada is asking you to develop a proposal for the evaluation of the **Community-based Water Monitor Program**. The specific focus of the evaluation is on the management of the program by First Nations in collaboration with Health Canada, the program delivery (by EHOs and CBWMs), and the impact of the program on the communities water quality and community members' practices in drinking water management.

The evaluation will focus on issues related to the usefulness and relevance of the program to First Nations communities, how well it is being delivered, and the results being achieved. The department is particularly interested in ensuring that the evaluation gathers feedback on the program from First Nations communities and their members in a culturally appropriate and inclusive way.

It would be helpful to have the following elements covered in the presentation of proposals:

1. Your understanding of the program objectives and design (supported by a logic model)
2. An evaluation plan, including:
 - a) A matrix of evaluation questions, indicators (evidence needed to address each question), sources and methods - the matrix must be tailored to the program
 - b) Identification of the factors (internal and external to the program) that might influence program results and how you would assess these
3. Types of analysis that you propose for the data collected
4. Potential challenges in conducting the evaluation (e.g. ethical, political, cultural, implementation) and how you would address these

3.1 Standards

The Canadian Evaluation Society' *Code of Conduct for Program Evaluation*⁴ is the standard used by the Government of Canada.

⁴ Available on the CES website at www.evaluationcanada.ca

3.2 Budget

Teams are not expected to present a budget for this assignment. However to help you in understanding the anticipated scope of the evaluation, a budget of \$50,000 has been allocated to cover an estimated 80 consulting days. Also up to \$15,000 will be provided for travel.