



khanya-aicdd
African Institute for Community-Driven Development

Upscaling Community- Based Worker Systems Policy Forum Workshop Report

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(Khanya-aicdd)**

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The report is available from www.Khanya-aicdd.org

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Glossary

AHA	Animal Health Assistants
AHITI	Animal Health Industry and Training Institute, Kenya
AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress, South Africa
ASAL	Arid and semi-arid lands, Kenya
AU	African Union
CAH	Community animal health, Kenya
CAHW	Community animal health worker, Kenya
CBHW	Community-based Health Worker
CBO	Community-based organisation
CBW	Community-based worker
CDS	Centre for Development Support (University of the Free State), South Africa
CDW	Community Development Worker
CHW	Community Health Worker
DAH	Decentralised Animal Health, Kenya
DFID	Department for International Development, UK
DoH	Department of Health, SA
DoHSD	Department of Housing and Social Development, South Africa
DOHSW	Department of Health and Social Welfare, South Africa
DOTS	Direct Observation Therapy Short-course
DSD	Department of Social Development, South Africa
DVS	Department of Veterinary Services, Kenya
ERSWEC	Economic Recovery Strategy for Wealth and Employment Creation
FA	Facilitating Agent
FID	Farmer Institutional Development
GoK	Government of Kenya
HBC	Home-based care
HIV	Human Immunodeficiency Virus
IBAR	African Union Inter-African Bureau of Animal Resources, Kenya
IDP	Integrated Development Plan (South Africa)
ISFG	institutional support for farmer groups (Uganda)
KDGCBP	Kenya Dairy Goat and Capacity Building Programme
KVA	Kenya Veterinary Association
KVB	Kenya Veterinary Boards
LC	Local council, Lesotho & Uganda
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MGLSD	Ministry of Gender, Labour and Social Development (Uganda)
MLG	Ministry of Local Government, Lesotho
MoACLR	Ministry of Agriculture, Cooperatives and Land Reclamation, Lesotho
MoAFS	Ministry of Agriculture and Food Security
NAADS	National Agricultural Advisory Services, Uganda
NAC	National AIDS Commission, Lesotho
NASEP	National Agricultural Sector Extension Policy
NGO	Non-Governmental Organisation
NPO	Non-profit organisation
NR	Natural resources
OVC	Orphans and vulnerable children
PHC	Primary Health Care
PLWHA	People living with HIV+AIDs

PMA	Plan for the Modernization of Agriculture, Uganda
PMTCT	Prevention of mother to child transmission
PRS	Poverty reduction strategy, Lesotho
PSIRP	Public sector improvement and reform programme, Lesotho
PTA	Parent Teachers Association
SADC	Southern Africa Development Cooperation
SAPs	Structural Adjustment Programmes
SMMEs	Small, Medium and Micro-Enterprises
SP	Service provider
SSRLs	Institutional Support for Sustainable Rural Livelihoods
STD	Sexually Transmitted Diseases
STI	Sexually-transmitted infection
TB	Tuberculosis
TDS	Technology Development Sites, Uganda
UAC	Uganda AIDS Commission
UFS	University of the Free State
VCT	Voluntary counselling and testing
VHW	Village Health Worker
WHO	World Health Organisation

1 Introduction

1.1 Background

One of the major problems in Africa is that services provided by government often do not reach communities, especially rural communities. One way of addressing this is via community-based workers (CBWs) such as community animal health workers, home-based carers, peer educators etc. Lessons from the 4-country action research project on community-based workers, involving Uganda, South Africa, Lesotho and Kenya, suggest that these models can be applied at large scale and can have a major impact on livelihoods. These lessons were drawn from several sectors including natural resources and the HIV & AIDS. To scale up such approaches successfully requires rethinking service provision and a major investment in the capacity of civil society to support the myriad of service providers. Methodologies for scaling up need to be developed including standardisation of training and allowances, large-scale capacity-building of civil society to take forward such approaches, as well as coordination and management of potentially numerous CBWs in communities. Government will need to mainstream funding such approaches, seeing them as front-line service delivery and so a priority rather than the last to be funded. Resistance from some professionals need to be addressed for this to succeed, with clarity that improved front line delivery mechanisms will result in increased demand for value-added professional services.

The Office of the First Lady in the Kingdom of Lesotho in conjunction with the National Aids Commission (NAC) of Lesotho and Khanya-aicdd, held a policy forum workshop in Maseru, Lesotho from 19-21 September 2007. This regional workshop attracted practitioners and senior decision makers from the eastern and southern Africa region, both in the public, private and civil society sectors who are providing or interested in promoting efficient and cost-effective services that reach the poor including community-based workers. The workshop presented the recently developed *'guidelines for practitioners of community-based worker systems'*, with a particular focus on HIV & AIDS and other social services like general health and education, agriculture and natural resources sectors, but applicable across many other sectors. Participants at the workshop also explored the implications of implementing and upscaling such a system for decision-makers to widen access to services and empower communities in the process.

This policy forum workshop concluded the 45 months work of the four country partners involved in the CBW action-research project – Kenya, Lesotho, South African and Uganda. These countries have been exploring how services can be widened using a community-based worker approaches on a sustainable basis, and strengthening of the linkages between communities, local government and service providers both in terms improving participatory governance and improving service delivery.

1.2 Registration and evening diner

The Chief Executive of the National AIDS Commission, Mr Keketso Sefeane, welcomed all dignitaries and delegates attending the CBW Policy workshop. On behalf of the First Lady who could not make it due to short illness, Mr Sefeane welcomed all to Lesotho and wished them good deliberations during the two and half day workshop. Delegates were entertained with local Sotho music and a cocktail dinner.

1.3 Official opening - The Prime Minister of Lesotho, Mr Pakalitha Mosisili¹

The opening sermon was by Reverend Kanetsi of the Lesotho Evangelical church. He asked the delegates to carry out their task with love and service in mind.

Mr Sefeane invited the Prime Minister of the Kingdom of Lesotho, Mr Pakalitha Mosisili to address the delegates and to officially open the Policy Forum workshop.

The Prime Minister noted that ‘the principle of community-based workers is fundamental to our development and service - delivery in the SADC region in general, and in this country, in particular. As a country, we have had this principle from time immemorial. It is part of our culture, with many examples in our day-to-day existence. To name but a few, successful tribunals are conducted at the village/community level through our vibrant chieftainship structures. Community health workers have always been the backbone of the health care service in Lesotho. In the 1970s we were a shining star with primary health care which was anchored on community health workers’.

The Prime Minister went on to say, ‘I have been informed that the main objective of this workshop is to ponder and dialogue on effective ways in which community-based initiatives can be mainstreamed within our National Policy frameworks and to share best practices. This could not have come at a better time because we need to review our approaches to service-delivery constantly against the rapidly changing environment and new challenges that we face’.

Most countries, including Lesotho, have embraced a bottom-up approach to planning, with a view to bringing on board inputs from the communities. Decentralisation through local authorities is one of the most effective vehicles to empower and harness community-based initiatives, if used well. In this country, we have made some strides in this regard. In Lesotho, local governance has been fully established and gives people an opportunity to contribute to the decision-making processes around issues that affect them in their localities. To this end, Lesotho uses the local authorities as a gateway towards fighting the HIV/AIDS pandemic and dealing with other developmental issues.

The era of HIV/AIDS has led to the emergence of formidable community-based initiatives in support of the traditional community-based health workers. These are groups of volunteers who take care of the sick and the orphans. If it were not for their important role, Lesotho for instance could have lost a lot more people than it already has, to the pandemic. The Prime Minister added, ‘in view of the importance of CHWs’ contribution, my government has taken it upon ourselves to provide incentives for all community health workers as a matter of policy. Currently, the technocrats are working out modalities to compensate all community-based workers for their invaluable contribution to service-delivery. We believe that the ‘practitioners guidelines for community-based workers’ that have been drawn, and which will be shared in this meeting, will go a long way towards making this a reality’.

He reminded delegates that a national symposium on community-based worker systems was held in Maseru nine months ago (December 2006). The symposium brought together representatives of all community-based initiatives to deliberate on how best to strengthen service-delivery through community-based workers. Specifically, participants were called upon to recognise community-based workers as an alternative and

¹ The Prime Minister’s full speech in Annex 2

complementing model of service-delivery in Lesotho and other countries; and appreciate the challenges and strengths of community-based workers in Lesotho.

He then cautioned all that 'it should be noted that much as it is important to hold meetings and dialogues, we need to go beyond just talking about programmes that make a difference in people's lives, and move into the reality of effective service-delivery. Since the necessary national frameworks are already in place, we just need to dovetail community-based initiatives into the mainstream planning and programming. For instance, in this country we have the national vision 2020 and the poverty reduction strategy as our long-term plans, and many other sectoral plans. Effective operationalization of these and other plans, using all necessary vehicles, including community-based initiatives, will improve service-delivery and thereby deepen the roots of democracy and improve people's lives'.

The Prime Minister, moving away from his written speech, and directing his comments to present Ministers in his government, highlighted the need to channel resources to communities who desperately need them. Using the analogy of a 'bull-dog' sitting on a bale of Lucerne, which he cannot eat, he likened Ministries to the dog which although it cannot eat the hay, prevents the cow from eating the Lucerne. He pointed out that many ministers have been allocated funds to implement programmes at the grassroots level but are unwilling to release these funds to meet the challenges at the grassroots. The Ministers will lose this money in the next budget allocation. The PM challenged the Ministers to let go and release the funds to meet the many development challenges on the ground.

1.4 Objective and programme

The objective of the workshop was for policy makers and practitioners to understand how CBW systems can facilitate efficient and cost-effective service delivery at community level and at scale and the implications for them if they wish to adopt or widen the use of such a model across all sectors.

- Arising from the workshop policy-makers and practitioners will:
- Understand key policy capacities and conditions required for such a system to be implemented;
- Understand different models that can be used in a range of settings;
- Understand potential impacts of CBW systems on sustainable livelihoods;
- Understand good practice in operationalising CBW systems at micro, meso and macro levels.

Government officials and policy makers are a critical element of the CBW system because they are in a position to mainstream such a system nationally and across all the various sectors. Accordingly it is essential that they are informed and motivated about the potential impacts of a CBW system and are willing and committed to driving the process nationally. This policy forum was thus a platform to promote CBW worker systems to policy makers across the continent. From the event it is hoped that the concept will be taken forward to all countries. The programme for the workshop is contained in annex 1.

The event was attended by 85 participants on average. 32 of them filled out an evaluation form at the end of the event. Overall, participants were satisfied with the forum with an average satisfaction rating of 69%. Participants also felt the objectives of the forum had been met and also gave an average satisfaction rating of 69%. The opening address by

the Prime Minister of Lesotho was a highlight for many participants, with an 88% satisfaction rating. In addition the parallel sessions split between Practitioners and Senior Officials and the guided round table debate by policy makers both had an average rating of over 80%. Catering and the venue were scored highly – 82% and 87% respectively. A full evaluation report and additional comments is provided in Annex 6.

1.5 Introduction to CBW System

The objective of this session was for participants to have shared understanding of the underpinning of the CBW system. Dr Vincent Hungwe, the Khanya-aicdd Governance Practice Manager, introduced the session and highlighted the background to the CBW system. He reflected on the importance of the approach within developing countries in general and Africa in particular. Dr Hungwe pointed out that the system has the potential of addressing Africa's development challenges – through the use of community-based workers such as community-animal health workers, home-based carers, peer educators, traditional healers, etc. He then provided a brief overview of the 4-country action-research programme.

Key highlights of the presentation focused on the merits of using CBWs to meet the many challenges that Africa faces around service delivery. CBWs have the potential to:

- reach more people within the limited financial resources available;
- respond to widespread need, e.g. HIV and AIDS, water and sanitation, education, agricultural support, legal services, etc;
- offer services that significantly improve people's quality of life;
- meet locally-specific needs;
- monitor the performance of delivery agents.

The CBW system is a potential methodology to address these challenges as it strengthens the linkages between the three tiers of governance primarily by; empowering communities (micro level) to take action, empowering local government to support, coordinate and supervise services (meso), while promoting sustainable livelihoods and linking the different actors to policy. Evaluations of the CBW pilot projects showed that the system can be one way to reach more people, especially areas which are hard to reach by conventional service providers. To achieve these CBWs play a number of significant roles, namely they:

- act as conduits for information, technologies and inputs;
- are a bridge/link-persons between the community and service providers or facilitating agents;
- mobilise the community for learning activities;
- engage (with facilitating agents), in training community members;
- work on their own activities as demonstrators for other community members;
- animate the community by providing enthusiasm for development activities

In addition CBWs add value to other service delivery through:

- **Accessibility, affordability and availability:** By deploying local service providers (CBWs), a wider network of services can be set up and more people, especially those marginalised and in remote areas, can be reached and at low cost;
- **Sustainability:** Sharing and handing over responsibility to the beneficiaries can make them more involved in development planning, and thus help make development interventions and service delivery more sustainable;

- **Cost-effectiveness:** Working with volunteers is a cost-effective way of expanding services, especially in poorly resourced areas ;
- **Cultural effectiveness:** The relationship between local providers and beneficiaries can mitigate socio-cultural misunderstandings and improve equitable service delivery.

Dr Hungwe then summarized the CBW action-research project as was implemented. The **purpose** of the project was that organisations in South Africa, Uganda, Lesotho and Kenya have adapted and implemented a community-based worker system for service provision in the natural resources and HIV & AIDS sectors, and that policy makers and practitioners in the region have increased awareness of the use of CBW models for pro-poor service delivery.

The main outputs of the project included:

- A review of CBW systems and programmes within each country – in-country review reports produced and disseminated widely;
- A study tour to Peru – a report from the study tour produced and shared across partner countries;
- Distilling best practice across the four countries into five emerging models and developing guidelines for implementing these models – tested with implementing partners in Kenya, South Africa and Uganda;
- Supporting implementing partners to pilot these models which incorporated learnings about 'best practice';
- Evaluation of the pilot projects - in the three countries;
- National workshops to reflect on the findings from the pilots;
- The development of guidelines for community-based worker projects and,
- Workshop for policy-makers and practitioners to debate potential impacts and adoption of community based service delivery approaches.

The action-research identified a number of emerging issues for CBW systems which would be taken forward within the forum, including: Impact, policy and up-scaling. These are elaborated further in section 3 below.

2 Case Studies

This section aimed at providing participants with examples of work from implementing partners who are using community-based workers. Selected case study examples were drawn from the HIV & AIDS² and the natural resources sectors. Highlights of these are provided with snippets of lessons and challenges that the policy forum should be aware of.

2.1 CBWs in HIV & AIDS – CHOICE Trust in SA - Fiona McDonald

This presentation focused on the potential role of Community-Based Health Workers (CBHWs) in the delivery of basic health services in the Mopani District, Limpopo Province, SA. Currently CBHWs are an underutilized resource within the country but emerging research suggests that they are an effective and cost-efficient means to deliver basic health services, in remote and underserved communities.

CHOICE Trust was started 1997 with a primary focus on rural farms and was developed with a home-base care (HBC) focus. CHOICE has two main programmes, namely:

- Training and Development on any health issues;
- Outreach Programmes including: Community-based organisation (CBO) mentorship project; OVC support; and Social worker support programmes.

Currently the programme serves 230 villages using 350 caregivers and 160 volunteers. 46 CBOs are benefiting from CHOICE mentoring. In terms of impact 430,000 households have been visited up to date with health messages; 40 000 referrals have been made; 2,050 seriously ill patients have been cared for and 5,000 OVCs are currently receiving support. 120 of CHOICE's caregivers receive a stipend of R500 a month and over 100 others received formal employment in 2006 as a result of training they received from the organisation.

Over the last four years, during the period of the 4-Country action-research project, a number of factors relating to the way CHOICE works and further rethinking service delivery have emerged, including:

- Mushrooming of CBOs providing HBC in the district;
- Stipends for CBHWs – observed different attitude to volunteerism and issue whether this is sustainable;
- Accredited training – career pathing development to ensure CBWs can enter into employment after serving with CHOICE;
- Grudging acceptance of CBHW from the Department of Health (DoH) clinic staff.

In addition, during the same time there have also been a number of challenges in terms training, organizational, general and specific project challenges.

² Two case studies were presented but the CARE Lesotho one is not included here. If interested in this case study please contact Mapoloko Leteka mmokitimi@care.org.ls

Table 2.1 Challenges encountered

Type	Challenge
General	Duplication of services – Competition
	Not standardised training or management
	Perception that HBC is easy money
	Caregiver burn-out
	Psycho-social support (own personal issues)
Training	<ul style="list-style-type: none"> • Traditionally Caregivers were selected as “special” – now a career path, literacy levels • Training is expensive • Need professional nurses involvement and support
Organisational	<ul style="list-style-type: none"> • Want to do more but can not do it alone, need others - including government as partners • Increased staff and overhead costs • Limited staff capacity • Succession plan – who to handover organisational responsibility • Fund raising • CBOs mushrooming • Poor quality HBC • Need long term donors to be able to measure impact
Project Specific	CBHW – generalists or specialists?

Despite these challenges there are also a number of opportunities particularly if the communication between government and civil society can improve, which would enable greater information sharing and better coordination of services to rural communities. In addition if each of the CBOs implemented best practice/minimum standards in terms of monitoring, it would be possible to monitor the quality of the services and provide more compelling evidence of the impact of using CBWs to provide services. Finally, from research by the Health Systems Trust (HST), NICDAM and the 4-country CBW action-research, it is now possible to write up best practises for CBHWs, as evidence to promote the concept of community-based worker systems.

CHOICE's experience has highlighted a number of factors around CBHWs and has changed attitudes towards how CBHWs are viewed. It shows that HBC is not second rate care and is far more than an HIV/AIDS response. It has also promoted and contributed substantially to rural development and has impacted significantly on a number of lives.

In order to realize the full potential of CBHWs there are a number of policy issues that need considering. Firstly the career paths of CBHWs need to be formalized and training standardized. Second, employment as opposed to stipends would be advantageous particularly in terms of security for CBHWs. Also ensuring the availability of equipment i.e starter kits and replenishing of these could assist tremendously. Finally a dream that could potentially be realised is for CBHWs to be institutionalized/recognised, through national policies as a new nursing tier, with access to palliative care medicines, delivering strong and consistent health messages to communities where these services are desperately needed. Policy recognition would provide initiatives with a legal mandate that would give these service providers more confidence and recognition of their work.

2.2 Questions and answer session on the presentations

Questions/Comments	Response
Is it possible to merge the potential of traditional leaders with a few local councils so linkages are more effectively developed? How do we bring planning at local level to ensure horizontal linkages and partnerships in communities?	There are currently 200 Local Councils and 1030 Chiefs in Lesotho. Government structures at community level generally do not coincide with local systems/structures and there is more work needed in this area. There is need for coordination of all actors to ensure efficient and responsive feedback.
Have there been evaluations re CHoiCE work to show stipends impact upon CBWs?	Rural women get opportunity for training not based on evaluation. Need for further work re impact of stipends on CBWs
Are volunteers in Lesotho getting stipends? What impact will paying stipends have on delivery services	CARE Lesotho is donor funded and able to pay a small stipend of R300 per month. This is however unsustainable after donor funding finishes. The Prime Minister's speech indicated that CHWs will receive stipends.
Zambia: Issue of Culture how does one deal with this issue	Voluntarism is ones own responsibility - for HBCs this is not a big issue. Generally more mature women in SA are involved.
General comment	CBW systems are a combination of elements, incentives, service and commitment of individuals. Packages should look at these; providing care can be a form of employment
Employment versus incentives how long can one remain a volunteer with all relevant attributes?	CHoiCE does not have all answers. Current practice/criteria for determining who receives a stipend - two years of volunteering then one qualifies for a stipend, these two years are a form of community contribution and gauge for commitment. Stipends then bring control systems and incentives bring in more than employment.
Are there white people in Tzaneen who are CBWs	Ian Goldman told the delegation that he's a volunteer in a Bloemfontein conservancy project. CBWs are very wide eg school councils or committee members in conservancies. The 4-5 hours a week model is more applicable for this group of professionals who can offer sometime without compromising their livelihoods.
Uganda AIDS Commission (UAC): Why the influx of CBOs? Any analysis of why – is it because of unemployment, incentives or spirit of volunteerism? What are we advocating for? Payment or non-payment?	These are mainly started by men generally as volunteers providing a service. Recently impact of home-based care necessitating response by communities. Also seen as the only way to access government resources. Trained CBWs are in demand and get snatched by depts – eg social development and health. There could be argument for higher remuneration so these volunteers don't leave.
Uganda: Should we see these cadres as generalists or specialists? What form should be advocated for in our countries?	In home-based care, a big advantage of generalists is their regular visits to one household which tend to build trust and higher level of confidence. Need to see where there focus is. Both can be applicable but danger of one person being expected to take on too much – eg one person doing 20 different jobs.

2.3 Community Animal Health Service Delivery: Kenya's experience

This presentation was in two parts, the first focused on the evolution and conceptual underpinning of the Community Animal Health Services (CAHS) in Kenya. An example of how this is operationalised was presented by FarmAfrica who work with Community-Based Animal Health Workers. Dr Julius Kajume, an independent consultant and an advocate of the CBW system within the Kenya Department of Veterinary Services, provided the first presentation. The FarmAfrica case study was presented by Jacob Mutemi of FarmAfrica and Dr Kisa Juma Ngeiywa, DVS.

Community Animal Health service, also referred to as decentralized animal health care (DAH), was introduced in Kenya in the late 1980s and early 1990s to fill an existing service delivery gap. At the time the animal health service provision was on the decline mainly due to:

- Declining economy;
- Inability to sustain free or subsidized services;
- Structural Adjustment Programmes (SAPs) – leading to privatisation and liberalisation policies;
- Limited Government veterinary service on the ground with dwindling supportive resources particularly in arid and semi arid areas (ASALs) where there are huge livestock populations and poor communication and infrastructure;
- Undeveloped animal health private sector.

A service gap that needed filling emerged and led to the birth of Community Animal Health Workers (CAHWs).

CAHW initiatives were established and spearheaded by Non-Governmental Organisations (NGOs) and bilateral agencies in ASALs with the involvement of district veterinary staff and also the respective communities. These were largely invisible to policy makers and other key stakeholders, in particular the Kenya Veterinary Boards (KVB) and Kenya Veterinary Association (KVA) but appreciated and accepted at the grassroots level. However, consensus building led to gradual acceptance and appreciation of the concept by policy makers. Overtime though, there has been a shift in favour of this service delivery system by policy makers but some resistance still exists by KVA. It is estimated that there are approximately 8,652 trained CAHWs in Kenya. 6,000 (65%) of these are active (CAPE, AU/BAR, 2002). Reasons for drop out include wrong selection, inadequate motivation and incentives, opportunities for growth, lack of follow-up and institutional support.

Training of CAHWs has also received considerable attention by some key stakeholders including the KVB and NGOs. Developments in this regard include the following:

- Consensus building to harmonise training of CAHWs;
- Training curriculum development with minimum standards for training of CAHWs;
- Training manual for guiding CAHW trainers developed;
- Business Management Training Modules for CAHWs.

CAHWs are community members who are livestock keepers or herders. They are given elementary training in animal health to provide basic animal health care to their fellow livestock keepers. They provide this service on a part-time or full-time basis. They are both male and female with a mix of age groups, but the majority of are young males.

They are selected by the community after the FA introduces the concept and is accepted. The FA may provide guidance but largely the selection process is undertaken by the community. Selection criteria may include:

- A member of the community who speak the local language;
- Livestock owner and herder;
- Committed and willing to serve the rest of the community on a voluntary basis;
- Able to walk long distances hence physically fit;
- Respected member of the community;
- Age, education and gender are also considered.

CAHWs provide basic animal health services to other livestock keepers. Key areas of responsibility may be limited by one's level of training and knowledge – these may include:

- Diagnosis and treatment of sick animals;
- Sale of veterinary drugs to livestock keepers;
- Mobilisation of communities during vaccination campaigns and other animal health related activities;
- Information dissemination to livestock keepers and community at large;
- Assist in vaccination campaigns
- Disease reporting and surveillance;
- Provide useful links between livestock keepers or herders and district veterinary authorities;
- Provision of extension services;
- Useful as entry points to the communities

In terms of incentives, CAHWs operate on a business/private sector model. They charge for the service they render. In addition, they get recognition in the community, in some instances they receive starter kits (basic veterinary drugs and equipment from the facilitating agents).

The system is affordable and accessible and currently there is no better option for communities to access services than through CBWs. The system is accepted at community level because it is responsive to the basic animal health needs of pastoralists and is rooted within the community. This has been enhanced by community participation in its establishment. Because it involves the livestock keepers in setting their own service delivery priorities, these livestock keepers can monitor the level of service delivery and provide oversight – hence it a responsive feedback mechanism (accountability). The system itself enhances disease reporting/surveillance and is an important link between herders and veterinary authorities particularly in ASAL areas.

In terms of impact the intervention has improved livelihoods, improved Epizootic disease control, reporting and surveillance and has enhanced information dissemination to communities. Impact assessment show substantial reduction in livestock mortality as a result of CAHWs presence in communities.

However there are still remnants of resistance within the professionals. These include:

- Sustainability – questionable if not operated within business principles the system can be sustained;

- High drop outs levels (wrong selection, inadequate motivation/incentives, other opportunities, lack of follow-up and inadequate institutional support among others);
- Strengthening supervision, monitoring and coordination for technical visibility;
- Need for improved policy and institutional support;
- Improvement of service quality/minimum level of training – is the quality of training sufficient for CAHWs to meet challenges they face and to perform their roles effectively;
- Demonstration of impact – how to contact and communicate evidence-based to policy makers and others;
- Some resistance, mainly by the veterinary professional association.

The policy direction in relation to community animal health service delivery is emphasized as central pillar that promotes community participation in animal health service including disease control and surveillance. In principle the following elements need escalating into policy:

- Improved and upgraded training;
- Harmonised training through enforcement and developing training guidelines;
- Strengthened coordination, supervision and monitoring;
- DVS to provide operational framework and actively playing overall role over CAH system;
- FAs enter into a MoU with DVS with clear roles and responsibilities outlined;
- Defined chain / channel of accountability for CAHWs to enhance sense of belonging
- Needs identification/assessment with participation of beneficiaries/;
- All key stakeholders participation to ensure ownership and to enhance sustainability
- Volunteerism has serious limitations, hence the need for incentive mechanisms including payment for services provided;
- Proper linking with supervisory authority and support systems;
- Provide forums for experience sharing for CAHWs as part of continuing education.

2.4 FarmAfrica Community Animal Health Workers

FARM-Africa is an international NGO that aims to reduce poverty in Eastern and Southern Africa. It works in partnership with marginal farmers and herders, helping them to manage their natural resources more effectively and build sustainable livelihoods. Whether improving small-scale dairy goat farming projects, working to resolve conflicts with pastoral communities or developing new roles for villagers to manage forests, FARM-Africa knows that with even a little assistance, African farmers can dramatically improve their own well-being. FarmAfrica operate in Ethiopia, Kenya, South Africa, Tanzania, Uganda, and more recently Southern Sudan and concentrate on three key themes:

- Pastoral Development
- Community Forest Management
- Smallholder Development and Land Reform

The Kenya Dairy Goat and Capacity Building Programme (KDGCBP) is one example of service delivery using the CBW systems. The programme was established to replicate the success achieved in Meru District to other districts and in the region. The overall objective of KDGCBP is to sustainably improve the livelihoods of the poor and their community-based organizations through livestock development and enhanced livestock policies. In

addition to ensure sustainable community-based dairy goat production and animal healthcare systems are established, strengthened and supported by community-based organisations and local extension services. They work closely with farmers and government personnel to develop appropriate systems in the dry Mwingi and Kitui Districts in Eastern Kenya.

The key outputs of the programme include:

- Community goat groups, membership organizations and government extension service capacity building;
- Buck stations, breeding stations and associated technical and capacity building services with community groups to promote sustainable improvements in goat breeding established;
- CAHWs, Animal Health Assistants (AHAs) and private veterinarians supported to establish a fully operational private sector animal health service;
- Forage developed to support zero-grazing of small ruminants;
- Best practices disseminated and advocacy to inform and influence government, NGO and donor practice and policy done;
- Small scale water point developed;
- Participatory monitoring and evaluation systems institutionalized into groups and membership organization.

Table 2.4 Key challenges and opportunities of the DAH system

Challenges	Opportunities
Policy and law	Scarcity of government staff
Low cash economy	Cost of service
Dependency syndrome	Unemployed veterinarians and AHAs
Lack of entrepreneurship skills	Training of stakeholders
Lack of loan securities	Improved economic status of people from sale of goats and milk.
High bank interest rates	Improved disease surveillance.
Adverse weather	
Lack of funds for diversification	

Key achievements of the KDGCBP (Kitui and Mwingi districts only) include:

- 30 CAHWs trained and supported.
- 6 AHAs supported to set rural drug shops
- 2 vets supported to set town drug shops
- 6 AHAs and 2 Vets trained on business management.
- Dairy goats death rate kept below 10%.

2.5 Roll out of agricultural extension services in Uganda

This case study was presented by Dr James Kyaka of the National Agricultural Advisory Services (NAADS). NAADS is a 25 year government structure (2001-2025 operational programme). NAADS primary role is to provide advisory services to farmers including: enterprise selection, technology for increased productivity/production and value addition and marketing. NAADS is promoting demand driven, privately delivered and publicly funded agricultural advisory services that are responsive to the needs of the small-scale farmers. With NAADS, Farmer Institutional Development, Enterprise Development and linking production to market opportunities have stimulated and revitalized interest of

small-scale resource poor farmers in agricultural production. Farmer Groups have been formed in the NAADS districts and have subsequently created overwhelming demand for advisory services that cannot be adequately addressed under the current arrangement especially after expiry of contracts with Service Providers.

The Community-Based Facilitator (CBF) approach is one mechanism by which continued and/or increased demand for services can be addressed. This requires presence of Community-Based Facilitators (CBFs) in every sub-county where NAADS activities are being implemented.

The primary structures at various levels include:

Sub County: Farmers' Forum

Parish level: Parish Coordination Committees (PCC)

Village Level: Farmer groups

CBFs selected at parish level to work with Farmer Groups and to link with Farmers' Forum and Service Providers. CBF

The criteria for CBF selection include:

- Early Adopters
- Member of the community/ fulltime resident of the parish they will serve
- Member of NAADS Group
- Ability to read and write
- Socially Acceptable
- Willing to offer services to others
- Trainable and training ability

Once trained by services providers (these SPs are recruited within the district) CBFs are then in a position to train farmers. However, a shortcoming is that generally service providers lack capacity and fall back on Government Development Community Workers.

The overall objective of working through the CBF intervention is to provide effective and sustainable advisory services to farmers by using members of the communities to supplement the work of contracted Service Providers. The primary roles of the CBFs are to:

- Promote farmer-to-farmer extension through training and supporting farmer groups in Farmer Institutional Development (FID) and various enterprises
- Mobilize community to form groups
- Sensitize farmers on NAADS programmes
- Monitor service providers
- Help in scaling up technologies developed with Service Providers
- Support supervision at demonstration sites and Technology Development Sites (TDS)
- Mobilize farmers for training and meetings
- Report writing

For motivation of CBWs they also receive certain incentives. These include bicycles to assist with transportation; lunches provided by farmers; institutional support for farmer groups (ISFG) loans; training and study tours. In addition they receive allowances and gain recognition through uniforms, badges and certificates.

Table 2.5 Questions and answer session from presentations

Questions/Comments	Responses
<p>What support was given to OVCs? SA (DSD) Policy: 4-country experiences challenge and tensions re CBW systems and political interference Principles: Recognition of local knowledge and innovations for CBW systems HBC (general) – income generation and home care giving – compromises on - what economic opportunities exist – social/enterprise cooperative – NEPAD testing programme</p>	<p>Policy consistency and accountability for managing – eg centralising distribution of inputs – how does this enable the communities to have their own say on where/how to access. Is there a framework to facilitate these – for communities to be at the centre of their own development</p>
<p>To what extent do beneficiaries have a voice and/choice – how can this process facilitate this?</p>	<p>Care givers are mainly the voice of their beneficiaries and the choice is missing as there is no alternative service providers; sometimes clients complain of not receiving all that is expected of CBWs.</p>
<p>SA (DSD): Community expectation is for CBWs to provide services. Can CAHWs assist farmers to form themselves as primary animal health cooperatives? DSD is testing an assumption that government funded projects collapse after withdrawal – now testing with 'sweat equity' model (Letsema).</p>	<p>Good idea. Training of AHWs – coming together to form economies of scale – procurement of inputs and marketing.</p>
<p>Establishment of study groups: - study group in SA – where farmers come together to share experiences – a CBW possibly facilitating, or official assistance.</p>	<p>This is happening through the Uganda NAADS programme – with Farmer Forums.</p>
<p>Zambia: Involvement of policy makers – was it deliberate omission that NGOs were not involved? What if we involved them and they did not want to participate? Linkages – these are too big with the number of stakeholders? Incentives – could these be the ones that create resistance?</p>	<p>NGOs did not involve government from the outset, sometimes through fear of interference. Now a clear MOU has been drawn with the technical ministry. Linkages – northern Ethiopia – food relief sometimes disempowered CBW efforts. Farmer CBW linked at the village level – to reduce transaction costs – eg travel to district headquarters – less cost to end user (farmer).</p>
<p>Zimbabwe: Need flexibility when dealing with communities – areas are different and needs differ. In some areas very effective if working through community groups. Example of a CBW experience in Weza? They were getting allowances, difficult to retain CBWs in the programme after the NGO left.</p>	<p>Sustainability – Farmer associations in sub counties (Uganda) still exist. Now hiring the service providers to undertake training independent of NAADS – important to plan for exit strategy.</p>

3 Synthesis Report– emerging issues for impact, policy and upscaling

3.1 Context

The session objective was for participants to understand how such a system can facilitate efficient and cost-effective service delivery at community level and at scale. Also the implications of these if they are to be adopted to widen access and use of such models across sectors. Dr Ian Goldman, Khanya-aicdd CEO led the session. He highlighted key findings from the 4-country action research which he linked to earlier sessions on the CBW project background and the case studies presented by partners.

The concept of CBWs is an old one, despite being funded and supported; it has yet to be raised extensively at policy level. There is an inherent need for upscaling the system because current experience suggests that very little from government actually reaches communities except for primary schools and service delivery backlogs are common across the continent. The issue of scaling up is also important both in terms of integrating innovative approaches used by non-state providers into the regular work of local governments and for disseminating and replicating successful initiatives/models that have been tested.

In many countries public sector has traditionally been the major service provider. National governments have a vital role to play in supporting the development of community-based worker initiatives. Where governments accept the potential contribution of CBWs make in community development projects, whether directly or through other organisations, the programmes have generally achieved higher levels of success. Community participation is generally recognised in policy eg in Kenya's National Agricultural Extension Policy, or for home-based carers in many countries. Other examples of positive policy initiatives that promote CBWs include:

- South Africa's Department of Health (2004) has a Community Health Workers Policy Framework.
- Lesotho's social welfare strategic plan 2005-2010 and primary health care strategy involve training additional village health workers and introducing incentives for them, establishing training for traditional healers to complement health delivery and emphasising health education to prevent disease transmission.
- In Uganda the National Agricultural Advisory Services (NAADS) has revitalised agricultural extension services including using community-based farmer-to-farmer extension.

However, there are examples from the four country study where CBWs have been incorporated into policy. Box 1 highlights some examples where CBWs are being used to provide essential services.

Box 1: Specific examples of CBWs within the countries include

Uganda - Furthest regarding decentralisation; CBW systems are widespread in health and NR sectors.

SA - CBWs in a range of sectors notably HIV/health-related - large scale only health and social/welfare sectors. Relevant services mainly from provinces, in some cases NGOs/FBOs/CBOs. Government mainstreamed funding of stipends in HIV/health sector.

Lesotho - CBW systems struggled in continuity of funding but CBW programmes in adult education, agriculture, paralegals, health being considered at highest levels of government as a result of this project.

Kenya - Retains highly centralised service delivery system. Recently, ministry of health and related depts looked to CHWs to manage large numbers affected by HIV and AIDS. Private sector CBWs in animal health sector (community animal health workers) which is perhaps the most advanced in Africa, but viewed by government as a temporary, emergency measure.

All - Creation of a cadre of CHWs, offering home-based care and other services in response to HIV and AIDS, has happened across all countries. Limited use of the widespread range of the CBWs that could be used.

The 4-country action research project undertook evaluations in three of the four countries involved to establish the impact and cost-effectiveness of the CBW approach. 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. Table 3.1 highlights the key impact findings:

Table 3.1 Findings from the CBW four country project

Impacts on beneficiaries**Health sector**

- Strong evidence of impact eg increased understanding of health, disease, nutrition and hygiene and increased adherence to treatment resulting in improved health outcomes, significant psychosocial support, reduction in stigma against PLWHA, changes in attitudes towards women.
- Extensive social support such as distribution of food parcels, supporting OVCs and alerting the relevant authorities about vulnerable members of the community.

NR sector

- Few statistical data from projects. However adoption of new technologies, replanting trees, income from seedling sales, fruits and honey, improved livestock management, improved soil conservation, greater understanding of land rights were some of the reported benefits.
- NAADS farmer extension in Uganda being rolled out on a large scale – over 2000 CBFs - suggests impact.
- Criticisms from NR projects suggest CBWs not always sufficiently knowledgeable and equipped to pass on information to others adequately.
- CAHWs in Kenya providing a valuable service in the arid and semi-arid lands which would otherwise have no veterinary services
- Ramalema Environmental Prevention Project (SA) has had an impact in terms of cleaning its environment and raising awareness of pollution among the youth

Recommendation: Improved M&E Needed

<p>Impact on livelihoods of CBWs</p> <p>CBWs reported many benefits from their work including:</p> <ul style="list-style-type: none"> • satisfaction in 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 • negatives - loss of economic opportunities because of commitments as CBWs, personal risk, emotional strain, feelings of being exploited and concerns that their community commitments were causing their family to suffer.
<p>Impact on Service providers</p> <p>Health</p> <ul style="list-style-type: none"> • CBW programmes in some cases well integrated with formal health services but some suspicion in some few cases • Formal health services view CBWs very positively as 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 SA 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. <p>NR</p> <ul style="list-style-type: none"> • CBWs are integral to agricultural extension services in Uganda • The Kenyan Veterinary Services accept CAHWs as only way to provide a service to ASALs but have concerns – some fear of taking over role. NGOs supporting CAHWs in Kenya faced challenge of legal uncertainty around position of CAHWs. Also NGOs supporting CAHWs have helped to reduce the cash flow problems of their businesses and the legal uncertainty surrounding these CBWs • The Department of Agriculture in SA is experimenting with CBW projects in some areas but has not yet fully explored their potential • Lesotho has designed a national system of community livestock workers, learning from Kenyan experience, to support small livestock and create a response system in case of an avian flu epidemic - this now being scaled up by the MoAFS
<p>Cost Effectiveness:</p> <p>Health</p> <p>Cost-effectiveness calculations compared cost of HBC treatment to the cost of treatment at a primary health care clinic in Kenya, or comparing the cost of employing a CBW to work in HIV/AIDS advocacy and behavioural change to the salary of a social worker. The study shows that CBW service costs less than one-third of the conventional service. Caution here is that the comparison is of limited value in that the roles of the service providers in each case are not identical.</p> <p>NR sector</p> <ul style="list-style-type: none"> • Evaluations did not have sufficient data to compare the CBW programmes to conventional models. However, a cost-effectiveness study carried in Lesotho in 2002 suggested cost per farmer with significant impact was \$298 compared to \$989 for a conventional government extension system. • Transport availability and distances which CBWs have to cover on foot or by bicycle to see clients is identified as challenge. Limit travel by meeting groups of farmers at demonstration sites rather than visiting individuals. <p>Recommendation: Must improve M&E and learning if going to be able to convince policy makers</p>

Implications for upscaling, policy and legislation

- Community-based and para-professional services offer the opportunity of bridging the gap between professional services and the general community by devolving aspects of services to lesser trained personnel. Lower-cost training means that more can be trained for a given budget.
- The study indicated many benefits in using such models of delivery including cost-effectiveness. Also trying to move beyond projects to national programmes.
- If the model is 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
- Need to overcome suspicion between CBWs and government service providers – eg clinical nurses and volunteers, CAHWs and Veterinary Association – still to be overcome, partly fear of competition, also fear of people going beyond their competence, can be legal issues
- Increased referral will strengthen professional role to this

Preconditions for successful scaling-up

- New cadre created of CBWs with labels such as community forestry workers or home-based carers. Supported by para-professionals such as animal health assistants/technicians, or medical clinicians;
- Lesotho's Ministry of Agriculture and Food Security has agreed national programme for rollout of community livestock workers (=community-animal health worker – thanks to Irish Aid for funding phase 1 of the project) and Government commitment with NAC considering upscaling CBW models in HIV/AIDS sector;
- Mainstreaming of HBC and early childhood development using stipends in SA - can be extended – countries need to decide on what they can afford – countries need to decide if they can afford;
- Operational guidelines for CBW systems provide a useful resource for those interested in implementing such a model;
- Ideas like use of cellphones
- This Policy Forum is a great opportunity to raise profile for upscaling CBW systems across the region

In addition to upscale the CBW system there is need to rethink our approach to service delivery. The following requirements and recommendations need to be considered if successful scaling up is to be realised;

- Tighter definition of **roles** of CBWs including expectations;
- Formal **recruitment** processes with work contracts and benefits clarified and instituted;
- Extensive **training** both for CBWs themselves, para-professionals to support them, and CBOs/NGOs – needs to be well-planned as likely to be in-service and for roll-out; Well trained and motivated service providers (be it public, private, or communities) and adequate institutions with transparent procedures and responsive accountability system are also other important indicators to look at and incorporate in measuring effective service delivery performance;
- **Standardisation of training outcomes, standards of delivery, conditions of service and remuneration.** Consensus that **training** should have agreed outcomes and curricula should be more standardized;
- **Accreditation** helpful and certification to ensure CBWs have achieved minimum standards. Career-pathing would be a reasonable expectation of CBWs;
- Idea of **credits** as reward for voluntary work, CBWs allocated points for hours worked which could be accumulated and used, for example, to “pay” for further studies

- **Stipends**, if agreed to, would also lead to more careful monitoring of delivery which would increase supervisory costs.

The key challenge is need for widespread FAs if the system is to be widened. Needs large NGOs to create capacity of small and widespread **training of CSOs** if systems to be upscaled.

In addition **Funding at scale will have to come from government**, in partnership with external funders where governments cannot afford to pay without assistance. Points to consider are:

- Costs to the government of paying the CBWs could be offset to some extent by savings elsewhere eg in hospital admissions or better health from improved livelihoods;
- Decide whether can afford stipends but way of getting resources into communities for services provided;
- The 'user pays' model needs to be explored more as well as models where the organisation has income-generation activities alongside service activities with the profit from the former funding the latter.

Pose challenge to policy makers – how can this approach be adopted to widen access to service delivery in Africa?

Finally key policy changes that are needed include:

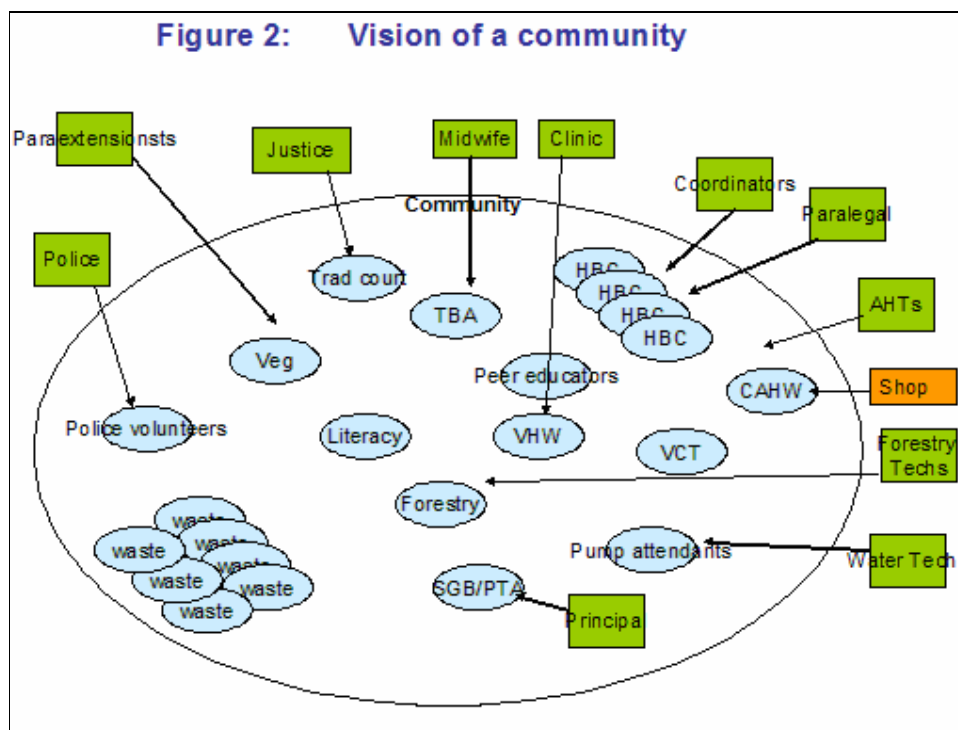
1. **Recognition in law** of CBWs - eg lowest cadre of personnel qualified to offer animal health services in Kenya is animal health technician. In health sector at least, proliferation of many types of health ancillary workers without any **overarching system**. Policy development is therefore needed both within sectors and also across sectors, for instance, to create coordination between health and social services.
2. Potentially need **wide range of FAs** to support the CBWs. Change role of large NGOs from service delivery to building capacity of smaller CSOs eg CHoiCe work on mentoring and development of small CBOs.
3. Need system for coordination of these and to regularise linkages to local government/local level of government service providers.
4. 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.

Ian then presented a potential vision of a comprehensive CBW system, which if coordinated and supported fully it could make massive impact on people's livelihood through effective and efficient service provision. The vision would be **every village or a group of villages** has:

- several home-based carers, CHWs or health and hygiene, school governing bodies
- a community registered person
- a community forestry person
- a pump attendant
- peer educators
- a community policing volunteer
- a literacy volunteer(s)
- a para-legal advisor
- a community social worker
- sustainable input supplier

- community waste management – could be paid by LG as coordinators
- All these are supported by a set of par-professionals supported by professionals

Figure 2 below provides a possible vision of a community.



3.2 Questions and answer from the presentation

Questions/Comments	Responses
Coordination: RIDS – mushrooming of CBOs, duplication of efforts and resources. Need for a regulatory structure to enable service delivery – example[s] in the 4-country of a regulatory service delivery framework.	Need for a system in place to coordinate. Who takes this role also very important. Potentially a body to anchor the CBW system across sectors – eg Ministry of Gender, Labour and Social Development in Uganda (MDLSD)
Malawi: Why was Malawi not one of the 4 countries in the project? We have had Community-Based Distributors – men and women distributing these – motivating, disseminate messages to communities – 30% uptake contraception – could have provided good learning from what is happening in Malawi.	Khanya-aicdd is a small organisation and try to focus our approach to manageable size. Four countries at the time was a max number. CBD model is included in the study and added in the model and yes, this policy forum is aimed at widening this approach to other countries in the region and happy you are here to take this forward.
Kenya – How are you defining a community within the possible vision presented above? Community Service and Community-based? Could the CBW accommodate multi- community structures?	Those based in a specific community or interest linked or a social group, could be a beneficiary of that community – if service frequently needed and uses simple technology, then it can be provided using a CBW model.

Questions/Comments	Responses
Coordination – how can this can be achieved within a specific sector?	Management and coordination are critical. Problematic in SA where the lowest admin is at ward level – where do you go for technical and practical support? New thinking around Learning Sites - in Lesotho, SA and Uganda could act as an integrated approach to coordination.
Policy makers should be here. Burial societies – could be nurtured to propel the CBW system. What is the linkage between lan’s vision and Government at the centre?	Agreed. Missing senior people from departments in SA and Kenya but working very closely with DSD national (SA). Guidelines signed by Minister of Social Development. CBW project deliberately set-up to test the approach in HIV & NR sectors. However generic and applicable in all other sectors.
Uganda: Many countries have ministries of Community Development – mandated to mobilise communities to demand services. What role should these institutions play in coordinating the myriad of community-based approaches and CBWs? Lesotho MoLGD: Local Government /councils linked to CBWs and by law are charged with this responsibility. If relationships not well defined it becomes a source of conflict	Many other services provided by communities including burial societies. Necessary that countries work with government if the CBW is to be sustainable and funding for long-term is to be secured. Good that MDLSD can play this role Need to think process of community structures and local leadership and how these will work and be linked. Can be strengthened through other processes eg Funding Communities, planning together, etc.
Are NGOs also guilty re concentrating efforts in one area eg health?	Agree
Zimbabwe: Village Health Worker (VHW) programme was very vibrant – but Community Development Ministry dissolved these. Retraining – does not make them generalists. Concern around career development of CBWs.	Career development – those who see this as a way of providing services at scale, why not encourage it? China’s barefoot doctors is good example where health for all was achieved using very simple technology and low cost.

3.3 Exhibition – community-based worker systems in action



A range of CBW type processes were exhibited at designated points in the venue and participants meet and discussed with CBWs (CBOs) on how their work is using CBWs, what is working well and the challenges they face.

The following photographs were taken from the various exhibitions to illustrate the range of work being undertaken and the

products from activities. These are sold for income generation to assist in the running of CBW projects.



4 Parallel groups – impact, policy issues and upscaling

Participants were divided into three smaller groups with one large group of Senior Officers meeting separately. Group tasks were provided for each small group. Groups focused on identifying areas that still need significant work and coming up practical actions to achieve the desired outcome. The following are the groups feedback at a plenary.

4.1 Specialist vs Generalist

Specialist – limited to his particular field of expertise

Generalist – execution of his responsibilities and is able to work across sectors with general knowledge and are multi-skilled.

Particular fields may have separate knowledge requirement for that specific sector. Good to have generic field of knowledge for HBCs and then extra training to provide specialist services eg elderly, youth, children, rehabilitation, chronic care, acute care.

Table 4.1 Pros and Cons of utilising generalists and specialists

Generalist		Specialist	
For	Against	For	Against
Userbility	Quality may be undermined through multi training	Thorough comprehensive knowledge in one field	Multiplicity of needs that may not be addressed by one specialist
Integrated services, continuity of services provision and efficient.	Services may become financially dependent on remuneration	Competent in area of expertise	Specialist knowledge may marginalize continuity of services if they leave
Less generalists required, less costly and also sustainable	Requires good co-ordination which may not be in place	Training standards are easily applicable	Over servicing due to multiplicity of needs
Reduces duplication of services to community	Quality service may be diminished due to multiple skilling	Lower level of education - training can be pitched to assist with specialization	Community members may become overwhelmed by too many specialists – is it better to have a one point stop?
Able to refer expertly and more exposure to different community needs	Fatigue set-in due to being jack of all trades	Focus is narrowed and prevents duplication of services also trust & confidentiality between client and service provider	How many specialists can you have for different needs? What is sustainable by the State?
Can be effectively co-ordinated and services can be demarcated effectively	Opportunity to be exposed to abuse by professionals	Easy to co-ordinate such structures because of unity of purpose and this ensures effectiveness	Undermines integration of services
Have good standing within their organizations		Assists in allocation of resources; supervision & accountability is easily manageable	Limits multi-talented people and their capacities

4.2 Co-ordination

Country structures are different and complex which individually impact on the integration of CBW systems eg South Africa structures are almost unworkable in terms of implementation and standardization. Big questions like who owns CBWs? Is it the community, CBO, NGO or FBO they are attached to?; or the Local or Provincial Governments – politics are always problematic in terms of developing clear coordination systems.

For CBW systems to operate maximally there needs to be coordination between all stakeholders. In addition there is the potential for a wide variety of CBWs providing services in any one community and potentially several FAs operating. The challenge is how this will be coordinated at community level, and local government levels to integrate the different services appropriately. Currently there seems to be no unified or harmonised structures for coordinating the range of community-based service delivery systems already in operation, or CBW with other services. For example in Kenya, coordination of sectoral issues occurs at the district level, however, there is no specific focus on CBWs in the District development plans. Presently CBWs have no institutional home as they are scattered around the different civil society agencies.

The decentralised local government structures in Lesotho may be suitable for coordinating the work of CBWs but this need to be carefully structured as there may be elite capture. In SA as well, local government structures may not be applicable due to territorialism and politics. In Kenya – local government may not be the answer as the structure is too centralised. Uganda's local government structures are the most applicable level to own CBW systems, possibly anchored in the Ministry of Gender, Labour and Social Development.

Table 4.2 Questions/ from above report backs

<p>Most CBW only receive minimal training, therefore the skill level they possess is questionable. Is it better to have someone who knows a lot about one area or a little bit about a couple of sectors?</p> <ul style="list-style-type: none"> • Training over two year period – opportunity to use the training experientially. Many CBWs are leaving for paid work with departments eg health and social development. Not using the skills acquired – sustainability not assured. Reimbursement of caregivers to reduce attrition rates. • Generalist would not work in services where the discipline needs specialist field – accountability and responsibility are context specific – dilution of referral system • Distinguish the tasks - context very important
<p>Dilemma – pool of who the CBW will be – few to call on – end up being generalists not because this is the choice but reality on the ground</p>
<p>How do we capacitate, facilitate and evaluate their work and mainstream the funding to assist the work of CBWs? There may be need for a combination of the two generalist/specialist. These need fine-tuning</p>
<p>In SA there is a policy on mainstreaming of funding towards NGOs and civil society. If CBWs are key performance areas of managers they will be forced to direct funds to this.</p>

4.3 Linkages with Local Government and Traditional Authorities

All countries have different systems. In Lesotho for example most government departments are centralized whilst local authorities/community structures have been

decentralised to villages. The question posed is who is responsible for making these linkages and how can they be made more effective? In local government co-ordination mechanisms should ideally bring all structures together civil society and government, etc. However, in communities although linkages in communities exist they are not utilised effectively upwards.

In terms of taking these issues forward, the following proposals were made:

- Sensitization and revitalisation of structures that have been taken for granted – create awareness of nature and scope of CBW systems;
- All levels/stakeholders could take responsibility for sharing information (NGOs to act as a catalyst and government providing conducive environment for these to thrive);
- Capacity building for civil society, beneficiaries and all other structures (Community level as well as Local Gov level) in order to ensure equal participation and ownership;
- Role clarification and definition – who is responsible for what and who is accountable to whom?;
- Co-ordination is vital – use traditional structures and relevant government depts already in place;
- Plans should be shared;
- Communication to all levels;
- Reporting principles to be developed to govern this collaboration;
- Clear motivation system/strategy (incentives) – involve all structures and government to develop funding of communities.

Also in terms of the process used in trying to establish these linkages a set of principles should be adopted, these include:

- Bottom up planning that informs policy
- Participatory
- Transparency
- Respect given to local authority levels at community level

In terms of mainstreaming funding it should be government, private and civil society collaborating together and the issue of planning becomes critical. Needs assessments, situational analysis and Government Policy guidelines should be used to determine how CBWs should be funded. In mainstreaming this process the use of existing local structures for dissemination of funds is critical and we should guard against funds being captured by elites. Devolved funding need to be monitored, evaluated and accounted for.

4.3 Donors - how the work they fund can respond to the CBW system

A discussion was held in which present donors responded to the question of how they see their funding focus responding to the CBW initiatives. Participants and delegates posed questions at representatives from two donor agencies namely the EU and GTZ on their funding focus for Lesotho.

Decentralization was seen as a critical element by both funders as it is a major tool for service delivery and rural development and funds have been specifically set aside for projects promoting this concept. GTZ is particularly interested in building the capacity in financial management of government departments. Not sure how GTZ can support the CBW system but Ministries can allocate resources to strengthening CBW structures at grassroots.

Table 4.3 Question/answer session

Questions	Responses
<p>Generally donor conditionalities are attached to any funding.</p> <p>Basket funding for country strategies through government ministries – does this translate to funds reaching the people?</p>	<p>There have been discussions around this issue. For eg EDA in Lesotho has come together to try and coordinate activities. There is a move towards basket funding where donor funds are pooled for specific government allocations and budgeting process. More focus on harmonised country strategies.</p> <p>There is need for accountability and transparency by govt. District and community councils plans are demand driven which will assist in this regard.</p>
<p>Resources are channelled to the district level in Lesotho. But NGOs working with CBWs tend to do there own thing where donors work with district officers. Minimal cooperation and collaboration in this regard is the norm.</p>	<p>Currently funding is coming from a diversity of sources. The coordination of these needs to become better to implement a holistic system of CBWs.</p>
<p>In Malawi GTZ is supporting decentralization. Taking the same line as they are doing in Lesotho – piloting processes in certain regions. Thus only benefiting certain districts, what happens to the other districts? Local Development Fund (LDF) – pool resources of all donor funds together and use in all districts – hence equitable distribution of resources.</p>	<p>Donors also need to learn from other countries. LDF has not been uniformly bought into at this stage by many donors.</p> <p>LG development plans may be a better process where funds from donors can be pooled and allocated accordingly.</p>

4.4 Policy makers - roundtable discussion

4.4.1 Context

A round table debate was held to deliberate on the merits of implementing or upscaling the CBW system in countries. The objective of the session was to have discussed the potential for mainstreaming CBW system in eastern and southern Africa region. Dr Vincent Hungwe, facilitated this discussion. Taking the role of a country Permanent Secretary he selected a number of policy makers from each of the participating countries attending the forum. The stage was set for these delegates to attempt and sale the CBW idea to their respective senior managers. They had to explain the advantages of a CBW system in their country. The debate helped to clarify arguments for policy makers from the respective countries because upon return they would find themselves in a similar position trying to explain to their seniors why the country should adapt such system as a matter of policy.

4.4.2 Relevance and efficacy of the CBW system:

Evidence from the four country action-research suggests that the system has had an impact in the way services are delivered. It thus may also work well in Malawi and improve service delivery due to the shortage of extension workers. Training linked to such

a programme will train community members to work with existing extension officers thus increasing their ability to reach more people and therefore effectively deliver services. The principle of CBWs is closely linked to this system of service delivery and already exists within the country eg the use of TBAs and CBDs.

The CBW system is not inferior but complimentary to conventional service delivery models. In fact it was noted earlier that the system is cost effective e.g in the health sector it was said it costs less than one-third of the conventional service. While the state has the structure at all levels, many African governments are hampered by shortage of resources and therefore do not have enough staff to support communities. The outcry in service delivery is that conventional models of service delivery cannot reach communities through current extension workers. Well trained and motivated service providers (be it public, private, or communities) and adequate institutions with transparent procedures and responsive accountability system are the most important indicators to look at and incorporate in measuring public service delivery performance. Thus, we should support this system but what is required is to monitor and improve CBW activities and provide financial means to support the system.

This is not a new programme. What we want to do is to widen and coordinate the existing system in order to maximize its impact as current government referral systems are not reaching all the villages where services are desperately required. CBWs have the potential to be the agency taking messages to communities.

CBWs are working and appreciated by the communities where they serve. Many rural communities in Africa do not attract professionals. We need to reinforce the positive aspects about CBWs; ie they are already based in areas and are closer to where the services are needed, they are part of community and therefore part of the community empowerment. Policy recognises the need to involve communities as part of active participation and CBWs are doing this. CBWs are also the best avenue for partnerships. There is need to support such a system and provide rural allowances for the CBWs providing such essential services. A rural allowance could be used as stipends to CBWs who would deliver services and address poverty issues within their communities. CBWs understand community dynamics and have people's interests at heart. They are accessible and understand the local culture and context. However, departments should design programmes for baseline studies on the reach and relevance of this cadre of service providers. The CBW policy forum workshop reinforced and acknowledged the limitation of delivering effective services due to poor infrastructure. The workshop also confirmed the importance of sustainable livelihood approaches to respond to poverty reduction in rural areas.

4.4.3 How will such a system be coordinated?

The culture of CBWs is already in existent eg TBAs, but more work is needed to formalize the system. Inter-ministerial task forces should be established to discuss the implementation of such programmes. The relationship between CBWs and the ministries/departments need to be defined and activities need to be coordinated – government can provide this through community development assistants/workers. There is still need for a more focused discussion around issues of quality control etc before taking the concept further.

CBWs do not work in isolation from other systems and they have to be supervised and supported. Issues of accountability need to be worked out. They should be linked to relevant technical departments for necessary technical support and coordination. NGOs and civil society can also play an important role.

It is also suggested that non-state service delivery could be institutionalised through supporting committed stakeholders (eg PPPs) in a longer-term iterative process to develop and sustain good practices and to seize and capitalise on opportunities for advocacy and networking to seek linkages with other initiatives. However, these different roles need to be defined and clarified, establish an understanding of roles, responsibilities and linkages. We should invite Lesotho government to share experiences in this regard.

4.4.4 Is this not just a thin wedge to privatisation? Does such a system not promote a privatisation agenda?

In terms of delivery of public goods' services, the private and public sectors need to work together more coherently. We should be encouraging multi-stakeholder partnerships in service delivery involving state and non-state actors because these can contribute to mobilisation of capacity and resources from various partners and supplement traditional direct public delivery of services. This therefore is not promoting a privatisation agenda per se but a shared ownership. This approach tries to get communities to contribute to their own development, to cease being passive recipients of assistance and services delivered by government and others by taking a role in the decision-making process and in the delivery mechanisms. It enables the private sector too (i.e social capital investment) to put back into communities. Indeed, privatisation cannot be avoided but needs to be coordinated. Government, private sector and communities all have a role to play in effective service delivery.

4.4.5 Where will the money come from to implement such a system?

In the case of education and health services for eg, lessons learned from a number of developing countries have shown that increase in funding per se does not always translate to more access and improved quality of service being delivered. There is need for role clarification to make current systems more efficient and free up additional resources to fund the system. Funds can be through local councils who can generate their own revenue to fund specific needs. It is also true that funding must be increased to improve service delivery to the poor. However, it is essential to ensure that the funds disbursed are well managed and that adequate accountability mechanisms are put in place to ensure there is no capture of resources indeed for the poor by elites.

CBW systems do not encourage corruption but it makes communities responsive to their needs and resources. Communities generally have existent structures to account for resources that are meant for them. It is important to have effective M&E, in terms of access, affordability, quality and quantity of outputs, outcomes and impact, of CBW systems. There is need to build community capacity to strengthen accountability and to be more responsive. Government can supervise and assist in creating a simplified system of accountability. Communities need and want services and should therefore see accountability as a positive incentive.

Government has a tendency to undermine communities by saying it cannot account for monies passed downwards. Communities already handle financial stocks and keep simple records. Professionals make these systems too complex for communities. Government is taking the right route by providing finance to communities. Again, there is need to strengthen the existing systems.

5 Way Forward by Countries

Background to this section was that the current funding from DFID finishes with this policy forum workshop and with it funding for 4-country activities. Khanya is bidding to DFID with Lesotho and Uganda for additional funding which includes CBW work, and does include some wider regional support and if successful not happening until April 2008. So what happens tomorrow? Different countries are at different stages of commitment and implementation and each country steering committee needs to decide how to take forward the work. There are also some countries that have not been exposed to the CBW work until now and they need to decide if and how they would like to take forward the work. The policy (senior government officials) group yesterday also discussed how to take forward at policy level and the country groups can build on this (see presentation as part of closing session).

The objective was that by the end of the session each country has planned what to do to take forward CBW work in their country. See group task in annex 5-6. The following were the report backs from countries.

5.1 Kenya

5.1.1 Current status

- Generally the Government of Kenya (GoK) is embracing the system eg ERSWEC (Economic Recovery Strategy for Wealth and Employment Creation), NASEP (National Agricultural Sector Extension Policy) and Vision 2030;
- The CBW focus has only been on HIV/AIDS and NR sectors, there has also been some funding and CBW systems are also operating within other sectors;
- No legal framework on CBW system in livestock sector, but the current policy emphasises community and other stakeholder participation in service delivery;
- Legal framework exists in HIV/AIDS sub-sector for CBWs.

5.1.2 Key challenges

- Facilitating agents eg NGOs operate for short periods and quite often lack elaborate exit strategies;
- Inadequate integration of CAHWs into the mainstream AHSD;
- Inadequate provision for continuing education for CAHWs;
- Inadequate operation framework ie insufficient monitoring, supervision and management;
- Resistance by Kenya Veterinary Association;
- Nationally there is no umbrella body for coordination of CBW work (tendency to move CBW system along sector lines);
- Bias towards certain sectors.

5.1.3 National Steering Committee

A steering group is necessary; however, it would require support to continue. Coordination of CBW across sectors is a new idea and must be nurtured and supported. As a starting point and in order to carry the process forward, the coordination of the system needs to be anchored in an existing and interested organisation. This coordination would enable different sector players to learn and enrich each other (experience sharing on CBWs). There must be coordination within the various sub-sectors e.g. livestock, health.

5.1.4 Key activities required to take forward CBW (6- 12 months)

- NSC meeting to report back/discuss the forum, share guidelines with others
- KICOSHEP to call for the meeting and be established as key anchor organisation
- Identify the unfinished business.

5.2 South Africa**5.2.1 Current Status**

- Use ISRDP study results as a platform to promote CBWs;
- In SA there are certain sectors which already have the systems running;
- In many sectors there are no recognized service providers, can do eg EPWP on roads to create awareness;
- Need seminar of people providing Community-based services to clarify role of CDWs. Need to develop a master plan for CDW programme to develop a common understanding (DPSA to coordinate);
- National workshop last November mandated Steering Committee (SC) for CBWs. SC needs to be reinvigorated; it has not met in the last couple months. It also needs to be cross departmental. Request chair as DDG from DSD (Sadi Luka to follow-up);
- SA evaluation is credible from the pilots;
- EPWP social sector plan health

5.2.2 Challenges

- Clear the web especially between CDW, WC, CBO, CBWs, CDP and Councillors.
- Depoliticise development
- Open the channels to fund communities.
- Mushrooming of individuals – need help to create CBOs.
- Where should champion in South Africa be – DPSA (ministry)/Presidency/DSD (COO)?

5.2.3 Action Plan

Action	Who	When
South African plan sent to all		24 Sept
Frangelina to give report back to Minister and give feedback.	Frangelina	
Feedback session to people invited		
Feedback to (DSD) EXCO	Sadi/ Khanya	Early October
Special meeting of DGs including DPSA, DSD and dplg to discuss CBWs and CDWs	DGs	October

5.3 Uganda**5.3.1 Current Status**

- Completed and evaluated the pilots;
- NAADS is aligning with CBW guidelines;
- We have a Steering Committee, which is comprised of NAADS, UAC, MGLSD, KCCC, Concern World Wide, Environment Alert, Kanungu Adult Literacy, National Forest Authority, Busitha HIV/AIDS, BUCODO Forestry, CARE Uganda.

- A National Steering Committee still needed, could be housed under MGLSD for a more multi-sector coordination approach

5.3.2 Challenges and issues

- Coordination
- Policy guidance and positioning
- Placement is not strategic
- Not policy positioned
- Funding
- No committed funding
- Secretariat
- Local CSOs for local ownership
- Expanding the Steering Committee
- MOH, LOG, Water and Environment
- Faith based organizations
- Action plans steering committee meet
- Cultural institutions

5.3.3 Action Plan

Activity	Responsible	Time frame	Inputs	Remarks
Extra Ordinary SC Planning Meeting	NAADS	24 September 2007	Refreshments & transport refund	CARE Uganda to cater for these
Send partnership letters to Khanya re GTF proposal	MGLSD KCCC NAADS	25 September 2007	Postage	Care to facilitate
Workshop report	NAADS	24 September 2007	As above	Pegged to EO SC meeting
Briefs to respective institutions	All	27 September 2007	Time	Combined report
SC meetings	All members	October 2007	Logistics	
SC Retreat	SC members	November 2007	Logistics	To plan dissemination
Dissemination of guidelines	SC members	December 2007	Logistics	CARE and SC to discuss re budget
Implementation	ALL	January 2007	Budget	

5.4 Lesotho

5.4.1 What stage the country is in terms of the CBW?

- Currently CBWs are still fragmented, and are still sectorally based and there is no coordination. Implementing partners are at different stages of development, and no linkages with formal technical structures;
- CBWs in livestock went on a study tour to Kenya and have developed guidelines for implementation; Agric Extension Workers already being paid by government assisting CBWs at community level using farmer extension worker model

5.4.2 Key challenges facing the country in terms of taking forward CBW systems?

- Poor coordination;
- Institutions still want ownership of the CBWs and there is resistance to let go;
- Not given recognition and policy and legal framework and guidelines directing their operations;
- Poor Capacity base - training, funding gaps and no steady resource flow to sustain the system;
- Political inclination/will is there but the officials have not come up with *modus operandi* to see things through

5.4.3 Reconfirm if Steering Committee required? Who should be members?

Consensus was reached that SC is important and is required for maintaining momentum/gains already achieved. The chairperson for the SC will be the Office of the First Lady. The following national composition in addition of existing membership was proposed:

- Government
- MOLG
- Justice
- MoAFSs
- Civil society
- CCL
- LCN
- Business sector
- Lenepwha
- Development partners
- Secretariat to be selected by SC
- Stakeholders Forum

5.4.4 What are key activities needed to take forward CBW systems?

The OFL to call for Stakeholders Forum to work on action plans and TOR for establishment of National & District Committees – November 2007. A Gantt Chart /action plan would be completed in that meeting.

5.5 Other Countries

5.5.1 Current status on CBW

Malawi

- Certain sectors have CBW for example in Health Sector, but is not known as a programme as in other four Countries, Lesotho, South Africa, Uganda and Kenya.
- Legal framework is not available
- Still need to refine as police issue through the Office of the President and Cabinet

Zimbabwe

- Accepted concept of CBW, in Health and Community Development, who are paid by Government
- Volunteers are not paid but their training is sponsored

Tanzania & Zambia

- Need official recognition and established Database, however CBWs are present and work under Local Government Authorities

- Most of them are Volunteers and they are not paid by the Government eg, Traditional Security Guards (known as Sungusungu), Tradition Health Workers, Pump Attendants etc

5.5.2 Way Forward

Tanzania & Zambia

- Submission of report to the Permanent Secretary, Prime Ministers Office, Regional Administration and Local Government
- Strategies on implementation, but has to be included in the next financial year
- Identification of CBWs by Local Government Authorities
- Formulate guideline for Local Government Authorities to enable accommodation of CBW's activities in the plan and budget

Malawi

- Write report with recommendations to Principal Secretary
- Reports to be submitted to chief secretary by end of September
- Institution of steering committee of relevant PSS within 3 months
- Review of current system of CBWs in the country-six months
- Draft cabinet paper
- Submit to cabinet for approval

Zimbabwe

- Brief Secretary of Agriculture by end September
- Brief Chief Secretary
- Prepare document on CBWs and submit to Secretary of Agriculture by October
- Establish current status of CBWs through survey and submit report

5.6 Upscaling the CBW system

While the large group of participants worked on specific issues around impact and upscaling, the group comprising policy makers from the representative countries met separately and looked at the implications for upscaling such a system to widen access to service delivery.

5.6.1 Background

We have heard in the Forum about some of the lessons from the 4 countries of applying the CBW system. This does appear to have the potential to be applied at scale and to make a significant difference to people's livelihoods and at one-third of the cost.

This groups comprises some senior government staff from the 4 countries participating in the action-research as well as other invited countries from the region. The challenge for this group is to reflect on how these systems can be upscaled in your countries.

This group will draw in particular from the policy brief on Policy and Impact.

5.6.2 Objective

By the end of the session the group has suggested several steps that can be applied to upscale CBW systems in the region.

5.6.3 Impacts and cost effectiveness of the CBW system

There is consensus that CBW systems have had positive impact, are cost effective, and hence the need for up scaling such an approach. The following elements need to be further worked on:

- There is need for credible evidence through scientific evaluations for the system to have better policy support and in order to attract funding;
- Need for demonstrating impacts at different levels/sectors beyond health;
- Also reflect negative impacts if any.

The impact study approach (where necessary) should be a representative sampling and the involvement of policy makers to agree on the study ToR before it is conducted.

There is also need for quality control of CBW systems looking at linking CBW system to technology and literacy and quality monitoring and evaluation to demonstrate quantitative and qualitative dimensions of the scope of service delivery using CBWs.

In terms of recognition the CBW system needs to be taken to another level of recognition, depending on current situation in each country. Different countries should have more exposure of policy makers to CBWs operating environments to appreciate their value and to enhance its recognition and buy-in.

More specifically, there is need to review current situations in some countries, eg Tanzania and Malawi. It is recognised that countries are at different stages in the development of the CBW system and therefore each country should aim to upscale at their own phase.

Within countries, there is also need to identify a driving agency for optimal impact. Examples of where such an agency could be located include; the Office of the President, a Local Government Ministry or the Directorate of Government Reforms.

Meanwhile, upscaling can use existing evidence e.g. conclusions from ISRDP/URP (SA); design models of upscaling i.e. Lesotho where this is already happening; must determine 'staffing' levels according to identified needs. The 'specialist' approach is preferred/recommended instead of the 'generalist'.

The policy forum proposes the need to identify most relevant sectors where CBW systems are most applicable and urgently needed. The forum also suggested a regional continuity on gains made and therefore also to be seeking funding for a new project, eg GTF. Finally, the workshop report, including a policy brief, should be sent to the Permanent Secretary in the Office of the First Lady for dissemination.

6 Closing Remarks – Hon Mr Mothejoa Metsing – Minister of Communications, Science and Technology³

I am honoured to officiate this closing ceremony. I am confident that deliberations that transpired during the past two days will indeed bear fruits towards eradication of poverty in our communities, which are characterized by inadequate service delivery. As we maybe aware, many communities across Africa, and indeed in Lesotho, are largely dependant on services provided by local people who offer services such as traditional birth attendance, traditional healers, peer farmers, home based care, paralegals and the list is endless.

The workshop could not have come at a better time as the need for building on and scaling up community based workers models of service delivery is likely to have greater impact on poverty than continuing to focus exclusively on expensive professional-based systems with staff members who are often remote and unable to access and reach local communities.

I am sure that the task has been duly explored and that you have come up with effective and sustainable systems that can be put in place in order to widen access to services and empower communities in the process. We all can be accused of being good planners but lousy implementers. It is very

I would further like to challenge everyone here to note that it is time to make a difference in people's lives, by quickly shifting from the planning mode to implementation because this is where we face the reality of effective service delivery, through empowering communities. Upscaling these approaches is the only way to accelerate democracy.

I am proud to be associated with the CBW programme and being involved in the process has challenged my own views of making a difference in people's lives. Again, I want to repeat the PM's question 'why workshop after workshop'? The current breed of leaders needs a paradigm shift - a rethink that the way we have been doing things is unacceptable. How do we come-up with sustainable models that can translate the issues have been deliberated on into reality? I would like to call on all participating countries to translate the good workshop intensions into reality. While the phase of this project is ending, it should not be the end of the journey, let us leave here and go back to make a difference in people's lives.

Hon. Minister Metsing too invited Khanya to assist him in organising a workshop on funding communities. A study involving Malawi, South Africa and Zimbabwe, on funding communities, culminated in a workshop that proposed this as an important way of empowering communities. This can sustain the CBW system.

³ See full speech by the Hon. Minister in annex 8

Annex 1 Programme

Time	Session	Resp
DAY 1		
08/09 April	Arrival of participants	
DAY 2		
10 April		
09 - 1630	Site Visits	Dr Francis Byekwaso, Christine Achieng & Peter Byansi
1830-1930	Supper Registration	Chair – Monene Mamabolo
1930 -2000	Opening Feedback on field visits	Dr F Byekwaso/ Ugandan dignitary
2000	Close	Ian
DAY 3		Joyce Njoro
11 April		
0830	Introduction	Stephen
0950 -	Sharing findings from final country reports	Chair/Ian
1020	TEA BREAK	
1050	Country 2	
1120	Country 3	
1150	Country 4	
1220	Discussions – in buzz groups on issues/lessons emerging from presentations	Patrick
1230	Plenary on issues	Presenters & scribes – Brad and Lauren
1300	Lunch	Lesotho
1400	Other presentations	John Cornwall World Vision
1500	Group work on issues (groups on recruitment, training/support and supervision, incentives, role of FA, linkages with community, linkages with government, coordination & accountability)	Patrick Mbulu
1530	Tea	
16.00	Group works continue	
1830	Supper	
2000	Day close/Facilitators meeting	Patrick
DAY 4		Uganda
12 April		
0900	Report backs from groups, including the group on way forward	Chair
1000	Opportunities (DFID) – brainstorm both in-country and across the 4 partners Way forward across the project	Ian & Patrick
1030	Tea	
1100	Report Backs	
1230	Way forward in-country, mainstreaming and up-scaling (see group task)	
1300	Lunch	South Africa
1400	Way Forward continued in country groups	
1500	Report backs on what to take Forward (may include concepts per	

Time	Session	Resp
	country	
1530	Tea break	
1600 - 1730	Report backs continues	
1800	Sunset boat ride in Lake Victoria	
1900	Celebratory meal	
Day 5 13 April		
0900	Recap on the week long meeting	John Cornwall (interactive reflection)
0930	Presentation on Developing Guidelines (manual on how to implement a CBW system & Regional workshop –extension to Sept 2007	Patrick
1000	How do we ensure these guidelines are produced on time and of good quality?	Ian
10.45	Tea	
1105	Report backs	
1300	Lunch	
Afternoon		

Annex 2 List of Participants

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Names	Organization	Telephone (code)	E-mail address
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Annex 3 Opening Address

Speech by the Right Honourable, the Prime Minister of the Kingdom of Lesotho - Mr Pakalitha Bethuel Mosisili, mp.

ON THE OCCASION OF THE OFFICIAL OPENING OF THE REGIONAL POLICY WORKSHOP ON UPSCALING COMMUNITY-BASED WORKER SYSTEMS FOR CHAMPIONS OF INNOVATIVE PRO-POOR SERVICE-DELIVERY, HELD AT MASERU SUN CABANAS, 19-21 SEPTEMBER 2007

His majesty, King Letsie III; Honourable Deputy Prime Minister; Honourable Ministers present today; Your excellencies, Heads of Diplomatic Mission and international organisations, development partners, Government Secretaries, senior public, private and civil society, sector officials here present, distinguished guests and participants, Ladies and gentlemen

I am indeed honoured and privileged to officiate at this important regional policy workshop on scaling up the community-based worker systems for champions of innovative pro-poor service-delivery.

Director of Ceremonies,

The principle of community-based worker is fundamental to our development and service-delivery in the SADAC region in general, and in this country, in particular. As a country, we have had this principle from time immemorial. It is part of our culture, with many examples in our day-to-day existence. To name but a few, successful tribunals are conducted at the village/community level through our vibrant chieftainship structures. Apart from maintaining peace within communities, this also reduces tremendously the number of potential cases for the courts of law, which are already overburdened. By the same token, community health workers have always been the backbone of the health care service in Lesotho. In the 1970s we were a shining star with primary health care which was anchored on community health workers. With the advent of the HIV and AIDS pandemic, community health workers and support groups render useful service at great risk to themselves, in the fight against HIV & AIDS. It is critical, therefore, to find ways and means of sustaining and strengthening community-based service-delivery modalities and systems.

Director of Ceremonies,

I have been informed that the main objective of this workshop is to ponder and dialogue on effective ways in which community-based initiatives can be mainstreamed within our national policy frameworks and to share best practices. This could not have come at a better time because we need to review our approaches to service-delivery constantly against the rapidly changing environment and new challenges.

Most countries, including Lesotho, have embraced a bottom-up approach to planning, with a view to bringing on board inputs from the communities. Decentralisation through local authorities, is one of the most effective vehicles to empower and harness community-based initiatives, if used well. In this country, we have made some strides in this regard. Local governance has been fully established and it gives people an opportunity to contribute to the decision-making processes around issues that affect them in their localities. To this end, we

use local authorities as a gateway towards fighting HIV & AIDS and dealing with other developmental issues.

Director of Ceremonies, distinguished participants,

The era of HIV & AIDS has led to the emergence of formidable community-based initiatives in support of the traditional community-based health workers. These are groups of volunteers who take care of the sick and the orphans. If it were not for their important role, we could have lost a lot more people than we already have, to the pandemic. In view of the importance of their contribution, we as government, have taken it upon ourselves to provide incentives for all community health workers as a matter of policy. Currently, the technocrats are working out modalities to compensate all community-based workers for their invaluable contribution to service-delivery. We believe, that the 'Practitioners guidelines for community-based workers' that have already been developed and which will be shared in this meeting, will go a long way towards making this a reality.

As it will also be recalled, a national symposium on community-based worker systems was held in Maseru nine months ago (December 2006). The symposium brought together representatives of all community-based initiatives to deliberate on how best to strengthen service-delivery through community-based workers. Specifically, participants were called upon to recognise community-based workers as an alternative and complementing model of service-delivery in Lesotho and other countries; and appreciate the challenges and strengths of community-based workers in Lesotho.

It should be noted that much as it is important to hold meetings and dialogues, we need to go beyond just talking about programmes that make a difference in people's lives, and move into the reality of effective service-delivery. *There is no day that this hotel is not hosting a workshop. But what are the outcomes of these workshops? How can these meetings be translated into action?* National frameworks are already in place, we just need to dovetail community-based initiatives into the mainstream planning and programming. For instance, in this country we have the national vision 2020 and the poverty reduction strategy as our long-term plans, and many other sectoral plans. Effective operationalization of these and other plans, using all necessary vehicles, including community-based initiatives, will improve service-delivery and thereby deepen the roots of democracy and improve people's lives.

Ladies and gentlemen,

Communities in African countries depend largely on services provided by local people, rather than external agencies, including government. It therefore, goes without saying that building on and scaling up such community-based models of service-delivery is likely to have an impact on poverty reduction. It is therefore encouraging to learn that participants at this workshop are drawn from the public, private and civil society sectors interested in promoting efficient and cost-effective services for the poor, including community-based mechanisms. This signals a concerted effort towards examining how community-based worker systems can be used to widen access to service and empower communities in the process.

Bo-ntate le bo-'m'e

LE TLA HOPOLA HORE NGOAHOLA RE BILE LE PHUTHEHO E KANG ENA, EO E NENG E LE SELELEKELA SA ENA EA MONONGOAHA. HOA KHOTHATSA, RURI, HO BONA HORE LIKHOTHALETSO TSA PHUTHEHO EO EA PELE HA LIA OELA FATŠE HA E LE MONA KAJENO RE KOPANE HO AROLELANA MAIKUTLO KA MERALO E TLA LAOLA, HO TATAISA LE HO ATLEHISA BOSEBELETSI BA BOITHAOPO METSENG.

JOALOKA HA RE TSEBA, BOSEBELETSI BONA BA BOITHAOPO METSENG, BO ATLEHISITSE LINAHA TSA RONA, HAHOLO TOANTŠONG EA SEOA SENA SA HIV LE AIDS. LESOTHO MONA, LE PELE RE TSEBA KA HIV LE AIDS, BOSEBELETSI BA BOITHAOPI METSENG HAESALE E LE MOKOKOTLO OA PHANO EA LITŠEBELETSO TSA MANTLHA TSA BOPHELO (PRIMARY HEALTH CARE). KA HONA, KE TŠEPA HORE PHUTHEHO ENA E TLA FELA E RE TSOALLE MERALO EA MOSHOELLELLA EA HO NTLAFATSA LE HO MATLAFATSA TŠEBETSO ENA EA BOHLOKOA. RURI RE LEBOHA BOITELO BONA BA BANA BA BO-RONA BA ITELETSENG HO THUSA SECHABA SA HABO BONA BA SA NATSE HO BEHA BOPHELO BA BONA TSIETSING. RE LEBOHA 'MUSO OA MOTLOTLEHI HA E LE MONA O ENTSE QETO EA HO TŠELISA BASEBELETSI BANA KA LITSIANE, HO BA TIISA 'MOKO.

Director of Ceremonies

At this juncture, I wish to welcome all our guests and participants to Lesotho and hope they will have a peaceful stay in this beautiful mountain kingdom. I sincerely wish all participants fruitful deliberations at this important meeting.

It is now my singular honour and privilege to declare this regional workshop on scaling up community-based worker systems officially opened.

KHOTSO!

PULA!!

NALA!!!

Annex 5 Group Task on ways forward by country (groups 1-4)

Background

The current funding from DFID finishes with this policy forum and with it funding for 4-country activities. Khanya is bidding to DFID with Lesotho and Uganda for additional funding which includes CBW work, and does include some wider regional support. However this is competitive and unlikely to happen until April 2008. So what happens tomorrow? Different countries are at different stages of commitment and implementation and each country steering committee needs to decide how to take forward the work. There are also some countries that have not been exposed to the CBW work until now and they need to decide if and how they would like to take forward the work. The policy group yesterday discussed how to take forward at policy level and the country groups can build on this.

Groups to follow up include: 1-Uganda, 2- Kenya, 3-Lesotho, 4-South Africa, 5-Other

Objective

By the end of the session each country has planned what to do to take forward CBW work in their country.

Process

1. Select a chair and rapporteur as well as someone to type up detailed notes (ideally on computer).
2. Read the task.
3. Discuss what stage the country is at in terms of CBW and write on flip chart (10 mins).
4. What are the key challenges facing the country in terms of taking forward CBW systems (10 mins).
5. Reconfirm if a steering group is needed, and if so who should be members (10 mins).
6. What are the key activities needed to take forward CBW systems (use 6-12 months) (15 mins).
7. Draw up a GANTT chart for implementing these activities.

Activities	Responsible	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Steering Committee discusses Forum	Chair of SC							
Briefing of Ministry of LG	Chair of SC							
Dissenate Guidelines	?							

8. Draw up an action plan for activities over the next 2 months as in Matrix 2 below.

Action	Responsible	By when
Brief chair of Steering Committee to discuss Forum	Joyce	25 Sept
Meeting of SC held	Chair of SC	3 Oct
Office of First Lady sends key documents including Policy Brief. Please put name and postal address below)	OFL	5 October
etc		

Name and postal address of PS Agriculture.

Annex 6 Group Task on ways forward by country (group 5)

Background

The current funding from DFID finishes with this policy forum and with it funding for 4-country activities. Khanya-aicdd is bidding to DFID with Lesotho and Uganda for additional funding which includes CBW work, and does include some wider regional support. However this is competitive and unlikely to happen until April 2008. So what happens tomorrow? Different countries are at different stages of commitment and implementation and each country steering committee needs to decide how to take forward the work. There are also some countries that have not been exposed to the CBW work until now and they need to decide if and how they would like to take forward the work. The policy group yesterday discussed how to take forward at policy level and the country groups can build on this.

Groups to follow up include: 1-Uganda, 2- Kenya, 3-Lesotho, 4-South Africa, 5-Other. This is the "Other" group.

Objective

By the end of the session new countries have planned what they would like to do to take forward CBW work in their country.

Process

9. Select a chair and rapporteur as well as someone to type up detailed notes (ideally on computer).
10. Read the task.
11. Discuss what stage each country is at in terms of CBW and write on flip chart (10 mins).
12. What are the key challenges facing the country in terms of taking forward CBW systems (10 mins).
13. What interest is there from each country to take forward this work (being realistic, not just because you happen to be at this workshop) (10 mins)
14. What would you like to do to take forward this work. Write down the steps involved and draw up an action plan for activities over the next 2 months.

Zimbabwe

Action	Responsible	By when
Brief PS Agriculture on result of the Forum	John Kamango	30 Sept
Office of First Lady sends key documents to PS Agriculture (please put name and postal address below)	OFL	5 October
etc		

Name and postal address of PS Agriculture, Zimbabwe.

Malawi

Action	Responsible	By when
Brief PS Health on result of the Forum	John Kamango	30 Sept
Office of First Lady sends key documents	OFL	5 October
etc		

Name and postal address of PS Health, Malawi.

Annex 7 Group Task – Challenge for Upscaling

Background

We have heard in the Forum about some of the lessons from the 4 countries of applying the CBW system. This does appear to have the potential to be applied at scale and to make a significant difference to people's livelihoods and at one-third of the cost.

This groups comprises some senior government staff from the 4 countries. The challenge for this group is to reflect on how these systems can be upscaled in your countries.

This group will draw in particular from the policy brief on Policy and Impact.

Objective

By the end of the session the group has suggested several steps that can be applied to upscale CBW systems in the region.

Process

Note these times are indicative to suggest where you spend most time.

1. Select a chair and rapporteur. A Khanya person will take detailed notes.
2. Read the task.
3. Read the brief for 10 minutes.
4. Discuss what seem to be emerging impacts and cost effectiveness – what conclusions do you draw from this? (5-10 mins)
5. Do you feel the case is strong enough to go back to your countries and suggest discussion on upscaling such systems? If not what do you suggest? (5 mins)
6. Discuss the issues raised in the paper on Implications. How should these issues be dealt with? (1 hour)
7. Prepare a report back on what you recommend should be done to take forward upscaling CBW systems in your countries (note country groups will meet on Friday where this can be taken further) (15 mins).

Annex 8 Closing Remarks

Speech by the Hon Minister, Communications, Science and Technology, Ntate: Metsing Mothejoa

HIS MAJESTY, KING LETSIE III
HONOURABLE DEPUTY PRIME MINISTER
HONOURABLE MINISTERS PRESENT TODAY
YOUR EXCELLENCIES, HEADS OF DIPLOMATIC MISSIONS AND INTERNATIONAL ORGANISATIONS
DISTINGUISHED MEMBERS OF THE UNITED NATIONS
DIPLOMATIC CORPS AND DEVELOPMENT PARTNERS
SENIOR PUBLIC, PRIVATE AND CIVIL SOCIETY SECTOR OFFICIALS HERE PRESENT
DISTINGUISHED GUESTS AND LOCAL PARTICIPANTS
LADIES AND GENTLEMEN!!

All protocol observed

I am very grateful to have been invited to officiate at the closing of the regional policy workshop on upscaling community worker systems for champions of innovative pro-poor service delivery, which has proceeded over the past two days.

I am confident that deliberations that transpired during the past two days will indeed bear fruits towards eradication of poverty in our communities, which has since been characterized by inadequate service delivery. As we maybe aware, many communities across Africa, and indeed in Lesotho, are largely dependant on services provided by local people who offer services such as traditional birth attendance, traditional healers, peer farmers, home based care, paralegals and the list is endless.

The workshop could not have come at the right time as the need for building on and scaling up community based workers models of service delivery is likely to have greater impact on poverty than continuing to focus exclusively on expensive professional-based systems with staff members who are often remote and unable to access and reach local communities.

Distinguished participants

I have been informed that participants in the meeting have been drawn regionally from the public, private and civil society sectors with the aim to dialogue on the effective ways in which community based initiatives can be mainstreamed within the national policy frameworks as well as sharing of best practices. Being professionals that you are, I am sure that the task has been duly explored and that you have come up with effective and sustainable systems that can be put in place in order to widen access to services and empower communities in the process.

I would further like to challenge everyone of us here present to note that it is time to make a difference in people's lives, by quickly shifting from the planning stage to the implementation stage because this is where we will face the reality of effective service delivery, through empowering community based workers. It should be noted that the upscaling of community based initiatives will indeed go a long way to improve service delivery and thereby deepen the roots of democracy and improve people's lives.

Master of ceremonies

A lot has been done in the past two days looking at the fact that professionals have come from different countries to discuss how best they can facilitate efficient and cost-effective service delivery at community level, what is left is for them to go back to their respective work stations with a view to put in practice what has been agreed upon.

Allow me to conclude my remarks by expressing hope that our guests have had a peaceful stay in Lesotho, even though they may have not had a chance to explore her beauty, especially in the mountains. I further wish them safe return trips to their respective countries with the hope that what they have learned here will go a long way in making a difference in the lives of communities out there.

It is therefore my singular honour and privilege on behalf of the government of Lesotho, office of the First Lady of Lesotho, National Aids Commission as well as Khanya-aicdd, and indeed on my own behalf, to declare the regional workshop on upscaling community based worker systems for champions of innovative pro-poor service delivery officially closed.

I thank you for your attention.

Khotso!!

Pula!!

Nala!!

Annex 9 Summary of participants evaluation report

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

ISSUES/QUESTIONS	Ave	%
What is your overall assessment of the Policy Forum Workshop?	3.4	69%
Overall did we reach/ obtain our objectives:		
Policy makers and practitioners understand how CBW systems can facilitate efficient and cost-effective service delivery at community level and at scale and the implications for them to adopt of widen the use of such a model across all sectors?	3.3	65%
<ul style="list-style-type: none"> Understand key policy capacities and conditions required for such a system to be implemented; 	3.4	68%
<ul style="list-style-type: none"> Understand different models that can be used in range of settings; 	3.4	69%
<ul style="list-style-type: none"> Understand potential impacts of CBW systems on sustainable livelihoods 	3.7	73%
<ul style="list-style-type: none"> Understand good practice in operationalising CBW systems at micro, meso and macro levels 	3.6	71%
How useful did you find:		
Welcome cocktail dinner?	3.9	79%
Official opening with the Prime Minister of the Kingdom of Lesotho	4.4	88%
Objectives and Programme presentation	4.0	80%
Specifically - how useful did you find the Presentations on:		
Introduction to the CBW systems?	4.2	83%
<ul style="list-style-type: none"> CBW case study in HIV & AIDS in Lesotho 	3.7	75%
<ul style="list-style-type: none"> CBW case study in HIV & AIDS in SA – CHOICE Trust 	3.6	72%
<ul style="list-style-type: none"> Implementing work using Community Animal Health Workers In Kenya? 	3.8	76%
<ul style="list-style-type: none"> Working with CBWs to roll out agricultural extension services in Uganda 	3.6	73%
<ul style="list-style-type: none"> Did you find the Questions and answer sessions on the above presentations useful? 	3.9	77%
How useful and relevant did you find:		
Presentation on emerging issues for impact, policy and upscaling?	3.8	75%
Exhibitions by Community-based organizations in Lesotho	3.6	72%
Parallel sessions: 1. Practitioners groups on: Specialists vs Generalists, Coordination; Incentives and 2. Senior Officials on impacts, policy issues and up scaling?	4.1	81%
Did you enjoy the Report backs on the emerging issues from the above parallel group work?	3.6	73%
How useful did you find the guided senior officials rountable discussions on relevance of CBWs as a model for delivery pro-poor sessions?	4.1	83%
How useful did you find the country group meeting to reflect on a way forward?	3.9	79%
How useful did you find the report back from countries plans for the way forward?	4.1	81%
How would you rate your participation and contribution in and to this workshop?	3.8	75%
How would you rate the facilitation and facilitators?	4.0	79%
What was the overall organisation of the event like (before and during)?	3.4	68%
How would you rate the catering for the event?	4.1	82%
How would you rate the venue for future meeting?	4.4	87%

General comments:

- The presentation on emerging issues for impact, policy and upscaling was critical and useful although could have been discussed further.
- The Exhibitions by community-based organizations in Lesotho was encouraging; it showed what CBOs can achieve with little support.
- Exhibitions by community-based organizations in Lesotho were not relevant.
- The catering was good but there was poor ventilation in the meeting room.
- The implementing work was excellently presented and well understood.
- The opening address by the Prime Minister of Lesotho was excellent and set the scene for the workshop
- The gala diner presented an ideal opportunity and provided interactions with other participants
- Congratulations – an excellent event
- Parallel sessions were challenging as they promoted participation but was shortened by time
- Sessions on understanding different models that can be used in a range of settings could have been clearer.
- The forum stimulated the policy makers to think about the direction and potential of CBWs
- More reflection needed to sort and the key policy issues.
- Some people did not contribute at all in the parallel and group sessions and the presenters were not well prepared.
- If we talk "policy" we must involve policy-makers more. Actual participation of local policy makers (Lesotho) participants was very minimal.
- In future please make sure that the presentations portray the theme of the workshop eg in upscaling service delivery through CBWs and would expect how services and accompanying devolution of powers from the macro - meso levels are best transferred/delivered to the communities through CBWs in order to make impact. But about 85% of the time on the 1st day was devoted towards what community organizations do. We did not have to spend much of the time as programmes and activities done by CBWs. We needed to know how best to deliver services and different levels through CBWs.
- Overall assessment of the Policy Forum; more reflection needed to sort and the key policy issues. Understand Key policy capacities; country specific issues need more reviews and consultations.
- Understand potential impact was clearly and exhaustively done.
- Invitations should have been done on time for people to be organised when they come to such events and so that the relevant people from the organizations/country are sent, not just available people. Although for me it was a very useful and informative event.
- The logistical planning was not very professionally handled – confirmations were last minute
- Travel arrangements are not as easy as they look for different countries, otherwise the workshop was professionally handled. Just improve on time and planning.
- Time was not enough for group discussions.
- Adults are able to manage their affairs give out their allowances to buy for the hotel accommodation – don't book for us. The venue was ideal but participants should be allowed to make a choice dinner by giving them the DSAs.

Reflections on the workshop in general

- PM speech – he has contact with the people and provided the political will and support for CBW systems in Lesotho. His emphasis on his country to move beyond workshops to implementation speaks for all African governments not just Lesotho. Our culture will still play a pivotal role within CBW systems, money could be a potential disruption of ‘ubuntu’;
- Very informative workshop particularly the experience from other countries;
- The exhibition illustrated the support that should be given to CBWs;
- The issues of co-ordination and linkages was highlighted as a major issue within Local Government of the different countries – one institution for decentralized services to communities;
- Involvement of the First Lady an entry point to influencing policy – how do we do this in Uganda?;
- Pastor – emphasis on love and service;
- Govt officials need to devolve services, the evidence supports that CBWs can have a positive impact in communities;
- Presentation from Kenya – represented what was happening on the ground, was not only theoretical;
- Departments need to reallocate funds to the work in communities – a analogue of a bulldog sitting on a bale of Lucerne that he cannot eat but preventing the cow from eating;
- Realisation that CBWs are not only in the health sector, can be applied across sectors.
- All participants have something to offer, if we can share effectively across the countries we can learn much more.