South Africa in-country Review Report November 2004

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

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GLOSSARY

ADP	Area Development Programme
AHW	Ancillary Health Worker
ANDM	Alfred Nzo District Municipality
ART	Anti Retroviral Therapy
ATTIC	Aids Training Testing and Information Centre
BASED	Broadening Agricultural Services and Extension Delivery
CBO	Community-Based Organisation
CBW	Community-Based Worker
CDW	Community Development Worker
CFF	Community Facilitation Fund
CHOICE	Comprehensive Health Care Trust
CHW	Community Health Worker
CMIP	Consolidated Municipal Infrastructure Programme
CPF	Community Project Fund
CPSI	Centre for Public Service Innovation
CSOs	Civil Society Organisations
CWSS	Community Water Supply and Sanitation Programme
DANIDA	Danish Developmental Assistance
DFID	Department for International Development
DLGH	Department of Local Government and Housing
DoA	Department of Agriculture
DoH	Department of Health
DOTS	Direct Observation Therapy Short-course
DPLG	Department of Provincial and Local Government
DPSA	Department of Public Service and Administration
DSD	Department of Social Development
DTEEA	Department of Tourism, Economic and Environmental Affairs
DWAF	Department of Water Affairs and Forestry
EU	European Union
GDP	Gross Domestic Product
GEAR	Growth, Employment and Redistribution
GTZ	German Agency for Technical Co-operation
HBC	Home Based Care
HPCA	Hospice Palliative Care Association of South Africa
IDP	Integrated Development Plan
IEP	Integrated Electrification Programme
ISRDS	Integrated Sustainable Rural Development Strategy
KMD	Kerklike Maatskaplike Diens
LRAD	Land Redistribution for Agricultural Development
MEC	Member of the Executive Council
MIG	Municipal Infrastructure Grant
MPCC	Multi-Purpose Community Centre
NGO	Non-Governmental Organisation
NPO	Non-profit Organisation
OVC	Orphans and Vulnerable Children
PEA	Participatory Extension Approach
PFM	Participatory Forest Management
PFMF	Participatory Forest Management Forum
PHST	Participatory Health and Sanitation Transformation
PLWA	People Living With HIV/AIDS
RDP	Reconstruction and Development Programme
SETA	Sector Education and Training Authority
SME	Small and Medium Enterprise
TB	Tuberculosis
URP	Urban Renewal Programme
VCT	Voluntary Counselling and Testing

EXECUTIVE SUMMARY

PART A

1 Introduction

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

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 work 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 ensure such linkages. 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 the links to higher levels of government and NGOs. In South Africa, for example, while urban areas have seen improvement in service delivery, currently 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 rural areas. The project is therefore exploring better ways of service delivery to all villages and communities in a cost-effective and sustainable way.

PART B

2 Government policies, systems and structures for service delivery

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

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

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

2.4 In the Free State Province, for example, 300 of these CDWs are currently being recruited to undergo a 12 months learnership programme under the Local Government and Water Sector Education and Training Authority (SETA). When they graduate CDWs will act as a support arm to all public sector investments in municipalities and wards – supporting ward committees and residents in addressing problems and accessing information and resources.

2.5 Meanwhile, the Department of Health (DoH) has formally recognised and institutionalised the role of Home-Based Care-givers (HBCs) using national guidelines.

PART C

3 Case Studies – providing services using CBW Systems

3.1 A range of case studies were reviewed nationally but only six were selected for presentation in this review. All sit alongside the range of commitments that government is implementing to enhance pro-poor service delivery. Three of the case studies are in the NR sector while the other three are in the HIV sector. All the case studies are presented using a standard checklist of questions that form the action-research project.

3.2 The first case study is on Participatory Extension Approaches, implemented by the Provincial Department of Agriculture in Limpopo. The programme looks at broadening agricultural services

and extension delivery using 'farmer facilitators' as CBWs. Between 2002 and by the end of 2004 over 220 farmers will have been trained as facilitators using this approach.

3.3 A Participatory Forest Management Programme has been initiated by the Department of Water Affairs and Forestry's Directorate (DWAF) to enable communities living in the vicinity of commercial and state forests managed by the Department to make use of the forest to sustain and promote their livelihoods.

3.4 There are two case studies from the Mvula Trust, which have been grouped as one overall case study. Mvula Trust is a water supply NGO that supports the delivery of water services in rural and peri-urban areas. The programmes that use CBWs include community management, establishment of community-based water service providers and support for local authorities. The community-based water service providers are working with the Mvula Trust to provide operations and maintenance support services for 19 rural schemes servicing 33 rural communities.

3.5 The CHOICE Trust case study, based in the Greater Tzaneen Municipality, explores how 252 Community Health Workers (CHWs) provide services to a population of over 5,000 families each month through visits and by giving health education messages. The majority of these volunteers are not paid but continue to provide needed services to their communities.

3.6 The fifth case study is from Golang Batcha, a CBO based in the township of Mangaung, in Bloemfontein, in the Free State Province. 42 dedicated CBWs have been working since 1997 to render a comprehensive assistant health service in 7 primary health care centres in Bloemfontein. This network of CBWs serves an estimated catchment population of over 156,748 people and works closely with a professional nurse based in each of these health centres.

3.7 The last case study is St Nicholas Children's Hospice in Motheo District, Free State Province. St Nicholas Children's Hospice focuses on the care of children made vulnerable by and orphaned by HIV/AIDS. Many of the volunteers work between 10-20 hours and are and are paid a stipend by the Department of Health. Some of the volunteers are now training to supervise provision of anti-retroviral therapy (ART) for infected children.

PART D

4 Learning and Gaps

4.1 Evidence suggests that the programme is likely to be more successful where CBWs are selected from and by communities. This process is enhanced when an external agent such as an NGO provides some criteria such as age, previous experience in the sector or volunteerism. Community self-selection will enhance the sustainability of the CBWs and their work due in part to their understanding and knowledge of the issues, needs and skills within the community. The need for specialist or generalist roles amongst CBWs will vary according to the needs of the programme, involvement of other stakeholders and degree of back-up support available.

4.2 Where volunteerism is in place, the sustainability of CBWs and in turn their engagement with the poor is at risk. The case studies suggest that agreed monthly stipends are a significant incentive for CBWs and responsibility for payment should be divided between the public, donor and voluntary sectors where NGOs are major partners. Where they are not, the public recognition of the CBW role needs to be formalised and Government needs to adopt a more prominent role. Certainly the public payment of stipends in the HIV/AIDS sector contributes to the effectiveness of services delivered. There is scope for specific CBW-based services to be privatised but considerable work in this regard still needs to be done.

4.3 The depth and reach of the CBW process is impressive in areas where a range of established community fora engage with the public sector and other stakeholders in a range of ongoing decision-making about the ensuing CBW work. This fora which the CBW reports and is accountable to, will comprise community structures including traditional leaders. This ensures a large measure of local knowledge, decision-making and control by the community in forming and enhancing the inception and outcomes of programmes.

4.4 It is time consuming and hence costly to build up and establish appropriate links between institutions, and there are issues regarding the source and cost of honoraria for time spent and for meals, during these meetings. However the sustainability, reach and outputs in the programmes are enhanced by multi- stakeholder collaboration and by clearly defined roles and linkages for individuals receiving the service, for community representation, and for the public and NGO sectors. In addition, the impact of the CBW process is likely to be greater, if sufficient checks and balances exist within the community and amongst the wider stakeholders, for different interests to mediate their differences and achieve common outputs,

4.5 There is clearly a need for well-developed types of management structures to be set in place at the most convenient stage of a programme. Community Forums in the NR sector should and do have a strong role in management, meeting regularly, receiving reports, and engaging with stakeholders. This is vital to the success of programmes. In the HIV/AIDS sector members of communities who come together to form small CBOs, have been helped to define their own management structures with constitutions and committees, and subsequently manage relationships with the state and with other stakeholders. Over time this should ensure the development towards best practice. Although most CBWs suggest they are ultimately accountable to the community they service, the most practical model for CBW accountability is a multi-stakeholder Forum to whom the CBWs reports.

4.6 CBW processes benefit where training is operating at three levels. These include the provision for the public sector employees who support or interact with emerging CBW systems, specific training for the CBWs themselves and training too for the beneficiaries so they are in a position to optimise the opportunities CBWs present. An accredited training course, developed for CBW systems, would contribute to the development of best practice.

4.7 The case studies clearly suggest that the CBW model is applicable across the NR and HIV/AIDS sectors in a range of situations. It is at the level of the local home or homestead that the CBW is so critical, engaging with the 'farmers', 'patients' and 'community' and articulating their needs and demands. It is at this interface with local communities, covering the identification and support of locally defined needs and opportunities, that the model is most effective and provides optimum benefits. These aspects are enhanced, of course, where the system of public services (clinics, extension officers, district water technicians) is active and working, thus providing the conditions for complementarity as well as the necessary deepening of the reach of that particular service.

4.8 Current CBW processes vary in their cost effectiveness. In the HIV/AIDS sector and in water and sanitation programmes, CBWs provide a range of low-cost services with a wide reach. However CBWs are often under-resourced without transport, for example, which could enable more effective working. There is a need for greater subsidy or extension of the community contribution towards the service that may take considerable negotiation and design, but is not without the reach of some of the programmes as they stand at present.

4.9 CBWs work most effectively to support the rights of the poor when they can draw on and involve local knowledge and networks. This deepens the engagement with, and appropriateness of the service to the poor and vulnerable. Where this is complemented by an institutional model which

incorporates and represents beneficiaries as partners in the process, e.g. on Forums and umbrella organisations, and not mere recipients of a service, these conditions are very well met.

4.10 At a macro level significant gaps in the public sector for a more effective, lasting and systematic engagement with the poor reveal the need for a refined CBW system across sectors. This is in spite of an incredibly extensive set of initiatives in South Africa over the past decade regarding service delivery. Indeed governments will continue to punt the need of pro - poor delivery systems in sector policies and will need the CBW model to either inform or complement their own versions of development workers, where these exist, as well as CBW systems *per se,* where the conventional adoption of the standard models for service delivery fail to provide the growing range of local services needed directly within the communities concerned.

PART E

5 Summary of learnings and areas for immediate follow-up

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

Other systems, such as the CDW programme needs to either complement, or be used to refine, the public investment in special projects and other rapid roll out of investments in specific service delivery programmes. For the SA government, there is need to refine the design of many of its programmes and to devote more resources in support of CBW systems.

Immediate follow-up issues can include;

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

5.2 Policy and legislation can be adjusted to recognise and support CBW systems as integral to public methods for services delivery. Moreover, the practices need to be institutionalised into current methods, and this can be developed through both legislation and policy. Currently there are large gaps which need to be addressed and a best practice CBW systems approach can contribute significantly to enhanced implementation.

PART A INTRODUCTION

1.1 Background

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

Therefore, improved models and methods for an effective delivery of publicly provided services to the poor represents a significant challenge to many interests; for policy makers and programme designers and government departments. For underserved individuals and communities, there is an opportunity to actively engage in meeting their own, locally specific needs and demands, and in monitoring the performance of delivery agents.

1.2 The Community Worker Project

To meet this challenge, Khanya – managing rural change - 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 model below shows the key components: 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 who need to be involved at in the process for the CBW system to work effectively. Each component is explained further as follows:

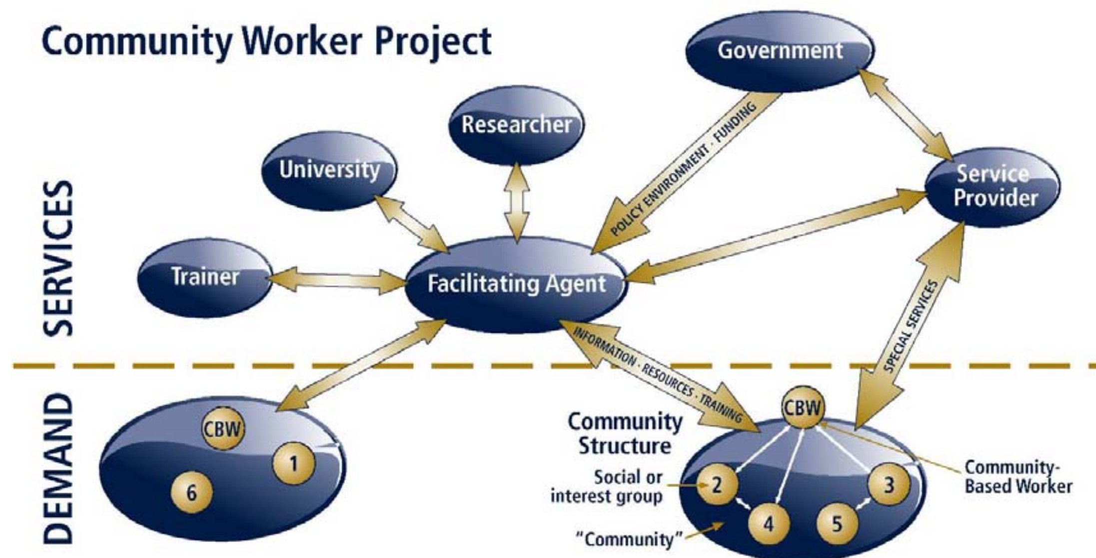
The Community-Based Workers (CBWs) are para-professionals, based in and drawn from the community they serve who therefore understand the local context, and are accountable to the community and to a facilitating agent – maintaining a balance to ensure quality service delivery.

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;
- mobilizing 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, e.g. 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. In South Africa, for example, while urban areas have seen improvement in service delivery, currently 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 rural areas. An example was pointed out whereby in Eastern Cape, the Department of Agriculture has 5000 staff and only 6000 villages - yet no staff in villages and in many towns. This example shows that resources are being captured by few institutions but not reaching the clients. There is therefore a need to change the model if South Africa is going to address poverty, so that all villages/communities can be adequately served.

The CBW project is trying to see how we can provide services to all villages/communities in a cost-effective and sustainable way. In Khanya's participatory work, they have found that most communities depend on locally provided services e.g. crèches, traditional birth attendants, traditional healers, home-based carers, local shops. There have been programmes, e.g. HBC, CHWs, paralegals but these have remained an isolated examples and not being scaled-up. The question the CBW project is seeking to address is how can these be made more effective and scaled-up, and if so what are the requirements?

1.4 Community-based Worker Systems in South Africa

The post-apartheid decade in South Africa has witnessed both a dramatic deepening of approaches to the demands of poverty and development by previously activist NGOs, as well as an increasing engagement of welfare and community-based organisations (CBOs) in the design and implementation of a variety of CBW systems. The era has also heralded a remarkably progressive revision and rewriting of public policies and legislation, aimed at addressing the requirements of the large and previously highly marginalized and excluded sections of the South African society.

Beyond a range of special instruments and programmes introduced over the decade, changes in the design of government programmes have allowed for a large degree of space to open up for the adoption of a range of CBW systems. The result is that South Africa exhibits a variety of community-based worker approaches, each exhibiting its own unique characteristics, arrangements and objectives.

For example, in the unfolding of land reform policies and programmes, advocacy NGOs[1] have repositioned and restructured themselves to provide support services via full time CBW-type agents called development practitioners. These workers assist individuals and community organisations to acquire land or access to commonage land, facilitate the establishment of group committees, and provide capacity building and technical training to emerging farmers and commonage committees. They link with responsible officials and support in the accessing of public resources in provincial and local government.

In Limpopo Province, there has been an elaborate new national policy development and innovative participatory programme design in developing approaches to the management of the local indigenous forest resource. This has recently led to the creation of Participatory Forest Management (PFM) Forums by the Department of Water Affairs and Forestry (DWAF). These are constituted of locally recommended and selected community members living adjacent to forests. They are trained in

[1] The Surplus Peoples Project, formerly a research and advocacy NGO documenting the alienation of lands from indigenous inhabitants and local urban communities in the accommodation of apartheid's grand Verwoerdian design, now focuses on ensuring a fair and equitable distribution of land and on the development of effective and sustainable community land use and management.

identifying, planning and establishing appropriate projects with local communities, with further training provided to selected local people to manage them. The needs identified vary from community to community. Training projects to date include bee-keeping, eco-tourism, the management of hiking trails and bird-watching trips. A central Community Facilitation Fund, supported by DANIDA and DFID, sources out and approves suitable service providers.

World Vision, an international faith-based NGO, has initiated an Area Development Programme (ADP) approach, premised on large scale needs identification processes, and aimed at addressing a resultant range of poverty, HIV/AIDS, food security and health needs. Local committees recommend their own suitable member who is subsequently selected and receives comprehensive training from private and public service providers. These workers are then tasked with identifying the poorest of the poor and those who most need ADP assistance. They resource start-up food packages, or other relevant resources, and are responsible for providing support, information and motivation, and in establishing local producer groups.

In the 'Urban Rangers' programme, initiated by the Department of Tourism, Economic and Environmental Affairs (DTEEA) in the Free State, community members largely in the former townships are encouraged to approach the Department to assist them in being declared an urban conservancy, and all local and municipal stakeholders are assembled to select a conservancy committee. This body is then invited to nominate candidates from local wards to work as 'rangers', who receive comprehensive training from environmental officers in the Department. The ‘rangers’ in turn respond to local environmental health issues identified through the conservancy committee. To date they have undertaken clean-ups of illegal dumping sites, organised urban beautification projects and carried out basic sanitation and hygiene training in their communities.

The Kerklike Maatskaplike Diens (KMD) is an NGO of the Dutch Reformed Church with 30 qualified social workers, 13 auxiliary workers and 337 volunteer workers, operating in Bloemfontein, in the Free State Province. The latter two types of workers are selected from communities, and receive training from the Department of Social Development (DSD) in counselling and in the implementation of new laws and procedures such as those associated with the Child Care Act. The auxiliary social worker becomes the extension of the local KMD office and the volunteers are the direct link to the community, and to the system of local state clinics. They network extensively and provide management support to smaller organisations.

These examples sit alongside a range of commitments within government that have sought to enhance pro-poor service delivery. For instance, the recent Ten Year Review initiated by the Policy Co-ordination and Advisory Services in the Office of the President calls for the articulation of a more synchronised national development strategy and planning framework over the next decade. This is in response to the policy incoherence and dispersed and uncoordinated range of policies, planning and programmes across departments, agencies and different spheres of government. The Review notes that the ["fundamental feature of the South African developmental state must be people oriented and capable of addressing the socio-economic needs of its entire population", with among others, an associated call for an imaginative and pro poor service delivery which builds on poor peoples economic networks and systems.]

1.5 Objective of the report

This report comprises the South Africa in-country review, which includes seven selected case studies of community-based worker systems presently in operation in both the NR and HIV/AIDS sectors. It forms output 1.1 of the CBW project. The report identifies learning and gaps from the case studies which were strengthened by a desktop literature review of current national policy on service delivery in South Africa; input from the national workshop (held in July 2004) which brought together policy makers and practitioners to review the current experiences and situation of CBWs in SA; and the 4-country workshop (held in September 2004) where the four participating partner countries came together to share their experiences.

The review is structured into three main parts:

Part B assesses current government policies, practices, and mechanisms in service delivery and provision since 1994, and summarises some outcomes (from secondary sources) of recent national investment and effort. It also considers some government polices such as the recently introduced Community Development Workers (CDWs) programme.

Part C covers the seven case studies of community-based worker systems in the HIV/AIDS and NR sectors. The case studies are further analysed using the generic research questions of the project.

The issues that emerge from the case study analyses are detailed in **Part D** which looks at the learnings and gaps from the project research questions. This section is supported by a final, more developed summary of implications of the analysis for policy and donors to be taken forward in the process of implementing this four-country action research project. **Part E** therefore develops and 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

Throughout the period of new policy development and legislation since 1994, the roles, rights and responsibilities of communities have been promoted to reflect citizen's rights under the Constitution. Section 2.7 of the Reconstruction and Development Programme (RDP) White Paper stresses that 'the national government wishes to unlock the political and creative energies of the people and bring government closer to the people … for the first time in South Africa's history, emerging democratic local authorities must work with community-based organisations and NGOs to establish minimum conditions of good governance and to implement effective development projects. Hemson (2004) notes how the RDP originally set out the new democratic order, with a vision of citizens actively engaged in helping to extend services to poor communities. Vaughan (2004) has interpreted the RDP as defining participation within a people-centred, rights-based mobilisation of communities, a people-driven process, with the role of the state not defined as simply delivering goods and services to a passive citizenry, but stressing a growing empowerment and reliance on the energies of communities.

In 1997 the shift to the macro-economic Growth, Employment and Redistribution (GEAR) policy set specific targets for economic growth and for job creation. GEAR has been acknowledged as ensuring macro-economic stability while limiting the development agenda of the state. Development spending priorities, including the provision of social services and economic infrastructure, became subject to greater fiscal discipline, more rigorous cost recovery and included criteria for financial sustainability. However the strategy did call for a strengthening of redistributive efforts and improved service delivery through, for example, reprioritising spending to historically disadvantaged communities and focusing welfare spending on assistance to the poor rather than institutionally based services.

Over the same period the 1997 White Paper for Social Welfare began a departure from traditional welfare approaches, towards the provision of those services 'that would lead to more self-sufficiency and sustainability'. The Treasury argued that since social services spending in South Africa is comparatively high, the problems of inadequate service delivery should be addressed by efficiency improvements.

Further, a 1997 Department of Public Service and Administration (DPSA) White Paper on Transforming Public Service Delivery promotes these efficiency improvements through a new framework of service delivery priorities. The emphasis is on 'a people must come first - customer concept', or "Batho Pele". In 1998, the Local Government White Paper made the legislative transition towards the notion of a "developmental local government", described as 'local government committed to working with citizens and groups within the community to find sustainable ways to meet their social and economic and material needs and improve the quality of their lives'. Two pieces of legislation, the Municipal Structures Act (1998) and the Municipal Systems Act (2000), gave substance to this shift. The former provided for the establishment of ward committees to enhance a participatory democracy and women's participation. A range of provisions in the latter required that local government become the conduit for all forms of public and agency infrastructure and defined the role of communities in planning, service delivery and performance management. In so doing, objectives were set for attaining reciprocal rights and duties between councils, administrations and communities. Integrated Development Planning was to become the vehicle over the next six years for the realisation of participation and consultation mandates, with the wards defined as the local constituency for representation and participation and consultation in planning and for service delivery.

2.2 Service Provision: strategy and effectiveness

These provisions precipitated an ambitious prioritisation of investment into developmental infrastructure, the associated delivery of services, and pro-poor support programmes, provided through most departments and a host of other public agencies.

The post-GEAR period has thus been characterised by two predominant thrusts in pro-poor and anti-poverty social services spending. The first has seen increase in social security spending via a range of different grants and pensions. The second is the spending thrust on 'development and job creation'. By far the greatest investment has been on the former, and recent broad-based estimates place the proportion at about 60/40 per cent.

Mechanisms for service provision vary across and within sectors. In principle if not always in practice, local government transformation has adopted many of the practices associated with transformation in local government worldwide, aimed at enhancing the legitimacy, effectiveness and efficiency of municipal service delivery. Entrepreneurship, facilitative partnerships, sustainable local development programmes, service delivery partnerships, internal trading entities, municipal business enterprises and companies, and local economic development partnerships, are just a number of potential arrangements and instruments either available or already adopted.

The R7 billion Consolidated Municipal Infrastructure Programme (CMIP) is an example of a state-led programme. It is one of the largest programmes undertaken by the Government via the Treasury and in terms of the Division of Revenue Acts' allocations of the Equitable Share through the Department of Provincial and Local Government (dplg). The overall aim has been the provision of developmental infrastructure in support of improving the quality of life of low-income households and neighbourhoods, and building sustainable communities. Funds enable municipalities to provide at least basic levels of services such as water, roads, storm water drainage and solid waste disposal systems, community lighting, clinics and cemeteries and multi purpose sports centres, as well as some major linking and bulk infrastructure.

A recent national evaluation of this programme for the dplg found that the aggregate national inputs and outputs reflect an extraordinary achievement. Total allocations by January 2003 were R5,128.22 billion, with 3,859 projects approved at a total value of R7,338.99 billion.

The evaluation found that CMIP had successfully established significant infrastructure in support of service delivery to underserved people, enhancing the integration of previously segregated neighbourhoods, while making considerable inroads into infrastructure and basic service backlogs. However the same evaluation revealed some significant conceptual limitations. These included an overemphasis on the delivery of physical infrastructure, failure to acknowledge the full human development potential present, and failing to ensure that the programme aligned its products to local needs and embedded itself into local institutions and economies. While the slogan of the CMIP was "building communities through infrastructure provision" - thus proposing an integral connection between delivery and community development and participation - participation has actually been limited to representation on steering committees, in the IDP process and to employment during construction.

Programme implementers at national level recognise that community development should occur through improvements in the general standards of living that flow from access to services. However since municipalities rather than communities were the instigators of CMIP projects, the evaluation points out that there was in many instances a failure of communities to take ownership of assets. The recommendation was the beginning of a move to more demand-driven approaches for the programme, with projects being initially identified by communities themselves.

The Ten Year Review also evaluated the effectiveness of the "people must come first - customer concept" embodied in the Batho Pele White Paper, which had emphasised consultation regarding specific levels of services, equality in access to services, accurate information about the services to be received, and of principles of apology, explanation and sufficient remedy in the event of non delivery.

The results were held as disappointing, with the "implementation of the policy not accompanied by culture change programmes that address deep underlying issues, and the progress made tends to be superficial and the true determinants of service improvement have not been addressed resulting in diminishing returns on future efforts". The review proposed deepening Batho Pele principles with reference to the Canadian Service Delivery Gap model contained in their Services First Programme. This emphasised knowing what citizens and clients expect in terms of public sector service, including how they want to be engaged and what their priorities are for service improvements; measuring progress in closing the service gap using a variety of tools, and ensuring accountability for results, improving the capacity of public organisations to provide the service that citizens expect, and using the appropriate mix of tools to help close the service gap.

Recommendations were based on incorporating the values of the state - a people-centredness similar to the notion of citizen-centredness in Canada, on governance, based on a notion of democratic rather than good governance - with its associated emphasis on public participation in decision-making, on performance management and accountability, and on the organisational redesign of government regarding appropriate internal and external partnerships with business, industry and CBOs, as well as the adoption of specific approaches to the design of public goods and services.

2.3 Service Provision: towards a Developmental State?

What has been the nature of the public response to the contemporary challenges in service delivery?

Alongside an attempt at consolidating many formerly disparate supply side measures, a major emphasis in the annual budget has been an increase in the system of transfers to, and spending by local government on infrastructure, coupled with a review of the proportional allocations of the equitable share mechanism in support of poorer municipalities and the adoption of the Municipal Infrastructure Grant (MIG). This was recently redesigned to consolidate seven separate pieces of grant funding (including the CMIP) into one package, and to be used at the overall discretion of municipalities to address poverty and developmental needs which are not necessarily infrastructure alone. This went with a commitment to develop forms of institutionalised co-operation with civil society at local government levels, to ensure the system of ward committees functions in relation to legislation, as well as to deploy Community Development Workers in 21 identified urban and rural nodes by the end of 2004.

In fact government policies for the roles and responsibilities of the CDWs have been in the making since 2002. In his State of the Nation address in February 2003, President Mbeki envisaged that:

"…government will create a public service echelon of multi-skilled community development workers who will maintain direct contact with the people where these masses live. We are determined to ensure that government goes to the people so that we sharply improve the quality of the outcomes of public expenditures intended to raise the standards of living of our people. It is wrong that government should oblige people to come to government offices and have no means to pay for the transport to reach government offices".[2]

[2] 'National Policy Framework for Community Development Workers In South Africa: Discussion Document', Department of Provincial and Local Government, not dated, p1.

The initiative is viewed as contributing to a removal of the 'development deadlock', strengthening the 'democratic social contract', advocating for an organised voice for the poor and improving the government - community network, contributing to 'joined up' government.

Community Development Workers within this model are defined as "community-based resource persons who collaborate with other cadres to help fellow community members to obtain information and resources from service providers with the aim of learning how to progressively meet their needs, achieve goals and realise their aspirations and maintain well being. They are participatory change agents working within communities from where they are elected, where they live and to whom they are answerable for their activities. They are to be supported financially and functionally by a range of government spheres and departments, particularly local government. Although specifically trained and certified for their role, they have a shorter training than professional development workers who receive tertiary education. Professional development workers unlike CDWs are resident in the communities in which they work."[3]

The programme is nationally driven and co-ordinated by the Department of Public Service and Administration (DPSA) and the Department of Provincial and Local Government, supported by provincial departments of local government, located in municipalities, with the locus of CDWs operation being the ward. The rollout is presently proceeding apace across different provinces at different rates.

2.4 Establishing CDWs in the Free State

Interviews with officials in the Directorate of Inter-Governmental Relations of the Department of Local Government and Housing (DLGH) in the Free State, revealed the following approach and progress within the Free State.

The CDWs will be a support arm to all public sector investment in municipalities and wards, and will act as support agents for both ward committees and residents in addressing problems and accessing information and resources.

The province had an original target of 100 learners, to be geared into municipalities, later increased to 300 due to national pressures to enhance service delivery. Advertisements for posts have gone out and recruitment will be staggered over a year. Learners will undergo a 12 months learnership programme, funded by the Local Government Water Sector Education and Training Authority (Seta). After the learnership period there is a possibility that the CDWs will be permanently employed by the various departments, but based in specific districts or municipalities. A steering committee in the province composed of different departments will oversee the programme.

It is envisaged that the CDWs will develop databases of services and providers in the wards where they work and, for example, familiarise themselves with the local Integrated Development Plans (IDPs); go to the Department of Housing on behalf of residents where a new house has technical faults; engage the relevant departments in ongoing work around faulty or inadequate infrastructures; check via e-government gateway portal why certain eligible residents are not receiving various grants from the relevant departments and ensure the registration of individuals and CSOs is up to date, and promote residents interests where the ward committees cannot.

Entry level qualifications for CDWs is completion of standard eight. It is anticipated that CDWs will move towards acquiring more qualifications and a more senior position over a number of years. At present, the DLGH envisage payment being drawn, not from a dedicated funding source, but from those rolled-over funds in a Directorate that has not spent their annual allocations. This will be

[3] Ibid.p7

finalised by the steering committee. The province has visited Gauteng and North-West provinces to assess their relative progress in introducing CDWs, and in essence they are developing their own best practice provincially, against the requirements of a national policy.

2.5 Department of Health policy - CBWs delivering Home-Based Care (HBC)

One of the main examples of CBWs at present is the home-based care-givers. Indeed the DoH has already moved to formally recognise and institutionalise the role and position of some CBWs by establishing policy guidelines for those involved in HBC. The guidelines are drawn from the South African National Guidelines on HBC in the Department of Health. HBC is an integral part of community-based care where the consumer can access services nearest to home at a level of comfort and quality to ensure a dignified death. HBC is viewed as a form of community care, which encourages participation by people who are able to respond to the needs of their communities. HBC aims to rekindle the traditional form of community life and foster a culture of responsibility amongst communities. The success of community care is dependant on the investment of resources, skills, time and energy by government, private institutions, and communities.[4]

Policy for community and HBC goes beyond assumptions that People Living with HIV/AIDS (PLWA) and orphans and vulnerable children (OVC) are passive recipients of care and support services. Their involvement in the formulation and implementation of services can enhance service delivery. The involvement of beneficiaries can strengthen and improve provider's attitude and understanding of issues affecting people living with HIV/AIDS. Wider benefits from involving PLWAs and OVCs include improved psychological and physical health, reduced isolation, better access to care and increased knowledge of HIV/AIDS. Therefore, with this base in polices, introducing the CBW model in the HIV/AIDS sector where PLWAs are involved can serve as a vehicle to build synergy for prevention, care and support initiatives to address HIV/AIDS.

While many CBWs work largely on a voluntary basis, some CBWs receive the Departments of Health and Social Development stipend of R500 per month. This however has yet to occur in all cases where CBWs are providing home-based care. In addition, there are no clear policy guidelines for the future career prospects for these CBWs.

Moreover, disparity exists between established NGOs and CBOs with regard to the issue of allowances. One the one hand small CBOs struggle to keep their organisations afloat not to mention having the financial base to support CBWs. While on the other hand some NGOs have the expertise of professionals and the institutional capacity and long history of supporting CBWs, they also operate under a cloud of uncertainty of funding. Presently, there is no clear policy or legal framework in place to sustain or support the long term sustainability these services. It is therefore imperative that the issue of remunerating CBWs needs to be taken into account. This should be viewed in an ethical sense, taking account of the culture of voluntarism as an ongoing process.

A further policy consideration is that of care-givers. Sound support systems need to be built as an integral part of HBC. Caring for a terminally HIV/AIDS patients is emotionally tough for the carer and their families. In most cases the relationship of care to patients extends beyond that of a routine task of providing home-care. Thus psychological support is crucial for the care-givers' mental health and prevents 'burn out'. This support can be provided through creating opportunities for care-givers to talk about their experiences in regular organised caregiver Forums or through linking care-givers with a psychologist or social worker for counselling sessions.

[4] 'National Guideline on HBC and Community-based Care', Department of Health, December 2001.

PART C Case Studies - Providing services using CBW systems

3.1 Overview

Initially 16 case studies were selected nationally for investigation and inclusion in the review. Time and budget constraints necessitated that these be narrowed down to reporting on the six most appropriate ones (the two water CBW services run by the Mvula Trust are conflated into one overall case study). The forms of community-based worker systems adopted exhibit characteristics and attributes which most suitably illustrate the major organisational, service, sustainability and financing issues proposed to be addressed in the 4-country project review guidelines.

In many of the organisations surveyed in South Africa, the workers concerned, the tasks performed and the services provided, the intra- and inter- institutional arrangements, social representation and stakeholder arrangements have invariably not been conceived of in terms of any classification of Community-based Worker systems *per se*. Rather, the roles, service relationships, support structures and stakeholder arrangements have tended to evolve over time, in response to both internal organisational development to meet needs, as well as to opportunities arising in engaging with new public policies in specific sectors, and with donors promoting or advocating innovative methodologies and support into government.

3.2 Participatory Extension Approaches, Limpopo Department of Agriculture[5]

3.2.1 Context

Limpopo is the country's northernmost province bordering Zimbabwe, Botswana, Swaziland and Mozambique. The Limpopo Department of Agriculture (DoA) has used the 'Participatory Extension Approach' (PEA) in 1998 as part of an overall drive towards broader service delivery. Funding for the PEA was provided by the German Agency for Technical Co-operation (GTZ). The model followed by the Department draws on experience from Zimbabwe where PEA has been implemented over the past decade. In 1998 the DoA in Limpopo recognised the inadequacy of its services to farmers. According to officials interviewed there was a feeling that the Department's services were still tailored to the needs of commercial farmers, whereas the needs of small farmers in former homeland areas were not taken into account. In an effort to develop a new mechanism of service delivery the Department developed a participatory extension approach (PEA/PDA) in pilot districts. The new programme is called the Broadening Agricultural Services and Extension Delivery programme (BASED).

The Programme aimed to develop an approach that would assist the Department to effectively provide services to previously disadvantaged smallholder farmers. Programme objectives included the development of a new approach using participatory methodology to interact with the communities targeted, and the development of knowledge skills amongst extension officers and 'changing the outlook' of such officers toward interacting and learning with the communities under their care.

Two District Municipalities, Capricorn and Vhembe, were chosen as pilot sites and three villages in each were identified. The PEA has been tested and is presently being implemented in five of the six districts of the province. The programme had two distinct dimensions that encourage community-based approaches. The first is the project process of training agricultural extension officers, which has management, support and evaluation implications for the project, while the second is the institutionalising of community-based workers.

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3.2.2 The PEA Approach, selection criteria and procedures of CBWs

The PEA approach has five components. These include initial consultation and needs assessment with the community and then identifying innovators and enablers that could assist in a development process. Community workers are identified at this point. Community members nominate these 'farmer facilitators' who are to undergo training in agricultural issues. The Department requires that such individuals have a background in farming and that they would be willing to assist others with the knowledge acquired during training.

Subsequent to planning and organising local capacity, extension officers begin delivering relevant services. While offering a range of services such as agricultural methods, pest control, animal health, visits to agricultural laboratories and so on, officers are encouraged to take community views into account and to impress upon beneficiaries that the Department does not have all the solutions. Officers experiment with different solutions with community members and facilitate farmer to farmer contacts in different areas involved with the project to promote dialogue on shared problems and learning.

The final phase of the PEA approach is reflecting on lessons learned. Interviewees referred to this phase as 'closing the loop'. Extension officers meet with a farmer facilitator to reflect on the progress within the project over a period of between eight and 24 months, including how the community has benefited and how the department could learn from the experience.

3.2.3 Relationship of community structures with CBWs

Figure 3.2.3 Interest groups & links

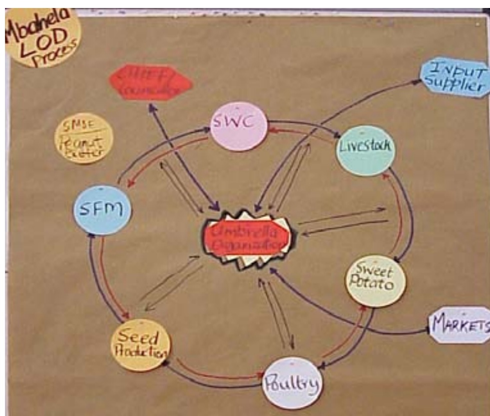

Figure 3.2.3 shows that farmer facilitators are part of different interest groups, who have formed an *umbrella organisation*. Farmer facilitators are accountable to the umbrella body and the community. The government is the facilitating agent. Farmer facilitators facilitate regular community processes, for example, organising mid-season evaluations, field days, etc. They also share PEA processes with other communities not already involved, therefore mobilising such communities for introduction to the PEA process.

3.2.4 Financing of CBWs

All farmer facilitators assume the position on a voluntary basis. However, when they contribute to awareness campaigns with other communities, their transport and food cost is covered by the BASED programme and the hosting community. BASED also pays for training (venue and food) of the farmer facilitators. In 2003 umbrella organisations selected a task team of 12 farmers to work on the process of establishing a community-based organisation (CBO) that would be registered. One role of the CBO will be the provision of services at a fee. The mechanisms of how this will work are still being worked out.

3.2.5 Roles and linkages

Provincial DoA staff have been trained in PEA methodology through the BASED programme, and provide support to farmer facilitators to provide community-based services. Umbrella organisations also provide direct links to other service providers. Although there should not be a direct link

between farmer facilitators and external service providers, facilitators are directly contacted in cases of emergency. However, in that event they would still inform the umbrella organisation before going out to provide a service.

The PEA project in Limpopo links with a range of organisations such as traditional leaders and the government departments, which are active in the area, e.g. the Department of Water Affairs and Forestry, local municipalities through ward councillors, NGOs who are active in the village concerned, with the exact type of linkage varying across the 162 villages.

The farmer facilitators assist extension officers during field visits. The facilitator is also expected to keep the officer abreast of community needs for technical assistance and training as such situations arise. During the phase of actual service delivery, facilitators are expected to take the lead in consulting other farmers with a view to offering courses of action to address common concerns. They serve as a vehicle to ensure community participation and ownership of possible solutions, countering dependency on the input of extension officers.

3.2.6 Training, support, supervision and accountability

The farmer facilitators undergo training in groups. Training on various agricultural issues is offered and is matched with the needs expressed by the community in earlier phases of the programme. However, they are also introduced to the aspects of the PEA cycle which encourages communities to engage in problem solving and learning.

No measures are in place to record and evaluate the performance of farmer facilitators. Instead, the extension officers develop an estimation of their performance through site visits where the impact of training should be a visible, personal contact, and interaction with the larger community. Farmer facilitators are accountable to the umbrella body as mentioned earlier and to the community.

3.2.7 Impact and sustainability

About 190 villages are presently implementing the approach, with an overwhelming majority situated in former homeland areas, involving 261 extension staff. 109 farmers have been trained as facilitators during 2002/03 in soil and water conservation, soil fertility management, livestock and small-scale seed production. By the middle of 2004, some 114 farmers had been trained, and a further 71 are scheduled to conclude their training by the end of the year.

Interviewees reported that the farmer facilitators learnt more effectively through experimentation and 'doing'. They were efficient in facilitating scientific concepts and processes through the use of tools and codes. Facilitators were able to help others to set up trials and mentor them during the monitoring and evaluation of technical processes.

Moreover, farmer facilitators are able to organise community events and run the programme themselves. The mobilisation of local farmer groups by selected farmers helps communities to access inputs in bulk and at discounted prices. The farmers understood each other better than extension officers, who are usually outsiders. Innovation is easily disseminated and the majority of farmers understood new technologies better with support from fellow farmer facilitators.

3.3 Participatory Forest Management Programme, DWAF, Limpopo Province[6]

3.3.1 Context

The Participatory Forest Management (PFM) programme was initiated in 1999 by DWAF's Indigenous Forest Management Directorate (IFMD). The objective of the programme was to enable communities living in the vicinity of commercial and state forests managed by the Department to make use of the forest to sustain and promote their livelihoods. The approach was guided by the White Paper on Sustainable Forest Development in South Africa, which maps out a community forestry approach.

3.3.2 Selection criteria and procedures for CBWs

In Limpopo responsibility for implementing the programme lies with the individual estate manager attached to DWAF. These officials are responsible for approaching communities who live adjacent to DWAF-managed forests to explain the purpose of the project. In this phase all stakeholders within the community are approached, including the traditional leadership in the area, ward councillors of the local municipality in question, and community organisations. Once the purpose of the project is explained, community meetings are called and a Participatory Forest Management Forum is elected to interact with the estate manager and the community. According to DWAF, those elected must have displayed an interest in forestry or the use of NR. The membership of the Forums includes both employed and unemployed people. By the beginning of 2004, DWAF had five forestry 'estates' in Limpopo, each with a PFM Forum consisting of approximately ten people. The officials interviewed said the IFMD does not stipulate what sort of individuals should be included in the PFM Forum, but leaves the composition in the hands of the community concerned. However, estate managers do explain to community members that the Department promotes women's participation.

Once the PFM Forum is formed, the IFMD assists the members with the drafting of a constitution, setting out the roles and responsibilities of the individual members as well as those of the committee as a whole. The task of the PFM Forum is to serve as a link between the estate manager and the community in general. When the constitution is completed the estate manager explains the resources the Department can offer. This process involves sensitising the Forum to issues of what suitable local resources were available, and how they could base their needs and expectations around it. Thereafter Forums are required to undertake a needs analysis and problem identification process within their local communities. The onus lies on the PFM Forum to approach IFMD with proposals and business plans for projects that will stimulate local development. The IFMD has sufficient resources it can commit once needs have been identified. These may include, for example, proposals for tourism development, or community management of hiking trails.

The role of the CBWs is to act as facilitators between the IFMD and the community. They are accountable to the community in terms of reporting how the Department has responded to their needs, as well as to the IFMD for continuous needs identification. They also submit monthly progress reports in cases where the Department had organised training courses and projects on account of information supplied by the PFM Forum. The DWAF officials interviewed indicated that in future, they will be required to inform PFM structures of management plans and strategies involving the forestry estates where the Forums are located. In this project the CBWs are members of the PFM Forum who are supported by the estate managers to set-up forestry management structures in order to utilise the resources of around them.

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3.3.3 Financing of CBWs

All the positions on the Forum are voluntary. However, there is high likehood for the PFM Forum to approach the Department with proposals and business plans for project funding. PFM Forums may, for example, propose for tourism development or community management of hiking trails, which the Department would consider for funding.

3.3.4 Training, support, supervision and accountability

Once identified, the PFM members are trained in project management and basic financial skills. The training is funded by DFID, who also appoint an appropriate training provider. The PFM Forum writes a proposal and business plan for training or projects appropriate to the needs of the specific community. These documents are passed to the Community Facilitation Fund (CFF), established to support community related projects. This body contacts the appropriate training providers to support the project in question. Funding for the training is identified and approved by the CFF, and provided by Danish Developmental Assistance (DANIDA), as well as by DFID. Trained PFM Forum members are subsequently responsible for training members of the community, and promoting a 'training the trainer' approach. The PMF Forum provides monthly progress reports to the CFF regarding the implementation of the project, as well as to inform the community of the state of the project.

Examples of training courses initiated by PFM Forums include bee-keeping with training and support provided by the Bee-Keeping Foundation of South Africa and the Agricultural Research Council. Forums have also organised training courses in eco-tourism, management of hiking trails and bird watching.

3.3.5 Impacts and sustainability

The PFM Forum is responsible for evaluating the success of projects. This involves questioning the beneficiaries as to the nature of the training, recording the results and subsequently reporting to DWAF officials. According to officials interviewed, monthly meetings between DWAF estate managers and the Forum mainly monitor the performance of the PFM Forum. Forum members are then expected to report on the state of affairs within their communities as well as identified needs for training and assistance. The Department has not adopted a formalised system of performance indicators or any under mechanism to measure the performance of either the Forums in question or those of individual members. Instead, this is left to the discretion of individual estate managers.

3.4 The Mvula Trust: Community Sanitation Committees and Community-based Organisers[7]

3.4.1 Context

The Mvula Trust is a water supply NGO that supports the delivery of water services in rural and peri-urban areas. Programmes include community management, the establishment of community-based water service providers and support for local authorities creating an enabling environment for sustainability. The organisation's projects run alongside sanitation and water supply programmes initiated by the Department of Water Affairs and Forestry (DWAF) and are designed to gain the co-operation and trust of the community concerned.

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The duration of Mvula's Trust involvement with particular communities varies according to the size of the community and the nature of the particular project at hand. However, staff interviewed indicated that the average lifespan of the Trust's projects is about three years.

For this review, the two Mvula Trust programmes in North-West Province and Eastern Cape Province are conflated into one case study, since some aspects of operations are similar, while the differences in approaches provide good contrasts on how related issues are managed.

In the North-West Sanitation programmes, the client agency is the Department of Water Affairs and Forestry, while in the Eastern Cape it is the large Alfred Nzo District Municipality (ANDM), with a physical area and population larger than that of Swaziland. Subsequent to DWAF legislation promoting the decentralisation of water services, ANDM has established itself as a Water Services Authority aiming to provide a sustainable delivery of water by utilising community members to assist in service provision. In early 2000 the ANDM approached the Mvula Trust to develop a method to provide operations and maintenance support services for 19 rural schemes that would deliver water to 33 rural communities.

3.4.2 Selection criteria and procedures for CBWs

At the start of the project in North West, Mvula Trust staff approached existing community structures to inform them of the impending project. These included the traditional leadership in the area, the ward councillor attached to the relevant local municipality and a number of other community-based organisations. The Departments of Health and Education were also approached, since the programme requires their co-operation. After consultation with the relevant local structures, a community meeting was arranged to explain the purpose of the impending project. Those attending were asked to elect about 10 people who would serve on a water and sanitation committee. The Mvula Trust insists that these individuals fulfil the following criteria: they must have lived in the community for the last five years, possess no criminal record and the majority (65%) of the committee must be composed of women. The criteria were set drawing on lessons learned from earlier projects and experiences. The selection process is designed to prevent projects from being captured by local elites and to avoid youths and men using the role as a form of employment as opposed to a means of promoting community well-being and sanitary health.

In the ANDM, the Mvula Trust does not approach the communities concerned directly. Instead a Water Committee, a body formed at district level by the ANDM and involving all stakeholders in each project, advertises for interested individuals to apply to serve as community-based water agents. Ward committees and councillors attached to local municipalities are also utilised for this purpose. However, the Mvula Trust set criteria that individuals have to fulfil, including a basic level of literacy, and previous experience in sanitation or water affairs. Work periods were not stipulated in engaging CBWs but tasks are identified and completed over a specified period.

In North-West the CBWs map community health needs at the end of their training. This is done using a needs analysis derived from visiting local clinics to acquire information on the prevalence of sanitation-related diseases within communities. The CBWs also compile a sanitation profile of the community to identify the shortcomings in the sanitation practices of residents, and a specified target audience.

Together with a representative from the Mvula Trust, a draft action plan is then compiled. Usually this consists of two components, the first of which requires the CBW to visit local schools and present workshops on sanitary health to learners. Sanitation Forums are also established within schools and regularly visited by a CBW. The CBW conducts house-to-house visits to members of the identified target audience to provide instructions on the appropriate use of various sanitation systems as well as on matters relating to personal hygiene and sewage disposal.

In the ANDM, the role of the CBW is to form a link between the District Municipality's efforts at service delivery and the community as a whole, in order to minimise the 'down time' of the schemes – the time that people spend without access to water because of technical failure – to about 48 hours. The committee members consult with all local stakeholders including tribal authorities, ward councillors and community members, to inform them of the objectives of the project, as well as of the legal issues involved in water provision. Stakeholders are approached individually and asked to attend a community meeting. Committee members also take complaints from community members relating to water provision and finally inform the community as a whole that in future complaints and queries could be directed to them. The committee is also responsible for organising community information sessions where matters related to water provision and supply, are explained and discussed. They are also expected to report back to communities on the nature of the training that they had received.

The 'operator' role is a quite specific CBW role, unlike that of other CBWs who serve as committee members. The 'operator' is responsible for repair and maintenance functions regarding broken stand pipes, leakages, and cleaning of reservoirs. In the start-up phase of the project the operator accompanies a technician from the ANDM for practical training and experience. Should a breakdown occur the committee members are responsible for acquiring the equipment necessary to perform repairs with funds provided by the ANDM. In the case of a major breakdown, the operator can call on assistance from either the Mvula Trust or the ANDM. Furthermore, should significant labour be required, either the Mvula Trust in cooperation with the ANDM can arrange for such individuals to be locally sourced.

3.4.3 Financing of CBWs

The Mvula Trust indicated that the organization no longer used purely voluntary models of community-based work. When it started operating in 1993 it encouraged community members involved in sanitation projects to make a minor contribution, either monetary or in the form of labour, towards facilities that would be installed (usually approximating a nominal 8% of the value of the installation). This method was pursued as a means of promoting community ownership and participation in the project.

When DWAF's sanitation and water provision programmes gained momentum in the middle 1990s, guidelines were formulated that stopped the system of voluntary work and demanded that a form of payment be introduced for community members involved in the project. The exact nature of the remuneration offered differs according to the nature of the project. In the North-West the amount paid to committee members was connected to the number of sanitation units installed in the community by the end of the project and approximated about R10 per unit. The final amount was divided between the committee members.

3.4.4 Training, support, supervision and accountability

In North West the individuals selected to serve on the committee attend training courses offered by the Mvula Trust, in accordance with their positions within the committee. Courses include project management, basic accounting, basic store-keeping and record compilation, and basic health and sanitation issues. When the Trust is unable to offer training in a particular area, it out sources to other providers.

Within each scheme in the ANDM, the overall aim is for four individuals to undergo training, three to serve as committee members, and one to serve as an 'operator' providing on-site technical assistance. All attend the same nine-month modular course which covers basic financial and accounting skills, basic administrative skills, project management, conflict management and customer satisfaction. A legal component is also included to familiarise participants with water

policy and legislation. The modules are presented at two-month intervals, allowing the committee members to gain practical experience before they are exposed to the next module.

The Mvula Trust monitors the success of training modules and the impact of the project in a number of ways. They hold debriefing sessions with individuals who have undergone training on the nature and contents of the module in question after the course had ended. Interviewees indicated that the nature and quality of the report-writing and the committee's obligatory monthly reports were a very effective indicator on whether the training modules had been absorbed. Trust officials also arrange visits to villages in the area to inquire whether residents were aware of the services provided by the committee and if any report-backs to the community had been organised.

In the ANDM, the committee members are accountable to the District Municipality and monthly progress reports are also sent to the Mvula Trust. The reports included time sheets as well as appropriate statistics on the activities of the committee. Monthly reports prepared by the committee are scrutinised with a view to ascertaining whether there had been fewer reported cases of vandalism of water infrastructure, illegal connections and breakdowns. The committee and facilitators attached to the Mvula Trust also meet once a month to discuss matters of common interest. Interviewees admit that while the committee members and the operator are also accountable to the community, effective legal accountability is housed in the ANDM by virtue of their employing the individuals concerned.

3.4.5 Impacts and Sustainability

In North-West, the committee arranges monthly meetings with the community concerned - attended by Mvula Trust staff - to keep them informed of the progress made in the project as well as on health and sanitation related issues. Monthly written reports are provided to the local ward councillor as well as Mvula Trust staff. The report is presented at municipal level, at an inter-departmental Sanitation Forum; a body that consists of representatives of the local municipality, DWAF, the Department of Health and the Mvula Trust. Mvula Trust evaluates the committee’s work bi-monthly. A number of methods are used in the process. Firstly, Mvula staff undertake a 'transet walk' in the community where sanitation practices are observed and community members questioned on whether they are familiar with the activities of the committee. Secondly, local schools are approached with a view to ensuring that the sanitation Forums established by the CBWs are still in existence. Sanitation facilities in the schools are also visited in order to ascertain whether the guidelines provided by the Forum are followed. Lastly, committee members are asked to visit the local clinic to gather information on sanitation-related diseases in order to ascertain whether the clinic had reported a decrease in the number of such diseases. At the end of the evaluation cycle the process of mapping and drafting an action plan is repeated to provide for objectives adapted to reflect lessons learned.

3.5 CHOICE Trust – Home- Based Care in Tzaneen Municipality[8]

3.5.1 Context

The Comprehensive Health Care Trust (CHOICE) was established in 1996 in response to health problems identified in the rural areas of the Greater Tzaneen Municipality, Mopani District. Home-based care provision by CHWs in rural communities is presently the major focus of the organisation. CHOICE is an accredited training provider in health and has an agreement with donors, including the DoH.

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CHOICE offers a range of health courses including peer education, first aid, agri-health, safety, as well as a number of basic HIV/AIDS courses including developing workplace policy and voluntary counselling and testing (VCT). Selected CHWs are trained as ancillary health workers (AHW) in the accredited Health and Welfare Sector Education and Training Authority (SETA) courses. The overall emphasis is on community development through poverty alleviation projects and the empowerment of women.

Mopani District has a population of 448,000 and the majority of them live in rural areas. There are 26 clinics and four health centres that act as the base for the village projects. To date 252 CHWs from 102 villages and 50 farms have received training. On a monthly basis CHWs serve over 5,000 families via visits with a health message, with on average 500 people needing daily care in their homes.

3.5.2 Selection criteria and procedures of CBWs

The selection of CHWs usually takes place following a situational analysis or household livelihoods survey in the village. Meetings take place with all stakeholders in the community, including traditional healers, traditional leaders, the religious sector, teachers, and the wider community. The details of the project and the criteria for the selection of the volunteers for the provision of HBC are discussed at this time. From the outset support of the project by all stakeholders is vital. The community members make the final choice regarding the selection of the CHW. Decisions on the time spent on the programme is left to the individual and the needs of the community.

The elected CHWs are primarily women (80%) with the majority over the age of 30 years. In most instances there is a breadwinner in the home that enables them to work as volunteers. Most of the CHWs are literate, although this is not necessarily a criteria for selection. However, should the CHW see the AHW training as a career path, a certain level of literacy is required. Infact a number of CBWs have left the programme for further employment as a result of the training received.

The CHWs have become the extension of the local clinics into the communities. Health professionals refer clients needing on-going care and support, with the CHW referring patients back to the clinics for further care when necessary. The number of hours each CBW works depends on the individual's own time and commitments. However, the initiation of stipends by the Department of Health will necessitate formalising this aspect. The CHWs conduct house-to-house visits in the areas they serve as an introduction to the role of CHOICE, and thereafter on a continuous support basis. Identifying the needs of families and children is a priority, with the appropriate care given or referrals made. This assists with destigmatisation of HIV as all members of the community are visited and care is provided to all. Services include counselling, education, physical care, food preparation, cleaning assistance, and family support and guidance. Assistance is given with the accessing of support grants, making wills, and funeral preparations. Pre and post-test counselling to assist with the VCT process is planned for in the future. The trained CHWs become leaders in their communities and form support groups where community development and poverty alleviation projects are initiated.

3.5.3 Financing of CBWs

The CHWs do not receive any payment. Volunteerism is not ideal in impoverished communities and great care is taken to ensure that the CHW does not incur any personal costs. Training is carried out in or close to CHWs villages, or transport costs paid and nutritious meals provided during training days. Incentives given depend on donor funding and include record-keeping books and stationary, clothes and umbrellas. Identity cards are given to serve as a security measure and to assist with community acceptance. HBC kits - a small stocked toolbox - are given to assist with physical care. The DoH has made a commitment to replenish these kits in future. The system is financed by various donors of CHOICE. The DoH announced in March 2004 that CHWs carrying out HBC activities would be paid R1,000 per month. However, to date this has not materialised, despite the many expectations created.

3.5.4 Roles and linkages

CHOICE works in partnership with the DoH in the provision of home-based care both locally and nationally. Few entry points have been made with the provincial DoH. Other government departments involved include Welfare, Education and Agriculture. Multi-sectoral meetings are held quarterly and include stakeholders such as the police, churches, business, other NGOs and CBOs. A Forum has been functional since 1999 and has just become the Greater Tzaneen AIDS Council under the auspices of the Municipality. CHOICE is also a member of the South Africa NGO Coalition, CINDI, and Thlavhama Training Institute. The organisation has huge networking potential which it has yet to optimise.

3.5.5 Training, support, supervision and accountability

The CHW are accountable to the co-ordinators – eight of whom were originally CHWs themselves. Coordinators are elected by the CHWs and visit monthly for a support/debriefing/in-service training meeting. During this time, they will either randomly select a patient to visit or, on request, assist a CHW with a patient needing care. CHWs are also supported and assisted by the project staff who visit regularly, collect their monthly reports and assist with the distribution of donated goods. Area Managers meet monthly to compile reports for submission to the organisation to fulfil donor requirements.

The Ancillary Health Worker Course is a 59-day accredited curriculum run over a period of two years. Courses are not run concurrently in order to give the CHW an opportunity to practice their new skills and internalise their lessons learned before the next course. Funding also determines the pace of the training. A generic approach is taken in the training that covers a wide range of sicknesses and conditions, not just those associated with HIV/AIDS.

Monthly support group meetings are held with each group at the central formal health facility. This ensures that the professional staff/social workers are also involved with the programme continually. Guest speakers attend these meetings, and in-service training is also given. In 2004, the training of clinic committee members has taken place to assist the CHW with support.

3.6 Golang Batcha CBWs in the Mangaung Local Municipality[9]

3.6.1 Context

In 1997 when there were attempts to transform the health system in South Africa, primary health care clinics had to extend their services to include curative services. It became clear that additional human resources were needed to ensure that basic health education was done in the community, treatment defaulters were followed up and contact with the community maintained. Golang Batcha is an example of CBWs trying to meet this need.

Golang Batcha is a group of forty-two community members resident in Mangaung Municipality, who render a comprehensive assistant health service in seven primary health care clinic areas in Bloemfontein. The group received guidance for its establishment from the Health Division of Mangaung Municipality to become registered as a Non-profit Organisation (NPO). Golang Batcha has a constitution and an executive committee responsible for governance issues.

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This network of CBWs serves an estimated catchment population of over 156,748 people (1998 census). The CBWs provide support to professional nurses through a range of activity including basic health education to clients visiting clinics and outreach to the communities served by a particular clinic with health educational drives. Support is also provided by CBWs to those with health problems. CBWs also assist with following up community members unable to attend clinics as well as providing home-based care for those identified by professional nurses.

Volunteer workers were recruited in 1998 to assist in the follow-up of clients suffering from TB at Mmabana Clinic. From the initial ten volunteers from Mmabana, the team quickly grew to become a network of 42 undertaking health educational activities in clinics and communities on a daily basis. Membership was closed after the constitution was drawn up. The group consists mainly of women who average 30 years old.

The CBW is an extension of the local clinics into the communities. Health professionals refer clients needing on-going care and support to these volunteers. The CBWs deliver health education talks in the primary health care clinics where patients are attending the clinic, as well as to specific groups in the community. They also attend and follow-up with patients in need of HBC, counselling or medication.

3.6.2 Financing of CBWs

Golang Batcha started purely as a voluntary group. Volunteers work on average 30 hours per week. No stipends or payment were received for four years which caused serious hardship for the volunteers. In 2002 there was political commitment to pay a stipend to those serving in their communities and volunteers now receive a stipend of R500 per month from the DoH. This money is claimed on a monthly basis after CBWs have fulfilled certain criteria. The Mangaung Municipality indirectly supports Golang Batcha by assisting with training and communication.

A well organised administrative structure is needed to ensure regular payments and support of volunteers. Golang Batcha is still experiencing problems two years since it developed its constitution. A database on CBWs rendering services is needed to exclude fraud and facilitate networking.

3.6.3 Relationship with Community Structures

Golang Batcha forms part of a consortium of home-based carers called Ngenani Emxholweni, an umbrella organisation for organisations providing HBC in Bloemfontein. HBC is presently rendered by CBWs registered or known to the Departments of Health and Social Development, as well as by groups or individuals not known to the departments. A Bloemfontein HBC Forum was established in 2004, with the main aim of creating a communication network between the Department of Health and Social Welfare and service deliverers. A database of CBWs was also to be established and the goal is to link CBWs with services. This is however still in an early phase of development, with regular meetings taking place.

3.6.4 Training, support, supervision and accountability

Golang Batcha members are all trained in HBC, Direct Observation Therapy Short-course supporters (DOTS) and HIV counsellors. They receive monthly in-service training on an identified topic. This topic is then used during health educational talks for the rest of the month. Extensive support has been given to the group. Mangaung Municipality Health Division has assisted the group in identifying training needs, organizing and delivering training, compiling a data basis on membership, assisting in writing proposals for sponsorship and general networking.

Despite the comprehensive training programme support to trained workers in the field poses a serious challenge; a shortage of staff has resulted in a lack of sufficient support after training has been completed.

CHWs are accountable to the Executive Committee of Golang Batcha. Although stipends are received from the DoH, no official agreement has been signed between Golang Batcha and the DoH. Since Mangaung Municipality renders a service at local government level and not at provincial level, volunteers do not report to the DoH.

The accountability structure currently in place includes the Executive Committee which, guided by its constitution, monitors activities of members and disciplines members if needed. A professional nurse in the clinic identifies clients in need of assistance by the CBW and receives feedback on client care, and monitors this feedback. The nurse in charge of HBC projects co-ordinates all efforts of the Executive Committee and the professional nurses in clinics send monthly claim forms to the DOH.

There is a need to identify a body with legislative powers over the CBWs rendering services within the health sector.

3.6.5 Roles and linkages

Golang Batcha is part of the Ngenani Emxholweni Consortium of home-based carers in Bloemfontein. The health division of Mangaung Municipality acts as facilitating agent and is represented on several community-based worker fora. Some of the key players and their roles are shown in table 3.6.5. below.

Table 3.6.5 Golang Batcha Stakeholders from the CBW National Workshop report p15).

Stakeholder	Role
Mangaung Municipality	Infrastructure services Training
Department of Health	Stipend payment Career pathing
Private sector	Training
HBC Consortium	Networking
Hospice / ATICC	Training

It is clear from the table above that CBWs cannot function without a definite link to a service provider and private sector involvement is essential to ensure growth. There is need also to identify persons or organisations to provide assistance in monitoring and providing clinical guidance in the field for HBC and the CBWs.

3.6.6 Impact and Sustainability

On average CBWs hold 237 health education groups/talks every month. CBWs worked without remuneration from 1998 - 2002, because of their high motivation levels. The experience of working with CBWs from the community is very positive as the patient bonds well with the CBW. Patients see the CBW as their “special carer”. Through CBWs’ intervention TB interruption rate decreased from 19.7% in 2000 to 13.8% in 2002 (2003 data unavailable) due to Direct Observation Therapy Short-course (DOTS). The work of the CBWs is well recognised in the province, and Golang Batcha received 2nd place award in the Philane Awards for TB management in the Free State.

3.7 Hospice in the Motheo District - Care along a Continuum[10]

3.7.1 Context

Bloemfontein (now Naledi) Hospice was established in 1989 to provide palliative care for those with incurable conditions, as well as support to their families into the bereavement period. The St Nicholas Children's Hospice, Smithfield Hospice, St Thomas Hospice and Ladybrand Hospice, all established between 1997 and 2000, were all branches of Bloemfontein Hospice. The first volunteer care-givers were trained in 1989 with annual training expanding into all branches. The first employed community care-givers were appointed and trained in 1994.

The St Nicholas Children's Hospice formally separated from Naledi Hospice on 1st April 2004. Naledi focuses on caring for adults while St Nicholas focuses on children with a referral system between the two hospices. The area of service in Mangaung includes Bloemfontein and Botshabelo with most patients (550 children and 320 adults) living in the townships and informal settlement areas. Community care-givers provide HBC in the 6 Community Palliative Day Care Centres of St Nicholas according to the standards of the Integrated Community-Home-Based Care model of best practice. They assist with the weekly palliative care clinic and provide care for children made vulnerable and orphaned by HIV/AIDS, as well as working in the children's in-patient unit at Sunflower House. A professional nurse supervises HBCs in palliative care giving.

They provide basic nursing care in the home, day care centres, and at Sunflower House. This comprises bathing of patients, simple dressings, mobility, hygiene and supervision of medications. St Nicholas CBWs are now being trained to supervise anti- retroviral therapy (ART) and get children drug-ready. Working with the nurses they supervise pain and symptom management. They also give training in the home on care of patients, infection control, and nutrition, and provide bereavement support. St Nicholas provides special support including Memory Work under supervision of a social worker and OVC support. Full-time CBWs work 40 hours per week and part-time volunteers 10-20 hours depending on patient numbers.

3.7.2 Selection criteria and procedures for CBWs

There are 48 Community Care-givers. Four are male and the remaining women. 70% are under 35 years of age and 26 work full-time. They are selected by the professional nurses of the Hospice according to criteria – one being they must complete the basic 59 day caregiver training. They also must have a history of volunteerism.

3.7.3 Financing of CBWs

Full-time CBWs receive an average of R1,800 per month. Part-time workers receive the DoH stipend or R500 from hospice. Funding is raised by the Hospice from a variety of donors locally, nationally and internationally. Hospice was part of the development of the Free State HBC project and raised the first funding to pay stipends to provincial CBWs.

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3.7.4 Training, support, supervision and accountability

CBWs are accountable to a professional nurse. Those in the bereavement care in St. Nicholas, account to a social worker. They meet weekly with supervisors who in turn visit their patients. CBWs have weekly meetings with their professional nurse supervisor and/or social worker. St Nicholas staff and volunteers also receive support from the Chaplain and one-to-one support and counselling when needed.

CBWs receive training in the Ancillary Health Worker Course, the 59-day accredited curriculum, which was researched and developed by the national hospice movement for the DoH and which is run over a period of 2 years. Funding also determines the pace of the training. St Nicholas provides training in palliative care of children and bereavement and spirituality in children as well as on-going training by the professional nurses, social worker and community trainer. The St. Nicholas Hospice - and Ladybrand are full members of the Hospice Palliative Care Association of SA (HPCA) and receive financial support and expertise from this body.

3.7.5 Impacts and sustainability

The HPCA has standards of care and also helped to develop the national community care-givers training for government. This is based on the Integrated Community-Home-Based Care model of best practice, used by the Hospice Palliative Care Association of South Africa and which provides care in the Community Palliative Day Care Centre of St Nicholas.

The St Nicholas Children's Hospice received an international award at the World Congress of Children's Hospice's in 2003 for Innovative Programme Development and is part of a partnership with the Nelson Mandela Children's Fund to provide training in paediatric palliative care for their CBWs at Gaelama sites to equip them to care for OVC and infected children. This will be expanded for training in all hospices, other organisations in SA and throughout Africa through the African Palliative Care Association.

HPSA is part of a national group developing the first training in paediatric palliative care for professionals who work with and supervise CBWs. Shooter and Shuter have published a book on Sunflower House which also speaks of volunteers. Further, the Sunflower Hospice is part of a national hospice mentorship development project that assists in developing programmes. A CBW from Viljoenskroon Hospice is one of two Hospice regional representatives on the national HPCA Board. Training has been provided in the maximum-security prison in home-based care for inmates and over 300 people have completed this course.

PART D Learning and Gaps

4.1 Selection criteria and procedures of CBWs

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

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

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

4.2 Financing of CBWs

The case studies suggest that agreed monthly stipends enhance the sustainability of CBWs engagements. Where this is not the case, the demands on CBWs can cause a high attrition rate over the course of the programmes, and a related loss of capital. Well-developed selection criteria and procedures that combine local opinion with outside observation must counter the limitations of allowing those with an interest in the salary alone to be absorbed as CBWs.

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

The public payment of stipends in the HIV/AIDS sector contributes to sustainability of the service and the commitment of the CBWs, despite the concerns that such an incentive can attract those who 'just want the job'. In other sectors such as water, public payment in a different form works, extending the effectiveness and ability of the CBW to manage a wide range of relationships with stakeholders. Where volunteerism is in place, the sustainability of the actual CBW concerned and in turn their engagement with the poor is at risk.

There is also scope, being attempted in other countries participating in this 4 country project, for the specific CBW-based service to be privatised. However considerable work in this regard still needs to be done on the establishment of methods to calculate user charges, issues of publicly provided subsidies, the risks and rewards to both parties, the sustainability potential in poor places, and how acceptable this can become to the poor communities serviced and supported.

4.3 Relationship of community structures with the CBW

The CBWs role can be strengthened by the presence of established community fora, which engage with the public sector and other stakeholders in a range of ongoing decision-making regarding the respective programmes. Where this has occurred, the depth and reach of the CBW process is impressive.

While varying across the NR case studies, the most effective structuring concerns the establishment and operation of nominated or elected community forums, sometimes containing traditional leadership, to which the CBWs report, and who engage with external stakeholders in the design and decision-making of programmes.

In the HIV/AIDS sector, multi-sectoral forums involving a wide range of community interests successfully exist in Limpopo province, and have deepened to become an AIDS Council, making wide ranging decisions and providing support to CBWs. In the Free State small CBOs are being encouraged by the DoH to join consortiums, to share funds and experiences to take back to their own neighbourhoods.

In the first instances described above, it is clear there is a large measure of local knowledge, decision-making and control in forming and enhancing the inception and outcomes of programmes. This also implies a large potential measure of ongoing ' fix it as it happens', which can contribute to continual refining and development of best practice.

In the HIV/AIDS sector the obvious issues are that the larger councils and fora are capable of deepening the reach, understanding and approach to the pandemic and other health related issues, while the consortiums, are ideally able to act as fora for sharing experiences and learnings regarding many aspects of running a small CBO. Not withstanding the latter, forums are important tools for lobbying and ensuring political buy-in of programmes.

The case studies demonstrate the need for community engagement at the early stages of conceptualisation and design in order to enhance appropriateness of the model and sustainability of the programme. In the HIV/AIDS sector, for example, support and intervention is becoming more critical, therefore all role players – public, private and community - need to come together and debate and learn how to define and drive the most appropriate models for CBWs and for the roles and arrangements between the respective interest groups. However there is concern about the potential of 'consultation overkill' and for CBWs to become overworked with too many stakeholders to report and account to on top of their daily work.

4.4 Roles and Linkages

It is time consuming and hence costly to build up and establish appropriate links between institutions, and there are issues regarding the source and cost of honoraria for time spent and for meals, etc. However the sustainability, reach and outputs in the programmes are enhanced by multi- stakeholder collaboration and by clearly defined roles and linkages for individuals receiving the service, for community representation, and for the public and NGO sectors.

Conflict is inherent in all development programmes, and sufficient checks and balances need to exist within the community for different interests to mediate their differences towards achieving common outputs in the best interests of everyone. Where this does not exist, such as the potential for competition for resources in the small CBO consortia, there is an obvious need to support their role through the engagement of, for example, well-developed NGOs active in the same field, to mediate and to lobby, and to assist in addressing concerns and differences in a way that can work for all.

Government should ideally continually refine and implement a deeper range of macro pro-poor policies on a sector-by-sector basis, while engaging, assisting and supporting the design and implementation of

appropriate programmes with stakeholders. NGOs can provide more coherence and depth to public policy, bringing their own experiences and practices into this realm, without being co-opted, and play a major role in support of CBWs in implementation where appropriate. Of course this is happening already. Their experience and innovation can contribute to the ongoing redesign of aspects of CBWs roles and responsibilities, and provide the necessary back up structures and support.

Private sector roles need not be limited to funding, but can embrace networking, supporting and providing facilities for fora and resourcing essential items and assets for a CBW programme. This can be extended to bring policy and programmes into their overall ambit, while in the NR sector, private interests need to tailor their products - in terms of size and sample, range and an appropriate technology - for a more effective and low-cost product and distribution of the relevant item/service. There is also scope for the redesign of their market and service to better receive - and to distribute - the small volume and potentially lower standard and 'niche' products becoming available from small scale producers. The type and extent of their engagement will vary according to the type of programmes.

4.5 Training, support, supervision and accountability

There is clearly a need for well-developed types of management structures to be set in place at the most convenient stage of a programme. Community forums in the NR sector should and do have a strong role in management, meeting regularly, receiving reports, and engaging with stakeholders. This is vital to the success of programmes. In the HIV/AIDS sector members of communities who come together to form small CBOs, have been helped to define their own management structures with constitutions and committees, and subsequently manage relationships with the state and with other stakeholders. Over time this should ensure the development towards best practice.

The case studies represent a pattern where CBWs are ultimately accountable to their clients in the community but are in most cases similarly accountable to the facilitating agency such as the district council, or the Department of Agriculture, through methods and systems of dual reporting and checks and balances. Sometimes these extend to NGOs concerned, as in the case of the water sector. The only qualification to this element is the demands this places on the CBW, implying multiple accountability and extensive reporting, sometimes in different formats to different bodies.

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

Training needs to be directed at three levels, depending on the nature of the programme. Firstly, those in the public sector who support or interact with emerging CBW systems need to be trained in the operation of the CBW model in place. This can be done by an NGO or by a suitable service provider or by a donor promoting the programme. Without this level of understanding, the public support service is likely to be reduced in scope and content. Public officials can sometimes profess a full knowledge and understanding of how communities are constituted and what their requirements and needs are, but this can be contradicted by adopting a professional and social distance from the circumstances of 'the poor'. In countries where the public service is one of the few avenues for upward mobility, this may be more marked. Therefore a more intense engagement with the specifics of CBW systems is important. The duration and phasing of such training can be varied, but in essence it needs to be ongoing as the programme elements unfold.

Secondly, CBWs need specific training in both the operation of a CBW programme as well as in the specific tasks, methods and techniques required for the role. The latter should be phased with modules for ongoing learning. The training service provider needs to be close to the programme or its objectives, in order to tailor the training. There is a potential for CBW type training methods and models to be too diffuse, especially in the NR sector. There is a clear need for a repository of

methodologies to be developed for a specific CBW systems training, to be stored and replicated nationally and internationally, as is partly occurring in the HIV/AIDS sector for CHWs.

Thirdly, there needs to be a third phase of beneficiary training, so that community participants are brought properly on board to understand what they can expect and what they can contribute. This is occurring in some of the NR case studies, but less so in the HIV/AIDS sector. In essence there needs to be an accredited training course developed for CBW systems per se, adopting from best practice elsewhere and geared to a best practice model for CBWs. Specific training also needs to be assimilated and more systematically developed for the two other levels of client or service provider described above.

In the NR sector established public institutions such as the Agricultural Research Council would be an ideal place for locating a dedicated CBW training, linked to other technical courses on offer. Community organisations and community forums are well placed to provide training to beneficiaries, having undergone training in a centralised accredited CBW systems training course. These should of course be supported with specific training from dedicated NGOs and donors regarding the operation and desired outcomes of the particular model and programme in place. Similarly, these organisations could provide the background training to civil servants regarding the specifics of CBW-based programmes.

In the HIV/AIDS sector accredited training is already provided based on the Hospice method that has been adopted as a public policy. CBWs would however benefit from the dedicated CBW module suggested above. Beneficiaries too would benefit from training support from dedicated NGOs in the field.

4.6 Impacts and Sustainability of CBW systems

The case studies clearly suggest that the CBW model is applicable across the NR and HIV/AIDS sectors in a range of situations. It is at the level of the local home or homestead that the CBW is so critical, engaging with the 'farmers', 'patients' and 'community' and articulating their needs and demands. It is in this interface with local communities, covering the identification and support of locally defined needs and opportunities that the model is most effective and provides optimum benefits. These aspects are enhanced, of course, where the system of public services (clinics, extension officers, district water technicians) is active and working, thus providing the conditions for complementarity as well as the necessary deepening of the reach of that particular service.

Despite the absence of baseline data surveys, the case studies indicate significant impacts and sustainability potentials. In the NR sector programmes, each programme is going from strength to strength both within communities and with external collaborators.

Direct outputs include reduced physical downtime of water facilities in water schemes, increased numbers of suitable sanitation systems installed and behaviour changes amongst stakeholders. The range of villages serviced is increasing annually, and the number of projects adjacent to indigenous forests growing. The conditions which promote these impacts and depth are essentially institutional; that mixture of arrangements between stakeholders which contribute to ongoing work and the delivery of outputs in a sustainable way. Had baseline surveys been conducted at the outset of each programme, significant impacts and outputs may be clearer.

In the HIV/AIDS sector, CBWs providing HBC have contributed significantly to a well-developed and growing social capital in poor communities, to reported decreases in certain health conditions such as TB, and to a deepening of the reach of public services for HIV/AIDS via the clinic system. Despite these consistent and overall impacts, sustainability issues in the very small CBOs appear contingent on getting the funding formula correct.

4.7 Cost effective of CBW systems

Cost effectiveness occurs at varying levels of operation in the CBW systems surveyed. In water and sanitation, a low-cost service is provided efficiently at low rates of payment, with a wide reach. In the participatory models for the agriculture and forestry programmes, a similar but no-cost service is given to a range of players who stand to benefit.

Despite this, the latter CBWs are under-resourced, without transport for example, to enable more effective working. This implies a need for either a greater subsidy or a deepening of the community contribution towards the service. Moreover, large donor contributions via dedicated funds operating centrally for the design of projects and support of some programmes, implies the need for ongoing subsidies of some sort. An alternative is designing a workable formulae around the economic returns to project outputs by participants in relation to the type of service delivered and received, and the introduction of an element of a user charge. That would take considerable negotiation and design, but is not without the reach of some programmes as they stand at present.

In the HIV/AIDS sector CBWs are cost effective in that they provide a range of low-cost services with a wide reach, using volunteers or paying small stipends. Nevertheless, there are limits to this where the organisations promoting the work are continually engaging with a range of private, public and donor sources for funding. Moreover, without a wider and deeper public health and welfare security system - continually researched and debated in public policy in South Africa - which covers the many conditions encountered by the CBWs and their patients, and recoverable by CBWs as a specific item, cost effectiveness of the CBW systems remains constrained.

4.8 Conditions for effective CBW systems to support the rights of the poor and vulnerable households

From the case studies in both sectors, it is clear that this aspect is best developed when CBWs are drawn from within the communities in which they serve. Local knowledge and networks form the principle factor which deepens the engagement with, and appropriateness of the service to the poor and vulnerable. Where this is complemented by an institutional model which incorporates and represents beneficiaries as participants on Forums and umbrella organisations, and not mere recipients of a service, these conditions are very well met.

It is precisely the nature of these changing conditions on the continent which promote the basis for the ongoing viability of CBW systems, and the need for a refined CBW system. There are two main reasons for this. The first is that it is clear that governments will continue to punt the need of pro-poor delivery models in sector policies and will need the CBW model to either inform or complement their own versions of development workers, where these exist, as well as CBW systems *per se,* where the conventional adoption of the standard models for service delivery fail to provide the growing range of local services needed directly within the communities concerned. This applies to any sector. Secondly, despite an incredibly extensive set of initiatives in South Africa over the past decade regarding service delivery, significant gaps in the public models for a more effective, lasting and systematic engagement with the poor reveal the need for a refined CBW system across sectors.

National, sub-national and local political imperatives will indeed promote the introduction of CBW systems, as will continual and deepening commitments of the world community to Africa. At risk of course, will be the potential of governments to co-opt and therefore potentially limit emerging CBW best practice into the public domain. Exit strategies need to be dovetailed with a deeper engagement with the public sector to define and design appropriate public support for the range of gaps in the expanding models for CBWs as these emerge through experience. This can be achieved in the pilot projects' phase to be undertaken in this 4 country project.

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

5.1 Context

The range of CBW systems in place in South Africa represent an enormous achievement, outreach and preliminary impact in the context of rapidly changing pro-poor policy parameters, and within some of the limits regarding the extent of reach and participation by the poor of the more conventional programmes for service delivery. The CBW systems can provide a more targeted, focused and dedicated service around special needs and demands, and allow for a very high degree of individual and community participation in decision-making and in implementation.

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

Immediate follow-up issues can include: the implementation of the pilot projects in all the 4-countries; an agreed development of an accredited CBW system training course based on the results from pilots, located nationally in a public institution; a public commitment to replicate and rollout the models and methods of a 'best practise' CBW system; support for deepening the engagement of existing CBWs nationally through a central facility which establishes methods for learning, refinement and for replication, without the reliance on donors to undertake the task. Further, this action-research project can look at how best to evaluate the gains made in programmes overall, essentially by introducing and undertaking an agreed method of Monitoring and Evaluation (M+E). It can investigate the type of M+E system that is suitable for promoting adjustments, sustainability and improved outputs.

The project can also concentrate on measuring the impacts on beneficiaries; the extra output being generated by the poor, what use is made of this and how it contributes to livelihoods and assets creation. The sustainability of beneficiaries' engagement and commitment can be explored as well as how to more effectively promote this. Further, the action-research can interrogate the potential of more precise roles for the private sector in the product and output based CBW systems within the NR sector. Allied to this the action-research project can look at what is required to make CBW systems more cost effective including the potential for charges on output for services rendered.

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

5.2 How this relates to the legislative and policy environment of African governments and the implications for the model in terms of changes to the legislation

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

ANNEXES

Annex 1 HIV/AIDS sector case studies' verification exercise

1.1 Introduction

This part of the report forms part of the in-country review highlighting the experience of different community-based worker systems in South Africa. The report is based on the verification checklist contained in Annex 2A in the service agreement between Khanya-mrc and the HSRC. It outlines the verification phase of the organisations surveyed which use CBWs in their implementation of HIV/AIDS programmes. All the organisations operate in the area of Bloemfontein and surrounding informal settlements. Three of the organisations are well established NGOs which have the expertise of professionals, such as professional nurses and social workers. One organisation is a CBO, which is part of a consortium of other CBOs. All four organisations provide HBC and use CBWs as main implementers of the care. The CBWs have undergone the mandatory 59 day HBC care training. The organisations receive funding from the Departments of Health and Social Development and all three NGOs receive substantial amounts of funding from private donors.

1.2 Methodology

Nine organisations working in the field of HIV/AIDS were sampled. Delegates from four organisations participated in this verification exercise, which took the form of a workshop. Follow up verification interviews were held with beneficiaries from two organisations. The organisations present at the workshop were the St. Nicholas Hospice (NGO), Lesedi la Setjhaba Welfare Organisation (NGO), Lerato Care Group (CBO) and the Kerklike Maatskaplike Dienste (NGO).

2 Financing of CBWs

CBWs provide services largely on a voluntary basis. However there is a prescribed stipend provided by the Department of Health (DoH) or Department of Social Development, which was viewed as desirable and necessary. However, while national DoH policy seems to support the payment of stipends, this has yet to occur in all cases.

There are no clear policy guidelines for the future career prospects for CBWs and their impact as an emerging sector of the labour market is often overlooked.

In a moral sense people cannot be expected to volunteer their services indefinitely. CBWs have sometimes left the organisations to seek permanent employment elsewhere. This has a great impact on the continuity of service provision by facilitating organisations, and is a loss of skills and invested time. The voluntary nature of the work implies that there can be lack of commitment on the part of CBWs. There is not always a clear cut employer/employee relationship and as a result the lines of accountability and commitment can be blurred.

There is a disparity between established NGOs and CBOs with regard to funding. CBOs struggle to keep their organisations afloat and some are run by people who have low levels of literacy. There seems to be no structures in place to ensure the capacity building of CBOs especially those who are implementing services that are mostly needed in their communities. CBOs struggle with the necessary managerial and administrative skills for adequate monitoring of funds and services rendered. Thus in most cases they cannot draw up acceptable business plans to secure funds. While NGOs have the expertise of professionals and the institutional capacity and long history, they also operate under a cloud of uncertainty of funding for the forthcoming financial cycle.

The issue of remunerating CBWs needs to be taken into account. This should be viewed in an ethical sense as to whether the culture of voluntarism is an ongoing process and as to what policy and legal structures are in place to sustain it. In formulating the policy guidelines for the implementation of a best practice model for CBWs, policy makers need to take into account whether CBWs should be specialists or generalists in their implementation of services.

3 Relationship of community structures to CBW

CBWs are recruited from the areas of operation in which they render services, thus they are members of the communities that they serve.

HIV/AIDS issues are jointly tackled by the community for the greater benefit of the community. The use of CBWs as extensions of service provision has proved to be very important in increasing the quality of life in communities.

Stigma in the fight against HIV/AIDS is still a big issue in some communities and this has made it difficult for the services of some CBWs to be appreciated and acknowledged. This has led to many people being reluctant to become actively involved in HIV/AIDS work. Many organisations have expressed that the ratio of available CBWs to beneficiaries requiring home-based care is skewed. In practice, there are more beneficiaries than the number of available carers. In addition there are not many accredited training opportunities available to aspiring CBWs.

4 Roles and linkages

Most organisations are dependent on donor funding for the effective implementation of their HIV/AIDS programmes. The involvement of the private and business sector is minimal. This can be attributed to the fact that many private institutions have their own HIV/AIDS programmes.

The Departments of Health and Social Development have taken a lead in the implementation of CBWs as service providers. Both departments provide funding to non-profit organisations working in the field of HIV/AIDS. To a lesser degree the Departments also offer capacity training to organisations, as well as monitoring of services provided.

CBWs offering HBC have strong links with the formal health sector. This includes having sessions with health professionals for the referral of patients needing expert medical diagnosis. However, without proper policy guidelines in place the referral process does not always work. The other compounding factor is the apparent shortage of available personnel both in the professional health sector and in the CBW pool.

The work undertaken by carers is emotionally demanding and psychological support is often needed. In professionally run organisations CBWs are linked to a supervisor, either a professional nurse or a social worker for debriefing sessions. This move has increased morale and maintained the well-being of the carers. However in smaller CBOs such practice is regarded as a luxury that cannot be afforded.

In recent years there has been a shift in donor funding to prioritise funding for HIV/AIDS programmes. This has resulted in many organisations mushrooming, with many claiming to be providing HIV/AIDS related services. This has resulted in increased competition amongst organisations for limited resources and in some cases duplication of services.

There seems to be a lack of co-ordination between the Departments of Health and Social Development, especially at Deputy Director level and lines of communication between the two Departments need to be clarified. This can be achieved through the delineation of respective roles

and responsibilities and the integration and co-ordination of the services of these two HIV/AIDS Directorates. A culture of open communication needs to be fostered between and amongst service providers to reduce duplication of services and channel funds where they are most needed.

Government departments should be at the forefront in lobbying the business and labour sectors to help in advancing CBWs as an important sector in addressing HIV/AIDS. From the business sector funding can be channelled to these organisations to supplement Government funding. The labour sector too can lobby Government for career pathing or creating learnerships for the carers, who are mostly unemployed young people from disadvantaged backgrounds.

The media can be used to play an instrumental role, especially local media presented in the local language. The media should be seen as active partners in the implementation of CBW systems. It can, for example, assist in marketing the services offered by CBWs. In addition, community Forums can generate inputs and provide a valuable route to feed back to the community.

5 Training, support, supervision and accountability

CBWs receive HBC training provided by either the Department of Health or Social Development. Integration of HIV/AIDS programmes within these two departments should also extend to the standardisation of training provided to CBWs. In terms of training, there is need to extend the training to include patient's rights. Government departments should initiate the accreditation of training programmes for CBWs.

Health professionals, in particular professional nurses, have provided their expert skills to support CBWs. For CBWs who are linked to clinics, there is a resident professional nurse providing the necessary information and psycho-social support to the CBWs. Social workers are another group of professionals who are involved with CBWs. These two groups of professionals have set a precedent in facilitating the implementation of CBWs, especially with regard to supervision and mentoring. This support can enhance the commitment of CBWs. However, there needs to be training courses offered to professionals on the CBW initiatives which can further ensure standardisation of CBW models and acceptance and recognition of the important role CBWs play.

CBWs are recruited through CBOs or NGOs and are accountable in principle to the recruiting organisations. However, in terms of the provision of services they are accountable to the community or patients to whom they are providing the service. This relates to the issues of acceptable norms of a community, ensuring dignity and the promotion of rights in administering services.

Organisations that have proved successful in implementing these services via CBWs should be used as models that can be rolled out to other organisations. There is a need for a representative Forum that can lobby for the rights of CBWs. This Forum could focus on tackling the issue of career pathing for CBWs. A grading system based on commitment, service and professionalism should be developed to encourage sustainability of organisations. This should be in addition to learnership programmes designed to map out market related career paths and opportunities for CBWs.

Care and support for the carers needs a holistic approach; involvement from different sectors of society would have great rewards. Some faith-based organisations have arranged retreats for HBCs. This has been successful in creating an empathetic and supportive environment for carers. This move should be implemented, with consideration that South Africa is a multi-religious country and religious tolerance should be promoted at all times.

6 *Impacts and sustainability*

Many of the organisations offer services in areas characterised by low-income and high levels of poverty. CBWs are members of these communities so they are able to implement service delivery which is acceptable and appropriate within the community. Through the system of CBWs, more beneficiaries have been reached, and this in turn has improved accessibility of services. The identification of needs becomes a speedy process because CBWs have developed good skills in needs assessment. Through links with the formal health sector and social services delivery points, there is increased accessibility of quality services. Without baseline data surveys, it is however difficult to quantify the actual changes occurring in beneficiaries' well-being and health conditions.

Most of the CBWs receive training on HBC. However, in the implementation of care there are situations where professional standards are compromised. Professional nurses have the necessary expertise to diagnose certain health conditions, just as social workers are trained to assess certain psycho-social maladies. CBWs work is very hands-on and there are obviously situations which require a professional to diagnose a condition but in most cases the qualified person is not always close by. Sometimes CBWs delivering HBC are not sufficiently equipped but they will try and overcome this without compromising standards. For instance, if carers lack access to latex surgical gloves needed for caring for an HIV+ patient, they become resourceful and use plastic bags instead. For most CBWs their work has provided immeasurable psychological relief; their self worth and integrity is enhanced through giving of their time and energy.

The contribution NGOs have made in the HIV/AIDS pandemic cannot be quantified. However most of the organisations are dependent on available donor funding and are operating in very poor communities that lack skills and resources. The disparity of resources translates into little or no funding available for the organisations. The issue of funding is one that compromises the sustainability of most organisations, in particular CBOs. NGOs are at an advantage in terms of sustainability because of the existence of professionals who have expertise and wider skills. A good leadership structure in place is necessary to ensure proper and effective implementation of services, which also relates to needs-assessment and monitoring.

7 *Implications for policy*

HBC is the main service provided by the CBWs in the HIV/AIDS sector. Statistics show that the HIV/AIDS epidemic is having a devastating impact on the livelihood of South Africans, the impact of which is mostly in the formal health sector, which is already over-burdened and stretched to capacity. The relevance and importance of HBC cannot be underestimated in building the capacity of organisations and supplementing government services.

In Africa the brunt of the HIV/AIDS epidemic is felt most by people whose household income is on or below the poverty line. Furthermore the South African economy cannot afford to carry the full medical cost of people affected by HIV/AIDS. Thus a concerted effort from communities, the business and labour sector can help Government address HIV/AIDS more effectively. Furthermore involving communities in this process through the inclusion of CBWs, can help build integrity and confidence within communities to reduce the stigma and discrimantion associated with HIV/AIDS. Involving communities will further enhance the process of consultation in decision-making as well as making sure that processes are people-centred.

The socio-economic implications of HIV/AIDS cannot be overlooked. Involving communities in policy making will ensure that the social aspects of HIV/AIDS are recognised when deliberating policy issues. In turn, policy formulation has to be deconstructed to acknowledge the role of the lay people for whom the policy is intended.

8 Interviews with beneficiaries

8.1 Lerato Care Group

Four HIV positive beneficiaries from the Lerato organisation were interviewed. All had suffered from TB and received home-based care support from the Lerato organisation during the time when they were taking TB medication. Two had finished the course and were very happy to comment that their ability to complete the full TB medication course was in part due to the support they received from Lerato. Three of them indicated that they received help from members of Lerato to access government grants. However, all of them did not link the services they received from their carers with Lerato as an organisation, it seemed that they did not know about the organisation, but they had a strong connection to their carers. When asked if they know about the government's plan to distribute ARVs, all of them seemed to support the move, but none of them knew what ARVs are and what the whole roll-out plan was all about.

8.2 Kerklike Maatskappy Diens (KMD)

Three beneficiaries from the Senekal office were interviewed. Two were mothers of disabled children: one with a 37 year old daughter and the other with a 9 year old son. The third beneficiary was a 37-year-old lady receiving home-based care. The carer comes in the morning to care for the disabled person and helps with changing bedding and washing of the disabled. The beneficiaries indicated that they were happy with the service they received because it is the only disability care available in the whole of Senekal. They all knew of KMD services through the local clinic. They all expressed gratitude for the service rendered, but would appreciate it if they could be provided with disposable diapers for the disabled person especially during rainy and winter seasons. When asked of HIV/AIDS knowledge in the community all the beneficiaries indicated that there is still stigma around the issue of AIDS and that the mostly infected are young people. According to these beneficiaries KMD has the capability of dealing with HIV/AIDS and one way of doing that is organising an information workshop to teach people about it and to further encourage those infected and affected to talk about it. This is drawn from their experience of support from KMD workers.

Annex 2: NR sector case studies' verification exercise

1.1 Introduction

This part of the report forms part of the in-country review highlighting the experience of different community-based worker systems in South Africa. The Free State Department of Agriculture (DoA) was identified as a partner organisation in the NR sector and this report represents a verification of the particular type of CBW system that is currently being adopted by the department. The report is based on a checklist contained in Annex 2A in the service agreement between Khanya cc and the HSRC.

1.2 Methodology

Information was obtained from personal interviews and telephone conversations with the Free State Department of Agriculture Extension Officer in the town of Boshof[11] and the Acting Regional Director, Thabo Mafutsanyane District[12].

[11] Personal interview with Mr Benson Motsunyene, Free State Department of Agriculture Extension, 5 July 2004; Telephonic interview with Mr Benson Motsunyene, 13 August 2004.
[12] Personal interview with Dr TJ Masiteng, Acting Regional Director, Thabo Mafutanyane District, Free State Department of Agriculture, 22 June 2004.

1.3 Project Background

In the town of Dealesville, in Tokologo Local Municipality two CBWs assist the local DoA extension officer in providing support services to the local community. The two work as volunteers and other than occasional assistance from the municipality, no other agencies, whether from national or provincial government, or NGOs are involved.

The main roles of the two CBWs are distributing information to emerging farmers in the area, for example when and where meetings will be held and when farm visits will take place, and collecting information from farmers about their immediate needs to pass on to the extension officer. They also identify the training needs of emerging farmers in order to supplement the information available to the officer.

The two CBWs had access to a small piece of land in the town, which they shared with 10 other people. The land was a private property made available to them at the discretion of the owner, who subsequently revoked the right to work the land in October 2003. Thereafter, they were assisted by the DoA to gain access to commonage land on the outskirts of Tshwaraganang, located adjacent to Dealesville. In May 2004 they acquired the right to move on to the commonage, but have not done so at the time of writing as they were still awaiting funding from the Community Project Fund (CPF), a facility unit supported by the EU and located within the DoA which provides infrastructure and training support to emerging farmers in the province. After the April 2004 elections, the incoming Member of the Executive Council (MEC) for Agriculture had ordered the suspension of all CPF payments until such time that an audit of existing projects had been completed. Until that time, the commonage remains unoccupied and unused.

2 Financing of CBWs

It is feasible for the two CBWs in Tokologo to be compensated, according to the DoA official interviewed. At the time of the interview no payment of any kind was provided and there was a clear understanding between the DoA and the CBWs that the work was voluntary. The view was expressed that the DoA should provide some form of monthly payment to the individuals concerned. However, any system of future remuneration should keep into account that the number of hours spent by the CBWs in service of the department varied on a monthly basis, and that compensation should be provided accordingly, as opposed to a set monthly amount. The DoA official interviewed believes that using volunteer workers to assist the Department in it’s interaction with the communities is a viable policy option.

3 Relationship of community structures to CBW

The CBWs are involved extensively in various community structures in their private capacity. However, these were also used as venues for obtaining and communicating to others the information from and to the DoA. The impression created was that the CBWs did not draw a clear distinction between their work for the DoA and other interests and activities but pursued all in conjunction with one another. This tendency might be reinforced by the fact that other community organisations invariably involve people and municipal officials already familiar to the CBWs.

A case in point was the Environmental Club, a body that was formed on the initiative of the Tokologo Local Municipality, as part of a broader strategy initiated by the Lewjeleputswa District Municipality. This club was established in Welkom and provides further environmental education within local communities. It’s membership is drawn from municipal ward committees, although others are encouraged to participate. One of the CBWs is a member and has informed the officer that its meetings are very useful to inform club members of the department's activities.

According to the interviewee, no hindrances had been experienced in working with the Environmental Club. Instead it had proven helpful to mobilise people, and for the CBWs to keep them informed of the Department's activities. The club also organised its members into sections according to their place of residence. The extension officer in turn used the sections to assist him in organising meetings with community members.

4 Roles and linkages

No contribution towards the activities of the CBWs had been acquired from the private sector. At the time of writing there are no plans to approach businesses with a view to securing their assistance. Tokologo Local Municipality provides occasional support to the two CBWs workers. This includes allowing them the use of municipal telephones, fax machines and transport, when convenient. There are no traditional structures involved on the work of CBWs in the Tokologo area. The only structure involved is the DoA and/ or the municipality.

Assistance from the municipality was provided at the discretion of municipal officials. However, the DoA's extension officer meets regularly with the CBWs to exchange information and to inform them of the time schedule for his visits to farms. The number of meetings per month is determined by the business at hand and varies from month to month. The impression was that the nature of the relationship between the CBWs and municipal officials or the DoA extension officer was informal and mostly determined by whatever assistance one of the parties might require from the other.

Municipal support for the activities undertaken and initiated by the CBWs is not institutionalised in any way and is provided at the discretion of municipal officials. This means that the CBWs cannot always rely on that type of support to be available on a daily basis. It was also felt that the current access to telephones and transport facilities were already too limited to meet the full requirements of the CBWs.

The official interviewed reiterated that the most important implication for government was incorporating CBWs into DoA structure and to be paid accordingly. Apparently, the National DoA had placed advertisements for junior personnel that would perform functions similar to interns, early in 2004. These would be paid a nominal amount and work for the department for about six months, in which time they would be familiarised with its functions and receive the appropriate training. The respondent felt that this system should be extended to provincial level. NGOs or donors could make a valuable contribution towards the CBWs by funding training programmes and providing physical support like access to transport.

5 Training, support, supervision and accountability

The interviewee suggested that CBWs need training in vegetable production, livestock care, pig breeding and poultry. Given the different needs of emerging farmers as well as the various types of projects pursued by commonage users, a need exists for multi-skilled individuals who can offer advice and assistance on a number of subjects. Glen College, and the agricultural research body, managed by the Free State Provincial Government, is an ideal body to provide the type of training required. The Department of Labour should also provide training in project management, bookkeeping and related skills.

The respondent suggested that should the CBWs receive the above-mentioned training, they would be in a position to initiate training to emerging farmers at the monthly meetings of the farmers' Forum. This would also provide an opportunity for the DoA to start a 'training the trainers' programme.
The most appropriate form of support for the CBW is to incorporate them into the organisational structure of the Free State DoA whereby the DoA could allocate funds to allow training to be

provided to the individuals concerned as well as investigate possible forms of payment. However, the biggest obstacle the CBWs face is lack of transport opportunities, as they possessed no personal vehicles and are dependent on municipals officials.

The interviewee suggested that the two CBWs were not accountable to anyone. They perform whatever duty they perceived to be important. The extension officer also indicated that incorporating the CBWs into the structure of the DoA is advantageous in that the Department could suggest their incorporation into Municipal Local Economic Development (LED) activities. In turn, they could become a 'shared' responsibility and be automatically involved in agriculture-related LED projects (for example, vegetable gardens, poultry projects) as mentors or supervisors. In this scheme they would serve as the first line of DoA support for these type of projects and inform beneficiaries what type of services the Department could offer them as well as provide training and advice.

6 Impacts and sustainability

The two CBWs were instrumental in the establishment of a 'Farmers Forum' (dedicated to emerging farmers) in Tokologo Local Municipality in the middle of 2003. The Forum consists of four representatives each from the towns of Dealesville, Hertzogville and Boshof and meets once a month. The agriculture extension officer and a representative from the municipality also attend the meetings. The Forum allows representatives to discuss matters of common concern, share farming experiences and discuss the issue of land availability with the municipality, which is apparently a key concern for potential and emerging farmers in the area.

The interviewee indicated that the presence of the CBWs made his workload considerably lighter. The CBWs know the area well and are instrumental in educating the extension officer about the dynamics within the local community. They also helped the official to acquire a sound knowledge of the dynamics involved in land reform and commonage projects in the area, to become acquainted with the local community and to acquire conflict management and resolution skills. Information about the Department's activities is more rapidly disseminated amongst the community.

There was no evidence that professional standards were compromised by using the CBWs. They contribute to a greater professionalism on behalf of the extension officers, yet have no forms of professional guidelines themselves at this stage.

Regarding the issue about the best conditions in which CBWs work most effectively to support the rights of poor and vulnerable households, these two CBWs are indirectly involved in a food security scheme in the Dealesville areas that was initiated by the DoA. The programme will start in October 2004 and involves 28 families that were jointly identified by the relevant councillor and the CBWs. However, the interviewee said that the Department of Social Welfare was primarily responsible for poverty alleviation initiatives and it was already active in the area. It was unclear how the two Departments link or should co-ordinate on this programme.

The current CBWs are associated with the Free State DoA in a very informal manner, and are also engaged in pursuing other livelihoods. The interviewee was unable to comment on the bigger concern about wider poverty issues and how these can be linked to CBW roles. The CBWs are however providing their services on a voluntary basis and the Department is responsible for their conditions of employment.

Annex 3 References

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