CBW 4-country workshop 21-23 September 2004

Project manager:
Patrick Mbullu – Khanya, managing rural change cc
16A President Steyn Avenue, Bloemfontein, 9301, Free State, South Africa
Tel +27 (0)51 430 0712   Fax +27 (0)51 430 8322
Email patrick@khanya.co.za
Website   www.khanya-mrc.co.za

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The Community-based Worker project (CBW) is a 4-country action-research involving Kenya, Lesotho, South Africa, and Uganda. The project is funded by DFID to learn lessons from best practice in the world, and to explore how best services can be broadened using community-based worker systems, in countries where there is an active interest in implementing such a system.

The initial stages of the project involved a review of experiences in-country of community-based worker systems in the NR and HIV sectors and each partner country produced a national report of the current CBW situation highlighting learnings and gaps in service provision. This report compiles the experiences of the four countries involved in this project, and who shared their experiences in a workshop that was held from 21 – 23 September 2004, in Bloemfontein, South Africa. The report includes the presentations from the participating partners and also products generated from workshops.

We would like to acknowledge and thank all the participating country partners and their organisations for their contribution to the product of this report. The partner countries and key contact people are listed below.

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Country partner contacts

South Africa

Imraan Patel, Centre for Public Service Innovation	imraan.patel@sita.co.za
Jeff Zingel, Human Sciences Research Council	Jzingel@hsrc.ac.za
Mr Mannya Mortimer, Limpopo DoA	mannyakcm@agricho.norprov.gov.za
TJ Masiteng, Free State Department of Agriculture	masiteng@agric.fs.gov.za
Letitia Nomtshongwana, Free State Department of Health	nomxsh@doh.ofs.gov.za
Morongoa Mbhalati, Greater Tzaneen Municipality	freddyR@tzaneen.gov.za
Sr Joan Marston, Hospice Palliative Care Association of SA	richardm@intekom.co.za
Daleen Raubenheimer, World Vision International	daleen_raubenheimer@wvi.org
Dr Jo Abbot, CARESA/Lesotho	joabbot@caresa.co.za
Fiona Macdonald, CHOICE (HIV NGO)	choicetz@mweb.co.za
Thembinkosi Mawonga, Motheo District Municipality	thembinkosi@motheo.co.za
Patrick Mbullu, Khanya-managing rural change	patrick@khanya-mrc.co.za

Uganda

Francis Byekwaso, Chairperson (NAADS)	byekwaso@yahoo.com
Emmnauel Mugabi, Secretariat (CARE U)	mugabi@careug.org
William Luboobi, CONCERN	william.luboobi@concern.net
Fred Kafeero, Environment Alert	fkafeero@envalert.org
Anthony Nyakuni, NAADS/ULAAMP	anyakuni@yahoo.co.uk
Namulondo Joyce Kadowe, Uganda AIDS Commission	namulondo@yahoo.com
Margaret Adata, Forestry Inspection Division	margarita@ugandaforests.org
Peter Okiira, CDRN	cdrn@imul.com; cdrn@cdrn.co.ug
Rebecca Ssebangazi, National Forestry Authority	RebeccaS@nfa.org.ug
Joyce Kadowe, Uganda AIDS Commission	

Lesotho

Sechaba Makhameleli,Care Lesotho/SA	securethechild@leo.co.ls
PJ Lerotholi, Care Lesotho/SA Rural Livelihoods Coordinator	pjlerotholi@care.org.ls
Thulo Sello, Ministry of Agriculture and Food Security	dfs@leo.co.ls
Tsoele M, Ministry of Local Government	tsoelem@localgovt.co.ls
Teboho Mohlabi/ LAPCA	tmohlabi@yahoo.co.uk
Tiisetso Matete, LAPCA	tillm2000@yahoo.co.uk
Sehalakane Mohapeloa, MADF, Manager	machobane@leo.co.za
Monaphathi Maraka, USAID RHAP Policy Project	rhap@leo.co.ls
Mantiti Khabo, TEBA Regional Coordinator	mkhabo@teba.co.za
Ratlala Montsi, World Vision Lesotho	ratlala_Monts'i@wvi.org

Kenya

Dr. Joyce Njoro, Community-based Livestock Initiatives Programme	jnjoro@clip-ea.org
Dr. Juma Kisa Ngeiywa, Department of Veterinary Services (DVS)	Kisajuma@yahoo.com
Dr. Paul Mutungi, CAPE Unit of AU-IBAR	Paul@oau-ibar.org
Alphonce Musili, Department of Livestock Production (DLP)	
Dr. Boniface Kaberia, FARM Africa	Boniface@farm-africa.org
Regina Mburu, Heifer Project International (HPI/K)	Regina.mburu@heiferkenya.org
Hillary Koech, ITDG –East Africa	Hillary.Koech@itdg.or.ke,
Dr. Jacob Wanyama, (ITDG)	Jacob.wanyama@itdg.or.ke
Pauline Irungu, Kenya AIDS NGOs Consortium	Keniads@iconect.co.ke
Stephen Mogere, Kenyatta University	smogere@yahoo.com
Aydrus Daar, Wajir South Development Agency (WASDA)	wasda@wananchi.com
National Council for Population Development, NASCOP	

Project Manager:

Patrick Mbullu, Khanya-managing rural change	**patrick@khanya-mrc.co.za**

The CBW documents can be found on the Community-Based Worker page at www.khanya-mrc.co.za/cbw.htm. This report and other Khanya documents are also disseminated via the UN Public Administration Network at www.unpan.org Please follow the country links. For further details, please contact the project manager, Patrick Mbullu, the Project Manager.

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GLOSSARY

ACCs	AIDS Control Committees
AIDS	Acquired Immunodeficiency Syndrome
ARVs	Anti-Retrovirals
ASALs	Arid and Semi-Arid Lands
BMU	Beach Management Unit
CAH	Community Animal Health
CAHU	Community Animal Health Unit
CAHWs	Community Animal Health Workers
CBAs	Community Based Advisors
CBFs	Community-based Facilitators
CBO	Community Based Organisation
CBP	Community Based Planning
CBW	Community Based Worker (system)
CBWs	Community Based Workers
CDW	Community Development Worker
CHAL	Christian Health Association of Lesotho
CHW	Community Health Worker
CIFA	Community Initiatives Facilitation and Action
CPSI	Centre for Public Service Innovation
CSOs	Civil Society Organisations
DFID	Department for International Development
DoH	Department of Health
DPLG	Department of Provincial and Local Government
DSD	Department of Social Development
DVO	District Veterinary Officer
ERS	Economic Recovery Strategy
FA	Facilitating Agent
FBOs	Faith-based Organisations
FEFs	Farmers Extension Facilitators
FES	Farmer Extension System
FEW	Farmer Extension Worker
GEAR	Growth, Employment and Redistribution
GoK	Government of Kenya
GoL	Government of Lesotho
HBC	Home Based Care
HBCG	Home-based Care Giver
HDI	UNDP Human Development Index
HIV	Human Immunodeficiency Virus
IGAs	Income Generation Activities
ITDG	Intermediate Technology Development Group
KVB	Kenya Veterinary Board
LAPCA	Lesotho AIDS Programme Coordinating Agency
LSPF	Livestock Service Providers' Forum
MADF	Machobane Agricultural Development Foundation
MFS	Machobane Farming System
MHSW	Ministry of Health and Social Welfare
MoAFS	Ministry of Agriculture and Food Security
MoE	Ministry of Environment
MoGLSD	Ministry of Gender & Labour and Social Development
MoLG	Ministry of Local Government (Lesotho)

NAADS	National Agricultural Advisory Service
NAEP	National Agricultural Extension
NARC	National Alliance Rainbow Coalition
NGOs	Non Governmental Organisations
NR	Natural Resources
PAF	Poverty Action Fund
PCCs	Parish Co-ordination Committees
PDP	Pastoralist Development Project
PEAP	Poverty Eradication Action Plan
PHC	Primary Health Care
PLWHA	People Living with HIV/AIDS
PMA	Plan for Modernisation of Agriculture
PMTCT	Prevention of Mother to Child Transmission
PRSP	Policy Poverty Reduction Strategy Paper
RDP	Reconstruction and Development Programme
SALGA	South African Local Government Association
SC	Steering Committee
SETA	Sector Education and Training Authority
SL	Sustainable Livelihoods
SSRL	Support for Sustainable Rural Livelihoods
TBAs	Traditional Birth Attendant
TOTs	Training of Trainers
UES	Unified Extension System
ULAMP	Uganda Land Management Project
VCT	Voluntary Counselling and Testing
VHC	Village Health Committee
VHWs	Village Health Workers

PART A INTRODUCTION AND BACKGROUND

1   INTRODUCTION

1.1   Background

This workshop brought together the 4-country partners who are actively implementing CBW systems in-country to share lessons, gaps and findings and to begin to identify common frameworks for implementing pilots in-country. This ends Phase I of the project in which partners countries came together to exchange experience with each other. The next phase of the project, which partners begun to explore at the workshop, is to develop, test and evaluate models in-country through pilots. This phase will also involve visiting other countries with successful experiences of implementing CBW programmes, and considering how this could be applied and implemented in the 4 respective countries.

1.2   Objective

The objective was that by the end of the workshop partners have:

- identified the key learnings across the four countries in relation to the application of community-based worker systems;
- developed a common concept/framework
- mapped out proposals of how to take CBW pilots forward in-country.

The workshop was held from 20-23 September 2004 in Thaba Nchu Sun Hotel, Bloemfontein, South Africa. Five partners each from Kenya and Uganda, six from Lesotho, eight from South Africa, two independent –DFID Zimbabwe and the National Development Agency in Free State and four Khanya members participated. The facilitators were Khanya staff: Patrick Mbullu, the project manager, Ian Goldman, Sam Chimbuya and Khathu Muthala.

Of the 26 participants who attended the workshop 19 returned their evaluation (73%). The overall evaluation of the workshop was excellent (83%). In terms of whether we achieved the objectives of the workshop 75% of respondents indicated we did. The site visits, group work sessions and facilitation were all rated excellent (averaging 86%). People considered the hospitality of hotel staff as unsatisfactory – with a mean score of 3.4 out of 5. This is a concern that needs to be raised with the hotel management given the prominence of Thaba Nchu Sun Hotel, as an international establishment. (See full analysis of participants' evaluation in annex 12).

1.3   Opening and Introductions

The introduction was done the evening before when most of the participants had arrived. During the day the partners from Limpopo, Uganda and Kenya had the opportunity to visit projects implementing work using CBWs. One group went to Lesotho and spent the day with CARE Lesotho/SA's SHARP programme implemented in the countries – Lesotho and South Africa; while the other group visited projects in Bloemfontein and Botshabelo (see specific reports on the field visits annex 3).

2   BACKGROUND

2.1   CBW system/Model

The background to the CBW Project was presented incorporating the Sustainable Livelihood (SL) approach (figure 2.1 below), which guides the way Khanya works. The approach builds on best practice in pro-poor development focusing on a set of principles (see annexes 2 and 7) that describe Khanya's approach to development. The CBW programme links to the SL framework by attempting to improve people's livelihoods through ensuring provision of services to all communities and villages in a cost-effective and sustainable way.

Figure 2.1   Sustainable Livelihoods Frameworks (from Khanya 2000)
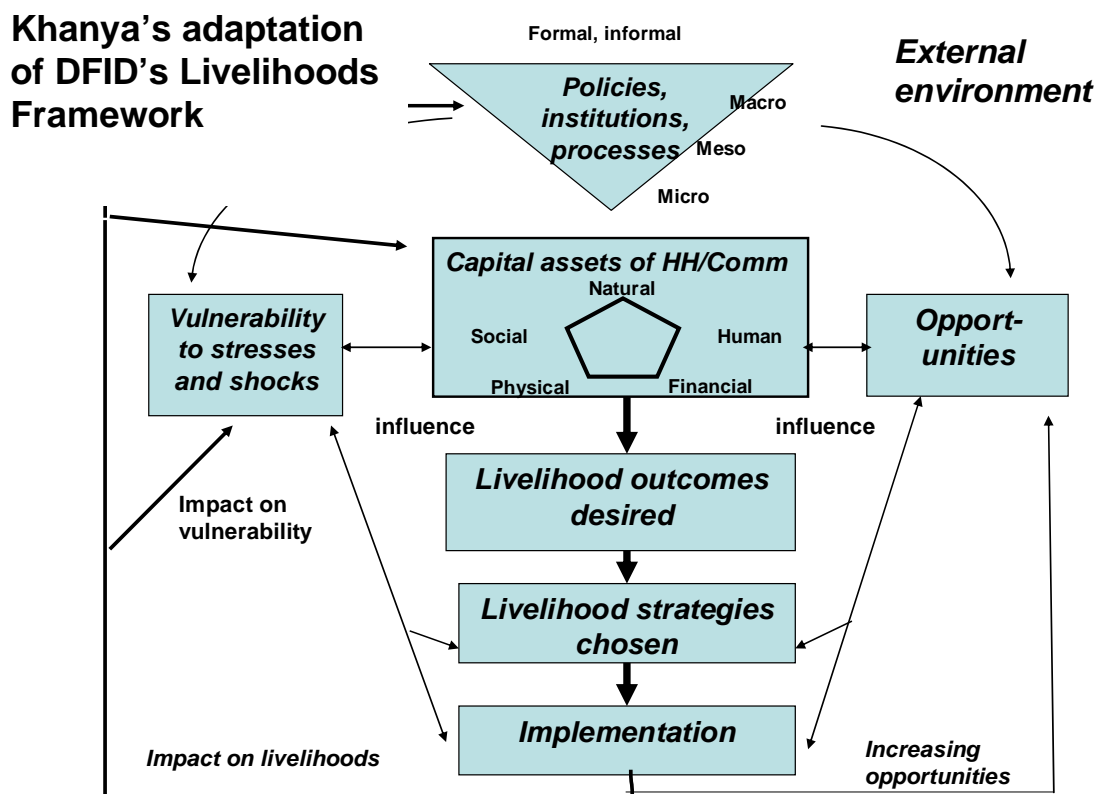
The CBW project is a product of earlier work that Khanya did in Zambia, Zimbabwe and South Africa on Institutional Support for Sustainable Livelihoods (SSRL). From this work, it was realised that if people's livelihoods were to be improved, linkages between the micro, meso and macro have to be strengthened. Six governance issues emerged out of this work that are essential in promoting community-driven development and are summarised below.

Box 2 6 Governance issues required for community-driven development

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Empowering communities *(micro)*
- Poor **people** active and involved in managing their own development;
- Active and dispersed network of **local service providers** (community-based, private sector or government);

Empowering local government and management of services *(meso)*
- At **district//local government level**, services managed and coordinated effectively and responsively and held accountable (*lower meso*);
- At **provincial level**, capacity to provide support and supervision (*upper meso*);

Realigning the centre (*macro*)
- **Centre** providing holistic and strategic direction around poverty, redistribution, and oversight of development;
- **International level** strengthening capacity in-country to address poverty.

2.2   The CBW Project

The CBW project focuses on the second governance issue – promoting dispersed, active and locally accountable community workers, who can work in a range of sectors, addressing services which are desperately needed and are best delivered locally, and which link to higher levels of government and NGOs. This is in recognition that service delivery is critical in improving human development. In many African countries contemporary growth conditions are characterised by reduced public expenditure, increasing income inequality and a large social distance between the urban elites and the rural poor. Poverty levels have continued to rise despite attempts by governments to introduce stringent macro-economic policies.

It is within this context that the CBW project presents an opportunity for policy makers, practitioners and communities to actively look at other ways of responding to these huge challenges facing the continent.

The 4-country action-research project, involving Kenya, Lesotho, South Africa and Uganda aims to develop revised approaches to the use of community-based workers (CBWs) in service delivery in both the HIV/AIDS and Natural Resource (NR) sectors. The **Project Purpose** *is that organisations in SA, Uganda, Lesotho and Kenya have adapted and implemented a community-based worker system for service provision in the NR/HIV sectors, and policy makers and practitioners in the region have increased awareness in the use of CBW models for pro-poor service delivery.* The objective of the project is to build on existing experience in-country, utilise national and country workshops and visits to other developing countries, to assess and disseminate learnings and to identify opportunities for the design and development of improved systems using common methodologies and approaches.

The model below shows the key components of CBW work: the community; a community-based worker; a facilitating agent supporting the CBW; and other service providers. Government, national institutions and the international community help to provide an enabling environment and, funding to strengthen the capacity in-country to address poverty. These key stakeholders need to be involved at in the process for CBW systems to work effectively. Each component is explained further as follows:

Community-Based Workers (CBWs) are para-professionals, based in and drawn from the community they serve who therefore understand the local context, and are accountable to the community and to a facilitating agent – maintaining a balance to ensure quality service delivery. The CBW may play some of the following roles:

- being a conduit for information and technologies (and sometimes inputs);
- being a bridge/link person between the community and service providers/facilitating agent;
- mobilising the community for learning activities;
- engaging in training activities with the facilitating agent, training community members and doing follow-up;
- working on their own activities and providing demonstrations from their own farm or household;
- animating the community by providing energy and enthusiasm for development activities and maintaining momentum for them.

Figure 2.2   The CBW Model
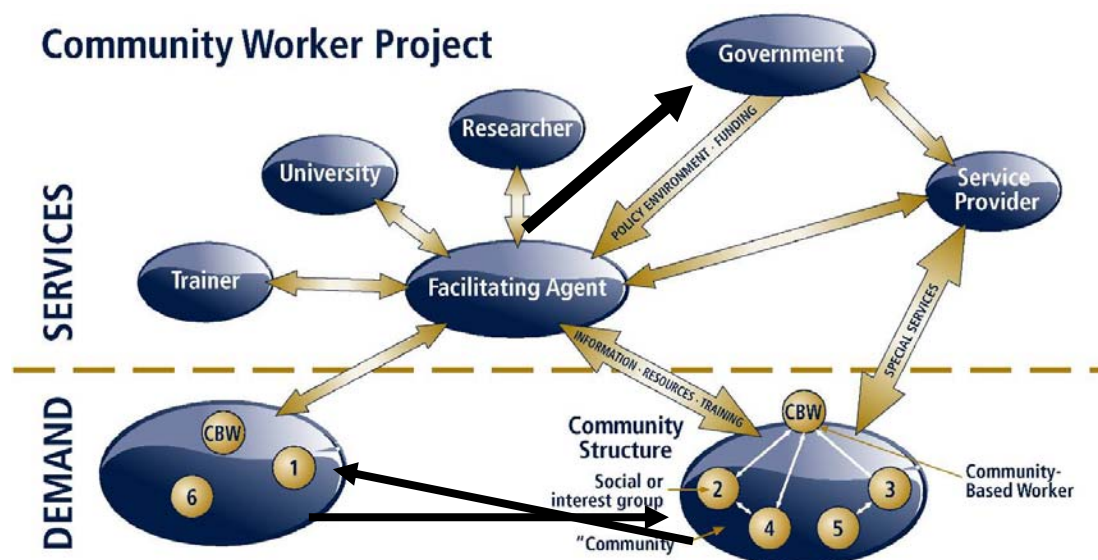
The facilitating agent (FA) can be from government or non-government sectors and supports and mentors the community worker and other service providers. FAs might provide funding for the work being undertaken by the CBW, give useful information, support in training and provide technical supervision.

Government and donors provide an enabling environment, develop/create policies and training guidelines and may fund the system. They may also participate in linking the policy into practice and sometimes government may be an implementer, e.g. in health and social development.

2.2.1   The project outputs: These were presented highlighting the key elements and phasing of activities:

- Good practice in CBW system documented and shared including mechanisms, opportunities, constraints and policy issues;

- A common framework for CBW models developed, with suggestions for good practice in different sectors;
- Pilots for community-based worker systems designed and implemented or existing practice modified;
- Results of pilots mainstreamed into CBW implementation in at least two partner countries;
- Information on CBW systems and policy implications widely disseminated and debated in S/E Africa.

It was noted that with the delay in launching the project in some countries, the activities will need to be revised and plotted .See annexe 4 for the Gantt chart detailing the activities for the project duration.

2.3   Discussion on presentations

A question and answer discussion followed (see annex 6) together with the country report discussions.

3 COMPARISON OF COUNTRY STRUCTURES

3.1 Context

This session introduced participants to the different country structures where CBW approaches are being implemented so that all can have a shared common picture when discussing the various systems in use in the partner countries.

3.2 Uganda

Uganda has a very advanced decentralized system for Africa with most development functions operating at local government levels. The Decentralised Policy was introduced in 1992 and gazetted as the Local Government Statute in 1993. The policy empowers local government with responsibilities for the allocation of public resources, participatory planning, budgeting and investment management.

Table 3.2 Levels of governance in Uganda

	Political	**Administrative**	**Traditional**
Centre (26 million people)	National government	National ministries performing policy roles only	Strong kingdoms at sub-national level, eg Buganda, with prime minister and ministers
LC5 District (56)	Elected local government	Locally appointed technical staff in most disciplines	
LC4 County	Constituency		King representatives
LC3 Sub-county (1000+)	Elected local government	Sub-county Chief. Technical staff posted at this level – powers increasing.	Clan heads
LC2 Parish	Parish Council and dev. committee	Parish Chief	
LC1 Village	Village council and development committee	Village chief	

3.3 South Africa

Decision-making has been devolved to provinces that provide many services. There is an increasing role of local government in service provision at both the municipal and ward levels. Table 3.3 shows the main decentralised structures in SA.

Table 3.3 Level of governance in South Africa

Level of Government	Political	Admin	Traditional
Centre (43 million people)	National government	National Departments, some with national competence eg Land Affairs.	
Provincial (9) Metros (6)	Provincial governments Metros (A)	Most development services managed from this level Can't generate revenue although	King in some areas (eg of Zulus)

	can generate revenue	legislation is pending to permit this	
District Municipalities – 47 (B)	Elected council	Technical staff and some technical functions eg health. Produce Integrated Development Plan (IDP) Can generate revenue	
Local Municipalities 231 Category (C)	Elected council with technical staff	Technical staff and some technical functions. Produce IDP Generate significant revenue, mainly through electricity, water and rates	Chiefs powerful in some rural areas, especially former bantustans
Wards (7-100 per municipality)	Councillor and Ward committees	Local staff may operate at this level but not linked to ward structure. Wards very weak.	Headmen in some rural areas

3.4   Kenya

Kenya has a highly centralised system of service delivery but strong provincial system of administration. Government is structured into a central national structure, provincial, district, divisional and location and sub-locational administration.

Table 3.4   Levels of governance in Kenya

Level of Government	Political	Admin	Traditional
Centre (30 + million people)		National Ministries very strong with staff down to Divisional level	
Provinces (8)		Provincial administrations headed by provincial commissioner (responsible for districts, locations and sub-locations) Technical staff of various Ministries	
District (71) (approx 400 000 on average)	County council – Very limited powers eg roads, markets, sanitation…. Raise taxes. Produce district development plan	Admin head is district commissioner and ex-officio of Council – coordinates technical staff of various Ministries, members of District Development Committee (inc MPs) chaired by DC Districts have significant power and own budget Co-ordinate NGOs who work mainly at district level. Can generate revenue	Some places still strong eg Njuri Nceke in Mt Kenya Region, Adakar in Turkana, Kokuro in Pokot, Yaa in Gabbra
Division (approx 3-10 per district)	Constituency with MP approx. at division level, sometimes more than one division	Headed by district officer with technical staff Divisional development committee and the MP is a member	

Level of Government	Political	Admin	Traditional
Location	Councillors members of locational development committee	Principal administrator is a chief Frontline staff eg extension staff, AHA	
Sub-location		Headed by sub-chief	Headmen and elders
Villages		Village representative reports to sub-chief	Opinion leaders

3.5   Lesotho

Lesotho has a centralised national system with some de-concentration to districts and strong traditional authority. There is a current move towards decentralisation to the districts.

Table 3.5   Levels of governance in Lesotho

Level of Government	Political	Administrative	Traditional
Centre (2.2 million people)		National Ministries very strong with staff down to local level	King of the Basotho
District (10) (approx 270 000 on average, less in mountains)	Local government only in Maseru	De-concentrated staff of national Ministries Incipient district development committee Some move to devolution	Principle Chief (and senators) with advisory council – powerful, especially over land
Interim community councils	Interim community council	Local staff of national Ministries	
Villages		Village development committee	Area chief for 4/5 villages Headmen

PART B COUNTRY REPORTS

For this session, each partner country presented a summary report based on the findings of their in-country review and the national workshop. The summaries below outline the results that emerged from each country's review on current practices/experiences and the gaps that currently exist. This session was aimed at enabling participants to internalise, share and learn from one another the different CBW systems in place in the different partner countries. It also began to identify emerging trends from the experiences that could contribute to the common framework for the pilot models.

4   SOUTH AFRICA

4.1   Background

In South Africa service delivery is becoming increasingly critical to human development as economic growth continues to be regarded as the motor for sustained development. As with many African countries, contemporary growth conditions are characterised by reducing public expenditures, increasing income inequality and a large social distance between urban elites and an inner city, peri-urban and rural poor. Levels of poverty remain high and are often increasing. These disparities are matched by backlogs in the design and delivery of appropriate services. In turn, these services require a greater reach and deeper impact if the needs and demands of constituencies are to be met, and visible gains made in reducing poverty levels.

4.2   Public Policies

The post-apartheid decade in South Africa has witnessed both a dramatic deepening of approaches to the demands of poverty and development by previously activist NGOs as well as an increasing engagement of welfare and community-based organisations (CBOs) in the design and implementation of a range of CBW systems. The result is that South Africa exhibits a variety of community-based worker models within the HIV/AIDS and (NR) sectors, each exhibiting their own unique characteristics, arrangements and objectives.

A number of new policies and legislation instruments have been put in place to reflect the new SA Constitution. The Reconstruction and Development Programme (RDP) of 1994, stresses the need for national government to be closer to the people it serves. It defines participation as a people-centred, rights-based mobilisation of communities, a people-driven process, with the role of the state not simply delivering goods and services to passive citizens, but stressing a growing empowerment and reliance on the energies of communities. The 1997 macro-economic Growth, Employment and Redistribution (GEAR) is a key policy targeting economic growth and job creation. Allied to these is the emphasis on 'a people must come first – customer concept' or 'Batho Pele'. One way to approach this, which is now being implemented in all provinces, is through Community Development Workers (CDWs).

The CDW concept is an initiative of President Mbeki. CDWs are viewed as contributing to the removal of the 'development deadlock', strengthening 'democratic social contract', advocating for an organised voice of the poor and improving the government – community network… to become more 'joined-up'. They are to be supported financially and functionally through a range of government spheres and departments, particularly local government.

In the Free State Province, for example, 300 of these CDWs are currently being recruited to undergo a 12 months learnership programme under the Local Government and Water Sector Education and

Training Authority (SETA). When they graduate they will act as a support to all public sector investments in municipalities and wards – supporting ward committees and residents in addressing problems and accessing information and resources. Meanwhile, the Department of Health (DoH) has formally recognised and institutionalised the role of Home-Based Care-givers using national training guidelines and paying a monthly stipend.

4.3   Learning and Gaps

4.3.1   Impacts and Sustainability of CBW systems

The South African case studies showed that the CBW model is applicable in a range of sectors but it is at the homestead level where the CBW system is most critical. CBWs are engaging with farmers, patients and the wider community, articulating the needs and demands of the beneficiaries. It is at this interface with local communities that the model is most effective and provides optimum benefits. Where public services (clinics, extension officers, district water technicians) are active and working, the CBW system is enhanced, thus providing the conditions for complementarity.

Despite the absence of baseline data in many of the case studies, significant impacts and sustainability potentials were identified. In the NR sector for example, programmes are going from strength to strength both within communities and with external collaborators. Direct outputs include reduced physical downtime of water facilities in water schemes, increased numbers of suitable sanitation systems installed and behaviour changes on ownership of these assets amongst stakeholders. The range of villages serviced has increased, and the number of projects being initiated adjacent to indigenous forests are growing. The conditions which promote these impacts and depth are essentially institutional, a mixture of arrangements between stakeholders which contribute to ongoing work and the delivery of outputs in a sustainable manner.

In the HIV/AIDS sector, CBWs are providing HBC and have contributed significantly to a well-developed and growing social capital in poor communities. There are observed decreases in certain health conditions eg TB, as well as a deepening of the reach of public services for HIV/AIDS via the clinic system. Despite these consistent and overall impacts, sustainability issues in small CBOs appears to be a challenge requiring further attention.

4.3.2   Is there evidence of professional standards being compromised?

In the HIV sector, there are situations, for example in the implementation of care, where professional standards could be compromised. Professional nurses have the necessary expertise to diagnose certain health conditions, just as social workers are trained to assess certain psycho-social maladies. The work of CBWs is very hands-on and there will be situations which require a professional to diagnose a condition but in most cases the qualified person is not always close at hand. Sometimes CBWs are not sufficiently equipped and they will improvise without compromising standards. In the NR sector, there was no evidence that professional standards were compromised by using CBWs. In fact CBW contributed to a greater professionalism on behalf of the extension officers, though have no forms of professional guidelines to guide them.

4.3.3   Effective CBW systems to support the rights of the poor and vulnerable households

From the case studies it was clear that this aspect is best developed where CBWs are drawn from and within the communities in which they serve. Local knowledge and networks are the principle factor which deepens the engagement with, and appropriateness of the service to the poor and vulnerable. Where this is complemented by an institutional model which incorporates and represents

beneficiaries as participants on forums and umbrella organisations, and not mere recipients of a service, these conditions are very well met.

Indeed, the changing conditions in the African continent were shown to promote the basis for the ongoing viability of CBW systems, and the need for a refined CBW system. There are two main reasons to this; firstly, governments will continue to push the need for pro- poor delivery models in their policies and will therefore need the CBW model to either inform or complement their versions of development workers where these exist because the conventional adoption of the standard models for service delivery fail to provide the growing range of local services needed directly within the communities concerned. Second, despite an incredibly extensive set of initiatives in South Africa over the past decade regarding service delivery, significant gaps in the public models for a more effective, lasting and systematic engagement with the poor reveal the need for a refined CBW system across sectors.

These can be supported through the continual commitments by the world community to Africa. At risk however, is the potential of governments to co-opt and therefore potentially limit emerging CBW best practice into the public domain. Over regulation and bureaucracy may compromise local vitality by enforcing a " top-down" agenda rather than maintaining the "bottom-up" dimensions the CBW project is advocating. Exit strategies need to be dovetailed with deeper engagement with the public sector to define and design appropriate public support for the range of gaps in the expansion of model.

In the NR case studies, the CBWs are generalists backed by formally trained extension officers or estate managers and by district technicians who in many instances themselves are generalists but have the range of institutionally based technical knowledge and support or back up available.

Specialisation should be considered where the system of public sector or internal NGO backup is weak. Where there is strong professional backup, generalists, with appropriate and dedicated training, should be able to engage effectively with a range of local issues and requirements. However in Africa it is very difficult to get specialists working in the conditions that are applicable to CBWs. given opportunities for better pay and less demanding work in the public and private sectors .

4.3.4   Financing of CBWs

The case studies suggest that agreed monthly stipends enhance the sustainability of CBWs. Where this is not the case, high attrition rates have been observed. Well-developed selection criteria and procedures that combine local opinions with outside observation must counter the limitations of allowing those with an interest in the salary alone to be absorbed as CBWs.

The range of examples provided suggest that good practice should be informed by overlapping roles and responsibilities for payment, divided between the public, donor and voluntary sectors, where NGOs are major partners. Where they are not, the public recognition of the CBW role needs to be formalised within each sector and the Government's role in payment should be very clear. In addition, more refined models for CBWs should include a service fee charged to beneficiaries and recipients of the service, which while providing for essential resources such as transport, should be used as part-contribution to the cost of the CBWs stipend and sustainability of the scheme.

The learning and gaps identified relate to public payment of stipends. This was shown to contribute to sustainability of the service and the commitment of the CBWs despite the concerns that such an incentive can attract those who 'just want the job'. In the water sector, public payment in a different form works, extending the effectiveness and ability of the CBW to manage a wide range

of relationships with stakeholders. The challenge is how to maintain the voluntarism spirit inherent in communities whilst dealing with poverty issues? The review showed that where volunteerism is in place, the sustainability of the actual CBW concerned and in turn their engagement with the poor is at risk because there is a pool of committed people in the communities willing to give time for free. Therefore a balance needs to be struck.

Considerable work is required to establish methods to calculate user charges, issues of publicly provided subsidies, the risks and rewards to both parties, the sustainability potential in poor places, and acceptability of such services by users.

4.3.5   Relationship of community structures with the CBW

The CBWs role can be strengthened by established community fora, which engage with the public sector and other stakeholders in a range of ongoing decision-making and programmes. Where this has occurred, the depth and reach of the CBW process is impressive. Within the NR case studies, the most effective structuring concerns the establishment and operation of nominated or elected community forums, sometimes containing traditional leadership, to which the CBWs reports, and who engage with external stakeholders in the design and decision-making of programmes.

In the HIV/AIDS sector, multi-sectoral forums involving a wide range of community interests successfully exist in Limpopo Province. In the Free State, small CBOs are being encouraged by the DoH to establish consortia, to share funds and experiences. These consortia can share experiences and learnings regarding many aspects of running an organisation. Forums are also important tools for lobbying and ensuring political buy-in of programmes.

The case studies demonstrated the need for community engagement at the early stages of conceptualisation and design of any initiative in order to enhance appropriateness of the model and sustainability of the programme. In the HIV/AIDS sector, support and intervention is becoming more critical, and all role players – public, private and community - need to come together and debate and learn how to define and drive the most appropriate models. There is concern however about the potential of 'consultation overkill' and for CBWs to be overburdened with too many stakeholder requirements for reporting and accountability, on top of their daily work.

4.3.6   Training, support, supervision and accountability

In the HIV/AIDS sector accredited training is already provided based on the DoH 59 day training course for home-based care givers. There is a need for training to be directed at three levels. Firstly, to the public sector in the operation of the CBW model so that there is a political commitment to the approach. This can be done by an NGO or suitable service provider or by a donor promoting the approach (CHOICE in Tzaneen is an accredited trainer). The duration and phasing of such training can be varied, but in essence it needs to be ongoing as the programme elements unfold.

Secondly, CBWs need specific training in both the operation of a CBW programme as well as in the specific tasks, methods and techniques required for the role. Due to the nature of their work, CBWs need training in conflict management, general planning and organisational management. There is a clear need for a repository of methodologies to be developed for a specific CBW systems training, to be stored and replicated nationally and internationally, as is partly occurring in the HIV/AIDS sector for HBC givers. Thirdly, is the need for beneficiary training, so that the community participates and understand what they can expect and what they can contribute to the system? This is occurring in some of the NR case studies, but less so in the HIV/AIDS sector.

Accreditation of all training courses is essential as this enables CBWs to develop their skills leading to a qualification. Specific training also needs to be assimilated and more systematically developed for the two other levels of client or service provider described above.

In the NR sector established public institutions such as the Agricultural Research Council would be an ideal place for locating a dedicated CBW training, linked to other technical courses on offer. CBOs and community forums can also provide training to beneficiaries, having undergone the training and accreditation process. These should be supported with specific training from dedicated NGOs and donors regarding the operation and desired outcomes of the particular model and programme in place.

The need for well-developed types of management structures can not be understated. Community forums in the NR sector play a strong role in management; meeting regularly, receiving reports, and engaging with stakeholders. In the HIV/AIDS sector some CBOs have executive committees established with management structures formalised through a constitution. Over time these should ensure the development of the CBO towards best practice and functioning.

The case studies represented a pattern where CBWs are ultimately accountable to their clients in the community but are in most cases accountable to the FAs such as the district council, or the Department of Agriculture, through methods and systems of dual reporting and checks and balances. Sometimes these extend to the NGOs concerned, as in the case of the water sector. However, high demands can be placed on the CBW, of multiple accountability and extensive reporting, sometimes in different formats to different bodies.

Where CBWs are selected from and by their own communities, the programme is likely to have wider impact. This process is enhanced when an external agent like an NGO provides some criteria such as age, previous experience in the sector or volunteerism. Community self-selection will enhance the sustainability of the CBWs and their work due in part to their understanding and knowledge of the issues, needs and skills within the community.

The most effective model appears to be a multi-stakeholder forum that meets regularly to consider and develop a programme in support of all, including the role of the CBW. This already exists in some NR programmes, and could be well achieved in HIV/AIDS programmes, as is beginning to occur in the Limpopo AIDS Council.

4.4   Summary of Learnings

The range of CBW systems that are in place in South Africa represent an enormous achievement, outreach and preliminary impact in the context of rapidly changing pro-poor policy parameters. These systems can provide a more targeted, focused and dedicated service around special needs and demands, and allow for a very high degree of individual and community participation in decision-making and implementation.

There is a clear need in the public policy arena for CBW systems to either complement, or be used to refine, the public investment in any of their CDW programmes, special projects and other rapid-roll out of investments in specific service delivery programmes. Government need to refine the design of many programmes to take these implications into account, if they wish to gain a purchase on service delivery matters and maintain a political credibility. Further, they need to devote more resources in support of CBW systems.

4.5   Issues for immediate follow-up

Below are issues that emerged from the in-country review this project to follow up:

- the implementation of the pilot projects that is being tested in all the 4-countries;
- an agreed development of an accredited CBW system training course based on the results from the pilots, located nationally in a public institution;
- a public commitment to replicate and rollout the models and methods of a 'best practise' CBW system in other sectors;
- support for deepening the engagement of existing CBWs nationally through a central facility which establishes methods for learning, refinement and for replication, without the reliance on donors to undertake the task.

Further, the project can look at how best to evaluate the gains made in programmes overall, by introducing and undertaking an agreed method of Monitoring and Evaluation (M+E). It can investigate the type of M+E system that is suitable for promoting adjustments, sustainability and improved outputs.

The project should concentrate on measuring impacts on beneficiaries including the extra output being generated by the poor, what use is made of this and how it contributes to their livelihoods and assets creation. The sustainability of beneficiaries' engagement and commitment should be central to the model... The action-research can also investigate the potential of more precise roles for the private sector in the product and outcomes from the CBW systems. Allied to this, the project can look at requirements needs to make CBW systems more cost effective including the potential for charges on output for services rendered.

Within the HIV/AIDS sector, the potential role of the state in providing a more extensive health benefits package, which could be used to make the CBWs support more cost effective is needed. Other questions and issues could include: are the benefits package currently sufficient?; is the development and support of consortia the best way forward for small CBOs?; what are the alternatives to the model and why?; how can CBWs be encouraged to move from this role to that of a more independent /commercial/resourced organisation operating in local neighbourhoods?

4.6   Policy and legislation

Policy and legislation should be adjusted to recognise and support CBW systems as integral to service delivery. Moreover, the CBW system needs to be institutionalised into current methods, and this can be developed through both legislation and policy. Currently there are large gaps which need to be addressed and a best practice CBW systems approach can contribute significantly. The potential for large scale cost reductions of less sustainable methods in service delivery are apparent in the type of social and economic conditions which pertain in Africa. These savings can encourage a wider adoption, refinement and replication of the CBW model in many African countries.

5   KENYA

5.1   Context

As shown in table 3.5, Kenya has a highly centralised service delivery system, inherited from the colonial administration. The government is structured into a central national government and provincial, district, divisional and locational administrative units. The district focus for rural development was attempted as a model to improve service delivery. Service delivery improved but did not achieve the original aim of increasing participation, especially at the community level. After intense lobbying for better public service delivery, there is currently an ongoing debate to review the constitution. The draft document advocates for devolving power and decentralising services.

Community-based worker systems were introduced as a decentralised approach to service delivery to ensure access of services to poor and marginalised communities. The services are prevalent among the urban poor and rural communities. There are number of CBW projects operating in different sectors. Within the NR sector CBWs are supporting agricultural programmes, particularly through extension activities. In the livestock sector they operate mainly as community-based animal health workers (CAHWs). There are also instances of CBWs providing security through vigilante groups. In the HIV/AIDS sector, home-based care and support is the most identifiable CBW system in place.

5.2   Public Policies

Current policy frameworks in Kenya are under review. Some of the updated policies support community participation but not all are explicit on the use of CBWs in service delivery. In the NR sector however, there is a positive trend towards increased acceptance of CBWs, especially in the extension services. Where CBWs are not accepted, the contentious issue is around their roles rather than their suitability. It is however feasible, within the draft Constitutional Review Process, for CBWs to play key roles in service delivery.

In the Economic Recovery Strategy (ERS) for wealth and employment creation (2003-2007), the Government commits to strengthen the community-based animal health approach to address development of Arid and Semi-Arid Lands (ASALs). Within HIV/AIDS, there is commitment to strengthen community-based worker systems by setting up special health care programmes for people living with HIV/AIDS (PLWHA), training communities on HIV/AIDS, incorporating HIV/AIDS component in school and community training curricula and strengthening the health sector by forming AIDS Control Committees (ACCs) at constituency levels.

Privatised services became popular following restructuring policies in the late 1980s. This led to a mushrooming of private practices and pharmacies to cater for both human and animal health. Most services are now privatised including animal health clinical services, extension, artificial insemination (AI) in the livestock sector and clinical services in the health sector. However, there are no appropriate policies to support the privatisation process and the poor have remained marginalised as they are unable to raise enough resources to pay for such services.

The role of government in service delivery is to provide an enabling environment for service providers. However inadequate state capacity has resulted in inefficiency and lack of government services. The government's core functions is increasingly concerned with regulation and policy formulation in an attempt to introduce efficiency following privatisation of many public services in the livestock sector and clinical services in the health sector.

Effectiveness of current public service delivery is compromised by the rising human population and high poverty levels. However, the CBW approach has been recognised through key policy papers at the national level such as the Economic Recovery Strategy Paper (ERS, 2003), the National Agricultural Extension Policy (NAEP), Poverty Reduction Strategy Paper (PRSP) and the National Alliance Rainbow Coalition (NARC) Manifesto. There is at least an indication of political goodwill. For example in the livestock sector, the government is setting up a Community Animal Health Unit (CAHU) in the Director of Veterinary Services office. This is a clear indicator of the important role played by the CAHWs in the delivery of animal health services in ASALs. The government is also using CAHWs for livestock vaccination. In the HIV/AIDS sector the government has moved fast to provide appropriate policy and legal frameworks that allow community involvement and enhanced partnership.

5.3   Learning and Gaps

5.3.1   Impacts and sustainability of CBW systems

Community-based worker systems have had impact in various sectors. They have contributed to poverty reduction by improving livelihoods of the community and the CBWs. For example, according to the IDL group (2003), reduction of livestock losses through disease control has had a beneficial knock-on effect on the livelihood strategies of livestock keepers. An impact assessment carried in one district showed that households in villages with CAHWs were more willing to rear livestock because the risk of loss is perceived to be lower. In villages without CAHWs, none of the poorest quartile of the village engage in cattle, sheep or goat production, while in villages with CAHWs, approximately 64% of the poorest quartile own or rear at least one ruminant animal.

CBWs may have a greater impact in small towns, informal settlements in urban areas and rural areas where services are least accessible and local government structures are strong. Impacts of CBWs would be more evident in these areas if necessary awareness can be created locally and proper guidance and technical support is provided in a sustainable way.

The impact of CBW systems is affected by low levels of sustainability. Financing of CBW programmes is only one factor determining sustainability. Sustainability of CBW systems largely depend on the level of community participation, support, accountability and ownership of the initiatives by the communities; accessibility of initial start-up equipments; development of appropriate support and linkages from relevant sectors to assist with supervision, continuous training and supply of equipment or resources; and the integration of CBW systems into overall development plans (Schapink 2001).

In addition the sustainability of CBW systems depends on proper selection criteria and procedures to create a sense of ownership in the communities. Several criteria have been used in different sectors, geographical regional and organisational. They relate to the prescribed roles of the community workers, the socio-cultural setting of the communities and the anticipated community benefits, support and reward system. Based on the quality control requirements, the government or FA consortia can standardise the criteria using curricula or training manuals. The CBWs operate optimally during the period of donor support but can collapse soon after as the community capacity to sustain these new structures and systems is limited.

5.3.2   Is there evidence of professional standards being compromised?

The review did not find any concrete evidence of CBWs compromising professional standards or quality of services. However, concerns were cited in different fora, especially by proponents of the argument who are mainly members of the professional bodies such as the Kenya Veterinary Association. In the livestock sector, the areas of major concern centre around poor administration and handling of drugs, poor handling and inaccurate disease diagnosis. This led to some veterinary professionals declaring that CBWs should be phased out in five – ten years and the existing ones being retrained and upgraded (KVB 2003).

An impact assessment was conducted in Mwingi District (Rubyogo 2003) and helped to devise an assessment of CAHWs and tested their knowledge of disease diagnosis, use of veterinary medicines, knowledge of zoo noses and reporting procedures based on random sampling of 40 CAHWs. The result was 90% pass rate.[1] The IDL group (2003) also noted that whereas there is evidence of significant risk of both drug resistance in animals and residues in livestock products there is no evidence that these risks are linked to or indeed exacerbated by the activities of CAHWs[2]. Instead professional standards are compromised more by stockowners when they administer drugs without technical knowledge and necessary support.

Moreover, the concerns raised are being addressed through closer working partnerships with all CAHW implementing organisations by signing a Memoranda of Understanding (MOU); contributing to the development of a minimum standard curriculum and manual for training purposes and the creation of a drug inspectorate body. To co-ordinate all CAHW activities, the Department is further establishing a Community-based Animal Health Care Unit.

In the HIV/AIDS sector concerns raised were in the area of Prevention of Mother to Child Transmission (PMTCT). Where the mother has been diagnosed as HIV positive, for example, a Traditional Birth Attendant (TBA) may not have the information or the preparedness to handle mother-to-child HIV infections or the capacity to articulate the possible time of delivery. This could be due to inadequate linkages or referral systems to hospitals. Another area of concern is around ethical standards in counselling where confidentially and privacy may be divulged. CBWs have also been accused of failure to support clients adequately in administration of ARVs, which require a strict regime. They can also fail to observe due quality care when handling infected patients, leading to either infection or re-infection from HIV/AIDS and/or other infectious diseases

These concerns on professional standards has forced the government to draft relevant policy guidelines which will include the national HBC policy guidelines; the curriculum for training community health workers for HBC; the national voluntary counselling and testing guidelines; and national policy guidelines in the use of Anti-Retrovirals (ARVs).

To enhance quality control the government and other stakeholders should put in place training standards including continuous training and mentoring; monitoring, supervision and evaluation structures; enforcement and regulation structures; and a motivation and reward system through higher level training, prizes, recommendations, recognition, and certification.

Generally, CBWs supplement work of professionals especially where the two co-exist. The government capacity to provide services is limited and the role of the CBWs cannot be underestimated. Efforts are needed for improving the capacity of CBWs through provision of the relevant support and linkages.

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1 Catley A, et el, (2004): Para-veterinary Professionals and the Development of Quality, Self Sustaining Community-based Services. pp 234

2 IDL group, (2003): Community-based Animal Health Workers- Threat or Opportunity? pp53)

5.3.3   Effective CBW systems to support the rights of the poor and vulnerable households

CBWs must be adequately trained and motivated to support the rights of poor and vulnerable households Training must be flexible in terms of content, method of presentation, location and duration to accommodate the CBWs social, cultural and learning needs. In the livestock sector, a harmonised training curriculum for CAHWs has been developed in an attempt to improve training standards. In addition, CBWs need skills through exchange visits to other systems, shows and field days or demonstrations. These activities can be organised and funded by FAs, private sector, government or the community.

The increasing poverty levels and dwindling government capacities to address the adverse effects of poverty is considered an enabling factor for CBW systems to thrive in the region. Reform agendas guided by constitutional reviews, privatisation, decentralisation, and democratisation provide opportunities for CBW systems through enhanced collaboration and partnerships to address the service delivery gaps. For example, privatisation and the public sector reforms have provided for CBW systems as a delivery mechanism in Kenya. The existing decentralisation process is encouraging the participation of other players, including the community.

5.3.4   Financing of CBWs

Financing of CBWs is a big concern for the CBW system and FAs. CBWs cannot be expected to work in isolation nor without incentives. Payment of the CBW, either in cash or in kind, has been an essential element of sustainability in CBW programmes in many countries. The CBW systems studied in this review are currently funded in a variety of ways.

Sometimes communities will contribute to the costs through providing meeting places, food, cash, labour, money and other materials. Communities may also pay for services delivered to them in the form of user fees. Community fundraising events (harambees) may be organised to generate money to pay the CBW. They may also operate insurance or solidarity funds, or utilise their own micro-finance systems such as merry-go-rounds or IGAs.

The communities are usually more willing to pay for private services but reluctant to pay for public good services. TBAs, for example, may charge fees for their services ranging from Kshs.500 – KShs. 2000. Livestock keepers pay for clinical services but are unwilling to pay for long-term disease control programmes such as tsetse fly trapping. Where the community is not involved in selecting CBWs or contributing to decisions on how or how much CBWs are paid, there is reluctance to support the system.

Retainers or stipends are sometimes provided for by the FA. Support may also come through the government, private sector or other development partners. Some CBOs are using subscription fees as a means of generating income In many communities in Kenya, school parents associations do set a standard yearly amount which enables recruitment of an additional teacher paid for by parents. This is one model that has worked and could be replicated in other sectors. However, more research is needed to find out the motivation and willingness to pay for a public good.

In the livestock sector the CBW system often operates as a business, whereby the community pay user fees for a service received. Once the CAHWs acquire the initial drug kit, which acts as the initial capital for their business, the drugs are then sold with a small profit margin and drugs replenished with money generated from sales[3]. In some cases NGOs have assisted with seed money for starting community managed drug stores so that CAHWs are able to access drugs

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3 Chip stem and Ibrahim Oshe Sode, (1999):: Towards Sustainable Health-care Services for Moyale, Marsabit and Samburu Districts. A Final Report for MDP/GTZ and FARM-Africa July 1999.

supply. To sustain the system, other organisations such as Community Initiatives Facilitation and Action (CIFA) link the CAHWs to credit facilities through guaranteeing individual loans.

During periods of drought, when the community can no longer pay for services, some NGOs make arrangements to refinance the CAHWs through providing them with free drug kits to restart their businesses afresh. During vaccination campaigns, the CAHWs are retrained and provided with allowances as motivation to mobilise their communities to participate. For example during emergency work conducted in Marsabit in 2000 by Intermediate Technology Development Group (ITDG), the CAHWs were paid KSh 500 per day as daily allowances for the period worked within their areas.

Some ASAL areas are yet to have a developed cash economy, especially the very remote areas. Under such circumstances, the CBWs are paid through a barter system, using livestock as a monetary symbol.

Many organisation in the HIV/AIDS sector are vibrant in part due to the increased involvement of volunteers (Delong 2001). However experience has shown that even the most active and most motivated CBWs reach a point when they expect to be rewarded for the work done. The quality of service delivery by volunteer CBW can therefore depend on how valued they feel. Incentives range from annual tokens, occasional gifts, parties and outings, certification, child education sponsorship, free treatment, to recognition within the family and within oneself of the role being played. Some programmes within the HIV/AIDS sector provide CBWs with a monthly allowances ranging from KShs.200 to KShs.800 provided by the FA.

It is important to note however that voluntary CBW programmes are not without cost. Governments often fail to realise that even when CBWs are volunteers there is still a need to provide training, support and supervision, and maintaining a voluntary programme does therefore require investment of funds. This review argues that because there is a higher attrition rate amongst volunteers there are obvious increased costs involved in training new recruits (Horizon 2000). It is therefore an incentive to provide a small stipendiary allowance in order to retain these people instead of continuously having to retrain new ones.

Different FAs support CBWs in different ways. They often contribute to the costs of establishment and maintenance of CBW systems and provide the initial seed capital for income generating activities. In the livestock sector for example, sponsoring organisations provide start-up capital or link CBWs to credit facilities. Many CAH programmes train CAHWs and equip them with initial veterinary drug kits. CAHWs are sometimes provided with kits only when they have raised an appropriate cost sharing components of approximately 25% of the kit's value. In Kajiado District, for instance, the ASAL programme contributes 50% towards the acquisition of the initial drug kit while the CAHW contributes the rest. In the Pastoralist Development Project (PDP) supported by FARMAfrica, the CAHWs were encouraged to acquire the basic starter kit on 25% cost sharing basis. CAHWs in Mwingi District were allowed 20% surcharge on the kit and a 12-month bicycle loan was given to facilitate their movements.

5.3.5   Relationship of community structures with CBWs

This element is concerned with community structuring and linkages at different levels. Administratively, the government has representatives at the local level, including the chief, sub-chief, councillors, and extension workers or social development workers. They translate, implement and enforce government policies at the local level. They also inform the central government on the socio-economic needs and issues within their area. They co-ordinate

development efforts, guide resource and community mobilisation and lobby for central government support. They also provide the necessary linkages to development actors.

Faith-based Organisations (FBOs) or religious structures are involved via their funded institutions like schools and hospitals. They provide community services through their members or community projects. Through their followers, FBOs provide a forum for information dissemination as well as a fertile ground for CBW recruitment. They can use their members to give professional expertise in community-based programmes and also extend financial support to these programmes.

Other interest groups linking with CBWs are youth and women's organisations, CBW associations, drug-store committees, and anti-AIDS clubs. These groups either exist in the community or may evolve during the project implementation process. Their major functions include being a collective point for community and resource mobilisation; implementing specific programme activity; providing channels for disseminating information and lobbying and advocacy. These groups often provide a forum from where CBWs can be selected for training and subsequently provide support for the CBW system. They are effective links between the FA and the community.

Traditional structures such as village elders or opinion leaders act as the 'gate keepers' of indigenous institutions whose main role is to propagate and sustain cultural values and norms in the community. They uphold powers which may shape community development processes. These traditional institutions are also the opinion setters and largely influence the reception of new ideas in the community. They are a key entry point in development initiatives and may offer much needed support to the system with the capacity both to determine the local resource utilisation and community mobilisation or hinder development initiatives that go against the community socio-cultural values.

Local public service institutions such as schools, research institutions and hospitals are modelled towards providing modern services. They complement and supplement services delivered by the informal institutions – for example in the function of a hospital as a referral system for HIV/AIDS infected people or for TBAs clientele. The hospital staff supervise and monitor the work of CBWs. The institutions are also opinion shapers especially for the youth and this can be a source of conflict with the elders. Hospitals provide diagnostic and clinical services including provision of drugs and ARVs for CBWs. The institutions are also fora of information dissemination in the community. The schools disseminate information through the children and parents associations.

The private sector, which may be an individual or co-operative entity, provides similar services as the public sector but on a smaller scale and for a fee. Often they are very specific as in the case of paralegals or FARMAfrica's paravets in the Meru Goat project. Some of their support to CBWs is undertaken both as a social obligation and to promote themselves as business entrepreneurs.

Successful CBW systems have to link to existing traditional, religious, administrative or other social structures and groupings. It is important that an inventory of existing structures and groupings is developed and made available to CBW system implementers so that they are able to find the best entry point for the targeted community. Furthermore, it is important to note that some structures will be stronger than others and may facilitate faster entry into the community. The role of FBOs, for example, in community-based HIV/AIDS programmes is well recognised and religious organisation serve well as entry points.

The FAs gain credibility and avoid conflict when they use existing community structures to support and implement project initiatives. The local structures are well known and are organised around the lives of the people. By utilising these existing structures it encourages the use of local resources to the maximum. This enhances sustainability of the programme which is likely to be realistic and

pitched at a level that can be sustained. It is important that these structures are strengthened on areas such as project management, planning and M+E.

5.3.6   Training, support, supervision and accountability

The government, in collaboration with NGOs, has developed curricula to guide Training of Trainers (TOTs) selection, content, methods, and duration of training in the livestock sector. A harmonised training curriculum for CAHWs has been developed as an attempt to improve the standards of the training CAHWs receive (KVB 2003). To date, many organisations have adopted the curriculum, with some modification in the contents for their own training manuals.

This review established that training must be as flexible as possible in terms of content, method of presentation, location and duration to accommodate the CBWs social, cultural and learning needs. For example some volunteers are only part-time. Women can participate more actively in non-residential workshops and mostly during school holidays (KANCO 2000). When training pastoralist women in animal health, it is important that training opportunities are designed with women's needs and workload in mind (AU/IBAR Policy Briefing no. 6).

The aims and objectives of the training and the envisaged role of the CBWs should determine the duration of training. A training programme which begins with an initial functional formal training lasting two weeks to one month and which is followed up with refresher courses, has been found to be effective particularly when other forms of continuing education such as home visits, group meetings, exchange programmes and refresher courses are built in. According to the minimum standards curriculum for training of CAHWs, it is recommended that the initial training should take a minimum of three weeks. The course contents should be covered in this time with a staggering of the period depending on the situation on the ground. This allows time for participants to incorporate and internalise their experiences into subsequent training.

Training of CBWs should be based on their job descriptions. The knowledge, attitude and practical skills required should inform the training content. While the government has provided guidelines and training curricula[4], it is evident that many organisations especially in the HIV/AIDS sector are using their own self-developed manuals without consulting these guidelines.

CBWs are trained on technical issues depending on the sector. Even within the different sectors there is no consistency. For example, in the HIV/AIDS sector, some programmes train their CBWs on curative care and/or preventative health education and others on support care activities. Some do not get training in support care because they believe their role is preventive.

As CBWs assume new roles and responsibilities, there is a need to introduce training in other areas such as resource mobilisation; communication and networking; community organisation and action; data collection and reporting; entrepreneurship and advocacy. Within the livestock sector, there are specific training needs in livestock marketing, conflict resolution and NR management. Within the HIV/AIDS sector specific training needs are needed in counselling and HBC.

CBWs require accelerated and sustained support to be able to work effectively and efficiently. This can be a combination of financial, institutional or technical support which enables the workers to acquire the necessary skills to carry out their tasks and responsibilities, access the community and discharge their duties without fear of repression or rejection. They also need to, network and link

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4 The government has prescribed curricula for training in VCT, HBC for house service personnel and community health workers (Republic of Kenya, 2002, Ministry of Health, NASCOP Publications). Minimum Standards for training CAHWs and Community-based TB prevention (Kenya Veterinary Board 2003; Minimum Standards and guidelines for training of community-based animal health workers in Kenya, Nairobi).

with other service providers and acquire the necessary working kits, drugs and materials that enhance service delivery.

The FA plays a critical role in providing or arranging for this support. The CBWs are motivated when they function in an enabling environment. Support is also required in the area of remuneration and incentives. Further, CBWs are motivated when they are suitably equipped. Motivation is provided by the FA in the form of remuneration, and other forms of rewards. The government motivates the CBWs by recognising them and by providing an enabling policy environment. The community provides social incentives and payment for services where appropriate. Further support can be provision of seed capital to start IGAs. This has been shown to be important in making the CBW self-reliant and can be one form of sustaining the system.

CBWs can also be supported to start their own associations to enable them to share information and experiences, lobby for government recognition and certification. Establishing resource information centres is another option for ensuring continuous flow of information to the community and strengthening the potential impact of the CBW.

For accountability purposes, CBWs have multiple accountabilities to different bodies based on their linkages. As community members they have some social obligations to the community that selected them. This is monitored through the quality of services delivered and the manner of delivering the service. CBWs are also accountable to the community who pays for services. Additionally, CBWs may be accountable to the community-based supervisor who informs the community structures or the committees especially if they played a role in his/her selection.

As far as technical aspects are concerned, the accountability tends to shift to the FA or individual providing supervision. This could be a private entrepreneur (individual), the FA, the government representative, e.g. the District Veterinary Officer (DVO), or even a micro credit organisation. These require regular reports on performance. For example, the DVO will need information on diseases treated, type of drugs administered, and whether the animal recovered or not. The micro-finance body will also need to get information on loan repayment and the business status. Such technical matters cannot be left solely under the supervision of the community due to lack of adequate capacity.

The process of establishing or strengthening structures should be sensitive to existing economic and socio-cultural environment to enhance community ownership and participation. The FA should ensure that leaders have received adequate training in leadership and management practices and opportunities created through exposure visits, shows, field days and barazas for the community to be sensitised. The efficacy of the structures will be further enhanced if the necessary infrastructure to enhance communication and information flow has been established or is utilised – for example, community radios and community resource centres.

5.4   Summary of learnings

CBW systems require sustained support for effective and efficient service delivery. Advocacy for increased government financial and technical support is critical. Donors should adopt a more strategic view on implementing the CBW systems. The system requires mechanisms that allow learning to keep in tandem with emerging trends and technological advances.

Sustainability remains a critical issue in many CBW initiatives. CBW systems have to adopt creative and innovative ways to enhance programmes sustainability. This can be ensured through

enhanced community participation, appropriate support and linkages, and integration into overall government planning processes.

CBW systems that allow active community participation and facilitate local ownership and community control are likely to be more sustainable. Community participation and adoption of new concepts entail change of attitudes that need some level of flexibility in the implementation process. It is therefore important that the FAs and donors are involved in the project monitoring process to increase flexibility of CBW programmes.

CBWs provide services that are complementary to those provided by professionals. More sensitisation of professionals is therefore required in order to foster acceptance and support of CBW systems. Professional standards of CBWs should be maintained and there is a need for constant support through capacity building. This should be maintained through the creation of supportive institutions and structures such as referral systems to government institutions.

There is general consensus that CBW systems are the most effective means of providing pro-poor services but there is a need to develop innovative models that reduce the cost of establishing them. This will also reduce the level of donor dependency and facilitate mobilisation of local resources and capacities.

The issue of incentives to CBWs needs serious re-appraisal. The type of incentives has also to be thought out through planning stages to clarify the type of payment and who should pay.

To maintain sustainability a concerted effort is needed to ensure that CBWs are accountable to the community that they serve. To ensure full accountability the community should to take control of the CBW management. In most projects, CBWs only play a peripheral role and are only handed the controls towards the end of the project in a hurriedly and haphazardly developed exit strategy.

The government should open up development space to allow more actors to provide these needed services. This will be done by developing appropriate policies that enhance mainstreaming of CBW work in all government development strategies through opportunities provided by privatisation, democratisation and decentralisation processes. The government must also increase budget allocations to support CBW systems especially for public good concerns.

5.5   Areas for immediate follow-up by the action-research

- Integrating the work of CBWs into national service delivery systems;
- Strengthening collaboration between FAs, government, communities and other stakeholders to enhance sustainability;
- Commercialising, where feasible, community-based services, as a strategic measure for sustainability;
- Harmonising and co-ordinating CBW approaches to avoid confusion and conflicts of interest between stakeholders including the community;
- Developing curriculum and training manuals for CBWs in different sectors to improve training provision;
- Researching needs of CBWs, as agents of change in service delivery, specifically focusing on: standardisation of methodologies and approaches; transmission of information (intra-inter); and operationalising the CBW concept;
- Establishing a databank for quantitative and qualitative analysis at various levels of operation;
- Stepping up advocacy work focusing on CBW system as a multi-sectoral concept;
- Formation and support of a CBW network.

5.6   Policy implications and legislation

The increasing poverty levels and dwindling government capacities to provide services is an enabling factor for CBW systems to thrive in Africa. There are opportunities for enhanced collaboration and partnerships to address the service delivery gaps. The CBW system can be enhanced through replication of success stories from other regions.

African approaches are being shaped and influenced by global policies. The Financial Institutions, UN agencies and other bilateral and multilateral partnerships are all emphasising the role of community participation in addressing their own developmental needs. Furthermore, African governments are not only signatories but have adopted many international conventions, charters and declarations that emphasise policy reform in favour of poverty reduction through addressing key governance issues in development.

The many reform agendas that most African government have embarked on provide opportunities for CBW systems. For example, privatisation has provided for CBW systems as an alternative to service delivery mechanisms in Kenya. The existing decentralisation process is encouraging the participation of other players, including the community, in the development process through strengthening the meso (operational level) and encouraging stronger linkages between all partners.

In comparison to other types of service delivery, the CBW system is not only appropriate but also cost-effective. The CBWs have developed over time to form their own structures and institutions that operate as the necessary platform for refining further development agendas. The system encourages the utilisation of local resources, thus encouraging community participation and supporting indigenous technologies. The system is threatened by pockets of resistance from professionals and their associations, who view it as competitive and non-professional. Where these systems are not home grown, communities' resistance is evident. The system is also fragile as evidenced by lack of visionary leadership and its susceptibility to external negative influences such as political interferences or adverse external agendas from service agencies.

6   LESOTHO

6.1   Context

Lesotho is among the 49 Least Developed Countries (LDCs), ranked 120 out of 162 countries on the UNDP Human Development Index (HDI). It has low levels of economic growth and it is estimated that 58 % of the population live below the poverty line. 78 % of the 58% live on less than USD$1 a day and the majority of them live in rural areas. The progress made in human development and poverty alleviation over the past decades is being rapidly reversed by the most severe HIV/AIDS epidemic in the world. National prevalence is estimated at 31% and over 50% of these are women and girls.

In addition, there has been a marked decline in agricultural production, on which 80 % of the population depends. This decline is due in part to the serious pressure on the agricultural land and a marked reduction in soil fertility due to erosion. The mountains, which the rural population depended on, have become less important for their survival, and people have migrated to the low lands which is the bread basket of the country. Research shows that while food production has not reduced so dramatically, there is however more mouths to feed. Coupled to this are the dwindling remittances from the mines, almost half to what it used to be 10 years ago. Lesotho is a consumer economy, meaning that the country is dependent on imports.

6.2   Public Policies

The concept of CBW systems in Lesotho dates back to the 1940s when an indigenous CBW system existed whereby CBWs were selected through traditional leaders to respond to community needs. The Ministry of Health and Social Welfare have operated a system of Village Health Workers (VHWs) system since the 1970s for delivery of primary health care. This was well supported until the late 1970s to early 1980s when government support diminished. Home-based care and peer education systems have recently arisen in response to the HIV/AIDS pandemic. HBC has been supported by the government through training but there has been minimal support for peer education. There have been some initiatives and attempts by government and facilitating agents to support systems that respond to the HIV/AIDS but this is not strong.

In the NR sector, a variety of approaches exist that include the Farmer Extension System (FES) through the Ministry of Agriculture's Field Services Unified Extension System (UES) that is promoting Farmers Extension Facilitators (FEFs). FEFs assist the Ministry of Agriculture and Food Security (MOAFS) to reach communities where there are no extension workers. UES provides capacity building to local communities through an action learning cycle.

The Machobane Farming System (MFS) was developed in the 1940s by the Machobane Agricultural Development Foundation (MADF). Machobane's principle approach is intercropping of different but compatible crops in a relay fashion using all seasons of the year to ensure continuous harvest and household food security. Machobane established a college where he trained ten farmers in the practice. Machobane himself volunteered his services, and he laid the condition that his graduates would in turn train ten farmers each, building a cadre of volunteer farmer extensionists. The programme therefore selects "tutor" farmers as CBWs to support fellow farmers to implement the system. Unfortunately promotion of MFS met with disapproval and repression from both the colonial and first post independence governments. MFS resurfaced in 1992 with the support of a donor funded project in the Ministry of Agriculture.

6.3   Learnings and Gaps

6.3.1   Impacts of CBW Systems

Within the HIV/AIDS sector the few case studies reviewed highlighted noticeable impacts where CBW system is in place.   There is better understanding of the plight of people living with HIV/AIDS and an increase in the number of people joining the campaign against HIV/AIDS. In addition there is a change in the negative attitudes towards HIV/AIDS, a receptive approach to messages aimed at tackling HIV/AIDS and an increasing number of communities becoming knowledgeable on HIV/AIDS and other health issues.

Through the involvement of CBWs there are an increasing number of rural households and communities who are taking an active part in activities aimed at poverty reduction. Moreover, there is evidence that more youths are getting involved in life skills programmes either through volunteering initiatives or through exposure to CBW approaches.

There is also evidence of increasing number of community members using TBAs and VHWs' services as a result of CBWs. Programmes run by the MOAFS, Health and Social Services and Forestry and Land Reclamation clearly demonstrate that much is being achieved in:
- Assisting communities to improve their lifestyles through empowerment programmes;
- Allowing communities to participate in their own driven development whose sum total adds up to national development;
- Allowing communities to cooperate, network and support each other in conjunction with community based workers and their organisations;
- Allowing communities to take control through participation in problem identification, situational analysis, problem prioritization, analysis of key problems, identification of possible solutions, implementation, monitoring and evaluation;
- Allowing communities to increase their income and hence improvement in their health;
- Allowing communities to educate their children;
- Allowing communities an opportunity to interact with fellow community members to share information and exchange ideas for collective good.

6.3.2   Sustainability of the CBW system

From the information reviewed it is clear that the CBW system has can make a significant contribution to sustainable development. Policy approaches to development are premised on a mechanism being put in place, which encourages a self-sustaining process of change and advances engaging communities in a participatory manner. The focus of the CBW system is therefore pertinent in promoting both the individual and community collective action for self – determination and involvement. Structures, introduced to communities will assist in galvanizing communities to systematically identify problems facing them and develop solutions on how to tackle them collectively.   Where the CBW system is community driven and community owned, its sustainability prospects are much more strengthened. A lot will however depend on how identified weaknesses are managed and supported through a policy framework which is currently very weak.

The review found that while current practices are working they are nevertheless unsustainable, and although they are effective, they are not systematic. The CBW system is an appropriate and effective means of service delivery in Lesotho but requires a supportive macro policy framework. The CBW system builds on indigenous systems and therefore has opportunity for great impact and service delivery.

6.3.3   Focus of CBW systems

The case studies reviewed all target the poor, peri-urban and rural populations – largely areas with minimal access to services. In the health sector service delivery is focusing on prevention through peer education, and care and support through HBC and support groups. The agriculture sector primary focus is on food production.

6.3.4   Financing of CBWs

Inadequate financing of community based worker systems remains a major drawback for the majority of FAs interviewed. Although several initiatives are involving communities to raise funds from among themselves to finance their projects, there is a need for external assistance from either government or donors. Money is needed to pay CBW facilitators. Those interviewed for the review indicated that paid community based workers are more committed to their work, and therefore more effective, as they devote more time to their task as compared to those who give time on ad hoc basis. Interviewees felt that service providers should budget to pay community based workers.

A consultative team working on the joint US Government and Lesotho Rapid Appraisal for HIV/AIDS Programme Expansion also recommends that volunteers should be compensated. The following comment is from one of their documents: *Explore mechanisms to financially support HCBC workers in order to decrease the amount of money and resources they are personally putting into this work. Remuneration for HCBC workers should follow the South African example where, HCBC workers are provided a stipend of R500 per month.(Source??)*

6.3.5   Relationship of community structures with CBWs

The success of the CBW system depends on the working relationship between all parties involved within the respective communities. Involvement of communities should be at the various stages of preparing development activities viz planning, implementation, monitoring and evaluation etc. Currently there is not sufficient evidence to suggest that this approach is being adopted.

Successful implementation of the process should accommodate and acknowledge already existing traditional knowledge in the process. The MOAFS, through the Unified Extension System, has successfully developed a healthy relationship with villagers. It has mobilised communities to engage in several activities that will lead to food security, nutrition and general improvement of their living standards. The Ministry of Health too, through its Village Health Workers and Traditional Birth Attendants, has managed to get communities to use health services. The Care Lesotho SHARP Programme is also managing to turn negative attitudes towards HIV/AIDS into positive ones through the mass education campaign it carries in various communities.

6.3.6   Training, support, supervision and accountability

So far only the Ministry of Health and Social Welfare and Agriculture and Land Reclamation have fully developed courses that offer ongoing training for their community based workers. Other service providers wait for any course offers to send their staff. The Ministry of Agriculture has a reporting mechanism whereby all the activities undertaken with communities are recorded and preserved in libraries. The Ministry has also established supervision and accountability channels. In general consultative meetings are held with community members whose role is recognized and taken seriously. Village workers are accountable and supervised by the chief of the village development council. Professional matters and replenishment of supplies, training, supervision and accountability is supervised through FA structures. There is also a very successful collaboration

between CARE Lesotho and the Ministry of Agriculture on the CARE TEAM Project. CARE has seconded one of their staff who is actively involved in the management of the Unified Extension Service which is very successful.

The CARE Team's programme staff is accountable to the Ministry of Agriculture. Peer Educators and community facilitators in the SHARP (A CARE Lesotho/SA) programme are accountable to CARE while Village Health Workers for the MoH are accountable to the Ministry of Health and Social Welfare and local chiefs. CARE Lesotho, the Ministries of Health and Agriculture assist with material development and training.

6.4   Summary of learnings and areas for immediate follow-up

From the review undertaken it can be summarised that the CBW systems in Lesotho operate in an ad hoc manner. Support, training, supervision and incentives for CBWs is inconsistent and there are no clear guidelines. Furthermore, beyond what individual organisations are doing, there is a lack of capacity building for CBWs.

There is a need for increased government support and commitment in developing policy and support for CBW systems. Although the government is focusing on some service delivery it is nevertheless not engaging effectively with CBW systems. The meso level is very weak and decentralised local government structures are not developed. There is need for recognition of the micro level especially the existence of structures e.g. interim community councils and chiefs who play a very active role.

Other areas for the action-research to follow up include:

- Advocacy – to promote greater involvement of government through LAPCA, MOHSW and MOAFS in developing a CBW framework and policy for Lesotho. Action learning from this project will provide a basis of from which to lobby more actively;
- Strengthen linkages with UNDP and GTZ who are providing HIV/AIDS related programmes;
- Government to be trained in Community Based Planning for greater community participation and ownership, especially through the decentralisation process (now in progress);
- Pilots should identify clear linkages with government and define roles and responsibilities;
- Further investigation at community and local government level of indigenous systems, roles of traditional leadership and linkages to government.

6.5   Policy Implications

In Lesotho there is a need for more government support both in policy development for CBW systems and in the provision of support to facilitate effective service delivery to the poor. The system needs to engage government in understanding the CBW system which could be enabled through GTZ and the MoLG's involvement in the project. This is a good opportunity for the system to be tried with the current decentralisation programme which the MoLG is implementing. NGOs should be engaged by government as facilitating agents to bring in technical expertise and facilitate community participation. However they need to be better supported to sustain the systems beyond any initial projects.

7   UGANDA

7.1   Context

The increase in poverty levels in Africa over the past decade can partly be traced to inappropriate service delivery mechanisms to the rural poor. The majority of poor people cannot access modern service delivery systems and therefore rely on community services such as traditional healers and birth attendants. There is an urgent need to design new ways of service delivery if national and international commitments to poverty alleviation are at least to be partly realised.

7.2   Public Policies

The pre- and post-independence period in Uganda produced strong community development institutions and effective community mobilisation efforts. This led to the success of many community-based programmes prior to the degeneration and collapse of many government institutions in the 1970s and 1980s. Since 1986 the government has embarked on institutional building through the recovery programme but omitted community-based service in its priorities. Consequently many of the efforts to reform public services have failed to reach over 80% of the population who live in rural areas. It was not until the introduction of the Poverty Eradication Action Plan (PEAP) and the Plan for Modernisation of Agriculture (PMA) in 1987 and 2001 respectively, that community mobilisation efforts were revived as a vital element of sustainable development and poverty eradication.

The new draft PEAP recognises the need for the community to manage its own service delivery by providing for sub-county development co-ordinators. Sector policies have increasingly embraced the need for participatory approaches in service delivery and the number of service providers who are willing to work through CBWs is on the rise. Nevertheless, in most cases these service providers are only targeting their individual programmes and are therefore working in isolation. CBWs see themselves as belonging to particular service providers.

The Government is now divesting many of its roles to the public and private sector. Public sector funds are being used to build the capacity of CSOs who can then be contracted out to deliver public sector services. Many institutions are being encouraged to share roles and responsibilities of management with the public sector though some are publicly funded. These include agriculture, forestry, health services, marketing, and financing. The National Agricultural Advisory Service (NAADS) is one example of a more progressive model of state-led service delivery. NAADS was established as a key component of the PMA, to focus on increasing farmers' access to improved knowledge, technologies and information. The underlying principle of NAADS is to empower the poor, including women, to demand and control agricultural advisory services. NAADS is anchored in the national government policy of decentralisation, liberalisation, privatisation and devolving of power. NAADS is promoting the use Community-based Facilitators (CBFs), who are selected from the community to ensure that remote and poor farmers are included and their needs addressed in the provision of effective service delivery.

The government is increasingly recognising the importance that national partnerships with NGOs and CBOs play in the delivery of basic services. Civil society is already a key player in the design and management of the programmes financed under the Poverty Action Fund (PAF). While CSOs will continue to co-ordinate, direct and facilitate the provision of basic services, the Government needs to support their empowerment and also ensure their participation in effective service delivery.

The CBW system, as a mechanism for service delivery has grown out of the need to overcome the shortcomings of the formal extension service. Civil society organisations are evolving the CBW system almost simultaneously in different places and for different services in Uganda as they recognise its relevance in service delivery. The various CBW initiatives clearly indicate that they are going through a learning curve. This review has shown that there are still many gaps to be filled before the CBW model can be fully integrated in mainstream service delivery level.

7.3   Learning and Gaps

7.3.1   Impacts and sustainability of the CBW systems

The CBW system is gaining popularity in Uganda as a good means of service delivery among the rural poor. Where the local community has been involved in selecting the community workers, the system has had better impact. The community needs to be clear about the objectives of the programme, which should in turn address the perceived problems of the people. Community workers who are seen to be addressing the development priorities of the community receive better support than those that are considered to be champions of outside interests. It is therefore vital to develop linkages between the different FAs and individuals. All key stakeholders must be engaged from the very beginning with clearly defined roles, responsibilities and benefits that may accrue.

The farmers visited during the review exercise said there are significant impacts on those participating actively in different projects involving CBWs. JIDDECO, an organisation with CBWs, showed that practising households have been able to increase production of vegetables and are now selling their surplus. The farmers were using funds raised from vegetables, bananas and vanilla to pay school fees for their children. The farmers have a good grasp of the CBW system, which has helped to build the capacity of members to innovate. The farmers interviewed were willing to pay for the services of the CBWs. In BUCODO, another organisation using CBWs, these volunteers pay for their own travel costs to the training and organise exhibitions thus promoting self-reliance and commitment to service provision.

Despite all the good experiences, CBW systems have many challenges as regarding impact and sustainability. For example, services reviewed did not have sustainability plans at the onset of establishing CBW systems and had not conducted baseline surveys to facilitate the measuring of impacts. Many of the projects did not have adequate systems for cost-related record keeping to justify time and cost effectiveness of the system. The lack of a forum for CBWs in the community leads to duplication of efforts and limited recognition.

Despite evidence that CBWs do contribute to the impact of projects like BUCODO and JIDDECO many potential CBWs are compromised by the labour required and the fact that implementing organisations do not always provide incentives to their volunteers.

The CBW system is likely to be most effective where:

- Participation by target beneficiaries in previous development initiatives was high;
- Community leadership is regarded as important;
- Donors, government and opinion leaders are willing to support the system;
- There is a demand for the service within the community;
- There are financial resources to launch the programme;
- There is adequate participation and involvement of the targeted community;
- Attention to gender and equity are important components of service delivery.

Sustainability of CBWs will be achieved if they are recognised by government and rooted in and supported by the community. Sustainability of CBW activity will be further enhanced if they are integrated in the mainstream service delivery system. However the CBW system should not be based on permanent structures but should evolve as a dynamic system that responds to the needs of the community. The CBW system should be able to evolve as communities and their needs change.

There is need for a detailed study to exactly determine the actual costs of service delivery in both the formal extension and CBW approaches. Discussions with various service providers, including government, have indicated that CBWs are cheaper per farmer but may not be sustainable under the current drive for liberalisation. CBWs will increasingly demand payment for their services and thus increase the cost of service delivery.

However case studies considered in this review demonstrate that the community worker concepts appear to be cheap per extension worker and also per active farmer. Also, the CBW model is very cheap to operate per community member particularly for services that do not need specialised extension skills whereas the traditional extension process is expensive to operate considering its limited impact. Nevertheless, if CBW approaches were replicated more extensively costs would inevitably rise and there would be challenges of accountability and sustainability. A mixture of service delivery models comprising formal extension and CBWs will be required to offer effective and sustainable service delivery systems.

7.3.2   Professional standards, specialists or generalists?

The study did not find any examples where standards have been compromised through the use of CBWs. However, a programme may be compromised when the CBW system is divorced from the community structures. Some of the case studies reviewed highlighted the need for some degree of specialisation as farmers need a range of advice. In Mbarara District, for instance, the community facilitators have areas of specialisation but at the same time they are able to handle the cross-cutting issues like soil and water conservation and gender and have also developed facilitation and business skills. Table 7.3.2 below outlines some challenges from CSOs using CBWs as either generalists and / or specialists.

Table 7.3.2   Some challenges from CSOs using CBWs as generalists and / or specialists

CBW	Observations	Critical Issues
Generalists	Can competently handle information about every subject area Farmers are generalists in practice Diversified activities to combat shocks and stresses (disasters)	How to manage shocks and stresses in times of crisis e.g. drought, HIV/AIDS and conflict Availability of back stopping support (FA) Quality of service versus demand
Specialists	Knows a lot about the specific a subject Very vital in cases where there is market for products. Farmers tend to specialise in the income generating enterprise.	How to address natural disasters in view of a livelihood. Tendency to be the 'expert' Too few hence lack of allegiance to government institutions. Demand for pay on service rendered In case the community has few taking on this specialisation How many specialised fields can a community contain? How do they inter-relate?

In most cases degrees of specialisation depend on the nature of the community and service to be delivered. If a community is demanding a particular service it may be useful to train a specialist to offer training to the community. The review showed that most service providers have realised quicker results with specialised CBWs.

Whether a generalist or a specialist, CBWs should be seen as animators in society whose task is to bring about change from within. If CBWs focus on a particular discipline it is important they link with other CBWs in the community to share their experiences. A community forum for CBWs can increase the advantages of co-ordination and efficient use of CBWs in a particular community.

7.3.3   Financing of CBWs

The CBW system has cost implications that must be borne and considered when designing such initiatives. The donor community is a very important catalyst in the initial stages of CBW systems because of the need for funding in most programmes. However, the community should be aware that any donor input is an initial seed support that will eventually phase out. Government too must recognise that CBWs are contributing towards poverty eradication and therefore lobbying needs to secure resources for the CBW system. The government should also ensure that the CBW system is integrated into service delivery and fund it in partnership with NGOs and the community.

For the CBW system to be successful an incentive system should be built within all programmes. Although monetary incentives may not be sustainable, it is important for some kind of incentive to be in place. Incentives can take several forms including in-kind donations such as bicycles, t-shirts, training and transport allowances. In many situations CBWs spend many hours on community work and it is appropriate for the community to develop an incentive system for rewarding and motivating them.

The results of the review indicated that there is no single formula for remunerating community workers. However, where the work has direct financial benefits to the community the community is willing to contribute for the service rendered. Service providers need to study each situation and find out what works best in each particular community. The following questions are useful when assessing the method of support to CBW in a particular community:

- As FAs develop criteria for remuneration of CBWs and provision of incentives, will incentives lead to donor dependency?;
- How can the community support the CBWs? Can they, for example, contribute transport to collect input?;
- Most service providers are project oriented and give incentives to achieve outputs without considering sustainability issues for the initiatives. What replicable mechanisms for providing incentives can be established?;
- How can the community be involved in deciding on the type of incentives to offer to CBWs?;
- What non-monetary incentives may motivate CBWs? For example, training, t-shirts, transport and/or gardening implements?;
- CBWs should not be made to feel that they are part of the "formal" extension service system. How is this best achieved?

7.3.4   Relationship of community structures with CBWs

The multiplicity of community institutions delivering CBW services has resulted in several shortcomings. Resources are not optimally used, as there is duplication of efforts and conflicts can arise over roles and responsibilities between established leadership and CBWs in service delivery. CBWs have to guard against political or nepotistic manipulation by internal and external agents which affects their productivity and effectiveness.

The Local Council system is the lowest government structure at the various governance levels that is expected to provide overall monitoring of service delivery. The LC chairperson is a popularly elected official and therefore has the community mandate to govern. All people living in a village are members of that local council. If they and opinion leaders are not involved or consulted during the initial stages of introducing the CBW system, they can undermine any efforts and the work of CBWs. The monitoring, evaluation and sustainability of CBW systems becomes difficult as service providers come and go. So linkages in service delivery are important because the communities usually see their problems as one whole not in segments as official service providers tend to. A multi-agency forum at the community level to monitor the CBW system and begin to institutionalise CBWs could help address some of these issues.

The envisaged roles for the community in terms of management could be strengthened with appropriate support mechanisms. For example, a community can use participatory methods to understand the development trends for their area and use this as a basis to decide on desired actions for the community. If involved in the planning process at an early stage they can assist with monitoring project outputs and resource use. It is also very important that after being mobilised the community participate in the group activities and adapt or adopt relevant practices. Sharing approaches and learnings with other communities can further support and promote the CBW system.

The relationship of CBWs with community structures tends to differ among the different sectors. In the agricultural sector, for example NAADS has provided technical guidelines for the delivery of advisory services to rural farmers through contracting service providers using CBFs and Community Based Advisors (CBAs) In addition, NAADS is finalising guidelines for deployment of community based extension workers. This is largely based on lessons and best practices learnt from the ULAMP programme in which CBAs are outstanding farmers who are members of farmer groups (common interest groups) trained to train fellow farmers at the community level.

In the health sector, the Ministry of Health is putting in place Village Health Committees (VHCs) to monitor health programmes at the community level. In other situations, NGOs have put in place community structures to implement their programmes leading to a proliferation of CBWs in the communities. For instance, Environmental Alert's Community Forest Pilots have management committees with representation at parish level.

Roles for government departments, NGOs and the private sector could involve the co-ordination between the various partners and ensuring clarity over their roles. This may differ with different programmes in different areas and with different stakeholders. However there are some basic issues that will be common such as the need to provide initial resources and/or seed money to kick start the CBWs work in the community. It is likely too that they will assist with linking relevant community committees with other institutions and agencies who are also involved in the wider programme.

CBWs need support in terms of specialised skills from the government extension staff, NGOs and the private sector. CBWs also benefit if a person from an external agency plays a mentoring role. The programme will benefit if external agencies assist with putting in place community systems or strengthening existing ones to provide community accountability and sustainability. The programme is likely to be compromised if the government role becomes more of a controlling one rather than an advisory and enabling one.

FAs are a vital link between the government or donor or private sector and CBWs. They are the main sources of information and training for CBWs and play a significant advocacy and lobbying role for the CBW system. The mentors build capacity and help plan and implement the system within the target community.

7.3.5   Training, support, supervision and accountability

CBWs should receive training, mentoring, demonstration implements and materials, transport, skills development, and technical support. In fact training often serves as an incentive for CBWs who require training in practical skills. In the Uganda Land Management Project the CBWs opted for the fields of their choice while all of them received training in generic areas. These included soil and water conservation, community mobilisation skills, group dynamics, and teaching skills. Most organisations organise training events away from the community but there is also a need to deliver some skills-based training actually in the field and on a household level. Women are less inclined to attend training events if organised away from the community because of cost and social factors. For CBW systems to be effective ongoing training and capacity building is critical for local committees. Management committees, for example, will often require governance training.

The CBW system should promote accountability through functioning community structures. There are various committees such as those operated by Local Councils to which the CBWs should derive some level of accountability, taking great care to ensure that the community structures do not exert influence on the system or visa-versa. The local leadership can be groomed by the FA to devolve responsibility and empower the community. In some communities traditional leaders are still very important in society and should be involved in CBW systems. In the NAADS programme CBAs are accountable to Parish Co-ordination Committees (PCCs), comprised of representatives of chairpersons of farmer groups. PCCs are responsible for ensuring physical accountability of CBAs and extension staff. The PCCs carry out monitoring and evaluation through conducting field visits where they assess the progress of farmer groups and CBAs activities and their performance. PCCs are in turn accountable to the sub-county coordination committees, which are responsible for both physical and financial accountability, deployment and facilitation of CBAs, linkage with the district and facilitating the registration of farmer groups and CBAs.

The services ought to be seen as vital, contributing to the welfare of the people. It is an incentive when the services assist with either increased income generation within the community; enhanced quality of food production or visible water health improvement. Such outputs can in turn contribute to increased revenue collection locally – for example, through the BMUs.

7.4   Summary of learnings

For the CBW systems to be recognised and supported in Uganda it is helpful to consider the following mix of concerns:

- The issue of impact and a costs analysis of CBWs needs a deeper study to be able to convince other players about the important role that dispersed community workers play;
- Curriculum reviews to consider how to incorporate CBWs in service delivery;
- Methods of lobbying and advocacy for CBWs amongst the donor community;
- Assessing the feasibility of establishing a network or forum for CBWs at all levels including parish, sub-county, district and national levels.

The challenge still remains how to ensure that CBWs are institutionalised at the highest monetary policy level, particularly in the PEAP. Scaling up of the CBW system will be easier when government integrates and aligns its monetary policy frameworks with the institutionalisation of the CBW system. Unfortunately data on the performance and effectiveness of CBWs in service is still scanty and it is therefore difficult to fully justify their cost effectiveness and sustainability.

7.5   Policy and legislation implications

Many African governments are characterised by high levels of corruption, the challenge of poverty and the impact of HIV/AIDS. Development is hampered by lack of accountability, political instability, low rates of economic growth and a high peasant population with a non-industrialised agro-based economy. The legislation is often very autocratic and not always responsive to community needs. Current legislation does not fit with the CBW approach which is about empowering the rural poor to influence their social, political and economic development and challenging attitudes, legislation and service delivery and resource allocation arrangements. The Ugandan Government has taken a bold initiative to let farmers demand services within the NAADS programme but more progress needs to be made in other sectors.

CBW interventions need to recognise the gender inequalities present in Uganda. Therefore, intervention planning and implementation should carefully consider men's and women's participation, roles and responsibilities and workloads, as well as control of, and access to, resources and existing power relations that may prohibit participation. Gender analyses will identify enabling factors that can ensure that information is provided to, and utilised by, both men and women, and that will motivate women as well as men to participate and benefit. In addition, an important role for community development practitioners is to foster the household to act as a unit in which the strengths and contributions of all members are recognised.

There is a need to include explicitly the use of CBWs as a means of achieving development goals across Africa. This can be achieved through mainstreaming CBWs in the existing government systems – for example, at the sub-county level – with regard to planning and budgeting. The professionals should also be sensitised to make use of them while delivering their services. This will reduce duplication of services and roles. CBW training should empower participants with skills and knowledge. Capacity building of CBWs is vital for ensuring the delivery of quality services. Networking of service providers will enhance the sharing of experiences and information to promote the importance and sustainability of CBWs. However it is vital that higher levels of government recognise the benefits of implementing CBW systems and include them in the PEAP.

It is important that there is a supporting policy for CBWs as government moves in the direction of sector-wide funding of programmes. Government is still the major source of funding for rural development programmes and therefore it is advantageous to ensure that CBW systems are rooted within ministries for purposes of accountability and funding. NGOs should try to avoid setting up parallel structures although they can offer more training to CBWs to deliver specific services.

PART C LEARNINGS

8   ISSUES AFFECTING THE POTENTIAL IMPACT AND SUSTAINABILITY OF CBWS

8.1   Group work

Having listened to and asked questions of clarity on each country report, participants broke into buzz groups to discuss 'what are the main issues affecting the potential impact of CBW systems in the four countries?' By the end of the session groups will have identified the common and or different treads emerging from the reports. Below is the task and process that followed. Feedback is provided in annexes 8(a) and 8(b).

8.1.1   Task 1

- Divide into two groups (NR&HIV)
- Clarify the question
- Define the desired outcome for CBW systems by the end of the project period
- Respond to four questions below:
  - What are the positive impacts of CBW systems?
  - How can CBW ensure that standards are upheld and not compromised?
  - What can be done to strengthen CBWs so that they are not seen as a threat to professionals?
  - What can be done to ensure sustainability of CBW systems

8.1.2   Research questions – Group task 2

Using the research questions as guidelines, participants broke into self-selected groups focusing on one particular issue. The aim was for each group to identify the key learnings around each key research topic across the four countries. The different groups' task and feedback are presented in annex 9 .

9   EMERGING FRAMEWORKS

9.1   Context

One group worked on drawing up an integrated picture of a possible framework(s) for best CBW practice. From their presentations five models seemed to emerge:

1.   4-**8 hours a week unpaid volunteers** (eg Machobane Tutor Farmers, Community Forestry Workers in Uganda). Travel and meals are usually paid
2.   **20 exceptionally up to 40) hours a week unpaid volunteers**, with travel and meals paid (eg World Vision Lesotho, Concern Uganda, SHARP Lesotho)
3.   **20 hours a week paid** a stipend (eg home-based care in SA)
4.   **40 hours a week paid**, either as salary or commission (eg WASDA CHWs, Kenya, CHOICE supervisor in SA, commission paid to fisheries workers by Beach Management Units in Uganda)
5.   **Paid by user** – hours variable, (eg CAHW Kenya; community resource people in agriculture, Uganda; people assisting with CBP, Uganda)

From the above it was not possible to arrive at a consensus on what each of the possible models would look like. However, the discussions that followed highlighted a number of critical factors to take into account in developing the models. These models will need to be worked on – each country taking one or two and developing it further. A small representative group of partners was to meet again to finalise these before each country begins to pilot them. Guidelines for implementation of CBW pilots has since been developed and is available from the partner countries or from Khanya and UNpan websites provided earlier.

9.2   Discussion on the emerging framework for CBWs

9.2.1   Key issues

•   What principles underlie the framework and could they relate to the SLA principles?
•   Are we promoting community empowerment or just improved services?
•   Are we supporting members of the community to help others (voluntarism), or provide more cost-effective services, in which case pay a stipend, but at lower rate, and to more dispersed community "extension" workers – or both?

9.2.2   Background

•   CBW concept not new but builds on traditional systems of social support;
•   Still mostly NGO driven;
•   Still fairly unstructured (Lesotho, SA except HBC);
•   Can be private sector (eg TEBA, vets), NGO or government;

9.2.3   Impacts and sustainability

Current practices are working and demonstrating impact but they are not sustainable or systematic (Lesotho, SA, Kenya). Examples include:

•   Impact:
-       Better quality (eg AHWs, Kenya);

- Increased community participation (Kenya);
- Cost-effectiveness still debatable (Kenya);
- Entry point for development and introducing new concepts (Kenya).

- Sustainability
- Be careful of too sophisticated systems which are dependent on FA – tend to collapse when FA withdraws so how to keep going (Kenya);
- Systems that foster community control more likely to be sustainable (Kenya).
- When do paraprofessionals take over (eg paramedics, nurses, animal health technicians…?)

9.2.4   Focus and services

- On poor, peri-urban and rural;
- Wide variety including agriculture, HIV, forestry, water, legal, health, animal health, security, Natural Resource Management;
- Includes private-public partnerships (Kenya);
- Generalised not specialised (Kenya) but Zimbabwe lost focus and use VHWs-CDWs.

9.2.5   Type of CBW

- 5 models – (see separate document on models)

9.2.6   Incentives

- What about traditional systems;
- Is volunteerism a viable option?;
- Financial
- Payment in cash or kind
- Payment of allowances
- Fees – eg business model in livestock sector (Kenya);
- Support system eg for carers;
- Allowance (eg R500 in SA);
- Free medical treatment (VHWs, Lesotho);
- Training and learning experience (peer educators - Lesotho, CSOs - Uganda);
- Kits.

9.2.7   Training

- Inconsistent (Lesotho) – lack of capacity-building;
- Length of training varies according to skills to be learned;
- Cover technical plus community development/participatory methodologies;
- Civil education and sensitisation of community essential.

9.2.8   Support and supervision

- Roles of support groups;
- Strong links to FA – accountability to community?;
- Motivation, IGAs, referral systems, information and networking;
- Need for appropriate flow of information;
- Establishment of CBW forum/network;

9.2.9   Link to community structures

- Lack of structuring can lead to problems in management (Lesotho);
- Selected by community and accountable to them as well as FA (challenge, as funding tends to create reporting lines);
- Need for management structure in community, managing CBW – question of what is the structure;
- Need to recognise existing structures and be careful of creating new ones – in some cases may need to create eg water users committee;
- Do we use interest groups to manage or be accountable to or structures such as village council, ward committee?.

9.2.10   Financing the system

- Community unwilling to pay unless immediate tangible benefit, eg livestock (Kenya);
- Need to design it from beginning;
- Need to reduce cost of establishment – lots of money been put in;
- Need for long-term strategies – when NGOs want to withdraw;
- Some privately linked eg Kenya micro-finance to CAHWs to buy drugs.

9.2.11   Policy implications

- No governing framework;
- Generally more cognisance of enhanced community participation.

9.2.12   Issues for immediate follow ups

- Advocacy to promote involvement of government;
- Investigation of role of traditional systems;
- Integrate ITK into practice;
- Linkage to CBP;
- Mainstreaming into nation SD;
- Mechanisms of data collection, storage and dissemination;
- Advocacy – support CBW network.

9.2.13   Next steps

- Plan M&E framework in designing the pilots so CBWs are recording correct information;
- Develop working group on CBW at national level.

9.3   Involvement of other community structures in CBW processes

9.3.1   Kenya

In animal health the following structures are involved:

District Steering Group Committee (general development)
- Livestock Service Providers' Forum (LSPF) – roles and responsibilities are clearly defined and agreed upon;
- Livestock farmers associations/ traditional institutions (at community level);

- livestock drugs stores
- water users associations management
- conflict resolution/peace building
- Community disease and livestock movement control committees;
- promoting access to livestock commodities markets
- disease reporting and surveillance
- entry point for FAs and other stakeholders

Other structures that can influence and support service provision
- Community, traditional leaders and government: there are well developed hierarchy of structures from policy to implementation in Kenya. But poorly defined in SA for accountability – more interest groups
- Do CBWs relate to formal (legitimate) or informal structures?;

9.3.2   Implications

- Easier to target specific service gaps;
- Consultative structures in place;
  - Structures serve as vehicle for implementation
  - Efficiency.

9.3.3   Learning and gaps

- Cooperative approaches (limited success);
- LSPF Livestock Service Forum (continuity and focus could suffer when members relocate e.g. NGOs or pastoralist communities);
- Political interference (specific interests) - could hinder progress;
- Extension services not effective (continued presence required).

9.3.4   South Africa

- Facilitating agency (FA) engages with traditional authorities, ward councillors and civil organisations through:
  - Dialogue on modalities and desirability of the project
  - Consensus to establish a forum to drive the process
  - The participatory stakeholder forum engages with service providers and negotiates community interests

9.3.5   Implications

- Starting from scratch (time consuming before implementation);
- Deeper participation and involvement (sustainability);
- Fragmented services between government departments.

9.3.6   Policy and legislation

- Support for well developed interest group representations;
- Recognition and legislation of CBWs to allow better monitoring, supervision and support.

PART D WAY FORWARD

10   NEXT PHASE FOR IN-COUNTRY CBW PARTNERS

The section objective was for participating partners to be clear of the next stage of the project. The Gantt chart with activities was reviewed and an action plan developed. See annex 4.

Organisations then met in country groups to discuss the key issues facing their country's Steering Committee in taking forward the CBW system and what solutions they propose to address those issues.

The key focus question they responded to was "**what are the key issues facing the country and Steering Committee in taking forward CBW systems?"**.

Each country product is detailed below followed by a 2-3 months action plan.

10.1   Kenya

Table 10.1(a) Key issues and proposed actions

Key issues	Proposed Action
Unclear training guidelines • Different approaches being implemented by different partners and in different sectors; • Most projects are donor driven, they vary in content, and are uncoordinated.	• Take inventory of existing training manuals (including experts and institutions dealing with CBWs); • Put in place modalities for refining and consolidating current training manuals; • Bring the different sectors together to harmonise sector based manuals (sensitisation of other agencies through meetings), and initiate harmonisation groups within the steering committee); • Mobilisation of resource amongst FAs and GoK to develop training guidelines.
Inadequate participation and ownership of CBW systems by the community • Many projects are donor driven; • Inadequate dialogue with the community and other stakeholders; • Domination by some FAs; • Wrong approach (entry point) to community; • Inadequate community capacity and empowerment; • Weak community structures (poverty leading to dependency).	• Identify best practices currently in use; • Share/disseminate best practices; • Through piloting develop and come out with model(s) that work; • Proactive advocacy forums (attending activities organised by others); • Mobilise resources amongst partners to promote CBW systems
Unclear policy guidelines on CBWs • Poor representation of beneficiaries in policy formulation forums; • Inadequate resources for policy implementation;	• Bring on board key policy makers in all advocacy forums in CBW in-country Steering Committees.
Diverse Financing of CBW systems • Financial support to CBW is unsystematic, uncoordinated and haphazard;	• Sensitise partners on the need for sustainable CBW financing systems and broaden sources of financing CBWs.

• Existing credit schemes are not favourable for CBWs, e.g. lack of accepted collateral e.g. communal ownership of land.	
Research information and findings not shared adequately	• Identify research gaps on CBWs • Work out strategies for filling the gaps.
Poor supervision, monitoring and evaluation of CBWs • Roles not clearly defined • Where public sector is supposed to carry out, it is hindered by poor resource allocation • Indicators not developed in a participatory manner rather imposed by FAs for reporting purposes	• Develop guidelines for supervision, monitoring and evaluation of CBW systems in collaboration with partners and relevant GoK departments.
Gaps identified in the proper functioning of the SC • Overburdening of the secretariat – expected to carry out most logistics • Under-representation of the HIV sector in SC • Inconsistent representation/participation from some partners (different persons come to different meeting and hence difficulty to build a shared future direction) • Limited geographical representation (high costs for persons from remote ASAL districts) • Lack of representation in key areas (culture and social services) • Low priority by government departments • Transport and accommodation costs limiting representation from outside Nairobi	• Critical internal evaluation of the SC (agree on optimum number of members, frequency of meetings); • Identify working groups to work on different issues and for Secretariat to delegate; • Incorporate representations from key organisations, government departments and institutions; • Provide teas and lunches and reimburse transport costs where possible during SCMs.

Table 10.1(b) Kenya Action Plan

Activity	By who	By when
Produce and disseminate country report	Dr Joyce *et al*.	7th Oct 2004
Peer review(s) of partner pilots	SC and pilot partners	March 2005 +
Visit pilots in partner country (s)	Partners /SC	March +
Write up experience	SC	ongoing
Provide feedback to wider network	SC	Ongoing
Participating organisation design pilots	SC/partners	Oct 04 – April 2005
Pilot implementation	Partners	Feb – July 2005
Pilot evaluation	SC	July 2005
Continue discussion at home	All	Ongoing

10.2   Lesotho

CARE Lesotho is the Secretariat for the project, acting as the link with Khanya, stakeholders and CBW initiative in-country. The Secretariat's role includes organising, co-ordinating and linking activities in-country and with Khanya to the partners. Progress to date includes:

- Launched CBW in August 2004
- Consultative Forum September 2, 2004
- Steering Committee meeting September 9, 2004 – Stakeholders: MoAFS, CARE, LAPCA, RHAP, TEBA, Machobane Agricultural Development Foundation

Table 10.2.1(a)   Key issues

Key issues
• The CBW project in Lesotho is evidently falling behind the 4-country activities;   • Government (GoL) presently not adequately represented to be supportive on the CBW project activities;   • No policy support on the part of GOL for CBWs;   • Need to strengthen the Steering Committee in order to make it more representative of the variety of actors using CBWs;   • Key people identified to support the CBW project seem constantly unavailable;   • 'Tug-of-war' between employers and CBW project for time - critically needed for Lesotho's project members to engage in activities.

Table 10.2.1(b)   Lesotho Action Plan

Action	By Who	By when
1. Steering Committee meeting to plan the way forward on CBW	Secretariat / Regional delegation	Sept 30, 2004 at 11:00am CARE office
2. Seek GOL support on the CBW Project through Ministers and PS's esp. MoH, MoE, MoAFS and MoLG. (letters to ask to present a 10 min intro of the CBW project to their forums)	Steering Committee (SC) CARE, MF	Ongoing
3. Strengthen links / representation with LAPCA and NAP for greater support on CBW	SC	Ongoing and before Oct 6, 2004
4. Hold National Workshop (behind) on CBW to strengthen collaboration and representation on the CBW initiative to address participation and future actions. One person per organisation;	SC	Oct 6, 2004 (1 day – e.g. - Mambatha)
5. Invitations to Ministries of Agric, Health, Education, Loc Gov. and Finance etc and other CBOs, NGOs and Donor Agencies to the workshop	Secretariat	Between Sept 24 to Oct 5, 2004
6. Request meetings to brief key people on the CBW Initiative e.g. Directors of PHC, DFID, DCI, LAPCA, CHAL,etc	SC	Due - Ongoing
7. Report on the CBW at the Global Fund – CCM Forum	Maraka and Gillian	Sept 30 at 9:00am
8. Finalise appointment to brief the UN Theme Group on CBW initiative and present same	Gillian & Maraka	Prep: Sept 24, - Presentation: Sept 30
9. Finalise the Lesotho Country Report on the	Maraka; Mohapeloa;	Oct 21, 2004

Action	By Who	By when
initiative by making specific comments on the report	Gillian; Khabo	
10. Circulate the Draft of CBW report	Gillian; Montsi; Setlai	Tue Sept 28, 04
11. Study and submit inputs to align country activities with the 4-country plan	SC	Ongoing
12. Host SC Meeting to critique models and assign pilots for collection of data on best practices (Pilot sites: World Vision ADP, Machobane ADF, CBOs against HIVAIDS, TEBA etc	SC	Oct Friday 15, 2004
13. Collect data on the Models identified	SC and all CBW partners	(Ongoing)
14. Write up reports on pilots and best practice models	SC Secretariat	Oct 7 to 20, 2004
15. Critique the country draft report on pilots	SC and some CBW members	Oct 11 to 18, 2004
16. Circulate reports to partner countries and Khanya	SC; Secretariat	Oct 21, 2004 (See 4-country CBW Way Forward)
17. Receive feedback from Patrick on Models report	SC	Oct 28, 2004
18. Send a country delegate to finalise the report	SC	Oct 22 – 27, 2004
19. Draft and send inputs to Patrick on the newsletter	Maraka	(ongoing)
20. Draft country agenda on CBW for the months of November and December 2004	SC	Due

10.3 Uganda

Table 10.3(a) Key issues and proposed action

Key issues	Proposed action
Low Involvement of partners	• Involve more partners in the SC • Include policy officers (MoGLSD)
Ineffective Community	• Encourage use of other means and feedback
Lack of Partnership Operational mechanisms	• Hold 1 day meeting of partners • Stipulate roles / expectations/ responsibilities of partners in the SC • Sign partnership agreement, circulate to other interested parties • Meet senior management of other organisations (to do what?)

Table 10.3(b) Uganda Action Plan

ACTIVITY	BY WHO	BY WHEN
Finalise country report and disseminate for comments	Rebecca	September 2004
Strengthen SC		
Visit other partners; find out from CARE re: response invitation to partners to apply for inclusion	Committee and secretariat to coordinate	November 2004
Partners meeting to: - Review MoU, in-country review, national workshop reports - Share 4-country report	Care ½ day 20 persons	October 2004

Refining model – provide feedback and represent Uganda in 4-country meeting to finalise these	Beda Mwebesa	October 2004
Planning for Pilots - Identification and selection	SC	November 2004
- Orient implementing organisations to models and work plan - Develop MoU for pilot – what SC expects of implementing partners and vice versa - Agree on report mechanisms	SC	December 2004 December/ Jan 05
Follow up visits	SC members	Quarterly
Participate in study visits	Partners / Care/ Khanya	April/ May 2005
News letter – contribution	Care lead (All)	Release
Concept for video	Susro??+ SC	November 04
Review meeting	SC	June 2005
Evaluation (Initial)	SC ++	July 2005

10.4   South Africa

Table 10.4(a) Key issues and proposed actions

Key issues	Proposed action
• Free State versus Limpopo dynamics - not functioning at the same level; • Varying commitment from Government Departments, e.g. no involvement of Dept. of Social Welfare	Hold meetings with the leadership of key stakeholders in the two provinces and solicit involvement of heads of departments
• NGOs budgetary constraints - they operate on pre-approved budgets	NGOs to link planned activities with those of the project – where possible
• How do we select people who can represent the interests of their country and give feedback to their wider community?	• Selected person should have writing, reporting, observation skills and political influence • They need to be available and attend meetings/ workshops
• Stakeholders representation and commitment	Involve decision makers from stakeholders to buy in and support the project
• Political changes- e.g. appointment of new MECs disrupt momentum of activities	Steering Committee to market the project and keep the politicians informed of the developments
• Lack of resources for coordination- preparation for meetings/workshops	
• How best to manage and use the information we have received • Strengthening national and policy makers involvement – who should be in the steering committee and how to get them committed?, e.g. (dplg, CPSI, use national HBC conference planned for last week in October, in Limpopo, South African NGO coalition, SALGA, SETA) • Other suggestions to help the project • Build database of people interested • pursue as well specific sectoral issues • Short articles to put into everyone's newsletters • Electronic conference, or update on web, circulating efforts	

Table 10.4(b) South Africa 2-3 months Action Plan

Action	By who	By when
Identification of pilots: - **Free State** – Thaba Nchu - NDA Food Security and World vision, linked to HIV and Food Security; - **Limpopo**: NR & HIV/AIDS - linking farmer extension – Dept. of Agric; Food security - World Vision; CHOICE - home based care)	SC	23/09/04 **done**
Send overheads of country reports to Jeff - power-point presentations for inclusion into report	Khathu	27/09/04
Finalise in-country review report	Jeff	End of September
Invite key stakeholders to feedback meetings in Limpopo and Free State - coordination	Khathu and SCs	28/09/04
Meeting national key stakeholders - dplg (Patrick Flask), CPSI including. DSD (Thembsi), and NEPAD. Inform them about progress of the project	Khathu & Patrick	
Meeting to draft guidelines/format on the models	Ian, Khathu, Sam Patrick	Wk of the 4th Oct. 04
Meetings with key stakeholders – to feedback key learnings and get support when piloting (in Limpopo and FS)	Khathu, Patrick & SCs	07/10/04
Send out draft outlines for the models - partners to give feedback	Patrick	Mid Nov 2004
Finalising models for piloting and representation from each province to discuss these with other countries	Morongoa, Jeff, Daleen, Patrick, Khathu and Ian	28/10/04
Send out draft MoUs to country steering committees	Patrick	07/10/04
Write workshop report and send to partners		

10.5 Closing Remarks

Tom Barret of DFID Zimbabwe thanked the participants and noted that the focus of the CBW project is critical and relevant to DFID's poverty reduction agenda.

He is interested in CBW systems and wants to be kept updated on the project. DFID's new research strategy came out last week (and will send framework for 2005-2007). This has since been forwarded to all participants.

The four key focus areas for support will be:

- Sustainable agriculture;
- Killer diseases including HIV, Malaria, Polio;
- Governance for poverty reduction;
- Climate change and its impact on development where there is 200 mm or less of rainfall. The question is what will this mean when so many countries are experiencing less rainfall?

Francis Byekwaso of NAADS Uganda, officially closed the workshop with the following comments:

It is evident that everyone is happy to have concluded this workshop successfully. In 2002, we met in Maseru to look at the CBW approaches and practices in the Southern and Eastern Africa region. At that time, there was wide variation among the participants in understanding the principles and practices of CBW approaches.

What we have now, almost 24 months later, is a common understanding of the CBW concepts and practices in the four countries. I must say that this workshop has been very productive, we are emerging out of the workshop as a CBW learning team with common objective of improving service delivery. Needless to say that some of us have been able to extend the social networking beyond our country borders.

Above all these great achievements, we have faced a number of challenges/constraints. Establishing a functional steering committee in each country has taken some time, but we are all almost there. In Lesotho, progress has been slow but we hope with the understanding obtained in this workshop, I hope they will move faster and establish a functional team in the next few weeks. Second, the review of country experiences faced some initial delays, but finally we got a very good product in each country. This was indeed a commendable effort by the national steering committees. Third, the communication between Khanya and the respective countries was rather slow at the start, but this has improved greatly since the recruitment of the project manager. As of now, information flow is no longer a problem between the project office and participating countries.

What is the Way Forward? From this workshop, it is obvious that there is a general consensus and commitment to completing the assignment. The general feeling and belief is that this project is a very important intervention in improving service delivery to marginalised groups in our respective countries and beyond. I therefore urge all the colleagues present here (and not here) to keep united and ensure that this important task is concluded successfully. However, we may need to move a bit faster if we have to achieve all the milestones within the project duration. Most importantly, we need to prioritize the CBW lesson learning activities as part of our routine activities in our offices. We should not take these activities to be external to our office/job obligation. If we decide to move this way, I am confident that we will be successful in all our assignments.

Understandably, the project budget is not so big; therefore, we need to be pro-active – if not aggressive – in soliciting for additional funds in our countries. National Steering Committees should actually endeavour to include this as the a priority activity in their work-plans and budgets so that it is kept at the top of their agenda. I know DFID country offices may be having some funds for this activity. So, Steering Committees should contact DFID offices as soon as they get back home. Perhaps more critical in our efforts is to keep the social networks amongst different colleagues across the country borders. This to me, is a very critical element of our task.

Lastly, I wish to thank the organizers for excellent organisation of the workshop. In particular, I wish to acknowledge Patrick's efforts, and Ian and the entire management of Khanya for a job well done; and DFID for their willingness to provide funding for such an important intervention on CBW.

I wish you all of you safe journey home and keep in touch with all the members in the network.

Francis Byekwaso

ANNEXES

Annex 1   Programme for 4-country workshop on CBWs, Thaba Nchu Sun Hotel

Sunday 19th September

Arrival for non-South Africans and Limpopo partners who want to go on field visit

Monday 20th September

Field visit to CBW projects in Free State and possibly Lesotho

Time	20 September	21 September	22 September	23 September
8.30		CBW Project / Model	Report Backs	Country Groups to plan pilots
	Field visits	Common picture of country structures	Group on Issues 2	
		Country Report1		
10.45		**TEA/COFFEE BREAK**		
11.05		Country Report 2	Report Back	Sharing
	Field visits	Country Report 3		Way Forward Closing
13.00		**LUNCH**		
14.00		Country Report 4	Emerging Frameworks	Shopping
	Field visits	Emerging Issues	Next Phase	
15.30		**TEA/ COFFEE BREAK**		
15.45	Process learnings from field visits	Emerging issues cont..	Buzz groups on pilots	Shopping
17.00		Game Drive		Depart
Evenings	Opening / Introductions	Group on issues	Jazz night	

Annex 2 Revised version of SL principles[5]

Normative SL principles

- *People-centred***:** sustainable poverty elimination requires respect for human freedom and choice as well as an understanding of the differences between groups of people and recognition of the dynamic nature of livelihoods.
- *Empowering:* support should result in increased voice, opportunities and well-being for the poor.
- *Responsive and participatory*: poor people must be key actors in identifying and addressing livelihood priorities. Outsiders need processes that enable them to listen and respond to the poor.
- *Holistic***:** we need to understand people's livelihoods and how these can be enhanced in a holistic way, which recognises the inter-relationships between the different aspects of their lives, although actions arising from that understanding may be focused;
- *Sustainable*: there are four key dimensions to sustainability – economic, institutional, social and environmental sustainability. All are important – a balance must be found between them.

Operational SL principles

- *Strengths-based:* it is important to recognise and understand poor people's strengths, and not just their problems. This is respectful and provides a platform on which livelihood strategies can be developed;
- *Multi-level (or micro-macro links)*: poverty elimination is an enormous challenge that will only be overcome by working at multiple levels. Micro-level activity should inform the development of policy and an effective governance environment. Macro- and meso-level structures and processes should support people to build upon their own strengths.
- *Conducted in partnership*: partnerships can be formed with poor people and their organisations, as well as with the public and private sector. Partnerships should be transparent agreements based upon shared goals.
- *Disaggregated*: it is vital to understand how the livelihoods of various disadvantaged groups differ – in terms of strengths, vulnerabilities and voice – and what effect this has. Stakeholder and gender analysis are key tools.
- *Long-term and flexible*: poverty reduction requires long-term commitments and a flexible approach to providing support.

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[5] Developed by Diana Carney in a review of progress with the SLA for the DFID's Sustainable Livelihoods Support Office. Two of the original SL principles, holistic and strengths-based, are also retained.

Annex 3   Site Visits reports and feedback

Group 1   Sunflower House and Botshabelo Catholic Church

Question	Sun Flower House	Botshabelo Catholic Church
Are CBWs making a difference?	Yes they are making a difference in the following areas: • Awareness creation • Information provision • Basic training to clients and those who look after them • Follow up discharged children from clinics and refer the sick to other clinics • Conducts home visits and presence in communities	• Feed children in schools • Offer meals to orphans • Link the disabled to schools • They are available in the community and provide basic health care services
Who are the CBWs?	• Locals who are able to read and write • Mainly those with no formal employment, have undergone basic training from the Department of Health • Some were selected by the facilitating agency while others came by themselves looking for employment opportunities	Able to read and write, mainly those with no employment. *(there was lack of clarity on the selection procedure/ criteria)*
Accountability – who do they account to?	Facilitating agency via immediate supervisors	Facilitating agency and the affiliate groups / CBOs
Training received	Home Based Care for 59 days by the Department of Health	Home Based Care for 59 days by the Department of Health
On-going basis support	• Stipend (R500) • Technical backstopping / support supervision • Acceptance / appreciation by some community members	• Stipend (from church and government) • Mentoring • Food
Challenges CBWS face	• Un-met expectations – they hoped that being a CBW would be an entry point/ opening to more opportunities like salaried /full time employment • Difficult to meet personal needs with stipend • Lack of recognition / appreciation from some community members including local leaders, • Envy and suspect from community members – some feel the CBWs get a lot of money from the facilitating agency • Stipend viewed as salary	• Unmet expectations –they hoped that being a CBW would be an entry point/ opening to more opportunities like salaried /full time employment • Difficult to meet personal needs with a stipend • Lack of recognition / appreciation from some community members including local leaders • Envy and suspect from community members – some feel the CBWs get a lot of money from the facilitating agency
What should be done (*CBWs ' views*)	• More money • Sensitisation of communities on CBW role	• More money • Sensitisation of communities on CBW role
Facilitating agencies views	Appreciate the system and therefore still ready to invest in the system	How to get adequate funds to motivate the CBWs
What do we need to do to strengthen the system (*views of the visiting team*)	• Strengthening community support • Empowering communities to manage the CBWs (via the local management structures/ administration • On-going in-service training for volunteers	

Group 2   Visit to CARESA/Lesotho Peer Educators Programme

Lesotho - background information

Lesotho, formerly known as Basutoland, is bordered on all sides by South Africa. Lesotho is one of only three nations in the world to be completely encircled by a single country (the others are San Marino and Vatican City). Lesotho is dependent on South Africa for access to the outside world including economic reliance.

The country is largely mountainous with a total area of 30,355 sq km (11,720 sq miles). The capital and largest city is Maseru.

Lesotho is poor in resources. The principal source of wealth is livestock. In the early 1990s principal exports were wool, mohair, wheat, cattle, peas, beans, corn, hides, and baskets. Chief imports were corn, building materials, clothing, vehicles, machinery, medicines, and petroleum. Lesotho's water from the mountains is currently contributing to the country's revenue through water sales to South Africa. However, whilst providing most of its water to South Africa, less than one-half of the population has access to safe clear water.
.
The growing demand for fuelwood, coupled with lack of natural forests in Lesotho, and the resultant soil erosion is pausing a great threat to both environmental degradation and food production.

Map 1 Lesotho

The population of Lesotho (2002 estimate) is 2,207,954. The overall population density is 73 persons per sq km (188 per sq mile) making Lesotho one of the most populated countries in Africa.

Life expectancy was 48 years for women and 46 years for men. However, with the onset and impact of HIV/AIDS, with prevalence rates estimated at 31%, this has come down significantly. The country's economy is based almost entirely on agriculture, livestock raising, and from remittances – mostly from South Africa mines. Gross domestic product, which does not reflect remittances from workers out of the country, stood at $899 million in 2000, or $440 per person.

Lesotho adopted a new constitution that redefined the role of the monarchy and altered the legislative branch of the government. The King, who is Head of State, has no executive or legislative authority. Executive power is held by the Prime Minister who is the leader of the majority party in the National Assembly and is responsible for appointing a cabinet. The legislative body includes the National Assembly and the 33-member Senate, made up of traditional chiefs and nominated representatives. Lesotho has ten districts, which are subdivided into wards and administered by hereditary chiefs.

Picture 1   Maseru, capital of Lesotho

Picture 2   A village in Lesotho

CARESA/Lesotho Peer Educators Programme

- Peer educators hold monthly meetings
- Bicycles are provided to the volunteers
- Travel refund is made by CARESA when CBWs are outside their own villages

Primary Target Groups

- Taxi drivers – raising awareness on HIV/AIDS
- Commercial Sex Workers
- The poor – those working or seeking work in garment factories

What work has been done and what are the challenges?

- World Vision Manual has been translated into the local language "Sotho";
- Issue on sustainability of CBWs and the system;
- Limited government support on volunteer activities;
- Impact of interventions not very clear/ visible;
- High drop-out rates of volunteers e.g. 55 out of 150 trained peer educators now active and still dropping.

What difference are CBWs making?	• Filling a service delivery gap; • Conduit for information to the beneficiaries; • Provision of preventive materials, e.g. condoms and referrals to health centres; • Bringing affected and infected together; • Promotion of use of VCT.
Who are the CBWs?	• Mostly volunteers; • Part of the target group; e.g. CSW are involved • Mentored by the facilitating agent; • Supported by FA; • Minimal government involvement.
Accountability – who do they account to?	• Evidently to the FA; • There is a support network who peer educators liaise with but not report to
Training received	• Short term focussed training (initial 4-days then 8 refreshers); • On-going subject specific training.
On-going basis support	• Transport costs especially when working away from own villages; • Information, education and communication materials; • Uniforms; • Income generating activities
Challenges CBWS face	• High turn-over of volunteers; • Limited training; • Unsystematic impact monitoring and evaluation; • Volunteerism versus sustainability
Lessons learnt	• CBWs are conduit for service delivery • Empowerment of CBWs is key to FAs if to retain them • Filling a service gap • Professionalism is not compromised.
What do we need to do to strengthen the system *(views of the visiting team)*	• Increased government support • More support for the volunteers • More creativity • Exit strategies

Annex 4   Gantt Chart of Project Activities

Activity	Who	Jan-March 04 Quarter 1	2	3	April 04 – March 05 4	5	6	April 05 – March 06 7	8	9	April - June 10
1 Good practice documented and shared											
1.1 Review of in-country experience	Each country										
1.2 National workshops	Each country		4		LS						
1.3 Produce report on each countries	Each country		5								
1.4 International literature review	Khanya										
1.5 Identify suitable case studies for visits	All										
1.6 Peer reviews/evaluations	All										
1.7 Organise and undertake study tours	Khanya						5				
1.8 Exchanges in pilots of partner countries	All										
1.9 Write-up experience	Varies										
2. Common framework developed, with good practice											
2.1 Develop analytical methodology for reviews	Khanya										
2.2 Identify learnings from reports, workshop and visits	Khanya										
2.3 Four-country workshop develops initial framework	All			6	9	models					
2.4 Four-country workshops to review results	All										
2.5 National workshops	Each country		4								
2.6 Final technical report	Khanya										
3. Pilots designed and implemented											
3.1 Countries develop steering groups	Each country			LS							
3.2 Steering groups feed back learnings in country	Each country										
3.3 Participating organisations design pilots	Each country				11						
3.4 Pilots implemented	Each country							If not ready to implement			

Activity	Who	Jan-March 04 Quarter 1	April 04 – March 05 2	3	4	5	6	April 05 – March 06 7	8	9	April - June 10
3.5 Pilots evaluated	Each country							7			
4 Results of pilots mainstreamed											
4.1 Internal reflection on results of pilots	Each country										
4.2 National workshops disseminate	Each country							9			
4.3 Linkages made with processes in-country	Each country										
4.4 Organisations implement the approaches	Each country								11		Evaluate?
5 Information disseminated and debated											
5.1 Develop list of key national stakeholders	Each country										
5.2 List regional/internat stakeholders/networks	Khanya +										
5.3 Develop newsletter and website	Khanya +										
5.4 Develop video	Khanya +			11							
5.5 Regular media coverage	All										
5.6 Regional workshop	All										Outside funding
5.7 Partners review policies in evals and workshops	All										

Annex 5   Discussion following CBW model and country reports presentations

Questions	Answers
Selection of pilots. Is this focusing on partners who have started doing some work already or on new ones? What is the timeline for implementation	A session to discuss pilots is scheduled. However, selection of partners should focus on those that are already implementing and using CBWs. This is to look at what we are doing now and how we can improve on the current situation. What needs to emerge from the learnings is what we can use to look at how we implement differently in future.
The model: At what stage do we expect to bring in the private sector participation?; Timeline, is it sector based?	Private sectors could also be facilitating agents to other service providers and thru to the communities. Temo Holdings in Lesotho is another example that can be looked at. The private sector needs to be looked at.
Facilitating agent v/s government (arrow pointing – seems to suggest one direction relationship	Need to change to two directional.
What is China's experience of implementing CBW system? Any reference – where can we find more on how they did it?	Just from general readings. Currently services provided around urban areas and not similar in the rural areas.
Piloting - is it going to focus on a programme and what is the role of government and other players? Putting together the model of piloting and timing of piloting, does it fit with other processes happing in countries.	Focus is on NR&HIV. It should be based on what is already happening in the partner countries and fit within similar approaches
South Africa presentation	
How have the South Africa policies changed since 1994? How are policies formulated and implemented? Passing of policies- rejection of good policies and how do they trickle down?. Major part of budget spent at national level with little going down?	A view that 80% of that doesn't get down to the people. In SA we are beginning to see policies and public participation working well. Policies becoming more refined. Some organisation misusing funds intended for people on the ground e.g. provision of house - monitoring of these is a challenge.
Involvement and participation - in policy formulation. When do we involve communities?	Ward based system is deepened. Ward based committee play a major role. Project based investment in wards has not yet evaluated. CSOs form part of policy formulation- representing the communities.
Do we have CBW livestock system in SA?	In Limpopo Province - SA, DoA is having farmer facilitators skilled in NR, livestock etc who are currently forming an NGO supported by the DoA through the Broadening of Agric Services and Extension Delivery programme (BASED)
Comment - demand for CBW outweighs the supply. Why not give money to lower level structures even ordinary people - this could be sustainable	This is a question of re-allocation of resources to make them available where they would be more well utilised and sustainable.
How are the farmer facilitators and HBC identified?	Participatory forums with traditional people suggest and nominate people
Should there be a specialist or generalist?	CDWs are generalist and CBWs could be specialists
Uganda	
Uganda success story on the reduction of HIV/AIDS. What has been the role of CBW?	1991-1993 HIV/AIDS prevalence rates were high, now its down at 6%. Apart from community mobilisation there was also a strong political commitment which created a good

Questions	Answers
	environment for planning and addressing HIV/AIDS. The use of mass media, local, simple language has gone a long way to the reduction.
Policy issues	Staff are certificate holders. The use of CBWs not recognized but the focus is on the person who is within the community – not professionals
NGOs are they employing CBWs or are they working on voluntary basis?	No identified policy for supporting CBWs. NGOs playing an important role since dictatorship the times. No training nor provision of stipends. Government is regulating this private/public partnership. Government does not employ CBWs. NGOs are nurturing them.
How is it that the decentralization is successful?	Policies in place are creating an enabling environment. Firing and hiring takes place at the district level – which is the administrative unit for operationalising development
Lesotho	
Concept of CBW is deeply rooted in traditional African culture - now with the incentive systems coming into place will it not distort this? Is the external influence not diluting these?	Capitalism and external influence erodes the spirit of volunteerism. Democratization also is diluting the spirit of ubuntu (unity)
How many hours do different CBWs work per week? What are community structures that CBWs are accountable to? How could we influence government to prioritise CBW work?	Lesotho 0800-1700.
Is food production drop due to uncontrolled weather – what is the reason? What are buddies? Why provide transport and not lunch?	In colonial days there was enough supply of inputs e.g chemical fertilizers at subsidized rates, this could have led to soil degradation, the use of big machinery like tractors where the soil becomes easily eroded during heavy rains. The erratic weather patterns is a factor. The national centre for fighting HIV/AIDS and provision of treatment is using the buddy approach, which is about friendship of people who may be isolated to fight stigma. Transport sometimes is available but there is no money budgeted for food.
Kenya presentation	
Any example of success story where CBWs have been used?	Pastoral veterinary systems (PAVES) in West Pokot District
At what point would you consider exit strategy?	Exit by the FA (faith based organisations) not the CBWs.
What are the establishment costs and what is the cost effectiveness How do you compare the system with having graduates	The establishment costs include costs of setting up the system and maintaining it. It does require continuous supportive mechanisms especially in areas prone to natural disasters The system is still more cost effective than having graduates working in areas with poor infrastructure. It is however still costly
Sustainability regarding the payments of CBWs Impact of CBW's- is it visible?	The challenge present is how to sustain the system. It doesn't have to be short term but look at it from a long term point of view. There is current promotion of private based community based system
What is being done to ensure structural support towards CBW system?	Wide spread use of CBWs, government recognise the gap and embarking on more trained CBAH.; Upgrading of paramedics to higher educational levels; Standardization of training programmes/manuals; Present policy formulation recognition and building local structures

Annex 6   Participants List

Name	Organisation	Address	Tel/Fax	Mobile /cell	Email
Stephen Mogere	Kenyatta University	PO Box 43844 Nairobi, 00100		+254 722 619 788	snmogere@yahoo.com
Dr Joyce N Njoro -	Community Based Livestock Initiatives Programme (CLIP)	PO Box 246- 00600, Nairobi, Kenya	+254 20 578 299; 254 20 570 644	+254 733 997 767	jnjoro@clip-ea.org
Aydrus Daar	WASDA	PO BOX 277, Wajir – Kenya	+254 46 421 176	+254 721 836 6075	wasda@wananchi.com Wasda@wasdake.org
Dr. Julius Kajume	Private Consultant	PO Box 68 – 00517 Nairobi, Kenya	+254 20 608 766	+254 722 610 943	jkajume@yahoo.co.uk
Ngeiywa Kisa Juma	Department of Veterinary Services, Kenya	Vet Labs, Kabete, Nairobi, Kenya	+254 20 631 273	+254 733 386 433	kisajuma@yahoo.com
Dr. Francis Byekwaso	National Agricultural Advisory Development Service	NAADS Secretariat Box 25235, Kampala - Uganda	+256 41 345 066/440 Fax: 256 41 347 843	+256 77 775 134	fbyekwaso@naads.or.ug
William Luboobi	Concern - Uganda	PO Box 6599, Kampala - Uganda		+256 77 461 017	william.luboobi@concern.net
Beda Mwebesa	CARE International - Uganda	CareKabale sub office, PO BOX 702, Kabale, Uganda	+256 41 23517/ +256 27 358 052	+256 77 358 052	carekba@africaonline.co.ug
Rebecca B Ssebanganzi	National Forestry Authority	PO BOX 70834? Kampala, Uganda	+256 31 264 035/6	+256 77 465 657	rebeccas@nfa.org.ug
Refiloe Setlai (Ms)	Sharp Project	PO BOX 682 Maseru, 100 Lesotho	+266 22 314 398 +266 22 310 195		Info.care.org.ls
Mantiti M. Khabo (Ms)	TEBA Development	PO BOX 39, Maseru, 100 Lesotho	+266 22 314 897 Fax: 266 22 310 019	+266 588 83400	mkhabo@teba.co.za
Monaphathi Maraka (Mr)	RHAP Policy Project	PO BOX 11975, Maseru, Lesotho	+266 22 312 700	+266 630 016 962	rhap@leo.co.ls
Ratlala Monsti (Mr)	World Vision Lesotho	P/Bag H256 Maseru	(W) +266 22 317 371; 312 818 (H) +266 22 337 674	+266 5892 7342	matlala_mantsi@WVI.org
Sehalakane Mohapeloa	Machobane Agric. Dev't Foundation	PO BOX 0599, Maseru 105, Lesotho	+266 22 321 315	+266 5884 3222	machobane@leo.co.ls
Gillian Forrest (Ms)	CARE Lesotho/SA	PO BOX 682, Maseru 100, Kingdom of Lesotho	+266 22 314 398 Fax: +266 22 310 195		gillianf@care.org.ls
Letitia Nomtshongwana (Mrs)	Deprt. Of Health – Free State	Box 227, Bloemfontein 9300 SA	+27 51 409 8673 Fax: +27 51 409 8493	+27 82 469 7083	nomxsh@doh.ofs.gov.za
Puseletso Mohapi (Mrs)	Dept of Health, Free State	Box 227, Bloemfontein 9300	+27 51 409 8491 Fax: +27 51 409 8493	+27 73 186 5916	mohapip@doh.ofs.gov.za

Name	Organisation	Address	Tel/Fax	Mobile /cell	Email
		SA			
Jonas Mathebula	Choice Trust	PO BOX 7417, Tzaneen, Limpopo, 0855- SA	+27 15 307 6329	+27 72 225 3970	choicetz@mweb.co.za
Morongoa Mbhalati	GTM	PO BOX 24, Tzaneen, 0850 SA	+27 15 307 8000 +27 15 307 8049	+27 72 554 7082	freddyR@tzaneen.gov.za
Modibe Sekgolodi	GTM	PO BOX 24, Tzaneen, 0850 SA	+27 15 307 8029 +27 15 307 8049	+27 83 664 5595	morothad@tzaneen.gov.za
Handswell Phakula	GTM	PO BOX 24, Tzaneen, 0850 SA	+27 15 307 8378 +27 15 307 4089	+27 72 1922 676	morothad@tzaneen.gov.za
Jeff Zingel	HSRC	16A-C Barnes Street Bloemfontain, SA	+27 51 405 4945	+27 82 901 2501	JZingel@hsrc.ac.za
Daleen Raubeenheimer	World Vision SA	P/Bag x12 Florida, Johannesburg, 1710 - SA	+27 11 671 1300/1423 Fax: +27 11 674 4715	+27 82 933 6193	Daleen_raubenheimer@wvi.org
Lephallo Ramotsabi	National Development Agency (NDA)	Quantum Building 2nd Floor, 209 Zastron Str. Bloemfontein, SA	+27 51 430 2024 Fax: +27 430 3376	+27 83 409 6341	lephallor@nda.org.za
Tom Barret	DFID Zimbabwe	BOX 1030 Harara, Zimbabwe	+263 4 774 719/28 Fax: 263 4 775 695	+263 71 869 591	at-barrett@dfid.gov.uk
Khathu Muthala	Khanya – managing rural change	16A President Steyn Ave, Westdene Bloemfontein, 9301	+27 51 430 0712 +27 51 430 8322	+27 72 416 4102	khathu@khanya-mrc.co.za
Ian Goldman	Khanya – managing rural change	16A President Steyn Ave, Westdene Bloemfontein, 9301	+27 51 430 0712 +27 51 430 8322	+27 82 550 8460	goldman@khanya-mrc.co.za
Sam Chimbuya	Khanya – managing rural change	16A President Steyn Ave, Westdene Bloemfontein, 9301	+27 51 430 0712 +27 51 430 8322	+27 72 658 6084	sam@khanya-mrc.co.za
Patrick Mbullu	Khanya – managing rural change	16A President Steyn Ave, Westdene Bloemfontein, 9301	+27 51 430 0712 +27 51 430 8322	+27 82 768 4590	patrick@khanya-mrc.co.za

Annex 7   CBW Principles

SL Principles	CBW equivalent	Evidence from partner countries
• **People-centred**: sustainable development and poverty elimination requires respect for human freedom and choice as well as an understanding of the differences between groups of people and the development of focused interventions;	• *CBW is a responsive people centered service delivery system meeting community needs, appropriate/simple, driven by the people with the benefits accruing back to the people.* • *CBW process is people and community centered approach learning from community; identifying key stakeholders with communities, NGOs and CBOs in CBW process; learning from one another with the aim being to involve all levels of governance*	• *Livestock- CBW moving with people as they are in search of pasture. Rewarded by the community in kind (Eastern Africa)*
• **Empowering:** support should result in increased voice, opportunities and well-being for people, including the poor;	• **Empowering:** support should result in increased voice, opportunities and improved well-being for people, esp vulnerable/marginalised groups	• *In Limpopo SA, the BASED programme under the Department of Agric. has Farmer Facilitators who offer extension services re Soil and Water conservation, Livestock, Soil Fertility Management, Poultry to other farmers and communities. They are currently forming an NGO*
• **Responsive and participatory**: people must be key actors in identifying and addressing their livelihood priorities, including the poor. Outsiders and organisations need processes that enable them to listen and respond to people's views;	• **Responsive and participatory**: people must be key actors in identifying and addressing their livelihood priorities, including the poor. Outsiders and organisations need processes that enable them to listen and respond to people's views;	• *In Uganda's Farmer Innovations Project*
• **Holistic**: we need to understand people's livelihoods and how these can be enhanced in a holistic way, which recognises the interrelationships between the different aspects of their lives, although actions arising from that understanding may be focused. For better-off people, income can purchase some other assets, for poor people, the set of assets is critical;	• ***Holistic understanding and focussed action***	• *Individual and community needs are addressed holistically i.e. physical, social, economical and spiritually, ensuring integration into the existing systems*
• **Sustainable**: there are four key dimensions to sustainability – economic, institutional, social and environmental sustainability. All are important – a balance must be found between them.	• *The CBW initiative promotes sustainable livelihoods through improved, balanced, social, institutional, economic and environmental participation*	• *Machobane Farmers project works on NR, HIV/AIDS and methods of farming*
Operational SL principles		
• **Strengths-based:** it is important to recognise and understand people's strengths, including those of	• *Recognising and building on the strength of the community*	• *Home Based Carers through SHARP in Lesotho are people identified at community level for their*

SL Principles	CBW equivalent	Evidence from partner countries
poor people, and not just their problems. This is respectful and provides a platform on which livelihood strategies can be developed. It is also important to build on the strengths of organisations;		*Strengths in provision of care and support.*
• *Multi-level (or micro-macro links)*: sustainable development and poverty elimination is an enormous challenge that will only be overcome by working at multiple levels. Micro-level activity should inform the development of policy and an effective governance environment. Macro- and meso-level structures and processes should recognise micro realities and support people to build upon their own strengths. Top-down strategic action as well as bottom-up participatory processes are required;	•	*Joyce*
• *Conducted in partnership*: implementation of development requires using the strengths of different organisations, public and private, in the most effective way. Partnerships should include people and their organisations, including those for poor people. Partnerships should be transparent agreements based upon shared objectives.	•	*In SA CBW system is implemented in partnership whereby the government has establish partnership private/business sector, formal and informal civil society organisations e.g. government develops policies, facilitate implementation and local communities implement*
• *Disaggregated*: it is vital to understand how the livelihoods of various disadvantaged groups differ – in terms of strengths, vulnerabilities and voice – and what effect this has. Stakeholder and gender analysis are key tools. This allows for targeted actions.	•	• *Through peer education people are being able to express their views on HIV/AIDS prevention and related issues and their status to their peers*
• *Long-term and flexible*: poverty reduction requires long-term commitments and a flexible approach to providing support, which can respond to emerging circumstances.	• *As well as addressing immediate needs but keeps focus on the long term (short term should adhere to long term strategies).*	• *Few FAs e.g. WASDA, NORIDA have put in place long term strategies to hand over the mgt and ownership of some of the CBW activities e.g. drug stores to CBW* • *A privatised CBW model involving a private veterinarian, few animal health technicians and about 30 CAHWs, has been established (PAVES) in West Pokot district. This is a long term business enterprise*

Annex 8(a)   Groups feedback on issues affecting the potential impact and sustainability of CBWs

Issue/Concern	Natural Resources	HIV/AIDS

Desired outcomes of the CBW systems	• How far can we go in the CBW system?
	• General (expected) outcomes in the four countries include:
	  o A best practice guide for CBW systems identified with models that could be replicated developed;
	  o Use of CBW systems advocated for and facilitated;
	  o Enhanced service delivery through favourable policy environment in CBW system
		• More commitment within all levels of government;
		• Positive genuine national debate on policy development embracing and supporting CBWs;
		• Well focused coordinated approach to CBW system;
		• CBW system as a vehicle towards delivery of services;
		• More collaboration between NGOs and Governments;
		• Recognise the professionalism of CBW system like ethical issues, skill, knowledge, etc. It has to be more on the quality of service and not emphasis on professionalism;
		• SA through SAQA has skills development programme;
		• Develop guidelines harmonising the training of CBWs.

What are the positive impacts of CBWs systems in the four countries?	• Availability and accessibility of services to the communities; • Sustainable community empowerment; • Improved community participation in service delivery; • Stimulated demand for quality services - community becomes sensitized, the CBW system is not happening in a vacuum; • Greater accountability demanded; • Demand for services stimulated.	• Rapid delivery of services; • Reduction of HIV infection rate; • Improved access to services; • Accelerated services; • Encourage ownership of the problems (HIV/AIDS) by the community; • Reduction of stigma within the community; • Encouraged the disclosure about the disease; • Encouraged the formation of support groups; • Linkages between community and institutions.
How to ensure standards are not compromised by CBWs systems (Upholding professional standards)	• Having standardised training (curriculum) relevant to each sector and country; • Enforcing a minimum qualification for particular services; • Clearly defined roles for CBWs; • Sustained monitoring and supervision of CBWs by FAs and communities; • Incorporating previous experiences and knowledge in continuous education (prior knowledge accredited); • Linkage to professional service providers	• Accreditation of service providers - there should be standardised training; • Closer collaboration between all stakeholders; • Establish strong mentoring programmes.
What can be done to strengthen CBWs so that the	• Clarification of roles and responsibilities of CBWs and professionals;	• Strong collaboration, clarification and proper roles and responsibilities among all stakeholders

Issue/Concern	Natural Resources	HIV/AIDS
professionals do not see them as threat? (Resources being shifted to the lower level)	• Professionals provide technical support (backstopping); • Transparency in CBW system (involve professionals/stakeholders at the design and implementation stages).	• Technical assistance and follow up by professionals
What can be done to ensure the sustainability of CBW system (Communities learning from each other)	• Exit strategy (FAs) e.g. privatisation package and support for Animal Health Technicians (AHTs) with start up capital to assist the group; • Institutional and policy support systems; • Private sector linkage where feasible/appropriate; • Greater involvement of the beneficiaries to ensure ownership; • Incorporation of cost effective mechanisms (use local capacities); • Optimizing on local knowledge and resources in CBW systems; • Addressing community felt needs; • Involve all stakeholders in developing selection criteria for CBWs; • Government financial support to the system.	• Government to supply more resources and budget these – (health is the core function of the government e.g. the provision of ARVs), in terms of training, mentoring etc.; • Selection and identification of CBWs by community for community; • Empower community on income generation activities; • Training/ capacity building and mentoring; • Develop exit strategies; • Creative local strategies for sustainability.

Annex 8(b)   Common and different issues affecting potential impact of CBW systems in the four countries

Cluster theme	Common concerns	Differences
Different levels of understanding and stages of decentralization	Differing understanding and interpretation of CBWs system Confusion New interventions towards "Ubuntu" concept	Failure to take advantage of traditional CBW system Issues of community self selection and facilitating agency criteria
Support Issues (resources)	Democratization process: (level etc) Decentralization, Devolution, Deconcentration – Government systems Levels of Decentralization differ significantly	To employ Decentralization as a means to deliver CBW Inadequate Local Institutional support The level of decentralization of admin structures
Selection criteria	Some countries have framework guiding methods for CBW selection some do not The selection of CBW (some community involved some not) Government support – limited in policies, financial etc. Differing levels of public funding and support e.g. Lesotho versus SA for CHWs	All countries need to define selection criteria for CBWs Minimal government support
Unclear accountability systems – process and criteria	Long chain of accountable system limits effectiveness Lack of motivation leading to ineffectiveness / poor performance	Multiple accountabilities creates strain and confusion
Policy Support	Presence on absence of support policies The 4 nations differ in their responses and successes fighting HIV/AIDS Sectoral differences influence design e.g. extensive pastoralism versus intensive household production Approaches (entry) sectoral – based country "Impact on one common framework" Policy Environment differs e.g. SA CDW's vice a versa Uganda Different CBWs models having potential and limitations Some governments creating enabling environment. Others no clear policies Approach the sectors in which the CBW operate Some have policy (documented) on CBW to guide	Minimal / responsive government to support CBWs There should be generation in approach Multiplicity of CBW systems within same sector Lack of recognition from Government Need for policies to guide CBW initiatives Supportive policy
Services gaps		All centred around NR and health issues (animal/human) CBW systems are useful More effective in poor/marginalized communities The four countries have high prevalence of HIV/AIDS Responding to a HIV/AIDS on public services/capacity and

Cluster theme	Common concerns	Differences
		on country level of pandemic Resources don't reach target groups
Reward systems and mechanisms	The government support in terms of stipends Payment of stipend (SA) none by others Reward mechanisms (differ sector country – volunteer versus awards Stipend Private Incentives – what to give and by who? Who decides? Incentives – some have (e.g. SA) some do not	All countries have challenges on the issue of incentives for CBW initiatives Unsustainable reward – volunteerism Mechanisms – over reliance on external/resources Rewarding system in place (stipends, salary, incentives) Remuneration system not uniform between and within sectors Different rewarding systems
Skills and competences		Level, depth/coverage; follow up on training (technical backstopping) not standardised Specialist versus generalist? (limited skills and competences) Training skills necessary for CBW's
Inadequate coordination between and among different actors		Inadequate coordination
Community capacity to continue the projects	Levels of common mobilisation differ (e.g. some are culturally inherent, some are needs based) The level of community participation not the same Supply driven CBW system unsustainable	Sustainability – not planned for voluntarism Initiated by NGOs in four countries
Ownership	Community participation involvement inadequate	Need for community mobilisation on CBW Community control and ownership of the programme - CBW

Annex 9   Group Task 2 - groups report backs

Group 1   Involvement of other Stakeholders

Background

The interest in using a CBW system is that it may provide a way forward to extend services to all communities in a cost effective and empowering manner. There are a range of stakeholders who are involved at different times and to a greater or lesser degree. The best way the system can work is to link with all stakeholders and not work in isolation.

Task objective:
By the end of the session the group has investigated and established the involvement of other stakeholders in service delivery.

Process:
1.   How is the private sector/business involved in the delivery of services?
2.   How are formal and informal structures involved, e.g. traditional /indigenous ones?
3.   What is our experience about the linkage with formal structures and how is it working in practice?
4.   What other stakeholders are involved in service provision?
5.   What are the implications for policy and legislation in terms of the involvement of other stakeholders?

Who are the Stakeholders	What is their involvement re: CBW systems	Issues from experience/practice
1. Private Sector	• Supply inputs e.g drugs; • Funding source; • Technical Support and Training (e.g. consultants from PS for specific expertise); • Business opportunities for CBWs.	• Service delivery e.g. TEBA contracting consultants in training CBWs, currently training farmers; • Private sector linkages, private vet practice linking with CBWs – promotes enterprise.
2. CSOs	• Facilitation; • Larger NGOs – pilots, learning models for replication and advocacy; • Funding through donors; • Service provision e.g support to CBW system (through NGOs, FBOs and CBOs).	
3. Government	• Policy /Legislation; • Funding source;	Government failing to define role in process of linkages e.g. Lesotho

Who are the Stakeholders	What is their involvement re: CBW systems	Issues from experience/practice
	• Accreditation; • Quality control; • Supervision and monitoring linkages with formal structures • Facilitating	
4. Informal? - Traditional/ indigenous structures healers	• Entry point to community; • Identification and selection of CBWs; • Monitoring; • Involved in policy making through consultation; • Identification of community needs.	Kenya CBWs linkages between community and government institutions
5. Community	• Seek services; • Host CBWs; • May pay for services; • Identification of CBWs; • Managing CBWs.	

How are formal and informal structures involved in the service delivery? This differs from one country to the other. The group tried and defined formal and informal as follows:

formal: government e.g. District Health Officer, NGOs, registered CBOs
informal: traditional leaders (but could be formal) individuals e.g traditional healers, community groups
Implications for Policy and legislation

Will policy impact on other stakeholders re. input and service. Needs to be extensive stakeholder consultation – all concerns taken care of. Legislation should provide parameters (clear definition of roles and responsibilities), quality control, enhancing partnership and ownership. Creation of an enabling environment for CBW's. There will be more partnerships and there will be quality assurance.

There is more opportunity for sustainability of the system where roles and areas of collaboration between stakeholders are clearly defined.

Group 2   Roles & linkages required

Background

CBW systems comprise a number of distinct stakeholders performing different tasks for the system to operate efficiently & effectively. The manner in which these stakeholders interact with one another is important.

Task objective:
By the end of the session the group has brought out experiences around the common roles and linkages required of the different stakeholders in different CBW systems.

Process:
1.   What do you see as the relevant role(s) for the community in terms of monitoring and management of CBWs?
2.   What do you see as the relevant role(s) for government/LG departments, facilitating and implementing organisations?
3.   What linkages will be required and with who?
4.   What are the implications for other government programmes (e.g. in SA the CDW) for effective implementation of the CBW system?
5.   What are the implications for policy and legislation?

Group feedback

1.   Relevant roles for community (Monitoring and management of CBWs)

- Identify the needs, approaches, methods (M & E etc) of beneficiaries and the benefits, resource base (human, capital, knowledge);
- Determine the indicators (input, output, process, impact) with relevant FA;
- Leadership, reporting, financial and activity;
- Implementation.

2.   Relevant roles for government

- Draft broad guidelines for adoption by stakeholder. Development of training guideline should be both FA and Government. NGOs have had more experiences. Government should be the co-ordinator;
- Mainstreaming should be done by Government to take the responsibility for accreditation and standards;
- Strengthening existing linkages at the community level;
- State capacity (Infrastructure);

3.   Relevant roles for FA: supporting CBW systems on the ground.

- Providing resources (financial, technical);
- Development of training guidelines;
- Provide training;
- Coordination;
- Linkages to stakeholders.

4. Implementing organisations: those out on the ground doing the work.

- Link community to service providers;
- Awareness creation to communities;
- Mobilisation of community members;
- Reporting back to relevant stakeholders.

5. Implications for other government programmes

a) Interpretation: Before effective implementation of CBWs the following elements should be considered:
- Resources (human, material, financial);
- Realignment and restructuring;
- Change management.

(b) After effective implementation:
- Synergy (reduced conflict);
- Effective and efficient service delivery.

6. What are the implications for policy and legislation?

- Propose changes to policy;
- Influence policy formulation mechanisms (pro-poor, participatory, consultative);
- Lobbying and advocacy for implementation of policy

Group 3   Relationship of community structures to CBW

Background

There are different interest groups in the communities where CBWs operate or will operate. The dynamics of such inter-relationships need careful and sensitive management. We need to look at how best these can be managed.

Task objective:

By the end of the session the group has identified the dynamics of the involvement of other community structures in the CBW process.

Process:
1. What involvement do other community structures have in CBW processes?
2. What are the implications of this relationship?
3. What are the learnings and gaps from our experience?
4. What are the implications for policy and legislation in terms of the involvement of other stakeholders?

(Feedback report missing)

<u>**Group 4   Financing of CBWs**</u>

Background

The interest in using a CBW system is that it may provide a way forward to extend services to all communities in a cost effective and empowering manner. Financing of the CBWs and the system is an important element to keep it going. We need to look at better ways of financing the system.

Task objective: By the end of the session the group has brought out issues, concerns and experiences of financing the system and proposed elements of a common approach to financing CBWs.

Process:
1.   Discuss the evidence/experience you have heard/had on how CBWs are currently financed
2.   When is it feasible to expect fees and / or payment?
3.   Are there other forms of generating fees, e.g. communities paying for services as with paravets?
4.   Who should be responsible for paying for the system – government or service recipients, in what proportions?
5.   What are the implications for policy and legislation re: financing of CBWs?

Group feedback

Experience to date on funding sources
- Experience to date is mainly from NGOs who have funding from donors (both local and international;
- The South Africa government is supporting training and stipends, consumables etc of CBWs;
- Ugandan government is funding some NGOs (co-financing) with other donors;
- In Kenya funding is mainly from donors but some private sector funding as well;
- In Lesotho funding is mainly through NGO via donor funding but MoAFS also supporting FEW's.

When is it feasible to expect fees or payments (by beneficiaries)
- Payment for inputs, drugs, some consumables …;
- Water fees through water committees e.g when from a borehole for maintenance and management;
- Farmer groups paying for training on saving/credit activities but could be in kind e.g. labour for digging (eg. Uganda);
- Payment in kind for services if valued by users (HBC) e.g. food, thank us (but some of the poorest cannot pay …);

Not for:
- HBC (some drugs paid for in Uganda);
- General Ag information;
- NR resource management information.

Other forms of generating fees e.g paravets
- Para legals aspects of law advice to groups;
- Traditional healers - birth attendants, condom selling (subsidized);
- Services to help with income generating activities;
- Grazing fees;

- Water schemes user fees for maintenance, spares;
- User fees for communal small scale irrigation schemes;
- Retention of taxes at lower levels for use by communities (in Uganda) to pay for village facilitators (needs specific policy agenda). May need policy changes in other countries.

Responsibility for paying for the systems varies according to service but may include:
- In health and social development services government takes lead (there is a lot of funding being made available);
- Community structures should increasingly take over responsibility for payment of CBWs (e.g. from NGOs or government) - as part of the long term vision as this will allow for communities to raise funds on their own and its more empowering to them. Payments to be made by community even if source of funding is from Government or NGO. CBO may need their financial management capacity strengthened. Could cause tension but in longer term this will ensure that CBW will answer to the community. Simplifies accountability, reporting etc. Leads to sustainability. Then could CBO pay a share of stipend? Look for other sources of funding.

Implications for policy and legislation?
- Strengthening decentralisation;
- Leadership and commitment from policy makers to be supportive;
- Mechanisms and provision in budgets for CBW support (training or stipends, consumables);
- Need for supportive policy environment;
- Clear legal/professional directives on what can be prescribed by CBW's (vet drugs, medicines etc);
- Supporting privatisation and liberalisation (over pricing issue);
- Need policy to protect accountability given tendency of rent seeking by some officials;
- Needs for agreed codes of conduct and possibly protocols;
- Law enforcement on issue of awareness on rights;
- Need for policy on short term emergency interventions that undermine longer term developmental programmes using CBW e.g provision of free drugs, seeds fertilisers, (impact on local retail networks).

Group task 5   Training, support, supervision and accountability needs

Background
CBWs work and operate within a system of different partners, mainly the facilitating agent and the community. These major players provide training support & supervision, and as partners there are different forms of accountability between and among them. These exist in all systems but the emphasis will differ among them.

Task objective: By the end of the session the group has brought out different experiences and highlighted common prerequisites around training, support, supervision and accountability in CBW systems across countries.

Process:
1.   What training is currently being provided? Is this adequate
2.   What training would be needed if CBW systems are to operate efficiently and effectively? Who would the training be for? Who should provide the training?
3.   How should CBWs be supported/managed?
4.   Who should they accountable to?
5.   What other support would be needed to keep a CBW process going in a meaningful way?
6.   What are the implications for policy and legislation

Group feedback

1.   Training received

HIV/AIDS	NR
Home based care	Management of farmers groups
Peer education	Farming skills
Counselling	Facilitating skills & communication skills
Facilitating skills & communication skills	Monitoring the quality of services
	Adjudication skill?

2.   Is the training received adequate?

- Not adequate because the certificates they received are not standardized;
- Sometime the training does not suits the level of community needs;
- It is not user-friendly;
- Concerns about who should train and whether the training uniform;
- Training programme/curriculum should be developed for CBW system.

3.   What training is needed for CBW systems - should it be demand or needs driven?

- Community development;
- Public relations/communications;
- Policy development - CBWs can be trained in influencing policy development;
- Training should increase entrepreneurial skills.

4.   Who is the training for?

- CBWs, personal of facilitating agents and civil servants/professionals including community members

5.   Who should provide the training?

- NGOs, private sectors & government

6.   How should CBWs be supported/managed?

- Monthly incentives e.g. lunch, transport allowance and etc;
- Supported by establishing care of carers;
- Offered funding and trainings by government or private sector;
- Shared learning experiences i.e. exchange programmes with other countries/communities;
- Mentoring and support/supervision.

7.   Management – How should CBWs be managed?

- Establishment of CBWs forum/network at the community level, municipality/district. What happens at national level?

8.   Who should CBW be accountable to?

- To the immediate supervisor?- CBW system should be managed by people. The community is having mgt structure where CBW be accountable/reporting to
- Supervision accountable to the forum.
- Forum accountable to community

9.   What other support would be needed to keep a CBW process going in a meaningful way?

- Functional performance appraisal system involving beneficiaries.

10   What are the implication for policy and legislation?

- CBW forum should be within the registration/ recognition;
- CBW should be involved in policy making and participate in legislation process.

Annex 10   Individual's involvement in CBW systems

Name	Organisation	CBW involvement
Dr Kisa Juma Ngeiywa	Veterinary department, Kenya	• Policy formulation and reviews in collaboration with other stakeholders; • Monitoring supervision and regulation of CAHWs; • Developing MoUs with NGOs; • CAHSU; • Training Community Based Animal Health Workers in remote ASALs; • Promotion of Community and other stakeholders participation in animal health, production and marketing of livestock commodities.
M. Maraka	(USAID) RHAP Policy Project	• Nurse practitioner; • Community Based Worker for general, material and clients; • Promoting health management role amongst organisation in Lesotho; • CBW provider for child immunization campaign and school health; • Now – works with Community based organisations (support groups) for care for FLWAs; • Assisting CBOs caring to draft strategy constitution etc; • Assisting CBOs caring for PLWA to apply, and use funding for projects.
Mr Lephallo John Ramotsabi	National Development Agency (NDA)	• Possible Funding of Phaphamang Food Security Project in Thaba-Nchu which could be one pilot project of CBWs.
Puseletso Mohapi	Free State Department of Health	• Facilitating policy development implementing local level
Rebecca B Ssbaganzi	National Forest Authority / Forestry Inspection Division	• Piloting CBW involvement in Forestry management; • Collaboration Forest in Central Forest reserves to with private investors; • CBW in community forestry and production. • CBW in unifarm forestry
Daleen Raubenheimer	World Vision South Africa, National HIV/AIDS Coordinator	• Children between 5-15 with specific focus on the needs of OVCs; • Work within Area Development Projects for period of 15 years with holistic programmes which are community driven through the design process; • Main areas of work: Water sanitation, Health, Economic Development, Education, Spiritual Nurture, Nutrition, Agriculture / food security and natural resources management, Advocacy, HIV/ AIDS; • Involvement with CBW: Development workers, facilitators, Home based cares, food security teams, ADP committees, peer educators, Guardian angels
Ratlala Palo Montsi	Food Security Manager – World Vision	• Involved in the community based work with Food Security policy formulation; • Strategic Direction;

Name	Organisation	CBW involvement
	International - Lesotho	• Implementation and monitoring evaluation.
Handswell Phakula	Greater Tzaneen municipality – Limpopo Province in SA	• Development of municipal areas
Stephen Mogere	Dept of Health and Science	• Research in Health care issues; • Training Traditional health care providers; • Current research themes related to CBWs – role of traditional birth attendants in health care delivery; • Community based training Manual development for TB; • Contraceptives delivery systems using CBWs system; • An evaluation of Home base care services; • African wild Harvest project community-based promotion of traditional foods.
Jeff Zingel	Human Sciences Research Council (Acting Director)	• Local government and service delivery; • Land reform and farm labour; • Small town and commonage development, Intergovernmental provisions.
Mantiti Khabo	Teba Development	• Technical support, e.g. facilitation of training mentoring; • Forming partnership with CBWs of other service providers; • Collaborating with CBWs in terms of project identification i.e. rural communities; Advocacy for CBWs services; • Support to CBW's supply of seeds med kits etc.
Dr Juluis Kajume	Veterinarian (CLIP)	• Involved in CBW advocacy work since 1993, mainly focusing on policy framework; CBW studies reviews and research work; • Chairman, CLIP since 2000.
Choice	DoH and Wits University	• Dealing on HIV/AIDS/ Orphans, Vulnerable children, chronics; • Training care givers on HBC, Counselling, Dots, Home nursing, First Aid, Practical
Dr Joyce Njoro	Community based Livestock Initiatives Programme (CLIP)	• Setting up community based systems in East Africa in the Natural resources sector e.g. Community-based Health Workers, conflict resolution, water management and community central systems; • Training community and organisation; • Policy and Advocacy; • Facilitating provision management of natural resources such as water, pastures; Facilitating development of alternative livelihoods; • Networking
Modibe Sekgotodi	Limpopo Greater Tzaneen Municipality	• Monitoring all the organisations that are utilizing CBW as a tool for pro-poor service delivery; • Currently the data base has been developed for all the organisations with CBW programmes.

Name	Organisation	CBW involvement
Mwebesa Beda	Care Uganda	• Pilot activities for exploring mechanisms for supporting evolution of community based decentralized systems of service delivery based on community based workers in Natural resources management and economic development sectors; • Distillation of lessons in application of CBW concepts activities; • Sub-granting and sourcing technical support to facilitating agencies (CBOs and local NGOs) directly supporting community based workers (peer educators in Health HIV/AIDS).
Refiloe Setlai	Care Lesotho SHARP: Programme	• Passing knowledge on HIV/AIDS, STDs, awareness, prevention and related issues through peer education at community level
Francis Byekwaso	National Agriculture Advisory Service Programme (NAADS Uganda)	• Development of a CBW system for delivery of Agriculture Advisory Services to farmers, by integrating best practices from various approaches; • Technical support to district Local governments, NGOs and private sector to implement the CBW system; • Monitor and document lessons from CBW applications in liaison with different participating districts.
Tom Barret	Department for International Development (DFID)-Rural Livelihoods Advisor Based in Harare	• Present focus in Zimbabwe is to meet the humanitarian needs of the most vulnerable and poorest groups in society; • Implementation is mainly through the NGO community and international research centres (cymmit, icrisat, icraf) and coordinated by FAO; • Future interventions will require increased involvement of the community and low cost, sustainable delivery systems and (possibly CBW).

Annex 11   CBW Models currently in use in partner countries

Type of CBW model	Organisations	Country	Hrs/ week	Paid amount	Length of training
Home based care	DoH Free State	SA	24	R500	59 days
Conservation agents	Bucodo	Uganda	10 hrs a week		2 weeks +++ others
CBWs CFM,AF,CF Community Forest Advisors	Environment Alert	Uganda	3-5 hrs a week	Ugshs.10000 + bicycle allowance	2 weeks
Farmers group facilitator	NAADS	Uganda		Transport refund + bicycle	2 weeks
Farmers group promoter	Piloted in NAADS	Uganda	Almost full time	$200	3 weeks x 2 years
Community based advisors	ULAMP (SIDA) c/o NAADS	Uganda	16-24 hrs	Transport and lunch allowance	
HIV AIDS support groups	Tsosane unity for change	Lesotho	24 hrs	Volunteer groups	2-3 days 6 months or SD
Farmers groups	World Vision Lesotho	Lesotho	36hrs	Transport reimbursement	2-3 days
CBW Charcoal traders	KULIKA (FID)	Uganda	6-8 hrs week	Ugshs 3000 – 5000 as travel per duty	1 week and as needed
Peer Educators	Cares SHARP: programme	Lesotho/SA	21 hrs	M100 + Transport allowance+ T-shirts + bicycles	4 day training and 1 day training monthly for 6 months. Refresher 2x1yr
Community Health workers	WASDA	Kenya	40 hrs	Kshs. 3000	1 week
Community Animals Health workers	WASDA	Kenya		Private (paid by service sectors)	

Annex 12   Workshop evaluation sheet

Are you from?   **Government** ☐   **NGOs**   ☐   ☐ **Other**

Scoring: 0=very poor/not at all, 1=poor/a little, 2.5=satisfactory, 3=good, 4=very good, 5=excellent/completely

Issues/Questions	Score (please circle or cross the appropriate number)									Comments
What is your overall assessment of the workshop?	Very poor	0	1	2	3	4	5	Excellent		Time keeping Enriching, exposing The workshop was just an exploration The workshop was very good and there is a clear way forward I want to say yes, I was not It was highly participatory Good – innovative issues Time constraint
Overall did we reach/ obtain our objectives: Participants will have :										Most special at the model CBW – Good Sure whether we identify the CBW
The key learning across the four countries in relation to the application of community-based worker systems,	Not at all	0	1	2	3	4	5	Completely		Let us all appreciate and understand who CBWs are Individual country experiences enriching Although the application differ from one to another but at the end the goals achieved The country visits report indicated that there are good learnings Not totally – all Community reports not in
A common concept/framework has been developed and	Not at all	0	1	2	3	4	5	Completely		There are key factors varying between countries Due to continually changing of people concerns positions good Yes but insufficiently Satisfactorily
We have proposals of how to take CBW pilots forward in- country	Not at all	0	1	2	3	4	5	Completely		Need more work on this So, needs more fine tuning At country level more brainstorming needed The idea on proposal on piloting on four countries is quite excellent Needs intensive work to be at five pilots
How useful did you find:										On the strategy and approach Very good Very informative and educative
The introductions to the project	Not at all	0	1	2	3	4	5	Completely		Now repetitive Especially informing of admin. Levels information

									All is quite understandable Good - as always conceptually clear
Country reports	Not at all	0	1	2	3	4	5	Completely	Greater synthesis of reports was needed So challenging and copy and learning to one another Overheads only – stimulating Very useful
The case studies	Not at all	0	1	2	3	4	5	Completely	Not applicable Practice seen is good / lasting impression Quite exploring and challenging on implementation Very good with various ideas
The visits	Not at all	0	1	2	3	4	5	Completely	TOR's could have been clearer It is useful and learning from one another and should be encouraged Yes very well
The group work	Not at all	0	1	2	3	4	5	Completely	Lift my insight and do what others do e.g. Ugandan Yes, also gained more knowledge Yes of course very many Necessary – smaller groups do both than larger!
Did you learn new insights?	None at all	0	1	2	3	4	5	Very many	The inputs from individual helped me a lot Yes, especially when questions we've asked
Did you enjoy the group sessions?	Not at all	0	1	2	3	4	5	Very much	But it was quiet hectic and confused
Did you enjoy the plenaries/report backs?	Not at all	0	1	2	3	4	5	Very much	Could have been more concise Some not well discussed Due to impact report from Uganda that shows commitment Although it was very hectic
How would you rate your participation and contribution?	Very poor	0	1	2	3	4	5	Extremely good	Given the basic views instead of spoon feeding is very good
How would you rate the facilitation?	Very poor	0	1	2	3	4	5	Excellent	Time keeping was poor o n 1st day
How would you rate the meals?	Very poor	0	1	2	3	4	5	Excellent	Would have been nice to have a sandwich lunch Staff are not friendly Quite inhospitable Dinner on Wednesday 22nd was very poor Although I am used t PAP but is not bad Routine meals typical of hotels
How would you rate the venue?	Very poor	0	1	2	3	4	5	Excellent	Good for having every body remain focused and not move to town Very good more specially I am free not to share room
What was the overall organisation like?	Very poor	0	1	2	3	4	5	Excellent	Very unique carrying one vision and mission of the goal The number of days just made it good

General comments

- This conference was an eye opener, to see other countries perspective in CBW system and to get to know more about them
- The workshop was very good. It is very helpful to recognize the differences and commonalities throughout the four participating countries e.g. the perception of CBWs – however at he end people were more agreeing on issues
- The programme was too packed, this limited the level of participation
- The venue is very good, however the employees don't have courtesy, they did not take care of us according to what we expected
- The workshop performed beyond my expectations, However there is variation in relation to understanding of the CBW issue
- It was participatory that enabled sharing, discussions and bearing from each other. Gender representation was fair. Recreational activities were not there!
- Thank you for really attempting to ensure that we also have relaxation time and variety of activities, facilitators learning
- Khanya would do well to send written request to employers asking them to kindly support the team members participating. This can enable employers to release such officers
- The programme was intensive, research questions adequately and concerns addresser in time
- What do you think is the most important thing to be done to enable implementation of community-based worker systems in your country?
- Advocate for greater government and policy commitment and involvement in CBW activities
- More flexible timeline!
- Follow the work plan to maintain uniformity
- Recognise the different set-ups and situations
- Bring on board authorities that need to get support and enabling process
- Transparency to SC members
- Involve relevant management structure
- Documentation of best practices
- Agree on roles, commitments and implementation mechanisms, review of work plans and budgets
- Solicit interest and commitment from leaders of partner institutions
- The time is short, since we have to work late and is strenuous to some of the participants
- The involvement of all the stakeholders to feel the ownership of the programme
- Get a way of making sure that all the members of the Steering Committee are committed in the project
- Identify the already existing structures at community and try to capitalize on that for effective implementation
- Again the project should differentiate between voluntarism and community based work
- Define models for adopting to different pilot project
- Define the issues under the elements considered in the review
- Regular updates on the progress of the project by Khanya to participating countries
- Buy-in from all stakeholders – specifically with relation to benefit for NGO's – especially as it funding implications for organisations as well as resource implications
- Cross stakeholders co-ordination and collaboration
- Very difficult to achieve
- Needs strong champions for the pilots
- High level sensitizing by the Regional Coordination in K.L.U.SA countries
- Increase learnings-sharing in country
- Information – sharing, dissemination to interest organisation to increase support
- Feedback to wider country network

Annex 13   References

AU/IBAR: Livestock Policy Briefing no. 6

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