Kenya in-country Review Report November 2004

23 November 2004

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Acknowledgements

We would like to thank the national Steering Committee for the opportunity to undertake the in-country review, a process that has greatly broadened our perspectives on community-based worker (CBW) approaches to service delivery. The knowledge gathered will be shared widely to strengthen and raise awareness about CBW service delivery in Kenya. The Steering Committee also played a major role guiding the review process. We have also appreciated their efforts in peer review of the document before its finalisation.

This report was developed through a process of literature review and workshop process where experiences were shared. In view of this, special thanks go to all those who participated in the Machakos stakeholders workshop for their contributions that have greatly enriched the report. The presenters of case studies of current approaches contributed immensely to the final document that has emerged.

We would also like to thank all those organisations that shared information either through interviews or making available literature material. To this end, our appreciation goes to AU-IBAR CAPE Unit, KANCO, KICOSHEP, ITDG-EA, KMAP, AMREF among others.

Special appreciation goes to Patrick Mbullu of Khanya - managing rural change - for his contributions and guidance that ensured the review process went on as planned. Special thanks also go to DFID for providing the resources through Khanya to produce this report, and for the CBW project, which we hope will begin to generate a debate across the country and beyond on these issues.

The report was written by Dr Joyce Njoro and James Nyaga and edited by Rachel Searle-Mbullu.

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This action-research project is funded by the UK's Department for International Development. However, the findings, interpretations and conclusions expressed in this document are entirely those of the contributors and author(s) and should not be attributed to DFID, which does not guarantee their accuracy and can accept no responsibility for any consequences of their use.

***The report is available from* www.khanya-mrc.co.za/cbw.htm**

CONTENTS

GLOSSARY

ABC	Advocacy, Behaviour Change and Communication
ACU	AIDS Co-ordinating Unit
AHITI	Animal Health Industry and Technical Institute
AHTs	Animal Health Technicians
AI	Artificial Insemination
AIDS	Acquired Immuno Deficiency Syndrome
ALRMP	Arid Lands Resource Management Programme
ART	Anti Retroviral Treatment
ARVs	Anti Retro Virals
ASALs	Arid & Semi Arid Lands
AU/IBAR	African Union Interafrican Bureau of Animal Resources
BCC	Behaviour Change and Communication
CAHWs	Community Animal Health Workers
CAPE	Community-Based Animal Health and Participatory Epidemiology
CBD	Community-based Distributors
CBWs	Community-based Workers
CCPP	Contagious Caprine Pleuro Pneomonia
CDC	Constituency Development Committees
CHWs	Community Health Workers
CLIP	Community-based Livestock Initiatives Programme
CIFA	Community Initiatives Facilitation and Action
DDC	District Development Committees
DLMC	District Livestock Marketing Council
DLP	Department of Livestock Production
DVO	District Veterinary Officer
DVS	Department of Veterinary Services
ERS	Economic Recovery Strategy
FA	Facilitating Agent
FBO	Faith Based Organisation
FFS	Farmer Field Schools
FP	Family Planning
GoK	Government of Kenya
GTZ	German Agency for Technical Co-operation
HBC	Home-Based Care
HCWs	Health Care Workers
HIV	Human Immunodeficiency Virus
HPI	Heifer Project International
IGAs	Income Generating Activities
ITDG-EA	Intermediate Technology Development Group-Eastern Africa
KANCO	Kenya AIDS NGOs Consortium
KICOSHEP	Kibera Community Self-Help Programme
KLMC	Kenya Livestock Marketing Council
KNDAEP	Kenya National Deaf HIV/AIDS Education Programme
KSL	Kenya Sign Language
KVA	Kenya Veterinary Association
KVB	Kenya Veterinary Board
MOH	Ministry Of Health
MOU	Memorandum of Understanding
MSEs	Micro and Small Enterprises
NAEP	National Extension Agricultural Policy
NACC	National AIDS Control Council

NARC	National Alliance Rainbow Coalition
NASCOP	National AIDS and STI Control Programme
NBDA	Nairobi Business Development Association
NCPD	National Council for Population and Development
NGOs	Non-governmental Organisations
NR	Natural Resources
PAVES	Pastoral Veterinary Systems
PDP	Pastoral Development Programme
PLWHAs	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PRSP	Poverty Reduction Strategy Paper
SAPs	Structural Adjustment Policys
SNV	Netherlands Development Agency
SRA	Strategy for Revitalizing Agriculture
STI	Sexually Transmitted Infections
TBAs	Traditional Birth Attendants
VCT	Voluntary Counselling and Testing
USAID	United States of America International Development
WASDA	Wajir South Development Agency

EXECUTIVE SUMMARY

PART A

1 Introduction

1.1 Kenya has a highly centralised service delivery system, dominated mainly by the public sector inherited from the British colonial government. The government is structured into a central national government and provincial, district, divisional and locational administrative units. The government attempted to improve service delivery through establishing a rural focus for district development. 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, the Kenyan Constitution and relevant laws are currently under review. Principles within the current draft constitution advocate for devolution and de-concentration of power and improved public participation. The document is currently under intense public debate.

1.2 To meet this challenge, Khanya-managing rural change is managing a 4-country action-research project involving Kenya, Lesotho, South Africa and Uganda to see how community-based worker systems can be used to widen access to services and empower communities. The **Project Purpose** is that *organisations in the four countries 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 and interest in the use of CBW models for pro-poor service delivery.* The initial stage of the CBW project is to review experience in-country in relation to Community-based Worker Systems. This report forms part of output 1.1 of the CBW project purpose - to review experiences in-country of community-based worker systems in the NR and HIV sectors.

1.3 The CBW project is informed by earlier action-research that Khanya undertook in 2000, involving Zambia, Zimbabwe and South Africa on "Institutional Support for Sustainable Rural Livelihoods (SSRL)". This work identified that if livelihoods of poor people are to improve, linkages between micro level (community) and meso level (local government and service providers), both in terms of improving participatory governance and in terms of improving services should be addressed. Six key governance issues emerged, which are critical to improve and ensure such linkages. The six governance issues are grouped under three themes as follows:

<u>Empowering communities</u> (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);

<u>Empowering local government and management of services</u> (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);

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

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 the links to higher levels of government and NGOs. In most countries in Africa, very few services reach rural villages and some urban areas. Primary schools, sometimes a clinic, or a dip tank are often the only visible government services in these areas. The project is therefore exploring better ways of service delivery to all villages and communities in a cost-effective and sustainable way.

1.4 Kenya has a number of CBW projects operating in different sectors. Within the natural resource sector CBWs are supporting agricultural programmes, particularly through extension activities. In the livestock sector they operate mainly as community-based animal health workers. There are also instances of CBWs providing security through vigilante groups and engaging with infrastructure development, for example in road construction using a food for work model for development. In the HIV/AIDS sector home-based care and support is the most identifiable CBW system in place.

1.5 This report is a synthesis of practices, experiences, challenges and lessons learned in implementing CBW systems in Kenya. The report assesses the current situation, outlines some opportunities and gaps concerning provision of CBWs and gives recommendations for future research. The various case studies presented highlight the provision of services using CBW models. The report provides information to policy makers, donors, central government, local governments, local communities and service providers on the importance of CBWs in transforming the lives of the poor.

PART B

2 Government policies, systems and structures in service delivery

2.1 Current policy frameworks in Kenya are under review. For too long the country has operated using utmoded colonial policies that do not address the present day development challenges of the Kenyan people. Some of the updated policies do mention the support for 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 issues have more to do with their role than with their suitability. With the current Constitutional Review Process however, which advocates for decentralization of services and increased devolution of power, CBWs role in development is feasible as there is an opportunity for them to play key roles in service delivery.

2.2 According to the Economic Recovery Strategy (ERS) for wealth and employment creation (2003-2007), the government commits to strengthening the community-based animal health approach to address development of Arid and Semi-Arid Areas (ASALs). To address HIV/AIDS, the government will strengthen community-based worker systems by setting up special health care programmes for people living with HIV/AIDS (PLWHA), train communities on HIV/AIDS, incorporate HIV/AIDS component in school and community training curricula and strengthen the health sector response to HIV/AIDS by forming AIDS Control Committees (ACCs) at constituency levels.

Privatised services were popularised following the restructuring policies of the late 1980s. This led to a mushrooming of private practices and pharmacies to cater for both human and animal health. Most services have been privatised, such as animal health clinical services, extension, Artificial Insemination (AI) in the livestock sector and clinical services in the health sector. However, appropriate policies to support privatisation process are not yet in place, therefore affecting implementation. Despite the move to privatise services however, the poor have remained marginalised, as they are unable to raise enough resources required to pay for such 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. The government is recognizing the role of CBWs in service delivery to the extent of sometimes offering support to some sectors, especially with training.

2.3 The role of government in service delivery is to provide state capacities and create an enabling environment for service delivery. However inadequate state capacity has resulted in inefficiency and lack of government services and the field has opened up to other players. The government's core functions therefore 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.

2.4 Effectiveness of current public service delivery is compromised by the rising human populations and 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). 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 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 framework that allows community involvement and enhanced partnership.

PART C

3 Case Studies – Providing services using CBW systems

3.1 The seven case studies presented in the report were collected during a national stakeholder workshop together with a desk top exercise to review current experiences in-country. The experiences shared included those of participants from the HIV and the NR sectors. The selected case studies show different perspectives of CBWs from policy, grassroots and facilitating agencies. The case studies below were collected during a national workshop.

3.2 The first case study introduces the home-based care (HBC) programme of NASCOP (National AIDS and STI Control Programme), which is implemented through Community Health Workers (CHWs) trained to provide effective home nursing care for people living with HIV/AIDS (PLWHA). NASCOP is the technical arm of the Ministry of Health charged with policy development and implementation of HIV/AIDS activity. CHWs are part of strategy for bridging the gap in health care delivery and promoting the patient care continuum approach. However the current CHW systems is unsustainable because of the magnitude in numbers of infected people and the overstretched clinical workers who can not meet the demand.

3.3 Community Animal Health Workers (CAHWs) are a specific type of CBW who support the work of District Veterinary Officers in pastoralist areas where there are no private practitioners and where the Department of Veterinary Services (DVS) staff are unable to reach easily due to logistical difficulties. They provide a useful link between communities and veterinary authorities, and play a major role in disease reporting, surveillance and community mobilisation. However there are concerns about the quality of services delivered by CAHWs and the DVS view CAHWs as a temporary measure.

3.4 Within the livestock sector CBWs operating in conjunction with the Kenya Livestock Marketing Council (KLMC) play a significant role in disseminating marketing information, and sensitising and mobilising communities, especially at the district level. CBWs are members of Livestock Marketing Associations (LMAs) which are mainly composed of milk processors, butchers, livestock traders and transporters of livestock and livestock products. Their main objective is to enhance livestock marketing and improve the livelihood of the pastoralists.

3.5 A project operating in four districts of the Coast Province is presented in the fourth case study. Heifer Project International/Kenya (HPI/K) utilises CBWs popularly referred to as micro-small entrepreneurs (MSEs) to economically empower the community members through partnerships and capacity building,. CBWs apply for credit, which is given by HPI/K in the form of spraying and artificial insemination equipment. Farmers then pay a user fee to utilise these equipment. The incentive of private enterprise is not without its challenges though many MSEs have improved economic security whilst also providing a valuable service within their communities.

3.6 PAVES is a Private Pastoral Veterinary Practice (PPVP) using a chain of community-based Animal Health Technicians (AHTs) and Community Animal Health Workers (CAHWs) to provide quality products and services to livestock owners in the ASAL area of West Pokot District. As with the MSEs in the previous case study, these CBWs are self-motivated individuals who are motivated by the desire to provide quality products and services to their community at modest profits.

3.7 Community-based Contraceptive Distribution (CBD) is a strategy for complementing the traditional clinic based system to meet the family planning (FP) needs of the country. CBD agents move from door to door giving services to those who need them including provision of information, education and counselling; referring clients to the health facilities on issues that need clinical attention and distributing pills, condoms and foam tablets. Current statistics indicate that 20% of the population receive their FP services from CBD agents. There is also evidence that there is a high usage of FP services in areas where CBD agents operate.

3.8 The Kenya National Deaf HIV/AIDS Education Programme (KNDAEP) is a national NGO by and for the deaf, which aims to ensure equality of life opportunities for the deaf through health and education programmes. KNDAEP depends on CBWs to work with deaf communities at the grassroots. Whether deaf or hearing, they are specially trained not only in service areas but also as vital links to government institutions and services for a community that is not particularly recognised or served by community or state health services and whose closed nature compounds difficulties in integration.

PART D

4 Learnings and Gaps

4.1 The case studies demonstrate that addressing HIV/AIDS and livestock production requires a multi-sectoral approach. For instance, tackling HIV/AIDS involves improving health activities such as food production, income generation activities, literacy, water and sanitation as well as providing basic health services. Some organisations train CBWs to address multi-disciplinary issues like animal health and human health. The integrated approach to training widens the knowledge of CBWs, giving a holistic approach to addressing problems facing the community. This generalised approach is attractive to the implementing agencies, as well as the government, in order to reduce the costs of providing services to the poor and marginalised communities. This approach however calls for constant refresher courses for CBWs to update their understanding of the issues and ensure effectiveness.

4.2 Sustainability of CBW systems depends on proper selection criteria and procedures which help to create a sense of ownership in the communities. Several criteria have been used in different sectors, geographical regional and organisationally. They relate to the prescribed roles of the community workers, the socio-cultural setting of the communities and the anticipated community support and reward system. Based on the quality control requirements, the government or FA consortia can standardise the criteria using curricula or training manuals.

4.3 CBW systems are popular, cost effective and efficient. Communities are willing to pay for costs of services rendered to them – especially where the service has tangible benefits to them - but some individuals may not have the capacity to pay due to poverty constraints. However experience has shown that communities are willing to work out possible innovative ways and means for remunerating their CBWs from the inception of the programme. This is particularly important in the case of systems with high dependency on a donor or FA support and where sustainability is a major concern.

4.4 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 are 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 FAs gain credibility when they use existing community structures to support and implement CBW processes. The local structures are well known and are organised around the lives of the people. The use of existing structures 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.

4.5 A range of stakeholders have crucial roles to play in a CBW system. The community has a vital role in managing CBWs and promoting community participation, a crucial aspect of sustainability. Governments take the lead in providing a policy context, official position and direction/leadership whereas NGOs and other FAs have the experience and capacity and can provide technical support in planning, training, monitoring & evaluation and organisational development to CBWs. The private sector can provide financial and credit facilities to individuals and organisations as part of investing in communities to improve their economic base. Although potential areas of conflict may arise over competition for resources, conflicting organisational policies and approaches and inconsistent government directives, these can be resolved through collaboration and networking, joint planning and developing memoranda of understanding between different stakeholders.

4.6 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 respective tasks and responsibilities, access the community and discharge their duties without fear of repression or rejection, network and link with other service providers and acquire the necessary working kits, drugs and materials that enhance service delivery.

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 the standards of the training CAHWs. In addition to attending training, CBWs skills can be built through exchange visits to other similar systems shows and field days or demonstrations. These activities can be organised and funded by FAs, private sector, government or the community.

Some reporting, supervision and linking structures are in place to support CBW systems to ensure that they get real support and supervision and are not just bottom of the list of priorities - as has often happened to community health workers in the past. However multiple levels of accountability – to the community, to government officers, and to a FA for example, - can lead to confusion on the part of CBWs. However, existence of active community participation, with appropriate support structures and community leadership are a precondition for efficiency and effectiveness. Indeed, where communities are addressing their felt needs, it encourages both a sense of ownership and sustainability of the CBW system.

4.7 Community-based worker systems have had impact in various sectors in the country. They have contributed to poverty reduction by improving livelihoods of the community and the community-based workers. According to the IDL group (2003) for example, the positive impact of CAHWs on reducing livestock losses through disease appears to have had a beneficial knock-on effect on the livelihood strategies of livestock keepers. 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 engages in cattle, sheep or goat production. Whereas in villages with CAHWs, approximately 64% of the poorest quartile own or rear at least one ruminant animal.

The impact of CBW systems is affected by low levels of sustainability. It is evident that the financing of the 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. Further, continuous training and supply of equipment or resources and the integration of CBW systems into overall development plans (Schapink 2001) are other preconditions for sustainable CBW systems. Nevertheless, case studies in the review demonstrate a positive impact in the following areas: access to service delivery; increased awareness of relevant issues; entry point for other development initiatives; enhanced collaboration; partnership and networking; and increased levels of community participation and ownership of programmes. Certainly external linkages are vital for CBW systems sustainability. These linkages allow FAs and other partners to extend their financial and technical support. Linkages and collaborations are necessary for sharing of resources and experiences, which subsequently enhance the effectiveness of CBWs.

4.8 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 need to be put in place to improve the capacity of CBWs through provision of the relevant support and linkages. To avoid possible compromise of standards and enhance quality control, the government and other stakeholders, should put in place the following 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.

4.9 The community perspective on CBWs is that the system is quite cost effective. This is mainly because most of the costs are borne by the FA. Although the community contributes in the establishment of the system, the contribution is either in-kind and where financial contributions are required, the amounts are usually minimal. Most of the implementing organisations encourage CBWs to contribute to training expenses in form of cash, kind or labour. Depending on mutual understanding between CBWs and clients, CBWs can provide services to poor families and be paid in kind instead of cash.

PART E

5 Summary of learnings and areas for immediate follow-up

5.1 CBW systems require sustained support for effective and efficient service delivery. Advocacy for increased government financial and technical support is critical. Donors should undertake more long-term strategies towards implementation of CBW systems, as short-term measures are not sustainable. As highlighted above, sustainability remains a critical issue in many CBW programmes. CBW systems have to adopt creative and innovative ways to enhance the programme or system sustainability. This can be ensured through enhanced community participation, appropriate support and linkages, and integration into overall government planning process.

If properly planned and implemented CBW systems have the capacity to utilise local resources at the disposal of the community. This includes their natural resources, indigenous knowledge and local capacities. Whereas it has been generally agreed that CBW systems are the most effective means of providing services, innovative models that reduce the cost of establishment will have to be developed. This will reduce the level of donor dependency and facilitate mobilisation of local resources and capacities.

5.2 A range of areas to follow-up in the action research are suggested including integrating the work of CBWs into national service delivery systems, commercialising, where feasible, community-based services, as a strategic measure for sustainability and developing curriculum and training manuals for CBWs in different sectors to improve training provision.

5.3 The increasing poverty levels and dwindling government capacities to address poverty's adverse effects in the region is considered an enabling factor for CBW systems to thrive in Africa. 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, in the development process through strengthening the meso operational level and encouraging stronger linkages between all partners.

PART A INTRODUCTION

1.1 Background

Kenya has a highly centralised service delivery system, dominated mainly by a public sector, which was inherited from the British colonial government. The government is structured into a central national government and provincial, district, divisional and locational administrative units. The government attempted to improve service delivery through establishing a rural focus for district development. 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, the Kenyan Constitution and relevant laws are currently under review. Principles within the current draft constitution advocate for devolution and de-concentration of power and improved public participation. The document is currently under intense public debate.

Khanya – managing rural change is co-ordinating the project "Action Learning on Community-Based Workers as a Mechanism for Pro-Poor Service Delivery. It is researching how community-based worker systems can be used to widen access to services and empower communities in the process. It is founded on the fact that poor and rural communities have, universally and since time immemorial, relied heavily on community-based services for livelihoods. In addition, community-based services have the potential to reduce poverty and enhance sustainable livelihoods. This potential however needs to be activated and stimulated through policy and institutional support, re-alignment of community structures and strengthening linkages with all supporting institutions and organisations at the micro, meso and macro levels. As a whole there is need to scale up the existing community-based services for better results and benefits to the communities. Only when the centre is re-aligned can pro-poor service delivery be improved.

1.2 The Community Worker Project

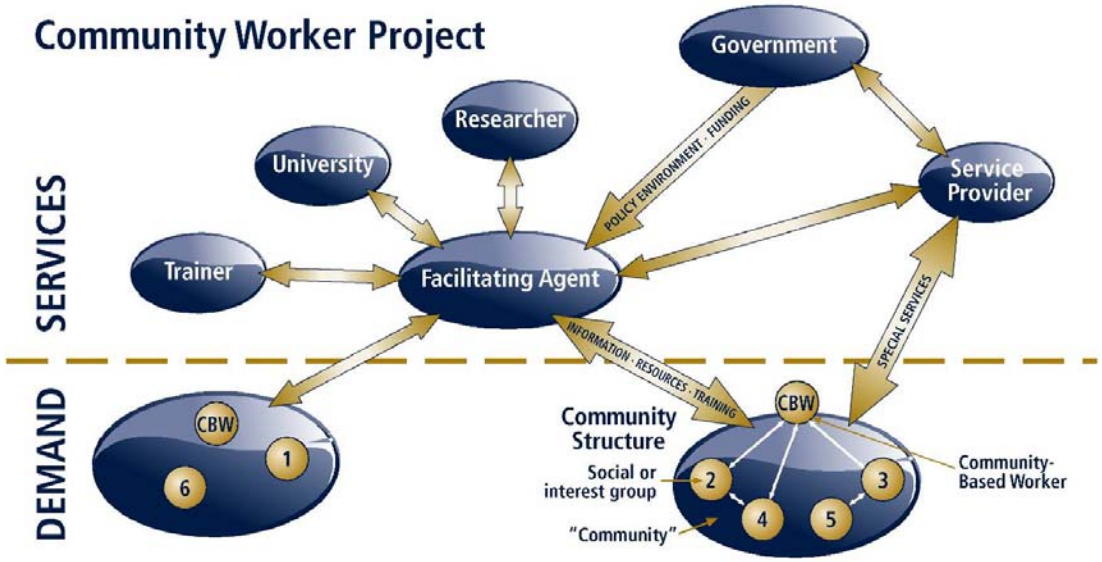
To meet this challenge, Khanya is managing a 4-country action research project involving Kenya, Lesotho, South Africa and Uganda to develop revised approaches to the use of community-based workers (CBWs) in service delivery in both the HIV/AIDS and Natural Resource (NR) sectors. The **Project Purpose** 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 conceptual framework of the project is build around the core principles underpinning the CBW model as shown in Figure 1.2 below. The model involves: 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, funding and potentially strengthening the capacity in-country to address poverty. These are all key stakeholders needed if the process for the CBW system is to work effectively. Each component is explained further as follows:

The 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 and people into groups;
- 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 the momentum of development activities.

Figure 1.2 The CBW Model



The facilitating agent (FA) can be from government or non-government sector 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, for example in health and social development.

1.3 Why an interest in CBW systems?

Khanya's work has evolved from research funded by DFID undertaken in 2000, involving Zambia, Zimbabwe and South Africa, on Institutional Support for Sustainable Rural Livelihoods (SSRL). From this Khanya developed 6 governance issues, which are critical to improve the linkages between micro, meso and macro to support livelihoods. The six governance issues are grouped under three themes as follows:

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.

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. The project is trying to clarify how best to provide services to all villages/communities in a cost-effective and sustainable way. Khanya's participatory work found that most communities depend on locally provided services e.g. crèches, traditional birth attendants, traditional healers, home-based care givers, local spar shops etc. In the past, many African governments have utilised CBWs within programmes – for example, HBC, CHWs and paralegals, but these have remained isolated examples and not been extended. The CBW project is considering how these can be made more effective and scaled-up to address poverty, and if so what are the necessary requirements?

1.4 Types of CBW Systems operating in Kenya

Kenya has a 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), while in the forestry sector they are numerous in the 'Shamba' systems - shifting agriculture where communities tend tree seedlings in government forests. Within the health sector CBWs are home-based care givers (HBC) and peer counsellors. There are also instances of CBWs providing security through vigilante groups, especially with the poor governance experienced in the last ten years. They are also engaged in infrastructure development, for example in road construction where the food-for-work model of development is being implemented through NGOs and FBOs.

The priority sectors in Kenya where CBW systems are operational can be categorised as follows:

Natural Resource sector;

- Community-based water and natural resource management;
- Community-based Animal Health Workers;
- Community Trade Associations / Workers.

HIV/AIDS sector;

- Community-based counsellors;
- Traditional health providers;
- Home-based care-givers;
- Community pharmacists;
- Peer educators;
- Traditional Birth Attendants (TBAs);
- Community Health Volunteers.

1.5 Objective of the report

This report reviews the current CBW systems in place in the NR and HIV/AIDS sectors in-country. The exercise involved a desktop literature review and a national multi-stakeholder workshop, which brought together practitioners and policy makers involved and interested in the CBW systems in-country.

This report is a synthesis of practices, experiences, challenges and lessons learned in implementing CBW systems in Kenya. The report assesses the current situation, outlines some opportunities and gaps concerning provision of CBWs and gives recommendations for future research. The various case studies presented highlight the provision of services using CBW models. The report provides information to policy makers, donors, central government, local governments, local communities and service providers on the importance of CBWs in transforming the lives of the poor.

The review is structured into three main parts:

Part B outlines past and current government policy frameworks concerning service delivery and its views and / or supports the involvement CBWs in service provision. **Part C** presents the seven case studies which look at the two broad areas in Natural Resources and HIV. **Part D** then analyses these case studies and through the learnings and gaps using the project research questions. **Part E** then summarises these issues and points to the implications of the analysis for the policy and legislative environments of African governments.

PART B Government policies, systems and structures in service delivery

2.1 The role of the state in service delivery

Current policy frameworks in Kenya are under review. For too long the country has been operating under colonial policies that do not address the present day development challenges of the Kenyan people. Some of the updated policies do mention the support for 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 issues have more to do with their role than with their suitability. With the current Constitutional review process however, which advocates for decentralization of services and increased devolution of power, CBW's role in development is feasible as there is an opportunity for them to play key roles in service delivery.

2.2 National strategy for service provision

2.2.1 Context

According to the Economic Recovery Strategy (ERS) for wealth and employment creation (2003-2007), the government commits to strengthening the community-based animal health approach to address development of Arid and Semi-Arid Areas (ASALs). To address HIV/AIDS, the government will strengthen community-based worker systems by setting up special health care programmes for people living with HIV/AIDS (PLWHA), train communities on HIV/AIDS, incorporate HIV/AIDS component in school and community training curricula and strengthen the health sector response to HIV/AIDS by forming AIDS Control Committees (ACCs) at constituency levels.

2.2.2 Animal Health Sector policies

In 1986, the Department of Veterinary Services (DVS) provided free or highly subsidised services. However, policy changes in 1986 brought more private sector participation in the delivery of veterinary services. The government was to undertake the public good services while the private sector was to undertake the delivery of the private good services.

The draft Animal Health Policy advocates for strengthened partnerships in service delivery. The partners are identified as both the private sector as well as the community. The policy intends to ensure improved community participation. This will include involving beneficiaries in identifying issues to be addressed by research. The government therefore intends to strengthen people's participation through training, improved extension services and empowerment through increased access to credit.

The Livestock Development Policy under review advocates for improved participation of the community in provision of livestock extension services. The strategy of revitalisation of agriculture goes on to recommend the use of Community Animal Health Workers (CAHWs) in the provision of extension services in ASALs. Despite these positive trends, livestock policy is largely formulated in isolation from national development strategies (Sones and Catley 2003).

2.2.3 HIV/AIDS Sector policy

The government Sessional Paper No. 4 of 1997 on HIV/AIDS provides guidance to all organisations and institutions involved in HIV/AIDS work in Kenya. The need for a policy

framework was foreseen as a pre-requisite to effective leadership in efforts to address the epidemic. The main objective of the Sessional Paper outlines the government's policy on HIV/AIDS and provides broad guidelines on how best to address emerging critical issues in Kenya over the next 15 years and beyond. In addition, the paper outlines the strategic interventions and appropriate organisational structures required for effective implementation of programme activities and identify the policy issues that need to be tackled to operationalise the strategic plan.

In this regard, the Ministry of Health through National AIDS/STD Control Programme (NASCOP) has drafted a number of policy guidelines that reflect the government's concern for and commitment to address HIV/AIDS (Republic of Kenya 2000). A number of publications are now available including:

- National home-based care policy guidelines: whose purpose is to ensure the integration of home-based care into Kenya's existing health care systems;
- National home-based care programme and services guidelines: which spells out the basic components of the home-care services, the programmatic standards and the requirements for service delivery;
- Home-care handbook: which is part of a set of materials developed by the Ministry of Health to guide the provision of home-based care services. The materials also include a policy guide and a programme and service guide, as well as a training curriculum for training community health workers and other service providers in home-based care skills.
- Training home-based care-givers to care for people living with HIV/AIDS at home – a curriculum for training community health workers;
- Home-based Care Orientation Module for health service personnel and programme managers;
- National Voluntary Counseling and Testing Guidelines; and Training Curriculum for Voluntary Counseling and Testing;
- National guidelines on prevention of mother to child transmission of HIV (PMTCT);
- National policy guidelines on the use of anti-retro virals;
- National condom policy and strategy 2001-2002;
- Blood safety policy guidelines.

The government is involving other players in service provision, limiting its functions to regulation and policy formulation.

2.2.3 Private sector

Privatised services became popular following the Structural Adjustment Policies (SAPs) of the late 1980s. This led to a mushrooming of private practices and pharmacies to cater for both human and animal health. Most services have been privatised, such as animal health clinical services, extension, Artificial Insemination (AI) in the livestock sector and clinical services in the health sector. Wider services rendered by the private sector include drug supply, clinical work (humans and livestock), extension work in agriculture, home-based care, as well as some services within the financial and banking sector Corporate service provision is also undertaken through livestock production and rearing units such as Kenchic companies (poultry production), among others to maximise on profits. However, appropriate policies to support privatisation process are yet to be put in place, therefore affecting implementation. Despite the move to privatise services, the poor have remained marginalised, as they are unable to raise enough resources required to pay for services.

2.2.4 Public- private sector partnerships

The government supports public-private sector partnerships. This strategy attracts more professionalism and ideas from the private sector to improve service provision efficiency in the public sector. This has worked well for e.g. with Nairobi City Council through the Nairobi

Business District Association (NBDA). Some food processing industries (e.g. Brookside and Spinknit dairy companies) and pharmaceutical companies have been jointly supporting extension and general awareness on animal health, new products, disease control etc. These activities are sometimes done jointly with the public sector as identified in the second column of table 2.2.

Table 2.2 Public and public-private sector partnerships in animal health

Public goods	Toll goods (public-private)[1]
Epidemic disease control Zoonotic disease control (quarantine services, movement control and disease surveillance) Some extension services Some research Production of frozen semen Control of food borne diseases Control of holding grounds Construction of dams and boreholes Import and export of livestock Slaughterhouse licensing and inspection Control of quality of laboratory services Vaccination for notifiable disease Training Market information Drug quality control Disaster management	Vaccine production Diagnostic services Veterinary clinics Communal dips Semen distribution Some research Construction of dams Some extension services Market information Technology development Project planning and management Environmental conservation Breeding stock

Source: GOK (2002) Draft Animal Health Policy

2.2.5 Community-based worker systems

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. The government is recognising the role of CBWs in service delivery to the extent of sometimes offering support to some sectors, especially with training.

2.3 The role of the state in service delivery

The public sector has traditionally been a major service provider in Kenya since the post independence days. The field is however opening up to other players as a result of inefficiency or lack of government services. Inadequate state capacity is a result of a poor financial resource base and inadequate budgetary allocations from the central government. This leads to fewer skilled personnel and poor working conditions that result in apathy and unwillingness to work in remote areas. Top down approaches lead to lack of ownership of interventions and therefore lack of effectiveness.

The role of government in service delivery is to provide state capacities and create an enabling environment for service delivery. These include the development and maintenance of infrastructure such as communication, roads, rail transport and air travel. The government also undertakes a regulatory function, ensuring that the services provided are of the required standards. This has been done through development of training guidelines and curricula as well as establishment of referral systems.

The government provides services through public institutions (parastatals) and the civil service. In Kenya, the civil service has been the main employer until the late eighties when the World Bank structural adjustment programmes were implemented. When the hiring of government workers was frozen in 1989, especially in the agricultural sector, service delivery. was compromised. Other market players such as the communities, and the private sector came into play, thus changing the government role to that of regulating services of the various service providers. However, the government still remains the major provider of technology and research capacity.

Other services provided by the government include information dissemination through the state media and extension services. The government provides market information and liaison with international markets.

ITDG-EA 2001 has outlined the role of the government the in the Veterinary Department, which involves:

- Formulation, implementation and monitoring of veterinary policies;
- Development and co-ordination of programmes in animal health sector;
- Information management for the animal health sector;
- Veterinary regulatory management and quality control of inputs for livestock production;
- Management and control of animal pests and diseases;
- Provision and facilitation of veterinary extension;
- Research agenda setting, research liaison of co-ordination in animal health;
- Management and conservation of the natural resource base for livestock;
- Monitoring and management of food security;
- Review veterinary policy and legal framework.

For all the above functions to take place, the government has a key role in the review and development of appropriate policies and legal frameworks to aid in service provision for all sectors. Moreover, the public sector reforms are supporting the concept of community participation and are envisaged to add value in service provision especially to the poor.

2.4 Evidence of effectiveness in current systems

Effectiveness of current public service delivery is compromised by the rising human populations and poverty levels. The levels of poverty and food insecurity have continued to rise in the country. Communities are constantly living with the threat of drought caused by lack of adequate rainfall in most of the country. Planning and allocation of resources are centralised, leading to poor community participation. Approaches that enhance community participation can contribute immensely in addressing the twin problem of poverty and food insecurity.

However, the CBW approach has been recognised through key policy papers at the national level such as the Economic Recovery Strategy Paper (2003) (ERS), 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.

The government views on CBWs show a supportive trend. For example in the livestock sector, the government is setting up a Community Animal Health Unit in the Director of Veterinary Services office. This is a direct 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 campaigns as well as during livestock treatments especially following emergency disease outbreaks. The government appreciates their role in mobilisation of the community, disease surveillance and reporting through their liaison role in community

development. At the District level, the District Veterinary Officer (DVO) is involved in the whole process of setting up CAHW systems. DVOs play a crucial role in monitoring, evaluation and support through referral systems. They have also been involved in the processes of quality assurance by setting standards through developing a curriculum of training CAHWs and manuals for training trainers of CAHWs together with other stakeholders. This is a result of the government showing concern over the quality of the services delivered. The Pastoralist Parliamentary Group is supportive of CAH system and has recommended strengthening of disease control initiatives in order to access international markets (CLIP 2003).

The Sessional Paper No. 4, 1997 and other policy guidelines as noted in 2.2 above, further stresses the government's concern on the need for CBWs in HIV/AIDS interventions. Of importance, is the fact that the Government recognizes the role of a range of stakeholders in the struggle against HIV/AIDS including PLWHA, local communities, donors, NGOs, CBOs, and FBOs. The government has moved fast to provide appropriate policy and legal framework that allows community involvement and enhanced partnership.

PART C Case Studies - Providing services using CBW systems

3.1 Overview

The case studies below were collected during a national stakeholder workshop. The experiences shared included those of participants from the HIV and the NR sectors. The selected case studies show different perspectives of CBWs from policy, grassroots and facilitating agencies.

3.2 Home-based care in HIV/AIDS

3.2.1 Context

The Ministry of Health (MoH) through NASCOP is committed to providing quality, affordable care to people infected with HIV, or suffering from AIDS related illnesses. NASCOP is the ACU of the Ministry of Health (MoH). It is the technical arm charged with policy development and implementation of HIV/AIDS activity. It is involved in promoting VCT, comprehensive care and treatment of HIV/AIDS including nutrition support and access to essential drugs, promotion of prevention through BCC and PMTCT and the HBC programme.

NASCOP's HBC programme aims to ease the burden on the health care system and promote wider access to care services for those living in resource-constrained settings. The need for home and community care for PLWHA has become critical. Studies show that the quality of life for PLWHA is largely determined by their access to the care and support they receive. For many of them hospital care is neither necessary nor affordable. NASCOP extends the continuum of care given from the hospital or health facility into the home of the patient. It benefits the HIV positive patient, the family, the community and the health care system.

HBC operates in the community and in the homes of PLWHA and is implemented through Community Health Workers (CHWs) who are trained to provide effective home nursing care for people living with HIV/AIDS (PLWHA). They assist with a range of HBC services for example referrals, counselling and ensuring compliance with ARV therapy CHWs promote prevention for those who take care of the infected at home and educate the care-givers on personal protection and universal precautions. They address cultural issues that fuel the spread of HIV/AIDS and are involved in mobilisation for uptake of PMTCT, especially for women delivering in hospitals. In cases where it is difficult to access hospitals, the CHWs advise and encourage women to obtain the ARV drugs earlier and then take them when in labour. CHWs also train home-based care-givers like relatives and friends to effectively care for PLWHA and raise awareness about good hygiene practice to prevent spread of infection arising from handling body fluids. CHWs also help PLWHAs avoid opportunistic infections and live longer.

3.2.2 Selection criteria/ procedures of CBWs

The MoH promotes CHWs at the household level. CHWs help expand services to those who need care most. CHWs are identified and trained and part of this training is on Behaviour Change and Communication (BCC). Since they live and work within communities they act as a reliable source of information between the health sector and the communities. The HIV/AIDS epidemic has also seen increasing numbers of PLWHA coming together as volunteers to support each other.

3.2.3 Financing CBWs

Kenya's health care system relies on the voluntary services of CHWs. Since independence, CHWs have provided care in communities, as part of the public health extension service. However, there is now an increasing demand for them to be paid or receive other appropriate incentives. Certainly there is a high turnover of CHWs who will relinquish their responsibilities if they get a paid job and are unable to sustain the CBW demands as well as their needs to provide for their families.

NGOs have different approaches to supporting CHWs. Some employ them and provide a salary or honorarium, some CHWs are able to generate fees through the services they provide like drugs and medicines.

3.2.4 Training, support, supervision and accountability

NASCOP promotes the use of a harmonised curriculum for training HBC providers. It provides general guidelines but without any timeframe. This is not adequate and there is also a need to train volunteers in monitoring drug compliance, adverse effects and drug counselling for the patients. Although the curriculum has been standardized, it is not used nationally because of the failure of the government to enforce its use. Other than NASCOP, training is provided by FBOs, NGOs, CBOs.

3.2.5 Impacts and sustainability

Use of CHWs facilitates access to care for PLWHA. CHWs do not demean or abolish the doctor's role and there is no evidence to show that using CHWs compromise professional standards. The CHWs do not replace professionals but provide support in a sector where human resources are heavily over stretched. Home and community-care givers are part of strategy for bridging the gap in health care delivery and promoting patient care continuum in the community. CHWs provide a link between the health professionals and the primary care-givers in the home to improve the quality of life of both PLWHA and care-givers.

NASCOP is lobbying for revitalisation of the CHWs since they play an important role in the provision of care services. This is a new initiative which has just started. However the current CHW systems is unsustainable because of the magnitude in numbers of infected people and the overstretched clinical workers who can not meet the demand.

3.3 Community-Based Animal Health Workers[2]

3.3.1 Context

Inefficient operational capacity of the Department of Veterinary Services (DVS) coupled with a failure of pastoral areas to attract private practitioners, prompted the DVS to support NGOs that were training and equipping Community-Based Animal Health Worker (CAHWs) to offer basic animal health care in the pastoral districts. A CAHW is a herder in a pastoral area, who lives and moves with his community and has received short training courses to enable diagnosis and treatment of common diseases that affect the community's animals. The CAHWs provide a useful link between communities and veterinary authorities, and play a major role in disease reporting, surveillance and community mobilisation.

2 Case study prepared by Dr. D. Ikiror for the Director of Veterinary Services – Kabete, Nairobi.

3.3.2 Financing of CBWs

However, the poor cash economy in pastoral areas has been a major hindrance to service delivery by the CAHWs. Many pastoralists pay for services in-kind. Sometimes this is a risk for the CAHW as animals often fetch low prices, are stolen or die due to droughts or sickness. This reduces the CAHWs ability to replenish drugs. Bringing livestock markets closer to pastoralists could help alleviate this problem. CAHWs should be paid by the service recipients in order to ensure sustainability of the community-based animal healthcare system.

3.3.3 Involvement of other stakeholders

Government involvement has been in areas such as training, monitoring and supervision of the CAHWs and in the development of a standard training curriculum for CAHWs. Beneficiary involvement has mainly been through participation in the selection of trainees as CAHWs and later utilising and paying for their services. The private sector has been involved in drug supply system as well as providing support services such as refresher training.

3.3.4 Roles and linkages

CAHWs should be linked to and be supported by both public and private veterinarians. However, since the private sector is not an established player in most pastoralist areas, District Veterinary Officers are responsible for the overall support of the CAHWs. This includes monitoring and regulation.

Agro-vet shops/drug stores need qualified staff to provide the correct information to the CAHWs. Currently the DVS recognise the minimum qualification of anybody manning an agro-vet shop to be a certificate holder in animal health from Animal Health Industry and Training Institute (AHITI).

The role of the government is regulatory and advisory but the veterinary inspectorate is not legally empowered to carry out the inspectorate services. An effective veterinary inspectorate would help ensure availability of quality veterinary products and services for the producers and help safeguard public health.

Whenever possible, CAHWs should be linked to transport systems for ease of delivery of drugs to the ASAL remote areas.

3.3.5 Training, support, supervision and accountability

The DVS views CAHWs as a temporary measure to fill a service gap in pastoral areas. It recognizes AHITI certificate holders as the lowest cadre of personnel that are qualified to offer quality animal health services anywhere in Kenya, including the pastoral areas. Although the DVS can only recognize CAHWs who have undergone training as per the stipulated curriculum and who work under the regulation of District Veterinary Officers, the current review of the legal framework has no intention of bringing CAHWs on mainstream service provision.

NGOs and other organisations wishing to support community-based animal health delivery systems should support the training of form-four leavers from the beneficiary communities at certificate level to attend the AHITI training. However, training of certificate level CAHWs is a long-term strategy requiring financial and other logistical support and commitment of government. The DVS has identified Griftu Pastoral Training Centre in Wajir as a suitable venue for training animal health technicians specifically for pastoral areas. Implementation of the training project though is hampered by lack of finances and support is requested from NGOs and donors.

Financial mismanagement has been identified as a major drawback to the sustainability of service delivery by CAHWs. NGOs and donors should also support the training of CAHWs in business and financial management skills. In addition, emergency disease preparedness should be strengthened to ensure rapid and effective responses when diseases break out during times of drought. Support is needed for the retraining of CAHWs in selected areas including upgrading some to become health technicians. Care must be taken to ensure that high standards in service provision are not compromised.

Training and use of CAHWs should not be undertaken in non-deserving areas. For instance, there is no justification for the use of CAHWs in relatively well-developed ASAL districts such as Kajiado which is well served by private veterinarians and animal health technicians. What is needed is to provide incentives that will attract more private practitioners to such areas.

3.3.6 Impacts and sustainability

Delivery of services by CAHWs has had mixed results. Use of CAHWs in service delivery has generated intense debate among stakeholders, which is ongoing. The veterinary professionals view the CAHWs as contributing to the problem of drug abuse and drug residues in livestock products while NGOs believe that they are playing an important role in filling a service delivery gap.

CAHWs do play an important role in remote areas where there are no private practitioners and where the DVS staff are unable to reach easily due to logistical difficulties. In such areas CAHWs may be the only ones who can provide basic animal health care. CAHWs are also reported as providing a vital link between the DVS and the communities in disease surveillance and reporting. CAHWs also help publicise and carry out vaccination campaigns.

A major argument against CAHWs has been that there cannot be two standards for service delivery in the same country with high and medium potential areas being served by professionals and the ASALs by CAHWs – often regarded as non-professionals. It is feared that the use of CAHWs could lead to misuse or unnecessary use of drugs and pose the danger of development of drug resistance in animals. This has implications for both public health and international trade in livestock commodities.

Many CAHWs have been unable to sustain themselves in their work due to depletion of the subsidised drugs and equipment given by NGOs and donors; lack of monitoring, retraining and supervision. This casts doubts as to the sustainability of service delivery by CAHWs since it is heavily dependent on NGO and donor support. Facilitating and supporting livestock marketing initiatives in order to enhance the cash economy in the pastoral areas is one way to counter donor dependency.

3.4 Community-based Livestock Traders[3]

3.4.1 Context

Kenya Livestock Marketing Council (KLMC) was established in 2000 as a private sector, non-profit making service organisation dedicated to the protection and development of the interest of the livestock producing communities and contributing to the economic development of Kenya. KLMC derives its strength and membership from local communities where producers, traders, user groups and other interested stakeholders are encouraged to register as associations in the districts. The operation covers 16 ASAL districts. Registered members form a District Livestock Marketing Council (DLMC) and elect two delegates to represent them at the National Kenya Livestock

3 Case study prepared by Qalicha Wario-Kenya Livestock Marketing Council (KLMC – +254 (0) 317 181)

Marketing Council. Local authorities in ASALs get most of their revenues from livestock related activities and it is in their interest to reinvest in the sub-sector.

Livestock Marketing Associations (LMAs) are mainly composed of milk processors, butchers, livestock traders and transporters of livestock and livestock products. Their main objective is to enhance livestock marketing and improve the livelihood of the pastoralists. Currently the government, NGOs and other development partners are supporting these associations.

Since the collapse of the Kenya Meat Commission and livestock marketing division of the Ministry of Agriculture, livestock farmers have been left on their own to market their produce on an ad hoc basis. Although there was an attempt by various stakeholders including the government and international NGOs to address the matter, there was no national strategy to implement effective marketing.

Livestock producers and traders formed several self-help groups, but their impact was minimal due to their lack of organisational capacity. Fortunately World Bank funding to the GoK under the Arid Land Resource Management Project (ALRMP) had a livestock-marketing component which encouraged the association members to be focused and business oriented. Capacity building of associations was then done by KLMC in areas such as book-keeping, group management and need for cohesive marketing. This has greatly contributed to the success of the associations, with some of them even starting income generating activities like private schools

3.4.2 Financing of CBWs

CBWs should be paid allowances at the beginning, but work as volunteers. The system should be community driven in terms of contributions and running costs, but necessary inputs must be provided to ensure the system works towards the intended goal.

3.4.3 Relationship of community structures to CBWs

Good working relationships between different stakeholders including local authorities and relevant government departments will enhance and ensure the success of community-based worker systems. When CBWs are identified with development agencies or NGOs, government officials can feel threatened. These elements of mistrust, fear and suspicion must be overcome by involving all the stakeholders in key activities like planning and evaluation.

Currently the marketing associations like the one in Moyale collaborate well with other partners in the field. These are most effective where they have originated from and are owned by communities. The government also provides a favourable environment for association members to air their views. The marketing associations also collaborate with various community structures like water-user associations and drug-user associations because these products in particular (water, drugs) are significant contributors to the production and marketing of quality livestock.

3.4.4 Training, support, supervision and accountability

CBWs need ongoing training to ensure their knowledge and skills are up to date. There is a need for community sensitisation on livestock products marketing including requirements in terms of quality and regulations. Training should also be given on organisational, financial, infrastructure management and monitoring and evaluation procedures. The community should be given the mandate to check the success of the CBWs. But experience has shown that the community is not effective in terms of monitoring and management due to nepotism and political influence. This can negatively affect community participation. There is need to have an independent group or secretariat who can carry out close monitoring in conjunction with government.

3.4.5 Impacts and sustainability

CBWs play a significant role in dissemination of marketing information, sensitising and mobilising the communities, especially at the district level. The associations work under their DLMC which will advocate and articulate various challenges as they arise. This in turn has facilitated better working environment for government employees in the veterinary and livestock production field. .

The CBWs have contributed to and created the following impacts;

- Reduced monopoly of unscrupulous buyers by facilitating livestock marketing;
- Enhanced cohesiveness among the communities;
- Assisted in resource mobilisation and information sharing;
- Increased bargaining power of traders/association members;
- Enlightened community/members;
- Increased purchasing power of producers;
- Improved standards in animal health service delivery (disease control and surveillance)

CBWs play complimentary and not conflicting roles with the professionals and do not compromise professional standards. In fact they assist the facilitation and implementation of these standards if the right approach and involvement of all parties is done from the outset. The services of CBWs are relatively cheaper and accessible compared to mainstream public service delivery mechanisms.

However the existence of CBWs is mostly short lived, as they are donor driven. There is therefore a need to change the approach and make sure the whole processes is community driven, hence sustainable. Above all to ensure the continuity of the CBWs it is necessary to build the capacity of local organisations that deal in specific areas. This is to ensure that support will continue after the exit of the donor.

3.5 Community-based Extension Services[4]

3.5.1 Context

Heifer Project International/Kenya (HPI/K) is a US based organisation whose mission is to reduce hunger and poverty through sustainable livestock and livestock-related services in the high potential, arid and semi-arid areas of Kenya. A five-year (1999-2004) USAID funded project in four districts of the Coast Province - Malindi, Kilifi, Kwale and Taita Taveta - is seeking to economically empower the community members through partnerships and capacity building. The project uses the HPI/K traditional approach whereby 50% of the members or farmer groups receive live animals and pass on the female offspring to the remaining members through a process popularly known as *passing on the gift.* The project is implemented in partnership with the Kenya Ministry of Livestock and Fisheries Development, which plays a key role in mobilising farmer groups. To date 89 self- help groups comprising 2,670 members have been assisted.

3.5.2 Focus of CBW system

To effectively provide services to the farmers HPI/K utilises CBWs popularly referred to as micro-small entrepreneurs (MSEs). The farmer groups receiving assistance from HPI/K recommend the CBWs for training who then become the resource for the community. The CBWs are appraised by HPI/K who in turn facilitate their training on both technical and business skills.

4 Case study prepared by Regina Mburu- Heifer Project International, Kenya Coast Project

3.5.3 Financing of CBWs

CBWs apply for credit, which is given by HPI/K in the form of spraying and artificial insemination (AI) equipment (ranging from Kshs.7,000 for spraying equipment to Kshs.100,000 for AI equipment). These small businesses which benefit from credit, are more sustainable than ones that receive a grant because a loan entails a commitment and ownership from the borrower unlike a grant which is just considered a public good

Farmers utilise the services of CBWs and in turn pay a fee for the services. Generally, the CBWs receive their fees after farmers sell their milk. The CBWs have however had problems in collecting their fees on time from farmers. This has been mainly caused by challenges such as milk marketing problems and farmers' prioritising other issues like health and school fees.

3.5.4 Involvement of other stakeholders

The private sector plays a key role in the delivery of services using CBWs. Private consultants are used to train the CBWs on both technical and business skills. Private companies selling animal drugs hold field days and sensitise both CBWs and farmers. AI organisations sell semen to the CBWs who in turn use it to inseminate livestock. The government helps in providing an enabling environment by developing infrastructure and community mobilisation.

3.5.5 Training, support, supervision and accountability

Continuous training for the MSEs is key to their viability and the development of their businesses. The CBWs should be trained on both technical and business management skills. Farmers too need to understand the need to pay for the services they receive. The CBWs initially receive training support from development partners, the private sector and the government. Micro-finance institutions can intervene by providing business loans.

All interested parties should help build the capacity of the CBWs so that they may be able to view their activities as a business rather than a social enterprise. In so doing they manage their businesses independently ensuring sustainability. CBWs are accountable to the funding organisations, the community as well as the government.

3.5.6 Roles and Linkages

As they work within their local communities, peer pressure plays an important role in monitoring CBW activities. Occasionally they view the facilitating and implementing agencies as the owners of the project and thus have problems in repaying their loans. CBWs are linked to the community, government and input suppliers. This linking enhances their sustainability.

3.5.7 Impacts & Sustainability

There are clear benefits for the MSEs. Their level of income increases and standard of living improves with the income generated through employment. Some can gain economic independence through operating other small businesses.. MSEs have formed district associations where members meet regularly to share experiences and pool funds to start projects. However MSEs are more likely to succeed in business ventures when they are working individually rather than collectively. They are more committed as individuals than when operating in groups and the ownership of the venture lies with the individual than with the group. MSEs need to diversify their businesses as this will lead to steady and regular income rather than reliance on one source of income.. Therefore entrepreneurial skills are important if they are to succeed in developing effective income-generating activities.

The CBWs are effective in serving the farmers because they come from the same areas and are therefore better able to understand their language, cultural practices and economic situations. Indeed, access to AI and spraying services has improved animal breeding and health management practices amongst farmers. Communication has also improved between farmers and HPI/K because of their access to support services. However in some cases the growth and sustainability of the CBW's businesses has been hampered by some farmers viewing their work as a predominantly social rather than business enterprise.

To ensure that professional standards are maintained, HPI/K works with CBWs who have acquired basic technical training or facilitates relevant training before they start operating. HPI/K technical staff also monitor the activities of CBWs. However, the CBWs face problems with the farmers who receive services and then delay payments and the system depends on revenue generated to replenish the equipment. Some farmers experience problems marketing their products and so may not always be able to meet the expenses.

3.6 Animal Health Private Practice, in West Pokot District[5]

3.6.1 Context

PAVES is a Private Pastoral Veterinary Practice (PPVP) using a chain of community-based Animal Health Technicians (AHTs) and Community Animal Health Workers (CAHWs) to provide quality products and services to livestock owners in the ASAL area of West Pokot District. The private veterinarian is based at Kapenguria, the district headquarters, where the main drug store is located. Most of the district is ASAL with the exception of the southern part, which is medium to high potential. The main means of livelihood of the community is derived from livestock, the majority of which are reared through nomadic pastoralism.

PAVES was established in September 2001 as an exit strategy by NGOs who were involved in Community Animal Health Service in the district. The main facilitators were AU/IBAR, CAPE Unit and SNV, Kenya.

The micro-entrepreneurs at each level are self-motivated individuals who are motivated by the desire to provide quality products and services to their community at modest profits. Most of the CAHWs follow the livestock during the seasonal migrations. Despite the low cash economy, the pastoralists do pay for the products and for services rendered. The community elders supervise the CAHWs in terms of the quality of services they offer.

3.6.2 Financing of CBWs

From the outset no financial institution was willing to fund the business proposal, which was considered high risk especially being based in an ASAL area. The private vet established the business using his own equity as start-up capital. Some pharmaceutical companies started advancing goods on credit to the business based on the business performance. Later on the CAPE Unit of AU-IBAR advanced a soft loan to the business. Most of this loan was used to pay debts owed to companies for goods advanced.

Some of the AHTs were advanced soft loans by NGOs and others used their own equity. Some AHTs and CAHWs are given credits by PAVES. The business has done relatively well to the extent that financial institutions are inviting PAVES to borrow funds from them.

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In order to improve profits and sustainability the AHTs and CAHWs have diversified into other products and services including agrochemical products, vaccinations and stocking other goods required by pastoralists like shukas (cloth wraps) and sandals.

3.6.3 Relationship of community structures with CAHWs

The CAHWs are selected by the community elders who supervise them. This is used to encourage community ownership of the project. The tree of men (a meeting of elders forum) is used to pass extension messages to the community. Due to socio-cultural factors, most CAHWs are young men. It is important to encourage the community to select more women so that they can be treating animals which are left behind during migrations.

3.6.4 Involvement of other stakeholders

Various stakeholders have been involved in the project. Pharmaceutical companies have funded extension and promotional campaigns and offered free samples to livestock keepers. NGOs have sometimes assisted in community mobilisation for community dialogue meetings and assisted with transport during field supervision. NGOs have also contracted PAVES for training and provided business support to AHTs.

The Veterinary Department has played a key role in regulating the work of CAHWs and providing professional supervision. The department has contributed to training of CAHWs and receives monthly progress reports through the private vet. The department also offers contracts for supply of products – for example, during vaccination campaigns. At a provincial level, chiefs are involved in promotional campaigns and communicating extension messages during their public meetings (barazas). Chiefs are also involved in community mobilisation during farmers' field days. The Kenya Agricultural Research Institute also collaborates in extension services e.g. farmers' field schools. The use of local radio stations to pass promotional and extension messages has been very effective.

Strong linkages with the various stakeholders are vital for successfully implementing a privatised system. Linkages between the service providers are essential for the viability of the business and for effective supervision. Maintaining the links helps monitor pricing of products and prevent loss of loyalty to AHTs and CAHWs by the community.

3.6.5 Training, support, supervision and accountability

The CAHWs require start-up capital in the form of soft loans or grants from lending institutions and NGOs. However this needs to be accompanied by training in business management and participatory methods. CAHWs also benefit from periodic refresher courses and management meetings which can be facilitated by the Veterinary Department in collaboration with NGOs.

All the CAHWs are accountable to the community and the VD for the provision of quality services and products. The community can report to the VD on performance of the CAHWs. The private vet is also accountable to the VD for the quality of service they provide. Where there is a privatised CBAH system NGOs operating in the area should harmonise their activities to support the system.

3.6.6 Impacts and sustainability

PAVES has seen significant impact in service delivery using CAHWs. For example, "quacks" selling drugs to livestock keepers have been pushed out of business and a professionally supervised system put in place instead. Livestock owners prefer service offered by the CAHWs to that of quacks who are selling drugs in the open-air markets because CAHWs are from their own

community and are known and trusted by the community. Moreover, fake drugs that were common in the community have been eradicated in many areas. Pastoralists report that there is increased herd size and productivity which they attribute to reduced disease incidence because of CAHWs availability. The CBWs are involved in disease surveillance and report disease outbreaks and "strange" diseases, thus keeping the veterinary department more informed than before leading to better response when there is a disease outbreak. CAHWs participate in vaccination campaigns and reach areas where government staff have never reached. In addition, the incorporation of AHTs and CAHWs enable the practice to cover large areas in the ASAL.

Though there are concerns about quality of services offered by CAHWs there is a professionally supervised system in place, which is currently the only viable animal health delivery system appropriate for a nomadic pastoral community. Until the public sector has restructured and has resources, doubtful in current economic climate in Kenya, CAHWs are the only source of service provision in ASAL areas.

Factors contributing to sustainability include payment for services and goods, institutional support, good planning, motivation of service providers due to profits, personal commitment, diversification of business activities and entrepreneurial attitudes. The project also benefits from having a defined chain of accountability, monitoring and supervision; a professionally supervised community-based service delivery system, ensures high standards in service provision which the community in turn are willing to support.

3.6.7 Summary of learnings to date

The privatised CBAH delivery system can be viable and sustainable but it requires highly self-motivated CAHWs. It also requires careful diversification by the micro-entrepreneurs with financial institutions and NGOs encouraged to support privatisation of animal health services in ASALs. Start-up capital is a challenge to these ventures as only a few credit institutions are ready to support the work because of the perceived business risks in the ASALs.

The government policy and legal framework should be revised to recognize the privatised CBAH delivery system in the ASALs and its value added benefits. In addition women CAHWs who are emerging need to be trained and incorporated into the system.

3.7 Community-Based Distribution of Contraceptives[6]

3.7.1 Context

Community-based Contraceptive Distribution (CBD) is a strategy for complementing the traditional clinic based system to meet the family planning needs of the country. The CBD project in Kenya was started in 1981 on a pilot basis and in 1985 the Ministry of Health (MoH) provided a policy guideline to facilitate its implementation. The CBD agents take Family Planning (FP) services to people rather than people visiting the clinics.

The CBD involves the agents moving from door to door giving the services to those who need them. These services include provision of information, education and counselling; referring clients to the health facilities on issues that need clinical attention and distributing pills, condoms and foam tablets.

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3.7.2 Selection criteria/ procedures of CBWs

The community participate in the selection of the agent according to criteria that includes being literate, respectable, accessible, willing to work as a volunteer and able to interact with others. It is also expected that CBWs are active community members and supporters of FP. CBD agents work both full and part-time, fitting their work into their other daily assignments.

3.7.3 Financing of CBWs

The CBD project was part of the National Family Planning Programme aimed at increasing contraceptive use in the country. Funding for the project was from different development partners including the government, USAID, GTZ and World Bank. The funding was for the materials they supplied and boxes, uniforms, bags, motorbikes, gumboots, umbrellas, and field notebooks.

The CBD agents are volunteers and whatever they do can only be paid in-kind. Some of the incentives they get include training, study tours, invitations to public functions, and being recruited for or consulted on new projects within the community. CBD agents derive a lot of pleasure and job satisfaction from the work they do.

3.7.4 Training, support, supervision and accountability

In the 1990s the government recruited and trained many CBD agents both in the public and private sectors, in urban and rural areas as part of a policy to promote FP. There was a training manual developed by MoH, NCPD and other stakeholders for this purpose. The CBD agents who were later recruited were also trained in the application of the manual content.

The NGO manager supervises the CBD agents but supervision arrangements differ from agency to agency. The different agents also have their own ways of monitoring their activities like regular field visits.

3.7.5 Impact and sustainability

Current statistics indicate that 20% of the population receive their FP services from CBD agents. There is also evidence that there is a high usage of FP services in areas where CBD agents operate. However the number of CBDs has reduced from 20,000 to about 10,000 because of limited funding, duplication and competition between NGOs and lack of training for the CBDs to cope with the emerging issues like HIV/AIDS. Sustaining CBDs is another cause for concern.

3.8 Physically Challenged Persons in the HIV/AIDS Sector[7]

3.8.1 Context

The Kenya National Deaf HIV/AIDS Education Programme (KNDAEP) is a national NGO by and for the deaf, which aims to ensure equality of life opportunities for the deaf through health and education programmes. The organisation has a head office in Nairobi. Four co-ordinating offices around the country manage the activities of Deaf Community-Based Organisations (CBOs) in their regions.

KNDAEP is running the first HIV/AIDS awareness project in sign language and deaf sensitive VCT sites now operate in Nairobi, Mombasa and Kisumu. Working with the Kenya Institute of

7 Case study prepared by Aggrey Akaranga- Kenya National Deaf HIV/AIDS Education Programme (KNDAEP), cell: +254 (0) 721 544 434, Email: aakaranga@yahoo.com

Education (KIE), Ministry of Education Science and Technology (MoEST), KNDAEP is developing the first sign language booklet on HIV/AIDS for the deaf primary and secondary age children and for CBOs. .

KNDAEP depends on CBWs to work with deaf communities at the grassroots. Many deaf CBOs are not as advanced as those of the hearing population. This makes them dependent on CBWs who, whether deaf or hearing, are specially trained not only in service areas but also as links to government institutions and services. They are trained as peer educators, councillors, interpreters, and community mobilisers to provide services related to deaf people infected or affected by HIV/AIDS. CBWs who are hearing and know Kenya Sign Language (KSL) link the deaf to social services, nurses and community health workers.

3.8.2 Financing of CBWs

Our experience has shown that CBWs need some form of incentive. Payment is important to ensure quality services and get feedback to ascertain the impact of activities. Many volunteers are motivated to pursue studies, only staying for short periods and leaving before they learn the deaf culture. Some form of allowance can help CBWs maintain quality and commitment. Our experience has also shown that negotiating allowances relative to activities, experience and profession tends to produce better results.

User fees do not work well within the deaf community. Charging user fees to sustain one of our VCT sites caused a significant reduction in clientele. This was compounded by the high transport costs to sites, making mobile VCT a better option. Incentives such as T-shirts and covering transport costs are a great incentive for the deaf community themselves to come to VCT or awareness seminars.

Integration with the hearing community can be one method of financing using user fees. Charging the hearing to utilise deaf facilities e.g. using VCT services can become an additional source of income to pay an interpreter or counsellor. Yet because of stigmatisation the hearing may not come in such large numbers. Integration for education is however failing completely due to lack of special education training and the stigma related with hearing disability.

Full funding of many HIV/AIDS related-services is integral to access to the deaf community. User fees in health facilities are the second main obstacles after communication barriers. Due to lack of reproductive health education, propensity to get medical services is lower within the community.

3.8.3 Relationships of community structures to CBWs

CBWs have a significant role in building gaps with community structures because of lack of knowledge in sign language amongst community members and the high levels of stigma associated both with disability and HIV/AIDS. Community public health education in many areas does not integrate the deaf. The closed nature of the deaf community further compounds difficulties in integration. It is necessary to integrate deaf sensitive practice within community nursing and public health education materials. Integrating deaf sensitive CBWs will improve access for the deaf to the diversity of services and bring the deaf to local community institutions. Palliative care of hospice services are examples of CBWs based services that need community linkages. HBC programmes for the deaf living with HIV/AIDS face a lot of challenges from the community structures.

3.8.4 Training, support, supervision and accountability

Training, support and supervision within an accountable environment are all crucial to the development of both hearing and deaf CBWs. Synergy with education and health institutions requires that deaf people have access to more professional training in sign language and more hearing professionals get to know the sign language. Interpreters too need training in confidentiality when working with deaf people who are affected by HIV/AIDS.

Quality assurance is ensured through supervision. Implementation Partnerships (IPs) between the deaf organisations and other specialized institutions allows for quality training and supervision. These IPs enable professionals to provide services to the deaf community and also learn sign language. From these partnerships quality CBWs services develop.

Various partner institutions provide support and supervision of the deaf sensitive services provided to the local deaf community. Standard sign language, IEC materials, participatory supervision meetings, goal setting within learning environment and deaf empowerment, play an important role in enabling ownership and success of the CBWs.

3.8.5 Impact and Sustainability

CBWs play a major role in disseminating information to deaf communities at the grassroots. Deaf based CBOs largely depend on services of trained CBWs who also link the deaf to social services. Training deaf counsellors, peer educators and community mobilisers has enabled hundreds of deaf to access VCT services and AIDS information and also wider health facilities. In some cases this also encourages and enables deaf community members to link with other relevant service providers like the police or judiciary. CBWs therefore link deaf community members with services beyond those specific to HIV/AIDS.

Well-trained CBWs working with remuneration are more reliable yet in most cases overwhelmed by the work due to demand, geographical areas of coverage and diversity of duties. Linking CBWs with existing institutions can be very sustainable. For example, nurses or teachers trained in KSL have shown to be better than interpreters. Employing trained deaf persons within the health and education sectors is the most sustainable option which demands a thorough re-thinking of deaf education and a concerted approach to challenge the prejudice and stigma surrounding deafness. This includes introducing legislation that makes it illegal to discriminate against disability and enables deaf people to have equal access to opportunities. Such an integrated approach will be key to sustaining CBWs involvement and ensuring deaf persons can access quality services. More work is needed to find out the status of deaf persons in ASALs and how to effectively expand the CBWs systems to such areas.

PART D Learning and Gaps

4.1 Overview

In Kenya, the CBW model is most applicable and provides optimum benefits in the Livestock Sector in the following areas: animal health, clinical services, prevention, AI, extension, marketing and disease surveillance; in Human health CBWs operate in: HIV/AIDS, reproductive health & family planning, pharmacy, nutrition and health education; in Agriculture CBW are involved in: Extension (Farmer Field Schools (FFS) and in marketing; and in Water there are examples of CBWs involved in: forestry management and conservation.

The case studies show that addressing HIV/AIDS and livestock production requires a multi-sectoral approach. For instance, tackling HIV/AIDS involves improving health activities such as food production, income generation activities, literacy, water and sanitation as well as providing basic health services. CBWs need to be flexible enough to work in a multi-sectoral environment, which includes health, education, water and sanitation. Involvement in social services and other relevant sectors was found to be very effective as they not only facilitate a shared understanding, and a common approach to development but also maximise utilization of resources. The resources refer to those that have direct inputs to their very fundamental needs such as water, food and sanitation.

Volunteers in the HBC programmes are well placed to facilitate links with other community activities, to ensure access of HBC teams. They are a major source of referral of new patients to the home-care team and hospitals. Often volunteers work as peer educators, effective in a variety of settings in terms of fostering behavioural changes and also generating demand for HIV/AIDS related services such as VCT and management of STIs.

Due to the integrated nature of community projects, community workers engage in multi-sectoral activities as a response to specific community problems. HIV/AIDS and livestock production are often mainstreamed in these programmes. Where HIV/AIDS programmes have been mainstreamed, the CAHWs engage in HIV/AIDS prevention, care and support activities. In HIV/AIDS programmes, livestock issues are mainstreamed as IGAs. It is apparent therefore that CBWs need appropriate skills to address these issues.

Some organisations train CBWs to address multi-disciplinary issues like animal health and human health. This has been tried out by FARMAfrica in Samburu and also in Wajir (*Daryelles*). FARMAfrica tried this approach in Samburu and Marsabit through the Pastoral Development Programme. The CAHWs were trained as community health workers and also traditional birth attendants. They were equipped with drug kits at 25% cost-sharing basis. They were linked to the medical officer in charge of health in their districts and also a private drug supply system. The aim of training CHWs in animal health was because human health did not pay enough, partly because the community was used to free drugs and also the fact that human drugs are cheaper and thus have fewer profit margins. The only way therefore to maintain human health was through adopting an integrated approach. According to Abdikadir (2000), Combining CAHW and CHW training leads to a more cost-effective mode of service delivery although it may also create very demanding workloads on the providers.

At sectoral levels within the livestock sector, trained CBWs can be involved in multiple activities such as clinical work, marketing, conflict resolution and meat inspection among other duties. In the HIV/AIDS sector, a TBA who specialises in child delivery may also be involved in HIV/AIDS prevention and support activities of PLWHAs. Some training curricula has been developed to reflect these diverse roles of CBWs. They are developed by FAs to implement their own programmes.

The integrated approach to training widens the knowledge of CBWs, giving a holistic approach to addressing problems facing the community. This generalised approach is attractive to the implementing agencies, as well as the government, in order to reduce the costs of providing services to the poor and marginalised communities. This approach however calls for constant refresher courses for CBWs to update their understanding of the issues and ensure effectiveness.

4.2 Selection criteria/ procedures for CBWs

Sustainability of CBW systems depends on proper selection criteria and procedures which help to create a sense of ownership in the communities. Several criteria have been used in different sectors, geographical regions and organisations. They relate to the prescribed roles of the community workers, the socio-cultural setting of the communities and the anticipated community support and reward system. Based on the quality control requirements, the government or FA consortia can standardise the criteria using curricula or training manuals. Factors often considered in the selection criteria of CBWs include age; gender; trust and reputation within the community; their keenness to be selected and willingness to learn; degree of self-motivation; management and communication skills; educational achievement and previous experience of volunteerism and community service.

The FA can guide the selection process but the community should take overall control of the whole selection process, avoiding. the exclusive involvement of opinion leaders, elders or authorities (Cinamond 2003). At the outset it is helpful to agree on the selection criteria and procedures as well as training options that will be available for CBWs. It is also important to discuss support, management and supervision arrangements and how CBWs will be rewarded or remunerated.

FAs should create awareness and extensive community dialogue to foster acceptability. This requires in-depth understanding of the concept of community-based planning and a clear understanding of their role in the programme. The communities should be consulted on whether or not they need CBWs and if they do, the community should prescribe the roles they perceive for the CBWs. This requires time, commitment and patience on the part of the FA.

4.3 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 according to Djone, 2001 in The IDL Group (2003). The CBW systems highlighted 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 or organise community fundraising events (harambees) 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. 2,000. Livestock keepers pay for clinical services but are unwilling to pay for long-term disease control programmes such as tsetse fly trapping. The result is that the CHWs activities tend to become focused on their curative functions (short-term). However, where the community is not involved in selecting CBWs or contributing to decisions on how or how much they are paid, they

may be unwilling to support the CBWs. Also in cases where communities have been expected to pay for public goods, the programmes have tended to be less sustainable.

Retainers or stipends may be given to the CBW by the supporting organisations. Support may also come through the government, private sector or other development partners. But no specific examples can be pointed out where implementation has been consistent. Some CBOs are using subscription fees as a means of generating income In many communities, 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 within 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. 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[8]. In some cases NGOs have assisted with seed money for starting community managed drug stores so that CAHWs are able to access drugs 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 and participate in the actual vaccination. 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. The CAHW then makes arrangements to sell the livestock and convert it into cash.

Many organisations working in the HIV/AIDS sector remain 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 feel that someone ought to reward them for their work The 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. This is 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 one.

8 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.

The government contribution is both financial and in-kind. They provide technical input through supporting training, monitoring, supervision, co-ordination and research. They also provide drugs and referral facilities. However, the government does not have adequate capacity to provide these services efficiently and consistently.
Different FAs support CAHWs 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, the start-up financing of CBWs is done by sponsoring organisations or by linking CBWs to credit facilities. Most organisations supporting CAH programmes train CAHWs and equip them with initial veterinary drug kits. CAHWs are sometimes provided with kits only when they have raised appropriate cost sharing components, 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.

CBW systems are thought to be popular, cost effective and efficient. Communities are willing to pay for costs of services rendered to them – especially for services with tangible benefits to them - but some individuals may not have the capacity to pay due to poverty constraints. However experience has shown that communities are willing to work out possible innovative ways and means for remunerating their CBWs from the inception of the programme. This is particularly important in the case of systems that risk high dependency on a donor or FA support and where sustainability is a major concern.

4.4 Relationship of community structures with CBWs

The community is involved in various capacities through different community structures.

4.4.1 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 the 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.

4.4.2 Faith based or religious structures are involved through faith-funded institutions such as 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. Their facilities have been used not only as meeting points but also as training venues. Although they facilitate faster development processes, they can also inhibit growth of interventions that are seen to contravene their teachings – for example the Catholic Church restriction on use of condoms as a form of contraception and protection against HIV/AIDS.

4.4.3 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.

4.4.4 There are also traditional structures such as village elders or opinion leaders who act as the 'gate keepers' and 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.

4.4.5 Local public service institutions such as schools, research institutions and hospitals at the community level 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 systems 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. Their technical capacity is used to support the CBW systems – for example, the teachers counsel and link infected and affected children and their families to other resource systems for further support and help. They also support the ARV therapy for infected children. 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 and organise parents meetings. The hospital disseminates information through outreach programmes.

4.4.6 The private sector, which may be an individual or co-operative entities, provides similar services as the public service providers but on a lesser 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 are 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 when they use existing community structures to support and implement CBW processes. 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. Despite this, it is important to note that some of these structures need strengthening on aspects like project management and monitoring and evaluation, not to mention participative methods.

Where existing structures are weak or inadequate, new structures may be necessary. These new structures are needs based on technical, for example, the TBAs or the water-users association. These structures can be created within the larger committees. An ARV support committee, for example, can be created from the health committee. The new structures must be well linked to the existing ones to avoid conflict or duplication of roles. It is worth noting however that creating new structures can require an injection of extra resources that may overburden the community.

4.5 Roles and linkages

The community has a crucial role in managing CBWs because this fosters public community participation, a crucial aspect of project sustainability. Community management can be done through existing structures, with clear roles defined to reduce conflict and increase efficiency in service delivery. Tasks are likely to include needs identification and assessment of CBWs; planning including project design, resource mobilisation and allocation; implementation stages including selection, training and equipping the CBWs; monitoring and evaluation of the quality of the service delivered and follow-up and review of the CBW programmes.

Government has a critical role to play in establishing and maintaining effective CBW systems. It needs to take the lead in providing a policy context, official position and direction/leadership; providing national accountability structures/frameworks; creating favourable conditions and a legal environment for communities, civil society, NGOs and other service providers to play their roles. Government should also mainstream HIV/AIDS in all development programmes and enable other players to assume responsibility where appropriate and co-ordinate NGOs and community efforts. It should ensure that communities have equitable access to its many programmes and services and its departments and agencies are working collaboratively. It has a role in providing certain specific support and services as appropriate; ensuring regulatory, supervisory and advisory functions; commissioning or implementing relevant research and development.

NGOs and other FAs have the experience and capacity and can provide technical support in planning, training, monitoring and evaluation and organisational development. They can carry out community mobilisation including mobilising and supplementing resources especially in resource poor communities. There is need to develop advocacy for recognition of CBW systems at the macro, meso and micro levels an area FAs can co-ordinate, as well as disseminate information and facilitate national and international sharing of experiences. They can also support research and dissemination of best practice while providing linkages between communities and other stakeholders, designing and implementing cost effective programmes for addressing poverty and enhancing service delivery.

The private sector is equipped to provide financial and credit facilities to individuals and organisations as part of investing in communities to improve their economic base. It can provide technical support and services for a fee, provide facilities for training and service delivery. The private sector should complement and supplement government activities, provide resources such as tools and equipment, support lobbying and advocacy initiatives, as well as provide business development services in the community. The private sector should be encouraged to invest more in CBW systems as a viable service delivery model. This can be done by enhancing linkages and collaborations between the private sector and other actors. They can certainly develop a more active role in public education for new products in the market.

The FAs can adopt approaches that enhance community participation and utilisation of local resources. This entails the FA offloading more responsibility to the communities as the project progresses. This can involve FAs increasing their resource base for longer-term interventions with a bias towards capacity building.

There are potential areas of conflict in doing the above, which may include competition over resources, conflicting organisational policies and approaches and inconsistent government directives. They can be resolved through collaboration and networking, joint planning and developing memoranda of understanding between different stakeholders. The formation of statutory co-ordination bodies – for example National AIDS Control Council (NACC), District Development Committees (DDC) and Constituency Development Committees (CDCs) can sometimes prevent conflict.

Table 4.5 Suggestions for roles of the government, NGOs and Religious Organisations, the private sector and professional societies and boards - Source: Chip (1999)

The Private sector
Pharmaceutical supply
Transport and delivery of inputs
Community dialogue (shared with NGOs/ROs)
Health care service marketing (shared with NGOs/ROs)
Diagnosis
Prescribing, treatment of primary-care ailments
Referrals to more qualified individuals and better facilities
Vaccination against common preventable diseases
Family planning dialogues (shared with NGOs/ROs)
Condom and birth control pill distribution and marketing following appropriate examination by a qualified medical authority
First-level epidemic and outbreak reporting
Disease incidence and prevalence (raw data) reporting
Introductions of public health and preventive medicine, and improved livestock management approaches, innovations and techniques (shared with the public and NGO/RO sectors

The Public Sector
Epidemic and outbreak monitoring and surveillance
Disease incidence and prevalence data compilation and analysis
Quality control and health delivery system monitoring
Poverty safety, net development and monitoring (shared with NGOs/ROs)
Policy determination and development of rules and regulations
Monitoring of health delivery performance, and perception of quality at the community level (shared with NGOs/ROs)
Introductions of public health and preventive medicine and improved livestock management approaches, innovations and techniques (shared with the NGO/ROs and private sector)
Sectoral coordination
Inter-sectoral coordination
Emergency response preparedness (shared with the private and NGO/ROs sectors)
Emergency response coordination
Coordination and funding for "Public Good Disease Prevention and Control" including tendering contracts for implementation to the private sector
Input quality assurance e.g. drugs, vaccines, biologics and other inputs (potentially shared with the private sector)

The NGO/Religious Organisation Sector
Poverty safety, net development and monitoring (shared with the public sector)
Community dialogue for programme establishment and maintenance (shared with the private sector)
Training of private sector trainers (COs, nurses, vets and AHTs)
Establishment of village Health and veterinary committee for health delivery quality control (shared with the private sector)
Introductions of public health and preventive medicine and improved livestock management approaches, innovations and techniques (shared with the public and private sectors)
Monitoring of health delivery performance and perception of quality at the community level (shared with the public sector)
Family planning dialogues (shared with the public and private sectors
Business/entrepreneurship skill development and training
Business planning and development (shared with the private sector)
Facilities for business start-ups including loans and in-kind support (shared with the private sector)
Development of priority ancillary programmes (water, sanitation, marketing)

Professional Societies and Boards
Continuing education (shared with the public, private and NGO/RO sectors)
Quality assurance through licensing
Curriculum standardization (shared with the public, private and NGO/RO sectors)
Regulatory reinforcement and maintenance of professional quality and ethics

4.6 Training, support, supervision and accountability

The government, in collaboration with NGOs, has developed curricula to guide trainers on the trainee selection, content, methods, duration of training and even choice of trainer. For example, in the livestock sector, a harmonised training curriculum for CAHWs has been developed as an attempt to improve the standards of the training CAHWs (KVB 2003). To date, many training organisations have adopted the curriculum, and they have modified the contents of their own training manuals to reflect the suggestions in the curriculum.

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 womens' needs and workload in mind (AU/IBAR Policy Briefing no. 6).

The choice of the training location and venue is at the discretion of the community, trainers, trainees and institution funding the training. Although experience shows that sometimes taking trainees away from their own locality is a good learning incentive, it is important to recognise that this can also be a more expensive option and not always suitable. Training should take place as much as possible in circumstances comparable to those which CBWs are expected to work in - local enough that they can sleep at home and be able to attend to their social-economic obligations. Even a boarding arrangement should be as local as possible to help them adapt and practice the expected tasks in a realistic and culturally accepted context.

In addition to attending training, CBWs skills can be built through exchange visits to other similar systems shows and field days or demonstrations. These activities can be organised and funded by FAs, private sector, government or the community.

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, say fortnightly or monthly, stretching to as long as one year or more, has been found to be effective. It is more 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. When training is done in phases it allows time for participants to incorporate and internalise their experiences into subsequent training.

Most programmes use their staff to train CBWs whilst others use consultants and staff of partnering agencies – for example, government medical personnel, district veterinary or livestock production officers. The minimum standards training curriculum for CAHWs stipulates that one of the trainers of CAHWs must be a qualified veterinary surgeon. This is important especially when training on animal health technical issues.

The training of senior competent CBWs as trainers of trainers is important. This approach has a multiplier effect since more are trained and closely supervised by their peers within the village. It decentralises training taking it from the hands of the experts to the villages where the actors reside.

Follow-up support after training is necessary as it reminds and assures the CBW that they are not alone in the work. It is also an excellent opportunity for trainers to determine gaps in the training of the community workers.

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[9], it is evident that many organisations especially in the HIV/AIDS sector are using their own self-developed manuals without consulting given guidelines.

CBWs are trained on technical issues depending on the sector. Even within the different sectors there is not always consistency. For example, in the HIV/AIDS sector, some programmes train their CBWs on curative care and some on health education (prevention) and others on support care activities. Some do not get training in support care because they believe their role is preventive. To others, CBHWs are trained on everything; from treatment of minor ailments to programme management. In the livestock sector, CAHWs are trained in animal health only.

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 there are specific training needs amongst CBWs 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, network and link with other service organisations 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 incentive.

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 financial

9 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).

organisation. These will 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 status and the status of the business. Such technical matters cannot be left solely under the supervision of the community due to lack of adequate capacity.

As a result of these multiple levels of accountability, many CBWs are never sure of whom they are answerable to. In many instances they tend to associate themselves with the FA, as this is the major source of resources.

Some reporting, supervision and linking structures are in place to support CBWs to ensure that they get real support and supervision and are not just bottom of the list of priorities - as has often happened to community health workers. These however need strengthening by addressing the following concerns:

- A needs assessment to determine what structures are needed and where possible utilise existing structures;
- Developing structures within the framework of a bottom-up approach so that they serve the needs of the community;
- Civil education and sensitisation processes to help the community to understand the functions of the structure and their role in supporting and working with the structures and also potential benefits;
- Ensuring structures are transparent and reflect democratic principles so as to enhance performance and accountability to the community;
- Facilitating appropriate communication between stakeholders;
- Allowing the community time to internalise the functional role of the structure;.
- Enhancing infrastructural linkages and co-ordination;
- Creating links between the new and existing structures such as the government.

The process of establishing or strengthening structures should be sensitive to existing economic and socio-cultural environment to enhance community ownership and participation. For these structures to be functional, the FA or government 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.

4.7 Impacts and sustainability

Community-based worker systems have had impact in various sectors in the country. 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 appears to have had a beneficial knock-on effect on the livelihood strategies of livestock keepers. Households in villages with CBAHWs were more willing to rear livestock because the risk of loss is perceived to be lower. In villages without CBAHWs, none of the poorest quartile of the village engage in cattle, sheep or goat production, while in villages with CBAHWs, 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. It is evident that the financing of the 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).

The case studies presented in this review were able to demonstrate impact in the following areas:

4.7.1 Access to service delivery

CBW systems ensure that services are not only affordable but are of good quality and easily accessible. There is also evidence of increased geographical coverage in service delivery. For example, in the HIV/AIDS sector, the patients can easily access ARVs and the much-needed psycho-social support through the established community-based home care programmes. In the livestock sector, pastoralists in ASALs have more access to quality services such as drug supply, extension and clinical services. Rinderpest vaccination using CAHWs achieved a coverage of 38,000 out of 110,000 cattle vaccinated in 1988 (ITDG 2001). The CBWs response to community needs is timely, partly because they are within the same vicinity with the affected communities. This builds a sense of ownership and trust in the community and has a direct impact on satisfaction with services rendered.

4.7.2 Increased awareness

CBWs are good agents for social change through initiating or contributing to awareness-raising in the community, changing attitudes and increased community action on HIV/AIDS. The administrative strengthening of community-based organisations and implementation of multi-sectoral development plans has led to an increased demand for quality services.

Community-based home care programmes have developed new components of behavioural change interventions such as life skills training, peer education, and provision of condoms. This complements the Information Education and Communication (IEC) campaigns on abstinence, faithfulness and condom use.

4.7.3 Entry point for other development initiatives

Since CBW systems may involve setting up or strengthening of appropriate community structures, they can serve as good entry points for other development and poverty reduction as communities becomes more receptive to the adoption of new ideas. For example, the community-based animal health pilot project in Turkana and West Pokot was used as an entry point for conflict mitigation, livestock marketing, grazing rights, human health (HIV/AIDS awareness), biodiversity, natural resource management and water resources improvement.

These developmental actions are essential because they create a positive environment for behavioural change. This has led to developing links between HIV/AIDS interventions and broader development and income-generating opportunities for women, men and youth.

4.7.4 Enhanced collaboration, partnership and networking

The entry of other actors in development, has led to enhanced collaboration, partnership and networking. This is motivated by the need to improve the quality of CBW systems through harmonisation of approaches by standardising training, sharing of experiences and resources. In addition, there has been increased demand for collective lobbying and advocacy for policy. In the HIV sector, through KANCO, an HIV policy was adopted in 1997. In the livestock sector, an Animal Health Policy was drafted by stakeholders into a national level policy framework. Key contention in this policy is the recognition of CAHWs as animal health service providers.

4.7.5 Increased level of community participation and ownership of programmes

CBW systems have provided opportunities for communities to participate actively in development issues in the areas of decision-making, programme design, implementation, monitoring and evaluation. The community members also participate in sharing benefits that accrue from these development efforts. They have also been involved in local resource mobilisation utilising, their indigenous knowledge and other local capacities.

The FAs have tried to mobilise community participation. In national development processes, FAs have utilised concepts of participatory rural/urban appraisal, participatory learning and action, and participatory programme planning and evaluation. This enhances ownership and commitment to the programme by the community, an important attribute to sustainability.

It is important to note however, that most evident impacts are derived from cross sectional studies rather than from project monitoring data and records. This is due to poor monitoring and evaluation frameworks of many CBWs projects. There is no established M&E methodologies frameworks agreed across different sectors often with limited literature available. Impact assessment has also been hindered by lack of baseline information and clearly defined performance indicators. Most studies undertaken have also tended to be qualitative and not quantitative in nature. For example, the Kenya Livestock Programme was hampered by the lack of well-developed methods for rapid appraisal of rural social structures (Barbara 1991).

Programmes therefore need to develop appropriate assessment instruments for their activities and collect the relevant data/information to inform assessment of effectiveness of CBWs. Soliciting the views of beneficiaries in the evaluation of support programmes is also essential. Table 4.7 below shows an example of impacts derived from using CBWs in a livestock project.

Table 4.7.5 FarmAfrica Experiences in delivering affordable and quality animal health services to Kenya's Rural poor

Coverage: The project covers six divisions of Samburu, two divisions of Marsabit and three divisions of Moyale; Livestock treatment: The number of livestock treated in Marsabit and Moyale represented an average of 9.5% of the total livestock population while those treated in Samburu represented 1.9%; Effectiveness: Pastoralist Development Programme established a community-based monitoring and evaluation (CBM&E) System, whereby pastoralists themselves kept records of mortality rate to trace the trends over time. This helped to improve the reliability of data on disease and mortality levels and trends as well as changes in livestock population and productivity; Mortality: In some communities there has been a general reduction in mortality rates of shoats. For example in Latakweny, it was reported that the number of shoats lost due to Contagious Caprine Pleuropneumonia (CCPP) reduced from 100% to 20% (PDP Samburu report, 1999); Accessibility: Observations in communities with active CAHWs show that there has been a notable improvement in the provision of animal health services. During the project 20 CAHWs were covering a radius of 20-40 km per month and in one trip they could access 20 pastoralist households; Affordability: Although most pastoralists can afford to pay for the services, lack of cash is a constraining factor. Drought also affects the capacity of pastoralists to pay for drugs and services making the CAHWs operations

difficult;
Disease surveillance: The department of veterinary services has implemented mass vaccinations campaigns in Marsabit and Moyale districts using information on disease outbreaks collected from CAHWs. Compulsory vaccinations for CCPP have been launched in collaboration with CAHWs. The campaigns have benefited from the input of readily mobilised communities and enabled more animals to be vaccinated than the government could manage alone;
Accessibility and affordability by poor farmers: The decentralised animal health system has improved farmer access to veterinary services and drugs in areas where government services have either totally broken down or were non existent. Services provided by CAHWs were found to be substantially cheaper than those provided by central service providers;
Productivity change: Since CAHWs are village-based and most farmers are able to reach them, they offer trainings on basic animal husbandry (i.e. de-worming, castration, hoof trimming, proper housing and better feeding programme) this has an overall improvement in livestock productivity.
Socio-economic status: In a wealth ranking exercise, 83.7% of CAHWs were among the top ten in their respective groups and only 13% were found among the poorest groups. 95% of CAHWs hold leadership positions within their communities;
Income: The total income of the CAHWs from January 1998 to June 2001 was KSh. 940,105 (US$ 12,000). The mean monthly income per CAHWs was KSh. 466 (US$ 6) and the only source of income was provision of services.

Source: FarmAfrica (2003)

4.8 Professional standards

The review did not find any concrete evidence of CBWs compromising professional standards or quality of services. However, concerns were cited in different fora that professional standards are being compromised. The proponents of the argument were however mainly members of the professional bodies such as the Kenya Veterinary Association. In the livestock sector, the areas of major concern are 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).

Our opinion though is that although professional veterinary associations and other bodies often express concerns, recent research conducted elsewhere suggests a different situation . A study in Mwingi District (Rubyogo 2003) helped to devise an assessment of CAHWs and tested their knowledge of disease diagnosis, use of veterinary medicines, knowledge of zoonoses and reporting procedures based on random sampling of 40 CAHWs. The result was 90% pass rate.[10] Further, the IDL group (2003) 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[11]. Instead professional standards are compromised more by stockowners when they administer drugs without technical knowledge and necessary support.

In addition in the livestock sector, the director of veterinary services is addressing the concern for professional standards through working in partnership with all CAHW implementing organisations by signing of 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 at the ministry headquarters. In the HIV/AIDS sector the concerns for professional standards have been pointed out in the area of Prevention of Mother to Child Transmission (PMTCT), in situations where the mother has been diagnosed HIV positive. The TBAs 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.

Professional and ethical standards can be compromised in the area of counselling where confidentially and privacy may not be adhered to. CBWs have also been accused of failure to

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

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

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.

It is due to the concerns on professional standards that has led the government response in drafting of relevant policy guidelines which 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 use of ARVs.

To avoid possible compromise of standards and enhance quality control, the government and other stakeholders, should put in place the following 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 need to be put in place to improve the capacity of CBWs through provision of the relevant support and linkages.

CBW approaches were initially established on a pilot basis to fill gaps in service provision. As a result, there was very little emphasis on long-term viability, which is currently a major concern. With time however, different models have emerged from this experiment that can now be improved upon and replicated.

4.9 Cost effectiveness

The community perspective on CBWs is that the system is quite cost effective. This is mainly because most of the costs are borne by the FA. Although the community contributes in the establishment of the system, the contribution is either in-kind and where financial contributions are required, the amounts are usually minimal. Most of the implementing organisations encourage CBWs to contribute to training expenses in form of cash, kind or labour. Depending on mutual understanding between CBWs and clients, CBWs can provide services to poor families and be paid in kind instead of cash.

Data or information on cost effectiveness of CBWs is very limited. This is due to poor record keeping. Most of the data is regurgitated from memory and may not be reliable as important details are lost. Existing studies also tend to ignore the cost of establishment and support provided by FAs during the life of the projects.

The cost effectiveness of the CBW systems is important considering sustainability of programmes. Most of them are externally funded by donor support which may involve setting up sophisticated systems and structures including reporting systems, input supply, technical, referral systems, and communication procedures. The CBWs therefore 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 always limited. When studies on cost effectiveness are determined, the above costs are not often considered and instead emphasis is laid on the operational costs.

Therefore, the aim of intervention or strategies should be to develop activities that are low cost and do not require long-term financial assistance from donors. This should ultimately lead to more intensified cost-sharing initiatives and pave the way for support to minimum care packages that are acceptable in content, price and quality to the communities involved. For example in the HIV/AIDS sector, the cost-effectiveness of CBOs may be further increased by broadening their range of activities by integrating primary and preventive health services as well as multi-disease and health services programmes including TB, STIs, malaria and reproductive health programmes. Recent findings that community health station and preventive interventions were more cost-effective in reducing the burden of disease than hospital, health centre based and curative interventions suggests a greater role for CBOs in HIV/AIDS control programmes.

PART E Summary of learnings and areas for immediate follow-up

5.1 Summary of learnings to date

CBW systems require sustained support for effective and efficient service delivery. Advocacy for increased government financial and technical support is critical. Donors should undertake more long-term strategies towards implementation of CBW systems, as short-term measures are not sustainable. Moreover, the CBW system is constantly under threat from global, national and local forces. It therefore will require mechanisms that allow learning to keep in tandem with emerging trends and technological advances.

Sustainability remains a critical issue in many CBW programmes. CBW systems have to adopt creative and innovative ways to enhance the programme or system sustainability. This can be ensured through enhanced community participation, appropriate support and linkages, and integration into overall government planning process.

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 such as hospitals.

If properly planned and implemented CBW systems have the capacity to utilise local resources at the disposal of the community. This includes their natural resources, indigenous knowledge and local capacities.

Whereas it has been generally agreed that CBW systems are the most effective means of providing services, innovative models that reduce the cost of establishment will have to be developed. This will reduce the level of donor dependency and facilitate mobilisation of local resources and capacities.

For CBWs to provide the much-needed services to communities, incentives have to be considered. The type of incentives has also to be thought out through planning stages to clarify the type of payment and who should pay.

There has always been an intention to ensure that CBWs become accountable to the community that they serve as a means of maintaining sustainability. This has however been elusive and the only way to ensure full accountability is for the community 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.

5.2 Areas to follow-up in the action research

- Integrating the work of CBWs into national service delivery systems;
- Strengthened 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;
- Advocacy work focusing on CBW system as a multi-sectoral concept should be stepped up;
- Formation and support of a CBW network.

5.3 Policy implications

The increasing poverty levels and dwindling government capacities to address its adverse effects is considered 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 World Bank and IMF, the UN agencies and other bilateral and multilateral partnership development sectors are all emphasising the role of community participation in addressing 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. As a response to these international pressures, the Sub-Saharan countries have engaged in reform programmes which focus on constitutional reviews, privatisation, decentralisation, and democratisation. These reform agendas provide opportunities for CBW systems. 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, in the development process through strengthening the meso operational level and encouraging stronger linkages between all partners.

Communities have greater resilience to stresses and shocks. They are aware and more empowered to identify and address their felt needs. This is partly as a result of the current democratisation processes taking place in some African countries. Communities are getting involved in the decision-making process in development programmes through active participation.

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.

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