



khanya-aicdd
African Institute for Community-Driven Development

**Action learning
case-study:
4 Country Community-
based Worker (CBW)
Project**

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To do this we work in action-learning processes linking government, communities, civil society and business, providing advice, facilitation, action research, implementation, sharing of experience and training, while drawing from global development thinking.

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Glossary

ASALs	Arid & Semi Arid Lands
CAHWs	Community Animal Health Workers
CBWs	Community-based Workers
CHWs	Community Health Workers
HBC	Home-Based Care
HCWs	Health Care Workers
HIV	Human Immunodeficiency Virus
KICOSHEP	Kibera Community Self-Help Programme

1 Overview

This case study looks at an action-research project implemented by partner organisations in South Africa, Lesotho, Kenya and Uganda seeking to strengthen the delivery and impact of local services in the natural resource (NR) and HIV/AIDS sectors. The action learning operated at both national and regional levels; in-country and between countries. This made for a challenging and dynamic project environment with a significant breadth and depth to the sharing and learning.

2 Objectives and main components

In order to achieve the Millennium Development Goals (MDGs) there is a need to improve models and methods for effective delivery of services at scale for poor people. This represents a significant challenge to policy-makers and programme designers, governments and NGOs involved in service delivery. The challenge is to reach many more people within the limited financial resources available, to respond to widespread need, and to offer services that significantly improve people's quality of life. Community-based services offer the potential for achieving the above and an opportunity for communities to influence services to meet their locally-specific needs and to monitor the performance of delivery agents. Lessons from Uganda, South Africa, Lesotho and Kenya suggest that these models can be applied at large scale and can have a major impact on livelihoods. Although drawn from several sectors, these lessons are potentially of value to the agriculture and natural resource sectors. However, to scale up such approaches successfully requires rethinking service provision, and a major investment in the capacity of civil society.

The 4-Country Community-based Worker (CBW) project (2004-7) focused on promoting dispersed, active and locally accountable community workers who can work in a wide range of sectors addressing frequently needed services, which can best be delivered locally.

The objective of the project was to learn from best practices around the use of community based services, particularly CBWs, as a model for service delivery in four African counties and to extend the findings to other regions where there is an interest in similar approaches (Khanya-aicdd, 2004a).

The project purpose was that 'organisations in South Africa, Uganda, Lesotho and Kenya adapt and implement community-based worker systems for service provision in the Natural Resource and HIV/AIDS sectors and that both policy makers and practitioners in the region have increased awareness and interest in the use of CBW models for pro-poor service delivery' (Khanya-aicdd, 2004a).

The intended outputs were:

- Good practice in CBW system documented and shared;
- Common framework for CBW models developed, with suggestions for good practice in different sectors;
- Pilots for community-based worker systems designed and implemented and existing practice modified;
- Results of pilots mainstreamed into CBW implementation in at least two partner countries;
- Information on CBW systems and policy implications widely disseminated and debated in the region.

(Khanya-aicdd, 2004a)

Critical milestones during the project included¹:

- Initial workshops held in each country with a wide range of stakeholders to explore the CBW concept and generate interest in the proposed action-research.
- Identification of Steering Committees to drive the process within each of the countries
- A review of CBW systems within each country comprising a desk top review and national workshops. In-country review reports were also produced which became the initial situational analysis (June – Oct 2004).
- 1st 4-country workshop held with five representatives from each country coming together to share examples of CBW systems within each of the countries. From this workshop five core CBW approaches and accompanying guidelines emerged and all countries identified a number of these models which could be applied to pilots within the specific focus areas. (Sept 2004).
- Small groups from each of the counties met to refine the guidelines for pilots and pilot sites identified (Jan 2005).
- A study tour to Peru for a small delegation from each of the countries to learn from a fifth country (Oct 2005).
- 2nd 4-country workshop held to review progress to date. Each country went through a peer review process and the overall guidelines of the project were revised (Nov 2005).
- Pilot initiatives were evaluated of the project pilots in terms of cost effectiveness and impact (June-Sept 2006).
- 3rd 4-country workshop shared learning and planned ways forward for adapting the CBW system in-country (April 2007)
- Publishing of Guidelines and regional workshop for policy-makers to look at upscaling of CBW systems (Sept 2007)

3 Creating conditions and capacities

3.1 Where did the idea of the intervention originate and from who?

The idea of the intervention stemmed from the recognition that one of the major problems in Africa is that services provided by government often do not reach communities, especially rural communities (eg see Khanya, 2001). In 1999-2000 Khanya was funded by DFID to undertake action-research work on 'Institutional Support for Sustainable Rural Livelihoods (SSRL)', in Zambia, Zimbabwe and South Africa. This showed that if livelihoods of poor people are to improve, linkages between micro level (community) and meso level (local government and service providers), must be improved, both in terms of improving participatory governance and in terms of improving services. One way of addressing this is via community-based workers such as community animal health workers, home-based carers, peer educators etc., rather than government services, with the exception of primary schools, which reach to most communities in Africa. From this work six governance issues emerged as critical to improve the lives of the poor.

¹ Information was collected from a number of sources primarily from interviews held with Patrick Mbullu, the CBW project manager at Khanya-aicdd and project documentation.

Box 1: Khanya's six governance issues

If poor people's livelihoods are to be addressed we need to see:

Empowering communities (micro)

- people** active and involved in managing their own development (claiming their rights and exercising their responsibilities);
- an 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 are 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)

- the **centre** providing holistic and strategic direction around poverty, redistribution, and oversight of development
- international level** strengthening capacity in-country to address poverty

The concept of the project was also informed by a symposium organised by CARE Lesotho-South Africa around the cost effectiveness of community-based worker systems. The symposium held in Lesotho in early 2002 was attended by a wide range of actors within Africa who were interested in CBW systems. During this process Khanya-aicdd decided to conduct a 4-country CBW systems action learning project to further advance the concept of effective and cost efficient CBW worker systems as a means for pro-poor service delivery.

Based on the symposium, the findings of other DFID funded action research work Khanya was involved in another aspect of local governance - Community-Based Planning - and the development of the six governance issues. Khanya approached DFID to support further work, to look at how to assist communities to be active and involved in managing their own development, and also to ensure an active and dispersed network of services at community level.

3.2 Identification of stakeholders/partners

An initial scoping exercise was conducted by Khanya to a number of countries within the region to identify the four countries to be involved. Once selected an initial launch workshop was held in each country where the CBW concept was explored and stakeholders discussed the relevance of the proposed project (Mbullu, 2007). From the initial launch a steering committee was established in each country to coordinate the action learning process and also kept abreast of developments in the project at a regional level.

It was essential that each steering committee represented a diverse mix of policy makers (macro - government officials) and representatives from practitioners and implementing agencies, NGOs and CBOs). This helped ensure that differing perspectives, experiences and resources were brought on board at an early stage and drawn on to try and improve practice and policy around implementing CBW systems.

3.3 Involvement of stakeholders (degree and process)

Ownership by key stakeholders within each country ensured that enthusiasm, and momentum to the process was maintained and informed the wider regional process. However, one of the challenges identified within the process was the lack of momentum caused by changes to the steering committee members. Mogere (2007) indicated that a

number of SC members left the project in Kenya which caused a major loss of momentum within the process. Mbullu (2007) identified a key reason for the loss of steering committee members, namely; their involvement was often linked to their employment within certain institutions, and there were not others necessarily in the institution suitably placed or motivated enough to take up the steering committee position and ensure continuity. Generally the loss of stakeholders severely impacted on the momentum of the project so, for example, only three members from the initial four country workshops held in September 2004 attended the final workshop in April 2007 (Mbullu, 2007).

Considering the disruptive effects of the various stakeholders leaving the project, questions were raised about how to ensure institutional capacity remained within an organisation even if the particular individual working on the project left (Mbullu and Byekwaso 2007). A critical issue here is how to ensure the partnership is really embedded within an organisation rather than an individual within an organisation. The latter is a high risk strategy but challenges organisations to consider how they build and retain organisational memory and what mechanisms are used internally for capturing and sharing the ongoing processes different colleagues are involved in. It also challenges organisations to consider how work is allocated and arranged and the degree to which team working is really encouraged.

Khanya, as the agency managing the 4-country initiative, played a critical role in strategic coordination as well as provision of closer support to steering committees as and when required. The project manager's primary role was not to lessen the involvement of the stakeholders in anyway but primarily to ensure the completion of various project deliverables and to maintaining energy and commitment of the respective steering committees (Mbullu, 2007). The main challenge here was how to ensure that members of the steering committees adhere to the project timescales when in fact they were not funded to do so but doing it on their own volition.

3.4 Influence of funding on motivation

There was limited funding for the partners and as such funding was never a major motivational aspect for their participation within the project. Byekwaso and Mogere, (2007) indicated that they were involved in the project primarily due to their own interests and the potential the CBW approaches seemed to promote. However although the institutions of the various steering committee members were all supportive and interested in the CBW project, the regular workloads of steering committee members continued and the CBW work became an additional responsibility. Although relevant expenses for undertaking CBW related activities were covered (each country had budget for managing the activities within their country, eg Steering Committee meetings, undertaking peer reviews and/ or project pilot evaluation, and participating in national and regional workshops), individual SC members did not receive fees or payment for their participation or involvement. Nor did the organisations implementing/testing the CBW pilot models.

However, because of the limited funding available for partner countries, Mbullu (2007) indicated that on occasions it was difficult to push for project deliverables when partners did not feel they were adequately compensated for their investment, particularly the time taken to set up, monitor and review the in-country pilot activities. In this regard additional funding for these type of activities may have gone some way to resolve this situation and improve the project outputs and possibly to a certain extent improve the commitment of partners particularly around producing quality project deliverables.

4 Guiding the project strategy

4.1 How was the intervention designed? (link to SMIP cycle)

The project was designed as an action research project with partners learning lessons from best practice and testing and reviewing improved approaches to implement sustainable CBW systems. The exchange and review of experiences was ongoing – at both country and regional levels. The focus on systems as opposed to individuals was intentional – hence the importance of policy level involvement (government) playing a critical role within each country process.

When the project was conceptualised Khanya had exploratory conversations with potential partners but more concerted approaches to partners were only made once funding was secured. In part this was because Khanya was given the mandate to pursue funding for such a project after the CBW symposium held in 2002 in Lesotho. But Khanya too was encouraged and inspired by the process of a previous action research project on Community-Based Planning, also involving 4 countries (SA, Zimbabwe, Uganda and Ghana) and was very committed to coordinating further action research that could deepen understanding of both CBW systems per se but also methodologies and approaches around action learning.



The CBW project was designed to follow an action learning cycle; initially beginning with securing commitment to the critical problem to be addressed – which in this case was the need to strengthen CBW systems as a route to improving/widening access to pro-poor service delivery, learning from experiences around CBW worker systems and empowering communities in the process, through testing and evaluating an improved approach which would reveal further issues that needed attention and hence the cycle is repeated through a continuous process of action and critical reflection.

4.2 How did the intervention link into the development system?

The project was initiated as a response to inadequacies of national policy to address pro-poor service delivery and to close the gaps between the micro and meso levels across the continent. As noted above, a major problem facing many Africa countries is that conventional service delivery models have been disappointing in reaching marginalized and poor communities, especially rural ones. Different initiatives were apparent or emerging in each of the countries to try and develop a more strategic and supported role for CBWs. Kenya, for example, still retains a highly centralised service delivery system. But in recent years, its

health department has looked to community-based health workers to manage the large numbers of people affected by HIV and AIDS.

In the private sector CBWs have emerged (community animal health workers) to provide drugs and other services in the animal health sector, which is perhaps the most advanced in Africa, but they are seen as a temporary, emergency measure, and face some resistance from the veterinary establishment. In Lesotho, community-based services have struggled in terms of continuity of funding but community-based worker programmes exist in adult education, agriculture, paralegals and health, and the CBW concept is now being considered at the highest levels of government as a result of this project. So in 2004 the four countries showed quite a variation in terms of maturity of local government institutions and policy development in relation to community-based workers. The creation of a cadre of community health workers, offering home-based care and other services in response to HIV and AIDS, has happened – across all countries.

Through the course of the project ongoing linkages were developed with relevant Ministries and other development agents to keep them informed about emerging findings from the project. This was a critical role of the in-country steering committees who were mandated to ensure that the intervention was closely linked to existent development systems within their respective countries (Khanya, 2004a).

5 Ensuring effective operations

5.1 How was the intervention led and facilitated? (including role of facilitating organisation)

Khanya played a lead role in coordination and management, motivating, maintaining, energising and driving the process to ensure the project stayed on track and that the project deliverables were met. This role is depicted in the centre of the action-learning cycle above. However, in-country leadership within each of the four countries was undertaken by the respective steering committees, with the secretariat in each of these committees acting as a link between the project manager and other steering committee members and functions (Mbullu, 2007).

The processes within each country differed according to the dynamics of each particular group and there were some specific issues which emerged around how the project was led and facilitated. These included:

- In South Africa there were concerns about the dominant role played by Khanya as not only were they the project managers but they also had strong representation in the national Steering Committee.
- In Uganda there was a feeling that the distance between the project manager and the national steering committee was a concern and the additional interactions between the two parties would have been beneficial.

(Mbullu and Byekwaso, 2007)

Important issues emerged around how to most effectively execute the multiple and sometimes conflicting roles of a project manager in such a process. For example there is a need to facilitate processes of reflection and review as well as coordinating progress reports on work completed. On the one hand a project manager is operating in a perceived top down conventional project manager mode – in the other hand, the manager's role was operating as a process facilitator, playing an enabling role to assist stakeholders to reflect, review and identify learning. In this context the manager had multiple lines of accountability – both to

donors and partners for example – which was demanding and at times even counteractive to the action learning process.

5.2 Management of intervention (how were effective operations and procedures ensured?) – including management/support of staff and how done

The project was managed in a decentralised manner to support both the action-learning process and the emergence in each country of a national process to mainstream community-based services. At the country level steering committee members managed their country project budget, the relationships with other partner organisations who were involved in piloting work and also national level advocacy and dissemination.

Khanya provided overall project management and oversight as the grant holder. The Project Manager, who was a Khanya staff member, coordinated activities between countries in particular assisting with the organisation of regional and international workshops, participated in in-country workshops and provided general guidance and strategic direction for the project. Meanwhile Khanya managed the overall budget and co-ordinated the research elements of the project including documentation and dissemination. However inputs for these were from the relevant partner countries and often steering committee members were solicited to provide information and input for the production of eg newsletters and relevant reports.

5.3 Ownership and commitment of partners (degree and process to maintain)

Developing a shared sense of ownership and commitment to the project was a critical step in the action learning cycle. In the early stages, Khanya invested significant time and energy building relationships with and between partners at both national and regional levels. This helped build trusting relationships where partners regarded each other as equals in the learning process. So from the onset it was clear that the national steering committees would own the process within their respective countries. This feeling was echoed by Byekwaso and Mogere (2007) who felt that there was a definite sense of ownership within the Uganda and Kenya steering committees. A formal TOR, with specific expectations of roles and responsibilities was adopted and agreed by partner countries with Khanya-aicdd.

Generally, stakeholders were committed to the process although as highlighted earlier there was a problem linked to the number of individuals who left the project brought about by employment changes. This resulted in a major loss of institutional capacity and a loss of momentum within the process.

5.4 Process support provided (including learning-by-doing, training....)

The project framework included forums and opportunities for support between the partners. So there were opportunities to meet and review progress face to face at regional workshops as well as periodic visits from the project manager other Khanya staff involved in coordinating the project. The project manager in particular was in regular contact with steering committee members providing informal, ad-hoc support to the various in-country partners. This support was also extended to the community-based organisations that conducted the pilots and who received support and direction from the in-country steering committees. In South Africa, one of the implementing partners was specifically set-up and supported by Khanya to implement the 5-8 hour model. Exchange visits were organised for the pilots, where they visited other projects implementing CBW systems (Mbullu, 2007).

The study tour to Peru, as well as some in-country field visits were another dimension of process support. Exposure to CBW systems in another country, even another continent, allowed partners to reflect on and compare CBW developments in their own country. Partners also used the learning from Peru to inform the planning of in-country pilot activity.

One of the findings of the project was around how facilitating agents can best support CBWs – for example, through regular training, peer support groups and supervision opportunities. Project partners themselves may also have benefited from some training or workshop opportunities – for example around how to capture and document action-learning processes on the ground – through which the conceptual framework for the project process could have been strengthened and refined. Such forums could also have then provided a stronger foundation for developing the various reports and project data that steering committees were responsible for producing.

5.5 Flexibility in design and operation

The original project plan was quite ambitious. In practice some elements of the project did take longer to set up and implement – for example, establishing the pilots in each country. Also the original plan did not allow sufficient time for managing or responding to unanticipated challenges such as changes to organisations' personnel that affected continuity of steering committees. Certainly working with an action learning framework, with a large number of individuals connected to multiple types of partner institutions across four different countries is quite a high risk strategy and, under these conditions, any project plan is likely to encounter setbacks and challenges.

Requests were made to DFID to extend the piloting period by six months to 18 months which did then extend the overall project timeframe. Indeed, additional funding was also sought and acquired to develop and print guidelines for practitioners using CBWs to provide services. Donors need to be open to such negotiations when working with more bottom-up approaches designed to give voice and choice to stakeholders, including proposed beneficiaries.

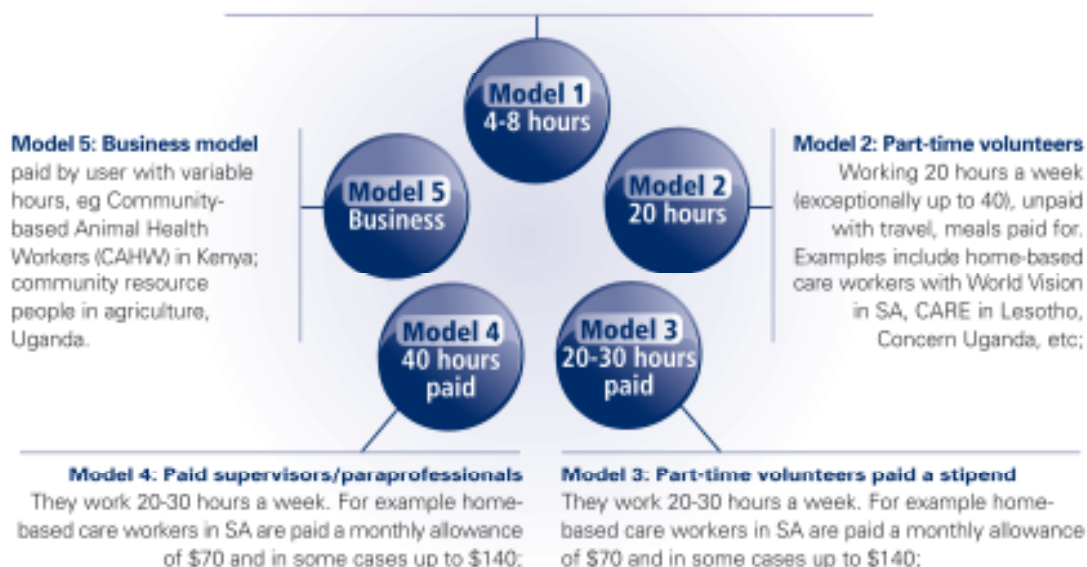
At national levels, the steering committees had autonomy to decide on timescales within the broad framework of the wider project. These were negotiated and reviewed according but as they changed it was a real challenge to keep the learning process at the regional level on course. In Lesotho for instance, the CBW process did not follow the same sequencing of events as the other three countries, nevertheless, the programme has had better buy-in for roll-out at national level, than any of the other countries, illustrating the differing commitments across countries. Links between the countries and in-country level activity ebbed and flowed. Ongoing dissemination of project material played an important role here – to ensure communication not only to external agencies and interested groups but also to facilitate communication internally between partners.

5.6 Piloting

Five different CBW models were identified at the initial 4-country workshop held in September 2004. Each country was to pilot two of these models. Similar to the action learning cycle, the pilots were then evaluated and important lessons regarding the implementation of CBW worker systems drawn out to strengthen the steering committee's role in influencing national policy around pro-poor service delivery.

Figure 2: The 5 different CBW models

Model 1: Occasional volunteers -Typically working four-eight hours a week and unpaid. Examples include Tutor Farmers in the Machobane system in Lesotho and Community Forestry Workers in Uganda. In this model the CBW travel and meals costs are usually paid for. In any society and economic situation most people can participate in this model, for example, being on the School Parents Association;



The basic principles for the piloting process were:

- Pilots should be good examples of CBW systems where partners are able and prepared to pilot adapted approaches over the next twelve months;
- They should test overall models for the project as a whole, as well as helping to take forward national agendas and priorities;
- They should consider possible integration of approaches, eg where several models operate within one local government, and so broader issues of widespread application can be considered.

(Khanya, 2005)

Table 1: An indication of some of the pilot interventions that took place in South Africa and Uganda.

Implementing organisation	The work of the CBWs	What was piloted
SOUTH AFRICA		
Phaphamang Community Development Projects NGO	Thaba’Nchu Food Security Programme (TNFSP) To improve food security through growing vegetables and rearing chickens and create a small income through marketing of surplus produce.	4-8 hrs unpaid
Golang Batcha - an NPO working with the local department	Provide home-based care, tuberculosis palliative care; integrated management of childhood illnesses; HIV/AIDS and anti -	20 hours a week, paid a stipend

Implementing organisation	The work of the CBWs	What was piloted
of health)	retroviral treatment, counselling and administration.	
CHoiCe Trust - an NGO working with the local department of health	Home-based care and health education; tuberculosis palliative care, support to PLWHA and orphans and vulnerable children	20-30 hrs a week unpaid; 20-30 hours a week, paid; 40 hrs a week paid.
UGANDA		
Budongo Community Development Organisation (BUCODO)	Promotion of sustainable rural development through advising on forest resources conservation, population development, human rights and household poverty alleviation. Activities include tree planting, commercial cultivation of medicinal plants, seed collection, apiaries, advice on reproductive health.	20 hours a week, unpaid; Improved documentation of activities and time spent on those activities, improved linkages and support.
NAADS Mbarara (formerly ULAMP)	Helping their fellow farmers to adopt appropriate technologies to improve production	Expected to work 3 hrs a day
Bulo STI/AIDS awareness group (BUSTIHA) Supported by Concern MPIGI	HIV/AIDS practical patient care, nutrition and hygiene advice, counselling, education, herbal remedies for opportunistic infections, monitoring of progress, patient tracking and data collection	4-8 hrs a week unpaid; 20 hours a week by the leaders

The piloting work yielded learning around critical issues including selection and recruitment of CBWs, incentives and retention, support and supervision, financing, accountability and linkages to other institutions and stakeholders.

6 Developing and using M&E system/creating a learning environment

6.1 Learning and M&E

The project was explicitly dedicated to learning about improving the effectiveness of CBW systems. National and regional meetings or workshops for example were not merely regarded as accountability exercises but rather as forums for exchange of experience and learning. Meanwhile there was no blueprint model that was being promoted. Responsibility lay with the participating partners to explore what worked on the ground in different contexts and draw out the insights, influencing factors or challenging issues that would be useful for other practitioners and policy makers to be aware of.

Monitoring and evaluation activity was designed to be part of the learning framework of the project. Peer reviews, for example, were critical elements of reflection and monitoring within country partners. The reviews also acted as a learning exercise. In Uganda for instance, the steering committee, together with implementing pilot partners, carried monitoring reviews where-by one pilot visited another and undertook a review of that organisation's process e.g how they are implementing the proposed modification as highlighted in their pilot project and the guidelines. Within this context, monitoring process followed each cycle of the project, though it is not clear how explicitly this was recognised or shared amongst all participating partner countries.

Monitoring also happened through the regular communication between the project manager and steering committee members, particularly the secretariats and the quarterly progress

reports produced submitted to DFID. However the limited funding available to commit a dedicated personnel in-country for internal monitoring activities was identified as a challenge throughout the project (Mbullu, 2007).

Effective evaluation of the pilots was a critical element of the project and the action learning cycle. The actual process for the evaluation included:

- Use of an independent consultant/organization so that the evaluation had authenticity and external credibility;
- Use of both a formative (learning) approach to generate learning for the piloting partners as well as nationally, plus some assessment of impacts (summative);
- Comparisons with conventional models of service delivery with CBWs about cost effectiveness in the different sectors;
- Comparing experience of the different models within and across countries;
- Debating the findings in a wider stakeholder meeting at national level , across the four countries and more widely in the southern and eastern Africa.

(Khanya, 2006)

The evaluation results were used in the final in-country workshops to inform discussions around the effectiveness of CBW workers systems. The project used these discussions as a platform to begin developing the Guidelines for Practitioners around CBW worker systems that were launched in Sept 2007 (Mbullu, 2007).

Stakeholders had a mixture of opinions regarding the evaluation process. Byekwaso (2007) indicated that in his view the evaluation process adopted within Uganda was relatively fair and that in his opinion accurately recorded the impacts and cost effectiveness of the pilots. However, Mogere and Mbullu (2007) differed in their opinion regarding the evaluations conducted in Kenya and South Africa, respectively, stating that the use of external consultants, who were not stakeholders, was problematic as they were not familiar with the CBW concept and primarily judged the pilots on a set of preconceived standards without fully understanding all of the benefits and advantages of a CBW system and or the process that was being piloted.

6.2 How learning was fed back into intervention processes or mainstreamed – negative & positive

Efforts were made continually to feedback learning internally to the project process but also externally to other stakeholders, particularly relevant government actors who may or may not have been involved with the project at some level. But the experience was varied across the countries. According to Byekwaso (2007) and the Uganda team there was generally insufficient time to feedback learnings into the system. In Lesotho however the experience was quite different. Once the situation analysis highlighted the challenges to implementing effective CBW systems in Lesotho a national symposium was organized by the steering committee, with strong back-up from the Office of the First Lady and the National AIDS Commission and attended by over 450 delegates from the donor community, government and civil society. The Symposium endorsed the findings and stressed importance of linking with the country's decentralisation process. Key points coming from the event included a specific instruction to the CBW steering committee and partners to address the challenges outlined in the report and come up with a framework to address poverty and HIV/AIDS service delivery, using CBW systems as a matter of urgency.

6.3 How the intervention shared its lessons

Lessons were shared in different ways. Internally, sharing was facilitated through steering committee meetings and workshops at both country and regional levels. In South Africa, stakeholder meetings were held in both the provinces where the project had partners to discuss how such a process can be supported by all development actors. There was also much informal exchange between the various partners over email and telephone and during some of the face-to-face gatherings.

Externally the project shared its lessons through a range of channels including:

- Publishing project material on www.khanya-aicdd.org and making project documentation and other reports freely available;
- Publishing regular CBW newsletters to communicate about the progress and findings of the project and highlight particular emerging issues or useful case studies;
- Producing and distributing a DVD that different partners contributed to and that became a very useful and powerful communication and marketing tool about both the project and CBW systems per se;
- Holding national and regional workshops where efforts were made to invite specific government departments, NGOs, CBOs or civil society groups;
- Conducting a study visit to Peru exchange experience about implementing CBW worker systems.

(Mbullu, Byekwaso and Mogere, 2007)

7 Impacts and lessons

7.1 Impact on livelihoods

Most of the pilot projects underwent an evaluation in 2006. The main objectives were to establish impact and cost-effectiveness. The hypothesis was that well-run CBW programmes would reach more people in a cost-effective manner and be more culturally appropriate and sustainable than traditional models of service delivery. A number of impacts on livelihoods of the beneficiaries within each of the countries clearly illustrated the potential role that CBWs can play in pro-poor service delivery both in terms of its effectiveness and actual implementation costs.

Findings from evaluations showed the following impacts:

7.1.1 Impact on beneficiaries

In the health sector, interviews with beneficiaries and statistical data provided strong evidence of impact. Examples given were increased understanding of health, disease, nutrition and hygiene and increased adherence to treatment resulting in improved health outcomes. Beneficiaries reported significant psychosocial support. A reduction in stigma against PLWHA and changes in attitudes towards women was reported by ABC-Kisumu. Some health care organisations also had statistics confirming extensive social support such as distribution of food parcels, supporting orphans and vulnerable children (OVCs) and alerting the relevant authorities about vulnerable members of the community. Kodumela ADP (SA) was involved in food gardens and psychosocial support to OVCs. KICOSHEP-Kenya also runs a primary school for 450 children.

'In Uganda, CBWs have strengthened adherence. Adherence for our HIV beneficiaries at Gombe hospital is above 95%. The drop-out rate from the clinic is almost not there and the death rate from HIV related illness has also gone down. This is because we have BUSTIHA volunteers that follow beneficiaries and ensure they take medication, return for routine check-ups. As people stabilize and live longer they are able to go back to work and take care of their families and plan better for their future and that of their children' (KI, Gombe Hospital in Khanya, 2007b)

In the NR sector, although few statistical data were available from the projects, however adoption of new technologies, replanting of trees, income from sales of seedlings, fruits and honey, improved livestock management, improved soil conservation, and greater understanding of land use rights were all reported benefits. The NAADS farmer extension programme in Uganda is being rolled out on a large scale, on the basis of observed impact. A pilot project in South Africa had limited impact but poor conceptualisation of the project and management problems seem to have been the cause rather than the CBW model itself. Criticisms from NR projects suggested that CBWs are not always sufficiently knowledgeable and equipped to pass on information to others adequately.

CAHWs in Kenya are providing a valuable service in the arid and semi-arid lands which would otherwise have no veterinary services. One pilot showed that *a total of one thousand and fifty (1050) persons from seven (7) pastoral associations have benefited from the CAHW programme in one or several ways. The most important benefit obviously being availability and accessibility of services (e.g. water and drugs) that have been brought closer* (Khanya, 2007c).

Ramalema Environmental Prevention Project in SA had an impact in terms of cleaning its environment and raising awareness of pollution among the youth from the evidence of stakeholders but unfortunately did not log activities systematically or collect photographic evidence.

7.1.2 Impact on the livelihoods of the CBWs

In terms of impact on the CBWs themselves, the benefits they reported from their work included the satisfaction of being of service to their community, increased knowledge, skills and confidence, greater status in their community; increased income (for those who received stipends) and gifts in kind such as tools or farming inputs. The negatives were loss of economic opportunities because of their commitments as CBWs, personal risk, emotional strain, feelings of being exploited and concerns that their community commitments were causing their family to suffer.

7.1.3 Impact on service providers

In terms of impact on the service providers, health CBW programmes are strongly integrated with the formal health services. The formal health services view them very positively and appear to see them as effective and essential partners reaching deeply into the community, following up on patients, conveying important health messages and freeing the formal services up to concentrate on work which previously they did not have time for. Nurses in the South African evaluation stated that there needed to be clearer specification of the roles of CBWs in government policy and recognition that staff had to be assigned to supervise CBWs.

In the NR sector, CBWs are integral to extension services in Uganda. The Kenyan Veterinary Services accept that CAHWs are the only way to provide a service to ASALs but they do have concerns. The Department of Agriculture in South Africa is experimenting with CBW

projects in some areas but has not yet fully explored their potential. Lesotho is exploring implementation of a national system of community livestock workers, learning from the Kenyan experience, to support small livestock and create a response system in case of an avian flu epidemic, so there is clearly a positive response there. The NGOs supporting CAHWs in Kenya have helped to reduce the cash flow problems faced by CAHWs and the legal uncertainty surrounding their positions.

7.2 Cost-effectiveness

In the Kenyan health sector, the cost of home-based care treatment was compared with that of treatment at a primary health care clinic, and the cost of employing a CBW to work in HIV/AIDs advocacy and behavioural change was compared with the salary of a social worker. This indicated that the CBW service costs less than one-third of the conventional service. Of course, the comparison is of limited value in that the roles of the service providers in each case are not identical.

In the NR sector, the evaluations did not have sufficient data to compare the CBW programmes with conventional models. However, a cost-effectiveness study that Khanya carried out in Lesotho in 2002 suggested that the cost per farmer of achieving significant impact was \$298 compared with \$989 for a conventional government extension system. Transport availability and distances which CBWs have to cover on foot or by bicycle to see clients were identified as a challenge in the NR sector. The Ugandan strategy of gathering farmers at demonstration sites is a model to be explored further.

However the levels of impact differed greatly between the various pilots within and between the four countries (Khanya, 2007a). There was evidence though that CBW systems could be a cost effective where linkages with other institutions were strong, where the CBWs were trained, supported and valued and where there was a shared understanding of a CBW's role (Mbullu, 2007).

Mbullu (2007) also highlighted that the majority of the CBWs working in the pilots improved their livelihoods through stipends or salaries and also enhanced their personal capacity (skills, knowledge) making them more likely to find employment elsewhere.

7.3 Impact on policies (why did policy influence happen/not happen?)

Inherent in the aims of the project was the need to make policy makers more aware of CBW systems and how they can be a relatively low-cost resource to improve service delivery to poorer communities. As the project advanced, specific attention was given to progressing this dimension of the project including drawing up specific action plans for each country in the final 4-country workshop. These action plans set the agenda for the steering committees to influence policy nationally around the use of CBW worker systems (Mbullu, 2007).

In Lesotho this process is fairly advanced and it would appear that the system is going to be institutionalised at a national level. This is mainly due to the number of government officials, who have leverage politically, and who were involved in the project from the onset (Mbullu, 2007). The Minister for Communications, Science and Technology, for example, was one of the Lesotho steering committee representatives who participated in the study tour to Peru and who has remained committed and a champion of the CBW system.

7.4 Impact on systems/ practices

The action-research indicates many benefits associated with the use of CBW systems. In general, the cost per client appears to be significantly lower than using conventional government delivery mechanisms (generally less than one third of the cost) and CBW programmes extend into communities in a way that conventional service delivery models are unable to. Therefore there would appear to be an important role for such models in the delivery of basic services. However, if the models are to be applied widely, national governments need to develop policy and legislation to support the development and scaling up of this method of service delivery.

There is a sense that the “project” phase of implementation of such systems has led to a proliferation of small projects with differing training methods, standards and remuneration systems. To take such projects to scale will involve standardizing delivery programmes with nationally recognized training outcomes, standards and agreed conditions of service, and mainstreaming funding which can be delivered through a wide variety of facilitating agents. These could be both NGOs, government and the private sector - for example private veterinarians. It is recognised that a lot of work needs to be done for this to happen and that the national and international stakeholder meetings that were part of this action-research have contributed to this body of work.

7.5 Impact on capacities

The project impacted on capacities on various levels².

Beneficiaries' capacities were in some instances improved through the pilot activity within the various countries. Areas in which capacities were improved included:

- Increased knowledge around HIV/AIDS and protection and prevention;
- Increased understanding of available treatments;
- Information around nutrition.

CBWs generally acquired specific information around certain themes and received training which boosted their personal capacities. Some specific areas where this occurred included:

- Increased knowledge relevant to their specialist area eg: around HIV/AIDS; bee keeping, community forestry management, soil conservation, environment issues, advocacy, nursery establishment and farming techniques
- Improved career directions with some CBWs decided to further their education
- Personal development – often a by-product of working as a CBW can be enhanced self-confidence and self-esteem through increased skills, knowledge and respect gained from others.

Piloting organisations started considering the CBW project as an opportunity to improve their internal documentation and share best practices.

² Information presented in this section was acquired through all of the structured interviews and project documents.

Partner organizations increased their conceptual understanding of CBW systems and also working within an action learning framework. Increased knowledge about approaches to CBW work in other countries deepened partner's knowledge and enhanced their ability to implement, guide and advocate around CBW interventions. As part of good practice, all the partner organisations have started to consider documentation and knowledge sharing as integral to influencing policy and advocacy.

7.6 Lessons about exit, upscaling and replication

- From the outset stakeholders need to share a common vision of developing a CBW system at scale that coordinates efforts and resources. This is why the initial investment in building relationships and commitment to a common goal is so critical.
- The action-research process needs to identify critical issues about effective CBW models that can then be used in further advocacy. For example the need for standardised training and incentives or the limited integration with operations of government ministries that may induce duplication and even competition.
- Rigorous documentation of processes, outputs and outcomes will assist with providing evidence to policy makers. How to most effectively capture the project processes should be explored in a workshop with implementing partners at an early stage.
- Securing the buy-in of key decision-makers at an early stage is critical. This can be facilitated through their involvement in steering committee activity or if this is not possible, ensuring a regular flow of communication to them about project progress.
- A technical working group for CBW is required in-country in each of the countries to sustain momentum for the upscaling process.

7.7 Preconditions for upscaling a CBW system

7.7.1 Greater standardisation of training outcomes, standards of delivery, conditions of service and remuneration.

The action-research identified that training should reflect agreed outcomes and curricula should be more standardized. Accreditation would also come to the fore and be based on the achievement of minimum standards. Stipends, if agreed to, would require more careful monitoring of delivery which, in turn, would increase supervisory costs. There would be tighter definition of the roles of CBWs and more formal recruitment processes, work contracts and benefits. In effect, a new cadre of community-based service providers with titles such as community forestry workers or home-based carers, would be created. These would be supported by para-professionals such as animal health technicians or medical clinicians. Career-pathing would be a reasonable expectation of CBWs. Friedman (2005: 186) suggest the use of credits as a reward for voluntary work. The idea is that CBWs could be allocated points for hours worked which could be accumulated and used, for example, to “pay” for further studies.

7.7.2 Higher and more regular funding

In most contexts, government would be the most appropriate funder, whilst delivery could be through a wide variety of implementing agents. Supplementary funds through partnerships with donors would be necessary in some contexts. The cost to the government of paying the CBWs could be offset to some extent by savings elsewhere eg in hospital admissions. At a wider economic level, benefit:cost ratios are expected to increase as livelihoods improve. The 'user pays' model needs to be explored, as do models where the implementing agency uses income-generation activities to fund the provision of services.

7.7.3 Changes in policy and legislation

Urgent change is required e.g. in Kenya where CAHWs are not recognised in law. The lowest cadre of personnel qualified to offer animal health services in Kenya is an animal health technician. It seems unlikely that there will be enough trained technicians in the near future so it is important for the government to regularise the position of the CAHWs and the service providers who support them.

Friedman (2005) notes that, in the health sector at least, there is a serious problem with the proliferation of many types of health ancillary workers without any overarching coordinating body. Policy development is therefore needed both within across sectors, for instance, to create coordination between health and social services.

A representative body and specific legislation is needed to regulate and advocate for CBWs within their different spheres of work so that they know their rights and responsibilities and are protected from exploitation.

7.8 Key lessons about action-learning process in the intervention

7.8.1 Working with stakeholders

- Clearly a project needs to be conceptualised at one point but potential stakeholders need to be brought into dialogue at an early stage as possible. This will help to develop a shared sense of ownership and commitment which is critical to an action learning process that requires stakeholders to be contributing ideas and learning etc;
- A multi stakeholder approach has definite advantages but requires efficient and structured project management. This process was further encumbered by the distances between partners. Securing political commitment to the process is extremely beneficial as politicians are critical decision makers and are needed to influence and get buy-in of policy;
- Loss of stakeholders and individuals within the action learning process is extremely disruptive and slows the process due to the loss of institutional capacity and memory. However it can also be an opportunity to reinvigorate a process, review relationships and introduce new ideas and thinking to the initiative.

7.8.2 Project design

An action learning project needs to have direction but there needs to be a balance between a robust project design and how emerging practice and learning may influence the rollout of the project. In addition there should be adequate financial resources, institutional structures and capacity to support what can be quite an unpredictable process. The iterative nature of learning by doing means that schedules can get disrupted, tasks take longer and costs increase. Within the 4-country CBW project the initial phase of this action-learning research was weak, particularly in understanding how it was conceptualised. This was later avoided by

initiating a decentralised budget allocation from Khanya-aicdd to local partners (Byekwaso and Mogere, 2007)

7.8.3 Review, reflection and sharing

Opportunities for reflection and sharing between stakeholders will deepen learning by individuals and between organizations. Forums, events and mechanisms for doing this need to be structured into an initial design which helps promote the importance of review and reflection as an integral and explicit part of the work. Despite the logistical challenges of a four-county partnership there was a richness to the sharing precisely because of the contrasting environments and cultures were definite advantages in terms of sharing and learning experiences.

7.9 Lessons for future civil-society government partnerships

The key lessons learnt around civil-society government partnerships was that all parties need to be involved within the action learning process to achieve maximum impact. The Lesotho case clearly illustrates that with governmental participation the potential to stimulate policy buy-in and therefore change is possible.

Annex 1: References & Structured Interviews

- Khanya-aicdd, (2002). CBW Steering Committee Terms of Reference. Undistributed Report.
- Khanya, (2004). Community-Based Worker Project Flyer. Available online at http://www.khanya-aicdd.org/site_files/index.asp?pid=82
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Structured Interviews:

- Patrick Mbulu (2007). CBW Project Manager. Capacity Building Manager Khanya-aicdd. 20 June 2007
- Byekwaso Francis, (2007). CBW Steering Committee Member Uganda. National Agricultural Advisory Services. 23 June 2007
- Stephen Mogere, (2007). Chairperson CBW Steering Committee Member Kenya. 22 June 2007

Annex 2: Stakeholders in the of 4-Country CBW project

South Africa, the CBW project has operated in partnership with a range of key stakeholders including:

- Department of Provincial and Local Government (dplg);
- National Department of Social Development, National Expanded Public Works Programme (in Limpopo);
- A cluster of provincial and municipal partners in the Free State: the Departments of Health and Agriculture, the AIDS Training, Information and Counselling Centre (ATICC), and the Mangaung Local Municipality (MLM);
- Provincial and local partners in Limpopo Province: the Department of Agriculture, Greater Tzaneen Local Municipality, and the Comprehensive Health Care Trust (CHoICE); and
- National partners: World Vision South Africa (WVSA), Hospice Palliative Care Association of South Africa, and CARE SA/Lesotho.

Khanya, 2007 – SA FCR

Uganda:

- Care International (Uganda)
- National Agricultural Advisory Services
- CONCERN (Uganda),
- Care International (Uganda)
- Uganda AIDS Commission
- CONCERN (Uganda)
- NFA

Lesotho:

- Ministry of Agriculture and Food Security
- Ministry of Health,
- CARE Lesotho-SA
- National AIDS Commission
- Khanya, 2003

Kenya

- Community-Based Animal Health and Participatory Epidemiology (CAPE) Unit of AU-IBAR;
- Community-Based Livestock Initiatives Project (CLIP);
- Department of Livestock Production (DLP);
- Department of Veterinary Services (DVS);
- FARM Africa;
- Heifer Project International (HPI);
- Intermediate Technology Development Group – East Africa (ITDG-EA);
- Kenya AIDS NGOs Consortium (KANCO);
- Kenyatta University;
- Kibera Community Self Help Programme (KICOSHEP);
- National Council for Population and Development (NCPD);
- Society for Women and AIDS in Kenya (SWAK);
- Wajir South Development Agency (WASDA).