

The role of accountability in CBW Systems

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Editor's notes

Accountability is a word that is often used in the development sector, but what does it actually mean? Accountability is about being responsible to someone or for some action . but is often interpreted as being primarily upward by an organisation or agency to a donor or central government, not downward to users of services. CBW systems challenge this conventional approach to accountability and seek to ensure that any CBW worker is primarily accountable to the community they serve as well as to any of the organisations they may be affiliated to or supported by in their role as a CBW. This newsletter looks at the issue of accountability in relation to CBW systems and some of the challenges involved.

We welcome ideas and contributions for newsletters – please contact patrick@khanya-aicdd with ideas for future topics relevant to sharing experiences and lessons on developing effective CBW systems.

Overview

As government services become increasingly decentralized, ensuring the accountability of service providers for effective delivery of basic social services is a real challenge. Despite some shifts towards privatization the state remains the most important provider of basic social services. However, the state is incapable of delivering services as long as it is operated vertically. A top-down bureaucratic system does not take advantage of the potential synergy between interventions in different spheres and the effective delivery of individual public services. Indeed, where basic social services closest to the needs of the poorest people are managed by bureaucrats and government employees within vertical line ministries, functionaries rarely feel a strong sense of accountability to the constituencies they serve.

Accountability at the community level of the lowest functionaries is needed to represent poor peoples' voice. This can be achieved through a three-way interaction between the centre, the local and the community and which is inter-dependent. Increasingly pressure is being put on governments to deliver basic services in an accountable manner. This means that services are managed and coordinated effectively and responsively.

CBWs are volunteers within their communities committed to improving delivery of basic services. Issues of accountability, of being held responsible to someone or for some action, are as critical to a CBW as they are to any other service-provider, be it government or the private sector. In fact because a CBW is from within the community they serve, accountability issues are even more critical and can sometimes be more complex. At their best accountability mechanisms can contribute to improved service delivery but at their worst may engender feelings of mistrust and suspicion amongst different stakeholders. And where issues of kinship or relationship come into play accountability becomes the more important in the form of peer accountability as well as the social inter-relations involved.

Accountability permeates through a CBW system and it involves a range of different stakeholders at different times and for varying purposes. Table 1 below is one way of representing the different accountability dimensions within a CBW system.

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Table 1 Where does accountability lie within a CBW system?

Stakeholder	Accountable to	For what
CBW	Clients, and the wider community, the CBO or NGO they come from	Quality (includes effectiveness) of service being delivered
	Other CBWs they may work with or wider team they are part of	Feedback on work and alerting colleagues to relevant issues Mutual support and peer learning
CBO	CBWs, the wider community and sometimes to donors	Support – could be in the form of supervision meetings, planning sessions, training etc
Facilitating agent	CBO	Assisting with development of organizational infrastructure as necessary. Also provision of training.
CBO	Existing systems and networks – formal and informal	Ongoing information about programme

So a CBW system needs to recognise the multiple dimensions of accountability: whilst it must have adequate reporting mechanisms back to donors and facilitating agents the system must also include accountability mechanisms by CBWs to the community as well as to other CBWs and the agency or team they are part of. This holistic approach to accountability is illustrated by the work of the Kamwokya Christian Caring Community in Uganda who are involved in piloting work around CBW systems.

Working towards accountability: the experience of Kamwokya Christian Caring Community in Uganda.

Background

Kamwokya Christian Caring Community (KCCC) improves the quality of life of vulnerable persons infected with and affected by HIV/AIDS in Kampala District through building and enhancing their capacity to identify and address their social, health, economic, spiritual, cultural and developmental needs. KCCC implements community development programmes and activities utilizing an integrated and multi-sectoral approach that seeks to mobilize the community for holistic social service provision, builds on community strengths and looks at the root causes of social development and health challenges such as poverty and HIV/AIDS. KCCC also encourages communities to tap into their existing capacities, resources and structures to overcome such challenges.

In June 2004, KCCC started providing antiretroviral drugs (ARVs) to clients living with HIV/AIDS. To ensure effective monitoring and adherence to treatment by clients, adequate care and support by families and communities, the organization mobilized and trained community based volunteers as HIV/AIDS treatment supporters (HATS) to assist in this process. Presently, the organization has 33 HATS that are working with over 918 clients on antiretroviral therapy (ART).

Two of the areas that KCCC committed to look at more closely during the piloting phase of the

CBW project were closely connected with issues of accountability - namely, **assessing the contribution of HATS in enhancing the quality of life of its clients** including the **development of a tool for capturing information on the work of HATS** and **developing clear roles and responsibilities for these volunteers**. A monitoring form has been developed and HATS use it to capture information in the field (see below Home visit Form).

Delineating clear roles and responsibilities of the HATS, together with those already defined for KCCC staff involved in ART, set the stage for discussing and agreeing on accountability channels and procedures for both the HATS' volunteers and KCCC as an organization. This is because it clarified expectations for the HATS, KCCC and its staff, which strengthened self-accountability, provided a foundation for agreement and ensured transparency among those involved. Because the process also entailed the participation of clients, local council official and community members it committed both parties (i.e. HATS and KCCC staff) in ensuring that they work as a team to effectively meet the needs of clients in a manner congruent with the stipulated roles and responsibilities and the organization's core values, policies and procedures.

Box 1 Emerging key roles and responsibilities of HATS

- The HATS provide a link between KCCC, clients and the community.
- Follow-up patients on ART to ensure that they consistently adhere to the treatment regime.
- Provide social support in terms of identifying and referring patients and caregivers that require counseling and specialized care, at times collecting drugs for bed-ridden patients and reminding them of the next clinic appointment.
- Make daily and monthly field reports on the patient's coping mechanisms, emerging opportunistic infections and drug side-effects.
- Document and communicate any social, cultural, economic and environment issues that impact on adherence, the patients' and caregivers' ability to effectively cope with the epidemic.

Accountability and how it relates to working with volunteers in the KCCC context

At KCCC the concept of accountability is seen as a process in which two or more actors undertaking a given task have a shared understanding of the goals and responsibilities for effectively fulfilling the needs of the intended beneficiaries in a timely manner while ensuring regular feedback through the mutually agreed channels and procedures. This definition embodies two ideas. First, for accountability to exist those involved must have a shared understanding of what to do, for whom, with whom and why. Secondly, the parties involved must agree on when and how to do the activity, how often to give feedback and the mechanisms for giving and receiving that feedback. Since those involved have a shared understanding of the goals and responsibilities, also implicit in this definition is the notion of self and team accountability. Both parties are responsible for what they do and how they do it as individuals and as a team. Therefore, the extent to which they will succeed or fail in meeting the needs of the intended beneficiaries will as much depend on whether they are accountable or not as individuals and as a team.

Nonetheless, at KCCC we have learnt that **self and team accountability work best when people understand and internalize the organization's core values as well**. Discussions with staff and HATS have revealed that continuous reference to the organization's core values of care, compassion, love, sharing, and quality service kept them focused on and committed to their goals and responsibilities and the ideal of service. It also made them change their behaviour to align themselves with the values of the organization, which they were representing. For some HATS changing behaviors like abuse of alcohol was slow and painful; but with the support of other HATS that acted as the 'brother's or sister's keeper' they gradually changed. Their example also influenced some clients that were also abusing alcohol

to stop doing so, which enhanced adherence. In the final analysis, the process of mutual support and genuine caring earned them more respect and trust from the community and clients on ART, which in turn enhanced self and team accountability. This is because they became more and more sensitive to what people would say or think of them and the organization if they failed to live up to what was expected of them.

Accountability channels, procedure and functions

To ensure effective execution of the roles and responsibilities the following accountability channels have been instituted for the pilot:

- a. Whenever the HATS go to the field, they provide **feedback** through the doctors, Adherence Nurses and data Clerk on the daily basis at the KCCC main clinic. This is mainly through the **ART Patients adherence register** where they record all the data collected including information on patients who need special attention throughout the week. Whenever HATS report for duty they are also expected to **sign in the duty register book** the time they arrive at their point of assembly. These mechanisms ensure close supervision and monitoring of their whereabouts and performance.
- b. **Home visit forms** are filled by the HATS on a daily basis whenever they visit the patients in their homes. The forms track the patient's treatment coping mechanism and adherence to drugs. They also show when the volunteer and caregiver directly observed the patients taking the drugs. Since the HATS are expected to report at the clinic on a daily basis, KCCC has established a weekly/monthly time table that engages HATS in patient data flow process where they shift files of patients from one treatment work station to the other, eg. from the filing cabin, to the doctors treatment room, pharmacy and finally back to the data office for entry and filling.
- c. To ensure quality control and assurance, KCCC runs **weekly and monthly monitoring follow up meetings** for all the HATS where they meet and discuss various issues concerning their work, identify and find solutions to the problems that may hinder their work, share experiences and lessons learnt in their respective locations/communities.
- d. On a quarterly basis, they **compile and submit reports** to the M&E department for review. This is because as KCCC service agents, HATS are governed by the organization's personnel policies and procedures that relate to volunteers. Therefore, they are expected to set targets, which they report on just as staff do. The M&E and the human resource officers review the reports and identify emerging issues, which are followed up in a feedback meeting between KCCC supervisor/manager and the HATS.

How are HATS accountable to clients and the community?

As well as fulfilling the roles listed in Box 1 above, HATS are accountable to the community through the local council officials and the small Christian communities (Bubondo) that recommended them to KCCC. The HATS will occasionally brief the local council chairperson about their work. They also give feedback to Bubondo members during the weekly fellowships in which all members report on the pastoral assignments (e.g. visiting the sick at home and in hospitals, counselling, community needs identified etc). Although these structures are not given written reports and cannot directly impose any punitive measures they can recommend to KCCC to suspend the service or refuse to recommend the person for future service opportunities on account of their poor performance or lack of adequate feedback. In that sense, **communities are keen to observe what HATS do and how they do it** so that they can advise their community social support structures and KCCC accordingly. Therefore, the HATS are expected to perform to their best so as not to disappoint the community where they live and those that recommended them to KCCC.

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How is KCCC is accountable to HATS and the community?

In line with its Human Resource policy, KCCC provides a stipend to the HATS on a monthly basis in return for the services they render to their community. In addition, HATS are given free treatment and meals while at the place of work. On a quarterly basis, KCCC organizes feedback meetings where HATS have the opportunity to raise issues related to their work and how they think KCCC can intervene to make them more effective. In the same meetings KCCC gives feedback to HATS about the data collected and how it is used for programme improvement and decision making at the point of service. This ensures and maintains transparency between the organization and HATS. It also motivates and gives them confidence that their work is valued. To reduce the stress that comes with the heavy workload, KCCC conducts staff retreats where all the staff members and HATS find time to meditate and reconcile with their own spirituality and God, reflect on their lives and the work they do. To improve their work the organization also organizes capacity building training sessions for HATS based on the gaps that they have identified and the changing dynamics of ART and the HIV/AIDS epidemic.

On a quarterly basis, KCCC holds meetings with Local Council officials and Bubondo leaders to provide and get feedback about the progress of HATS' work. Leaders take minutes, in these meetings which they also use to brief their constituencies. Such meetings provide KCCC the opportunity to brief participants about new developments in relation to ART and also update on AIDS epidemic. Issues around social, cultural, economic and environment that impact on adherence, the patients' and caregivers' ability to effectively cope with the epidemic, are also discussed. Participants also develop strategies and action plans for changing and improving what they can.

KCCC has established a staff daily attendance register where all HATS register the time they report on duty in the morning. In addition, KCCC has signed contracts with HATS which stipulates their duties and responsibilities as well as liability issues. The contracts are countersigned between the HATS and the employer, who in this case is KCCC. HATS are also given identity cards for identification as individuals linked with KCCC when out with the community. The IDs act as deterrent to those that might take advantage of the clients by posing as KCCC representatives and also for the community to report cases where the HAT may be disrespecting KCCC or the community.

Lessons learnt: towards a 'best practice' to accountability within CBW systems

- To ensure accountability, the parties involved must **clarify expectations**. That is, each of them should know what they are expected to do, for whom and with whom to do it, how to do it, the resources they will have at their disposal, the time when they are expected to undertake their assignment and give feedback.
- All parties involved must agree about the expectations. If possible a **memorandum of understanding/agreement** should be signed between the parties involved to provide a basis for taking corrective measures and making improvements in the future.
- For proper accountability to be achieved, in as much as possible, **self and team accountability should be promoted and strengthened** since the achievement of the set goals depend on both individual and team performance. Where individuals are failing to take responsibility for their actions, they should be sensitized on how this affects overall team performance and the ethos of the organization.
- The parties involved should be committed to what has been agreed upon and **maintain transparency** in how they work and communicate to each other. In the absence of transparency, accountability becomes difficult.
- Volunteers just like organizational staff, need to be fully inducted and enabled to **internalize the core values of the organization** before they can be allowed to represent it in any way. Doing so ensures that they fully understand why the organization exists and the values it espouses so that they can appreciate how and what they are being asked to do fits into the big picture. Without undertaking this

process, volunteers may unknowingly represent the organization in ways that contradict its values and goals.

- Accountability among volunteers is strengthened if organizations **work with existing social support structures and networks** to identify, monitor and animate them as opposed to creating parallel structures to do so.
- The role of **peer learning** is emphasized in the HATS programme whereby accompaniment and shadowing of colleagues is encouraged. These sessions also act as support and useful learning opportunities amongst the HATS.

Source: Mehrotra, S., 2005, 'Governance and Basic Social Services: Ensuring Accountability in Service Delivery through Deep Democratic Decentralisation', Journal of International Development, Volume 18, Issue 2 pp. 263-283

Acknowledgements

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Update on CBW project

Uganda

- Internal peer review evaluation of the pilots completed and shared in a stakeholder meeting.
- Inventory/data-base of organisations and agencies implementing work using CBWs in Uganda developed
- Written the accountability article for the CBW newsletter #5
- Contributed to the production of the CBW video

South Africa

- Evaluation of 5 of the 6 pilots done and profiles posted on the Khanya-aicdd website
- Produced a DVD on the CBW systems and over 500 copies disseminated
- Stakeholder meetings held in the Free State and Limpopo with different service providers (CBOs and local government) and practitioners (NGOs) to share and learn from each other about the use of community-based worker models
- National meetings with Department of Social Development (DSD) and the Expanded Public Works Programme (EPWP) to begin dialogue about taking forward further CBW related work.

Kenya

- Peer reviews of four pilots undertaken and written up.
- Exchange visit to northern Kenya to learn from the community-based animal health workers by the HIV sector undertaken. Another visit to the Kisumu ABC (HIV/AIDS) community based facilitators
- Funding secured from DFID's Social Challenge Fund to expand the ELCI, ABC-Kisumu model to Uganda and Tanzania.
- Hosting of the Lesotho Avian flu study visit team - learning from the community-based animal health workers in two districts.

Lesotho

- Workshop organized with First Lady and the National AIDS Commission to drive the CBW process forward and to adapt CBW system as an appropriate model for effective pro-poor service delivery.
- A donors' breakfast hosted by the First Lady - funding pledged to fund the CBW Symposium and subsequent activities including development of an appropriate model for CBW systems that will be rolled out nationally.
- Secured funding for Phase 1 of an Avian Flu project aimed at promoting productivity of small stock and reducing vulnerability to notifiable avian influenza from the Irish Government

The next phase will include:

- Complete evaluations of pilots in Kenya, South African and Uganda including cost-effectiveness studies (November) and pilot evaluation reports
- National workshops in each country to share findings - **South Africa : 28-29 Nov** (see advert below); **Lesotho Symposium: 5-6 Dec, Kenya :18-19 Dec, Uganda: 21-22 Dec**
- Producing a Comparative Cost-Effectiveness report (combined for 3 countries)
- Up-scaling of CBW systems and in-country proposal writing for implementation of models.
- Completion of in-country reports.
- Producing next editions of the CBW newsletter (Jan - March 2007)
- Revising Guidelines based on learnings from evaluations (Dec 06- Feb 2007)



**Invitation to attend the South Africa National Workshop on Community-based Worker (CBW) Systems
University of the Free State, Bloemfontein, 28-29 November 2006**

Partners in 4 African countries (Kenya, Lesotho, South Africa and Uganda) are working together to see how community-based worker systems can be used to widen access to services and empower communities in the process. In SA the project has involved pilots in the Free State and Limpopo with involvement of both provincial and local governments. Evaluations have recently been completed to see the impact and cost-effectiveness of these pilots.

This national workshop will bring together pilot partners and practitioners involved in community-based worker systems, with national, provincial and local government, to share findings from the SA experience and explore the implications for mainstreaming CBW systems in South Africa. An optional field visit will be provided on the afternoon of the 27th.

For a registration form contact Matshweu Machedi: telephone 051 430 0712, admin@khanya-aicdd.org or go on our website www.khanya-aicdd.org under Sharing/Events for a registration form and accommodation bookings.

Further information

For information on the CBW project contact the project manager, Patrick Mbulu, patrick@khanya-aicdd.org or visit the CBW website at www.khanya-aicdd.org, which also lists the partner organisations in the CBW project.

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