



Guidelines for Implementation of CBW Pilots

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Acknowledgements

This work is based on the reviews of CBW systems conducted in each country, and the analysis of the lessons emerging from these. The guidelines were revised at the 4-country workshop which was held in Johannesburg with partner countries in November 2005. The guidelines require further refining and there is a suggestion that a small group of representatives meet before the end of this year to complete the work.

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For further documents on the project see the community-based worker project page at www.khanya-aicdd.org/cbw.htm

GLOSSARY

ADP	Area Development Project
AHTs	Animal Health Technicians
ASAL	Arid and Semi-Arid Land
AU/IBAR	African Union Interafrican Bureau of Animal Resources
BCC	Behavioural Change Communication
BMU	Beach Management Unit
CAH	Community Animal Health
CAHW	Community Animal Health Worker
CBO	Community Based Organisation
CBP	Community Based Planning
CBW	Community Based Worker
CCW	Community Care Workers
CDF	Community Development Facilitator
CDW	Community Development Worker
CHW	Community Health Worker
CSW	Commercial Sex Worker
DFA	Facilitating Agent
DVS	Department of Veterinary Services
FEFs	Farmer Extension Facilitators
HBC	Home-based Care
HWSETASETA	Health & Water Sector Education and Training Authority
KVB	Kenya Veterinary Board
NGO	Non Governmental Organisation
NQF	National Qualification Framework
OVC	Orphans and Vulnerable Children
PDC	Parish Development Committee
PDF	Programme Development Facilitator
PLA	Participatory Learning and Action
PLWHA	People Living with HIV/AIDS
SA	South Africa
SAPS	South African Policy Service
TB	Tuberculosis
TBA	Traditional Birth Attendant
VDC	Village Development Council
VHW	Village Health Worker

CONTENTS

Acknowledgements	i
GLOSSARY	ii
CONTENTS	iii
1 Introduction	1
1.1 Background	1
1.2 Objective of these guidelines	2
1.3 Why do we need models?	2
2 The generic components for all CBW models	3
2.1 Core concept	3
2.2 The Community Based Worker	4
2.3 The work that CBWs do	5
2.4 Training, support and supervision	6
2.5 Incentives	9
2.6 Withdrawal/sustainability	10
3 Refined version of each model	12
3.1 5-8 Hour Volunteer model (not amended).....	12
3.2 20 Hour Unpaid Volunteer model (revised)	14
3.3 Core concept for the 20-30 hours a week paid model (revised)	16
3.4 Private sector model	20
3.5 40 hours a week paid model	25
4 Role of pilots in the CBW programme	28
4.1 Objectives for the Pilots	28
4.2 After the pilots.....	28
5 Proposed criteria and pilots	29
5.1 Context.....	29
5.2 Principles for piloting.....	29
5.3 Criteria for selecting pilots	29
5.4 Potential costs and benefits for pilots.....	29
5.5 Process for selection.....	30
5.6 Possible pilots	30
6 Guidelines for implementation (including documentation and evaluation)	32
6.1 Flexibility.....	32
6.2 Monitoring process.....	32
6.3 Financing the implementation.....	32
6.4 Evaluation	32
Annex 1 Learning Framework (to be developed)	34
Annex 2 Format for One Page Summaries	35
Annex 3 Elements to be piloted	36
Annex 4 Sample recording format for pilots	37

1 Introduction

1.1 Background

The 4-country workshop, which was held in Bloemfontein, South Africa, from 20-23rd September 2004, brought together the four country partners to share their findings and to begin to identify common frameworks for implementing their pilots in-country. The next phase of the project is to develop the models and to test these in-country through pilots as well as evaluating them. This phase forms output 3.3, 3.4 and 3.5 of the Community Based Worker CBW project.

From the 4-country workshop ‘the following Five’ models seemed to emerge:

1. **4-8 hours a week unpaid volunteers** (eg Machobane Tutor Farmers, Community Forestry Workers in Uganda). Travel and meals are usually paid;
2. **20 (exceptionally up to 40) hours a week unpaid volunteers**, again travel, meals paid (eg World Vision Lesotho, Concern Uganda, SHARP Lesotho);
3. **20 hours a week paid** a stipend (eg home-based care in SA); Mvula Nelspruit Water and Sanitation Programme;
4. **40 hours a week paid**, either as salary or commission (eg WASDA Community Health Workers (CHWs), Kenya, CHOICE supervisor in SA, commission paid to fisheries workers by Beach Management Units in Uganda);
5. **Paid by user** – hours variable, (eg Community Animal Health Workers (CAHW) Kenya; community resource people in agriculture, Uganda; people assisting with Community Baed Planning CBP, Uganda).

A 4-country meeting was held 24-26 January 2005 to bring together the emerging models that will be piloted in the partner countries. This document summaries the generic elements of the models as well as the specific elements of each and provides guidance to partners in implementation of the pilots.

The Hypothesis/underlying assumptions of the pilots is:

- Improved approaches to community based worker systems will increase the delivery of pro-poor services;
- Improved delivery of services (through CBW systems) will increase awareness and interest of CBW system by policy makers;
- There is interest and willingness by country partners to test and modify their working practice.

The models were analysed and similarities identified (general elements that cut across all or most of the models), as well as the differences or uniqueness of a particular model. Most are general or common but there are also some specific elements for each model, which can be applied and modified during the piloting.

Each country will identify examples of partners who have tried or are interested in testing some of these models, e.g. those explored during the in-country reviews. The timing for the pilots is now Feb-July with an evaluation at the end of this period. Lessons learnt will be used to design a second round of implementation/mainstreaming and learning and to influence policy makers on how to improve quality of service delivery.

1.2 Objective of these guidelines

The objective of these guidelines is to provide partners with a clear type of models that they can use in implementing pilots and in particular using a best practice approach to service delivery.

The guidelines cover:

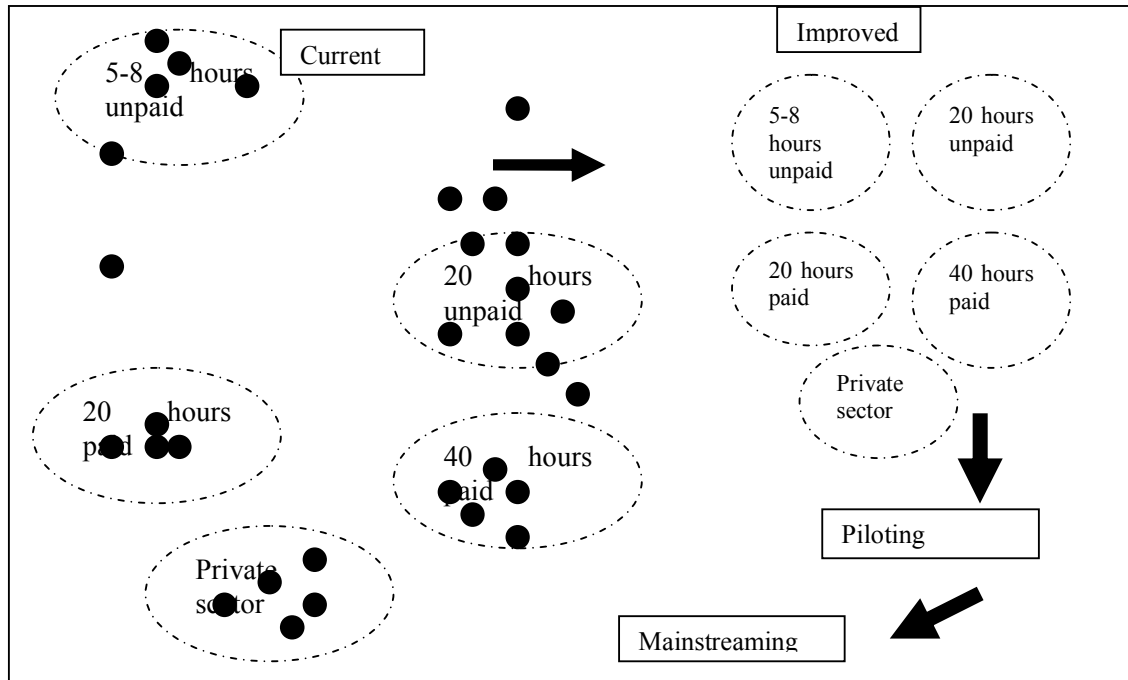
- Section 2 The generic components for all models
- Section 3 Refined version of each model showing specific unique elements
- Section 4 Role of pilots in the CBW programme
- Section 5 Proposed criteria and pilots
- Section 6 Guidelines for implementation (including documentation and evaluation)

1.3 Why do we need models?

The models are a way of simplifying reality, identifying the patterns of clustering occurring in practice (see Figure 1.3). The formulation of ‘core’ or ‘best practice’ models will guide partners through a piloting phase, then widened across the 4 countries, to represent a shared ‘best practice’. The pilots will be evaluated to see how CBW systems have improved or can be modified, and then move to a second phase of improvements and dissemination of a good practice.

There appear to be 5 main models. The common features are discussed in detail in Section 2 (generic model) and then Section 3 discusses the characteristics of each specific model. What occurs in practice may be slightly different (eg 25 hour a week rather than 20) but conceptually these models appear to be significant and different.

Figure 1.3 Clustering of CBW systems occurring



The different models are described and comments included for consideration in designing the pilots, both in the generic model (Section 2) and in the specific models (Section 3).

2 The generic components for all CBW models

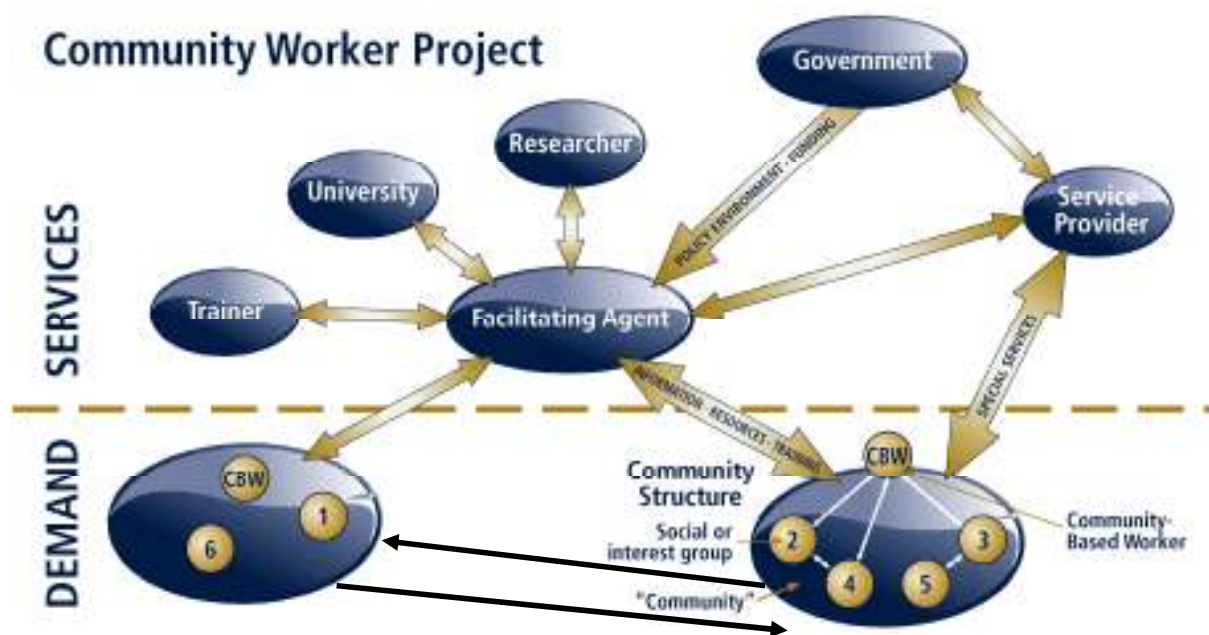
2.1 Core concept

This section captures the generic elements of which seem to be common to all CBW models. Section 3 then covers the unique elements of each model.

The core concept of a CBW is a volunteer selected from the community they live in, trained to cover a specific task, supported and supervised by a facilitating agent (FA) who is either an NGO or government, and in some way accountable to the community or a specific group within the community. They usually receive some form of incentives, in most cases their costs covered such as travel and food, and in some cases receive a fee or have a stipend for a service rendered. Some examples of CBWs include:

- **Home-based care-givers** in all countries;
- **Community Development Facilitators (CDFs)** in SA – Mvula Trust Nelspruit Sanitation Programme who oversee the constructors and health promoters in the community;
- **Police reservists** in SA;
- **Teaching assistants** in, SA and Kenya, who have a teaching qualification;
- **Community plumbers** in Uganda/Kenya, who are paid an allowance based on funds collected from the community;
- **Lay counsellors**, recruited/training on a specific field (Hospice SA);
- **Community animal health workers** in Kenya and Uganda;
- **Professional volunteers** eg Attorney/Doctor helping Hospice in SA;

Figure 2.1 Community Based Worker Model



2.2 The Community Based Worker

2.2.1 Who are the CBWs?

They are members of the community, selected by and from the community, for their social/technical skills. They are respected members of that community and are able to communicate and share their learnings with the wider community. CBW can be from a specific **geographical community**, i.e. a network of people doing a **similar job** such as truck drivers and commercial sex workers, or with a **common interest**, e.g. in a particular church.

2.2.2 Selection criteria

CBWs are sometimes selected by the community directly, but often it is individuals who volunteer themselves, and may then go through a selection process. Examples of selection are:

- Hospice's Sunflower House workers who are volunteers;
- **Village development workers** are selected by the community basing on their skills and education level and provide a range of counseling, extension services and other community projects e.g. school;
- Reservists, HBC and teaching assistants who volunteer and then go through a selection process;
- **Peer Educators** who volunteer and are selected from the various types of groups who are vulnerable to HIV/AIDS due to age, gender and economic circumstances, e.g. CSWs, long distance truck drivers, migrant workers, low income women, the youth – between 15 -25 years old;
- Many organisations have some form of criteria which are applied in selection e.g. technical skills, cognitive ability, literacy/not, personal skills;
- Community plumbers in Uganda are selected by the community.

Comments for the pilots (learning from experience for best practice):

- Formalising selection criteria with the community (where possible) and ensuring that it is written down. This is particularly important when stipends are paid;
- Consider the specific attributes required to perform the service e.g. physical strength to walk to patients or to lift patients;
- Note the sensitivity around HIV in terms of both the demand of the task and legislation of inclusion, as well as not seeing the community as victims and the FA as rescuers.

An example of criteria for a Farmer Extension Facilitator used in Lesotho are shown in box 2.2.2.

Box 2.2.2 Criteria used for FEFs in CARE's TEAM Project

- Have unquestionable desire to farming and development in general;
- Be acceptable in a village;
- Be able to share his/her knowledge;
- Be able to read and write Sesotho;
- Be available all the time;
- Live in the village;
- Not be employed.

2.2.3 Selection process

Selection of CBWs is determined by the content of work carried out which may require a specific skill or attribute. With Concern in Uganda, the criteria is first discussed and agreed with a village committee. The FA provides a framework for the criteria and guidelines about the type of person required to match the type of work. The FA can also suggest the how of selection – e.g. electing someone from amongst themselves. A dialogue with the community on the attributes of the volunteer e.g. someone who abides by the content of the work e.g. confidentiality, trustworthiness and someone who has earned the respect of the community is important.

CARE's TEAM project in Lesotho is another example of selection by the community. On the last day of the Participatory Learning and Action, which TEAM uses as an entry forum to the community, the farmer extension facilitator was elected by the community. Staff would facilitate a community meeting and explain to them that they may need to elect someone from amongst themselves who will be a facilitator of agricultural production training

modules. Staff would inform the community that the elected member would be provided with extensive training and they would be more or less knowledgeable like the extension agent. There are a range of other possibilities of selection process including:

- Being proposed by the community eg farmer extension facilitators;
- People with traditional skills who are identified and then trained further, eg Traditional Birth Attendants (TBAs);
- Volunteers who are then selected, eg Community Health Workers (CHWs);
- Representational eg on school governing body or Ward Committee – who may volunteer or be proposed;
- Interested people – who self-select/volunteer, eg on church groups;
- Professional volunteers – e.g. with volunteer doctors working with Hospice, who volunteer but will go through a formal selection process with clear roles, responsibilities, job descriptions.

Comments for the pilots (learning from experience for best practices)

- It is important to have written selection guidelines for the process, which should be discussed with the wider community;
- Facilitators (staff) should be familiar with the community prior to the selection process;
- Staff members should allow villagers to use their own election process that they feel comfortable with. One possibility is the community being asked to nominate three to five people from which the CBW will be elected using a secret ballot;
- To what extent should the FA be involved in the selection process? How can the FA manage the complexities of communities given the time limit of their projects?
- Caution should be taken as some communities have elected some individuals as a way of exposing the incompetence of that individual.

2.3 The work that CBWs do

2.3.1 What work do CBWs do?

- Identification: CBWs identify appropriate clients for the FA to prioritise in service delivery – e.g. Golang Batcha CBW HBCs who assist the professional nurses at health centres to identify TB patients, or to see who is eligible for grants;
- Needs assessment – the CBWs assess the clients and their needs, and seeing if referral is needed or there are services they can provide, eg identifying the severity of diarrhoea;
- Linking between the community and service providers, including referral and signposting: – eg HBCs linking with local health clinics and the Department of Social Development. Also Peer Networks as referral points for care and support services. CBWs must recognise when problems are beyond their capacity and **refer**. This is critical with animal or human health due to the liability issues. CBWs are also involved in networking with other service providers – CBOs, NGOs and government departments;
- Providing technical advice, support and training: providing advice and training on specific approaches, e.g. FEFs provide basic agricultural advice in the community, or HBCs undertaking outreach for people who are unable to attend clinics and provide home-based care and counselling for those identified by the professional nurse;
- Direct service implementation – eg community plumbers repairing facilities, police reservists making arrests, HBC providing hands-on care;
- After-care: visiting clients to see how they are using the approaches advocated, e.g. with HBC doing follow-up to ensure treatment defaulters use medicine as prescribed by health professionals, e.g. DOTS treatment is being followed;
- Lobbying and advocacy: involved in informal lobbying and advocacy for rights and against forms of discrimination for the groups they represent for better service provision, for support to the CBOs etc eg within their churches.

Comments for the pilots (learning from experience for best practice)

- Is it **better to have a Specialist or generalist** CBW – do you for example want a HBC giver to also be a community development facilitator? When is it appropriate to extend roles e.g. combining care and assessing for grants' eligibility? Eg Hospice have separated child and adult HBC and it is working well. Be careful about taking someone with one set of skills and keeping adding additional tasks, rather than using someone else. For example people with skills for HBC may not have counselling skills/aptitude;
- Some responsibilities can be too much for CBWs who also have to provide for their households. It is important to assess what the CBW can and cannot do and achieve within the time available;

- There is a critical need for CBWs to be well linked with the relevant authorities and service providers, public and private. Pilots need to check whether they have the right set of linkages, which of these are critical and what needs to be strengthened.

2.3.2 What hours do they work?

Work for volunteers varies from 5 hours to 30 hours a week, with more likelihood of paid models from 20-40 hours. Community plumbers work 3-5 hours a day and are paid a stipend depending on the local water committee in place.

Comments for the pilots (learning from experience for best practice)

- For the CBW system to be sustainable it is likely that beyond a certain number of hours people will require some form of compensation, in cash or in kind. It is therefore important to consider the sustainability of such arrangement;
- Flexitime seems a good solution to consider to enable CBWs to match the voluntary activities with their household needs (eg Hospice);
- It is important in the pilots to monitor the time put in, to have some feeling of the quantity of work involved and how it is delivered;
- If too many hours it can become demotivating. The expectations should be indicated in a contract and job description so the CBW have some control.

2.4 Training, support and supervision

2.4.1 Who is the Facilitating Agent and what roles do they play?

There are a variety of FAs that are possible in all models, although the private sector model is more likely to be linked with a private FA:

- **Government Departments**, e.g. Mangaung Local Municipality's Health Division for Golang Batcha, where the key link is through a local clinic, South African Police Service (SAPS) with police reservists, local government e.g. sub-county in Uganda for the water schemes, hospitals for lay counsellors;
- **National/international NGOs**, e.g. Mvula Trust, who appoints a technical consultant and a social consultant and project manager as the FA – who supports during project initiation and construction, but not aftercare, Pathfinder, CARE;
- **Local NGOs\CBOs**, e.g. St Nicholas Children's Hospice;
- **Private sector operator** – e.g. a private vet with the community animal health care worker.

FAs provide training, support and supervision both to the local volunteers and CBOs and ensure that linkages with one another are strengthened and demonstration of approaches. An example of the role of the FA from CARE's TEAM project is shown in box 2.4.1.

Box 2.4.1 Role of FA in CARE's TEAM project

- | |
|---|
| <ul style="list-style-type: none"> • Train the CBW on the experiential learning concepts; • On the job support for the CBW especially during their initial stages; • Provide accommodation, food and transport for the CBW when on training; • Expose CBWs to the wider farming community through undertaking of exchange and study tours; • Monitor their performance and facilitate proper feedback process. |
|---|

Comments for the pilots (learning from experience for best practice)

- Try and combine both models, government and NGO, to link government with communities, as well as the private sector where relevant;
- The support provided to the CBW should not only be provided by the short-lived projects but rather be associated with the relevant/partnering government department that will ensure continuity. Ideally it would fit within a system where the training would further the volunteers career with accredited training, etc.

2.4.2 What training do CBWs receive?

There does not seem to be a common/standard training model across CBWs and varies between 15 to 59 days. Issues covered in the training include: technical, organisational, community development approaches (facilitation, leadership), and life skills development (communication, conflict management, negotiation, personal relationships, etc., gender issues).

Comments for the pilots (learning from experience for best practice)

- FA need to carry out training needs assessment similar to a performance appraisal with formal staff – this needs also to be budgeted for;
- Some content areas which seem to be standard are Participatory methods, Technical or subject matter and organisational and management?;
- Other topics which are more general could also be incorporated e.g Conflict Management, Note Taking, Public Speaking, Drawing of Action Plans, etc;
- Need for training of supervisors as well, otherwise the FAs can be vulnerable with individuals Training should not only be predetermined packages by the FA. CBW should be allowed to raise their challenges and the FA to offer training opportunities that would address such needs. Training is not necessarily formal training but can be experiential learning, i.e. learning by doing;
- Training needs to be empowering so CBWs can manage their own affairs;
- There is a need to standardize training and enforcement of that standardized training. This is happening in SA through the Sector Education and Training Authority System (SETA), and in Kenya through standardising training of CAHWs. We should be looking to develop clear ideas on what should be standardised in the pilots;
- Issue of standardized curriculum and accreditation need to link with quality assurance – training and product;
- How often is refresher or top-up training given provided?

2.4.3 What ongoing support and supervision do CBW get and from whom?

Most FAs use a full-time worker as an overall supervisor, who may have been a CBW themselves, e.g. Theresa Davids of Golang Batcha – who coordinates the rest of the 42 volunteers. Most CBWs meet their supervisor on a monthly basis which involves a debrief on what work they have done, and planning for the next month. Several use a standard reporting format for the CBW to record what they have done. The FA usually identifies training needs, organises training and also assists in proposal writing for the organisation. Professional backup is usually provided, eg a nurse giving HBC workers feedback and guidance on client care. Hospice's experience is that nurses need to meet with CBWs on a weekly basis because of the nature of work CBWs are involved in.

Some community supervision and accountability is also important, if the community is to be empowered in the process. With the community plumbers in Uganda they report to a Water Committee, who provide administrative support. Technical support is provided by the District Water Engineer, who checks on standards etc, in an informal arrangement.

Some of the key support roles are:

- Community awareness through dialogue, in order to clarify CBW's role and therefore forge community acceptance and support;
- Training;
- Providing initial equipment/inputs eg kits for the HBC or CAHWs and access to restocking;
- Referral systems – technical back-up e.g. vet or animal health technician (AHT). Communication and transport issues to ensure that referral systems work;
- Reporting systems – Monitoring and evaluation must be undertaken by the community, the facilitating agency, and specific service providers such as veterinarians and should be monthly;
- Practitioner support and mentoring – this is often not well thought through;
- Information access and dissemination, often linked with referral visits (currently often weak);
- Quality assessment, eg the Mvula Trust programme where a quality assessor check the builders.

In some cases there are also support groups of the CBWs, eg for peer educators in Lesotho.

Examples of supervision from CARE's TEAM are:

- The FA staff member would assist on trainings;
- Staff visits to a village once every month for three months. One visit would then be taken in two months time for 6 months etc. The staff technical support would be a gradual process pulled out until the project ends;
- Trainings was given 3 times a year;
- Verbal report and feedbacks was given to a CARE staff member (Field Learnings Assistants) on a monthly basis.

Comments for the pilots (learning from experience for best practice):

- Need for good communication and regular contact so CBWs feel part of what is going on, not too much to be overwhelmed but enough to be familiar with what is happening, and also that referral is effective and leads to delivery of professional support. This is important particularly in case of working with HIV affected and on bereavement issues;
- Job descriptions should form part of the piloting methodology;
- Importance of having a good M&E system for quality control, to learn, and to demonstrate, collecting information through the work. This needs to ensure adequate contact sessions and ability of FA to communicate with workers. The system needs to be formalised;
- The support provided to the CBW should be long term – with the FA’s role linking the programme to relevant government department that will ensure continuity. Ideally it would fit within a system where the training would further the volunteers career, accreditation under quality assurance, (SETAs) etc;
- It is very important for health systems (human and animal) where there is a possibility of legal challenge that the system is formalised with protocols, to ensure adequate supervision and referral, and a regulatory body to monitor service quality assurance;
- It is important that all stakeholders clearly understand their roles in M&E and that resources for M&E are ensured before embarking on establishment of the CBW system;
- There is a challenge with freelance CBWs eg TBAs or counsellors, as to who ensures standards compliance.

2.4.4 Who are they accountable to?

Ideally CBWs should be accountable to the community that selected them as well as FAs on technical issues but currently it tend to happen more through the FA. The community can be the broader public or a specific interest group. Examples of systems include:

- A created **legal structure** e.g. a registered CBO such as Golang Batcha where CBWs are accountable to the Executive Committee, or a professional association for the CBWs, eg of TBAs;
- An **informal committee** created specifically e.g. the water and sanitation committee used by Mvula Trustor a church committee;
- **No community structure** e.g. NGOs where accountability may be purely to the FA, and its Board;
- A subcommittee of a **representational structure**, eg VHWs reporting to a health subcommittee of a Parish development committee, or could be to the Dept of Health.

Legal CBO

Golang Batcha is an example of a legally registered organisation formed from a group of volunteers. This is important in SA to enable the organisation to be registered with Social Development or Health and to solicit funds from donors. There is therefore a legal accountability line, with the Executive Committee taking responsibility for management, and any external donors.

Steering committee

With Mvula Trust, presently the ward committee would recommend who they want to be on the steering committee, it could either be members of the existing ward committee or if there is none then a mass meeting would be called to elect members democratically. The chairperson of the committee must be ward councillor or someone delegated by the municipality to ensure that there would be better communication with the municipality. The secretary would have to be someone who can read and write to be able to take and record minutes during meetings. It is encouraged to have at least 50% women on the committee who hold significant post not just to fill up positions and observe statistics.

Interest groups

Many CBWs work with specific interest groups within the community rather than the community as a whole (Hospice with its members, 7 Dams Environmental Conservation Group (in Bloemfontein), with its members, school governors with parents). These may be legal or informal.

Existing legal structures

Subcommittees of Parish Development Committee (PDC) in Uganda take responsibility for water.

2.4.5 The powers e.g. over hiring and firing of CBWs.

One measure of accountability is who has the power to hire and fire CBWs?

Community plumbers are selected (and can be fired?) by the community. In private sector models the client pays or not. In CARE's TEAM, FEFs were accountable to the community and there were several instances where the community would replace the FEF if the CBW was not meeting the mandate. This was done in collaboration with the local authorities of the chief and the Village Development Council (VDC). However TEAM as the facilitating agent had to be informed and consulted before any replacement could take place. There were examples of FEF turn over/resignation/pullout as FEFs opted for formal employment elsewhere. These were either women who went to garments factories after the spouse was retrenched from the mines or men going for temporary piece jobs in SA farms.

In the rest of models, the FA is dominant and this area is important to look at in all the pilots, strengthening community accountability.

Comments for the pilots (learning from experience for best practice):

- Where the topic is of general community interest eg health, water, sanitation, then it may be best to have a general representative structure, eg a health committee linked to ward committee, to which the CBWs are accountable. However if it is of very narrow interest (eg beekeepers, or people of one faith) then it would be better to be accountable to the group that has a very real interest in the issues. Community should monitor who is accessing services or not, overall quality of services, back-up support, etc;
- Consider strengthening community accountability either through legal or informal structures but with real powers;
- It is important to think through linkages between CBW, FA and community;
- If a specific client gets a service from a CBW that CBW must be accountable to that client for that specific task;
- Mutual accountability needs to be strengthened through clear policy guidelines showing demarcation areas of responsibility – accountable for what responsible for.

2.5 Incentives2.5.1 Monetary

In all cases CBWs appear to be reimbursed for travel costs and meals. In some cases a stipend is paid (eg HBC workers in parts of SA). With plumbers there is no standardised fee – usually it is negotiated but some schemes agree on fee as % of amount collected, eg 2%. CAHWs/builders are not paid but they earn a living through charging fees for services they render.

2.5.2 Other

- The overall wish to make a **contribution** (ubuntu) is an important motivator to volunteer. This includes ensuring the best for your children, the area you like to walk in, the church you go to, the ward you live in, i.e a feeling to put something back for something you have been involved in/benefited from, ensuring future generations have a better future. The 'ubuntu' concept becomes more complex in the paid models and the trade-off should be investigated in the pilots (and also in the linked BCID research);
- **Exposure/training and career development** is an important motivator which provides the possibility of career progression and possibility of getting employment. Some FAs provide certificates after training and others have SETA accreditation which acts as a recognition. More and more males are getting interested in HBC and HBC is starting to lead towards a career path;
- Many FAs provide **equipment** e.g. bicycles in Lesotho/Uganda, kits, t-shirts, caps and some basic inputs like seeds, garden tools;
- Feeling **valued**, eg blind people from Thaba Nchu massaging children Living with AIDS at Children's hospice on a weekly basis;
- Enhanced **status** in the community. For example FEFs claimed to be more recognized and had status after being elected. Their fellow farmers referred to them as extension agents and that boosted their morale. TEAM had a well managed fleet of vehicles and all FEFs were collected from their villages to the training centre. To some FEFs the fact of seeing a vehicle in ones homestead was associated with status.

Comments for the pilots (learning from experience for best practice):

- Decide on a sustainable incentive system appropriate for the model you are using;
- Follow up in details on any incentives actually provided, whether in cash, kind or other;
- Even when people are receiving a stipend or fee we should consider providing other incentives, e.g. equipment and kits;
- There may be a justification for piloting with stipends to demonstrate efficiency and effectiveness but then there must be some confidence it would be possible to replace these funds from the system or from donors, if sustainability is to be ensured;
- We need to monitor how we balance the purely volunteer or ubuntu motivation and how this is affected by payments? For example Concern does not encourage the paying of cash to volunteers which is seen as diminishing the culture of giving, rather it uses public recognition, giving them contracts for supplies, etc. How fair is it to expect poor people to give even more of their time without some recompense. When does community solidarity become exploitation?;
- Consider whether SMMEs/IGA projects are helpful for volunteers to maintain the involvement in the projects.

2.6 Withdrawal/sustainability

There are different ways of ensuring sustainability off the CBW systems, for example:

With the CBWs becoming independent of the FA

- This was what TEAM tried to do with the FEFs, with the community supporting the CBW. In this model the FA's role should be facilitating community (capacity building) to continue with the process without the FA (see box 2.6);
- Similar to the above but it becoming a pay-as-you go model, eg where the CAHWs are paid for drugs. In some cases, a FA would give a start-up kit and the CAHW then continues from there, others give the start up kit on a cost sharing basis, e.g. Heifer in Kenya;
- or by establishing a CBO who takes over responsibility for running the system, and the FAs role is then to build the capacity of the CBO, eg Golang Batcha.

External support based sustainability

- By getting government to fund the system on an on-going basis. For example the Limpopo Provincial Department of Health provides monitoring and support to the Family Support programme, in Tzaneen. The Community Development Workers assist in M&E while the Community Development Facilitators link them to relevant service providers and donors.

Box 2.6 Getting the Community to take responsibility for FEFs

The CARE's TEAM Project took the approach:

- They handed over the stick to the FEFs as early in their engagement as possible;
- FEFs were thrown into the deep end of facilitation of modules in their respective communities. This gave the project time to see if they could swim or drown. Where they drowned, TEAM staff helped before the project ended;
- The withdrawal process was planned with staff visits to a village once every month for three months. One visit would then be taken in two months time for 6 months etc. The staff technical support was a gradual process of pulling out until the project ended;
- In this model volunteers should know from the beginning that support will be for a limited time and will be withdrawn gradually.

Comments for the pilots (learning from experience for best practices)

- It is important to conceptualise how sustainability is seen from the outset. For example if the option considered likely is that of government support, they must be involved from the outset;
- Where CBW systems are well-established, the FA and Steering Committee should advocate for legislation that protects and recognizes them as an identity, which could lead to government's commitment to offering decent incentives;
- Formation of consortia/forum would protect the rights of the volunteers and the community;
- It is important to ensure coordination and harmonization of activities of the different FAs, and the Steering Committees can play a role here;
- Need for quality and service delivery assurance especially with so many different players involved.

3 Refined version of each model

3.1 5-8 Hour Volunteer model (not amended)

3.1.1 Core concept

These are volunteers who provide community support 5-8 hours a week after which they continue provide for their own livelihood. There is no monetary support from their volunteer activities. They are resident and permanent members of a community, selected by the community. This is the level of activity which many or all community members can provide, and can be encouraged to provide. Examples include:

- Farmer Extension Facilitators (FEF), CARE's TEAM project (now closed), Machobane Tutor Farmers, in World Vision Area Development Programmes;
- Professional volunteers eg Attorney/Doctor helping Hospice;
- Representational - Board members, School Governors/PTAs, CPF members, ward committee members;
- Traditional birth attendants (TBAs) in Lesotho, Kenya and Uganda;
- Village/community health workers (V/CHWs)?;
- Interest linked - Church-linked volunteers, Scouts/Guides, environmental groups, Befrienders, Cancer support groups (TO BE EXPLORED FURTHER).

Many of the issues are covered by the core model. Issues specific to this model are mentioned below.

3.1.2 The Community Based Worker

Who are the CBWs? (generalise then specific examples)

In TEAM and Machobane the FEFs were people already practicing agriculture, who had interest in other developmental activities and those acceptable to the community. Similarly professional volunteers are experts in their field who provide free services to worthy causes. Interest-linked volunteers are people providing time related to one of their interests.

Selection Criteria (see examples mention in section 2)

Comments for the pilots (learning from experience for best practices)

- Professional volunteers eg doctors – even though these are highly qualified people it is still important to use criteria, cvs, checking of qualifications/registration/references. Hospice has job descriptions, a signed formal contract, and a formal selection process.

Selection process

Some examples of selection with these models are:

- FEFs – being proposed by the community;
- TBAs – people with traditional skills who are identified and then trained further;
- VHWs – volunteer and then selected;
- Representational – may volunteer or be proposed – but should still be a proper process with clear roles, responsibilities, job descriptions, etc..;
- Interested people – self-select/volunteer;
- Professional - must be a proper process with clear roles, responsibilities, job descriptions and contracts.

3.1.3 The work that CBWs do

Many of the roles are common. An example of a job description for a FEF is shown in box 3.1.3.

Box 3.1.3 Example of basic job description for FEF

- | |
|---|
| <ul style="list-style-type: none"> • Work closely with the village development council (VDC) in developmental matters; • Work with other community based organizations in the village; • Work very closely with TEAM Project staff member who was deployed in the village; • Make follow-ups on the planned work. (agricultural extension); |
|---|

- Train fellow farmers of the technical skills they have acquired from TEAM;
- Assist with production tips when required by fellow farmers;
- Link their counterparts with other service providers and inputs suppliers;
- Be point person for extension services in their communities.

Hours that CBWs work

Examples include:

- FEFs on average work for **4 hours a week** during the module facilitation sessions. Each module would be followed by another in a week's time. By virtue of playing the extension agent role FEFs would be requested to attend to farmers challenges on ad hoc basis. The FEFs response and time spent to individual farmers was never accurately recorded by FA;
- School Governors – probably around 2-6 hours a week.

3.1.4 Support, Training and Supervision**Who is the Facilitating Agent and what's their role?**

These have been supported by NGOs such as CARE, Machobane, World Vision or Hospice.

Comments for the pilots (learning from experience for best practices)

- In the case of a School Governor who the FA is, is unclear (is the school an FA or a client of the CBW?). Is the Dept of Education the FA with their roles to train, support and supervise the volunteers.

What training do CBWs receive?

This varies according to the specialisation.

Comments for the pilots (learning from experience for best practices)

- Even if not working for many hours CBWs need training and should be professionally organized so that this profits both parties;
- Training could cover issues around understanding how the FA is structured and run.

What ongoing support and supervision do CBWs get and from whom?

Much of this is common. Note that Hospice also do performance appraisals for professional volunteers, which was valued by them.

Comments for the pilots (learning from experience for best practices)

- Challenge around freelance CBWs eg TBAs or counsellors, as to who ensures and monitor standards and good practice

Who are they accountable to?

Generally these are common issues and can include the FA.

3.1.4 Incentives**Monetary**

There is no monetary incentive although costs may be met.

Other

Clearly in this model it is the non-monetary incentives which are key.

Some benefits may include: exposure visits, retreat with staff, status and recognition with the community

3.2 20 Hour Unpaid Volunteer model (revised)

3.2.1 Core concept for 20 hours unpaid

Many partner countries and their NGOs/CBOs are implementing development initiatives using the 20 hours unpaid volunteers, except for expenses. In most cases they have other means of providing for their own livelihoods, e.g. have a piece of land, crops and animals but do not have monetary support from their volunteer activity. The time put in to their voluntary activity impinges significantly on the time available for the household's livelihood. Examples include:

- HIV/AIDS Volunteers and paralegals: Concern Uganda;
- Village Development Workers (VDWs): World Vision (Uganda and Lesotho) – normally they organize the wider community to implement projects;
- Peer Educators in the Care Lesotho/SA SHARP programme;
- Family Support – Greater Tzaneen Municipality;
- Farmer to Farmer Extension – Kenya, Dept of Agriculture in Limpopo;
- Support groups (CBOs and NGOs - Lesotho) on HIV/AIDS;
- Food for Work programmes (CARE Lesotho, WV international, CRS – Kenya, Uganda) – normally relief related;

3.2.2 The Community Based Worker

Who are the CBWs?

These are members of the community who volunteer part of their time and provide community support for around 20 hours a week – unpaid, except for expenses.

Selection process

Refer to page 4 section 2.2.2

3.2.3 The work that CBWs do

What work do CBWs do?

The volunteers mainly provide the following:

- Needs assessment: CBWs assist in the community needs assessment processes;
- Link between the community and the service providers: Linkages and networking among different actors for the well-being of the client they serve;
- Extension/advice and training:
 - Counsel and give information on HIV/AIDS;
 - Provide information on nutrition and home hygiene;
 - Educate community members on their human and legal rights especially to widows and orphans whose property is being grabbed due to lack of information;
 - Provide counselling on cases of human abuse e.g. rape, domestic violence, etc. This service is provided by trained paralegals;
 - Provide extension services in the relevant sectors (e.g. agriculture, animal health & environmental).
 - **Peer Networks:**
 - disseminate key messages – BCC (behavioural change communication) and create awareness on HIV/AIDS issues;
 - provide support based on their relevant experiences, transfer skills to others and learn from one another,
 - demonstrate positive role models for change;
- Direct technical implementation: e.g. practical patient care; animal care and environmental conservation;
- Care and support: Carry out home visiting to their clients mainly people living with HIV/AIDS (PLWHAs) and provide care to OVC. Ensure that there is adequate supply of condoms at strategic points, e.g. border posts and shebeens/pubs (peer educators in all four countries);
- Lobbying/advocacy: Involved in informal lobbying and advocacy for rights and against forms of discrimination for the groups they represent.

Hours that CBWs work

Volunteers work around 20-25 hours (i.e. roughly halftime) although there is no strict monitoring on how many hours they really work. There is more a tendency to follow up tasks and targets than actual time spent on a task.

3.2.4 Support, Training and Supervision of the CBWs**Who is the Facilitating Agent (FA) and their role?**

Facilitating agents vary from civil society to private sector, faith based and Government departments. The roles of FAs include: training, support and supervision. (Refer to Box 2.4.1 page 7).

What training do CBWs receive?

Refer to 2.4.2 on page 7

What ongoing support and supervision do CBWs get and from whom?

Refer to 2.4.3 on page 8

Withdrawal/sustainability

Refer to 2.6 on page 11

Who are they accountable to?

Refer to 2.4.4 on page 9

3.2.5 Incentives**Monetary**

There is no monetary incentive.

Other

Costs are sometimes met depending on funding situation and services provided. Provision for meals during training and special events and transport as well as care kits are catered for. However, most members appreciate the knowledge, skills and capacity they acquire. Other incentives like t-shirts/sweatshirts, caps, bags, gumboots, umbrellas etc act as motivators.

Comments for pilots:

- The challenges of no monetary incentives are discussed in 2.6. Explore the relevance of SMMEs/income generation projects for volunteers to maintain them in the projects – it is critical to work out how to assist/support the poor to help others.

General Comments:

- Logistical support, e.g. to ensure volunteers get to clients should be inbuilt in the CBWs work by FAs
- CBWs should be provided with relevant IGAs to compensate for time lost while serving communities
- Beneficiaries of CBWs services should make contributions as an appreciation of the services they get

3.3 Core concept for the 20-30 hours a week paid model (revised)

3.3.1 Core concept

In SA a number of partners are implementing CBW systems using people who work as volunteers for 20-30 hours a week and paid a stipend. Some examples are:

- **HBC-givers** – national guidelines have been issued for stipends which formalises this at R500 stipend (\$80) per month which only covers costs as a simple way of reimbursing HBC -givers. There is discussion to raise this to R1,000, which would represent some income. Currently the HWSETA is proposing the accreditation of community care workers (CCWs) at NQF level 1. The proposal is that once they have completed the training and qualified as community care workers they would then be reimbursed R1000-00 per month;
- **Community Development Facilitators (CDFs)** - the Mvula Trust Nelspruit Sanitation Programme oversees the constructors and health promoters in the community. Community Development Facilitators are not full-time workers, they are contracted/appointed and paid by Mvula Trust to oversee the whole functions of the project; materials, record keeping and reconciliation of books and reports back on work done to a Programme Development Facilitator. They are community members who supervise the project on regular basis. They are paid a stipend of about R1,000 per month (depending on the size of the project and number of villages involved). They are assisted with cell phone and travel allowance. This is for a limited period during project planning and construction;
- **Police reservists** in SA;
- **Teaching assistants** in Limpopo eg the ABET programme, SA and Kenya, who have a teaching qualification;
- **Community plumbers** in Uganda/Kenya, who are paid an allowance based on funds collected from the community;
- **Lay counsellors** e.g. at Pelonomi Hospital, Bloemfontein. *The lay counsellors are recruited from the existing volunteers or carers. They are then trained for 23 days (3 days- basic HIV/AIDS, 10 days VCT, 5 days PMTCT and 5 days adherence counselling) they are managed by an identified local NGO. They work for 40 hours a week and receive R1500-00 per month. They are attached to health facilities e.g. hospitals, health centres and clinics. In Limpopo the following hospitals have lay counsellors Letaba, Tinnswalo, and Sekororo.*

Comments for the pilots (learning from experience for best practice):

- There is a need for standardisation as some HBCs get paid, others don't, for example there is an M&E tool in place for submission of monthly reports and holding quarterly meetings;
- Social Development also provides support by giving food parcels for orphans and the critically ill through the local NGOs;
- If people are sacrificing 20-30 hours of their time, and providing a significant service, should government not be considering some real income support?

3.3.2 The Community Based Worker

Who are the CBWs? (generalise then specific examples)

Common

Selection criteria

Common

Comments for the pilots (learning from experience for best practice):

- With payment, the issue of selection becomes very important, and so criteria must be used and a formalised selection process

3.3.3 The work that CBWs do

What work do CBWs do?

- **Identification:** CBWs identify appropriate clients for the FA to prioritise in service delivery – e.g. door to door visits, World Vision Area Development Programmes (WV ADPs), and the Golang Batcha CBWs assist the professional nurses at health centres to identify TB patients, or to see who is eligible for grants;

- **Needs assessment** – the CBWs assess the clients and their needs, and if referral is needed and which they can provide, eg the severity of diarrhoea;
- **Link between the community and service providers, including referral and signposting:** – eg local health clinics and Department of Social Development. They must recognise when problems are beyond their capacity and refer. This is critical in the health sector due to liability issues. CBWs are also involved in networking with other service providers – CBOs, NGOs and departments; there is a two way referral system where the clinic sister will refer a client to the facilitating agent and vice versa;
- **Technical advice, support and training:** providing advice and training on specific approaches, e.g. Golang Batcha, CBWs provide basic health education in the community, with patients attending clinics, undertake outreach for people who are unable to attend clinics and provide home-based care and counselling for those identified by the professional nurse;
- **Direct service implementation** – eg community plumbers repairing facilities, police reservist making arrests, HBC providing hands-on care;
- **After-care:** visiting clients to see how they are using the approaches advocated, e.g. with Golang Batcha CBWs do follow-up to ensure treatment defaulters use medicine as prescribed by health professionals, ie that DOTS treatment being followed;
- **Lobbying and advocacy:** For better service provision for the poor, for support to the CBOs etc eg within their churches. In SA there awareness campaigns, media releases, newsletters, press releases etc. are conducted by the Department of Health and Social Development and the local NGOs. This is done by community liaison officers

What hours do they work?

Generally people are not prepared to work voluntarily for more than 20 hours per week for more than an initial period e.g. one year (this may not be true in all cases!) Is the 'ubuntu' concept a valid one beyond a certain period of time and given current poverty levels in communities? See also the comments about payment. Hours may be flexible, eg not working at hottest times, or when a client is ill. Note DOTS requires medication in the morning. In SA hours worked must be less than 24 hours to be volunteers according to labour legislation. Some examples are:

- Golang Batcha CBWs work an average of 20-30 hours per week - 0730 - 1230 every day;
- In the Mvula Trust Nelspruit programme, CDFs are engaged in ongoing monitoring of households before and after a structure has been put in place to see if it is being used appropriately;
- Community plumbers 3-5 hours a day.

Comments for the pilots (learning from experience for best practice)

- This is a considerable time that people are devoting and they should either be compensated or have other livelihoods;
- Carers are attached to clinics, assisting nurses in giving health talks in the mornings;
- Flexitime seems a good solution (eg Hospice).

3.3.4 Training, support and supervision

Who is the Facilitating Agent and what roles do they play?

There are a variety of FAs in this model as with the common model.

- Government Departments, e.g. Mangaung Health Division for Golang Batcha, where the key link is through a local clinic, SAPS with police reservists, local government eg sub-county in Uganda for the water schemes, hospitals for lay counsellors;
- National/international NGO, e.g. Mvula Trust, who appoints a technical consultant and a social consultant and project manager as the FA – who supports during project initiation and construction, but not aftercare, Pathfinder, CARE;
- Local NGO/CBOs, e.g. St Nicholas Children's Hospice.

What training do CBWs receive?

Common

What ongoing support and supervision do CBW get and from whom?

Most FAs use a full-time worker as an overall supervisor, who may have been a CBW themselves, Theresa in Golang Batcha – who coordinates the other 41 volunteers. Most CBWs meet with their supervisors on a weekly

basis to give reports on the activities and monthly basis which involves a de-brief on what work they have done, and planning for the next month. Several use a standard reporting format for the CBW to record what they have done. The FA (Mangaung Municipality Health Division) provides on-going support to CBWs through participation in the Executive Committee. The division also identifies training needs, organises training and also assists in proposal writing for the organisation. A professional nurse in each of the seven health centres also gives the workers feedback and guidance on client care. There are legal issues – the professional nurse is responsible for what the HBC does so it is in the nurses interest to ensure effective supervision. Hospice's experience is the nurses need to meet with CBWs on a weekly basis. There are also now requirements in SA to prove that specific services and support have been given. There is supposed to be 1 nurse per 10 HBC for effective supervision

There are HIV/AIDS and sanitation forums from national to local municipalities. The aim is overall management of the HIV/AIDS activities. At local level this involves NGOs, sector departments, politicians who lead the process etc.

The Mvula Trust Nelspruit water and sanitation programme has a well structured support and supervision system. For the construction, there is a (community) quality assessor who supervises the builders. A Programme Development Facilitator, a full time Mvula Trust staff member, assists the CDFs. A Mvula Trust Programme Manager then supervises all these functions.

With the community plumbers in Uganda they report to a Water Committee, who provides administrative support. Technical support is provided by the District Water Engineer, who checks on standards etc, but on an informal arrangement.

So in most cases the first-line of support may well be a CBW who has been promoted to provide significant support (eg Theresa, Jonas with CHOICE). They are backed up by full-time staff eg nurses or social workers. In most cases the support appears to be monthly.

Who are they accountable to?

Common. However the paying of a stipend means it is easy for the paying organisation to become the de facto employer and so the accountability line is to them and not the community, and proactive efforts must be taken to counteract this.

3.3.5 Incentives

Monetary

Many CBWs in the HIV/AIDS sector receive the Department of Health and Department of Social Development stipend of R500 per month which probably only covers costs (ie classifies as unpaid), although the government is considering raising this. In the Mvula water and sanitation programme CDFs are paid about R1,000, depending on the number of villages they cover (R25/toilet for upgrading and R50 for construction – shared with project steering committee). In all cases CBWs appear to be reimbursed for travel costs and lunches. With the plumbers there is no standardised fee – usually it is negotiated but some schemes agree on fee as % of amount collected, eg 2%.

Other

Common

Comments for the pilots (learning from experience for best practice):

- Need to follow up on how much the R500 is a real incentive or just covers costs;
- What is an appropriate monetary incentive for stipend?, e.g. R500 is now a bench mark for the 20-30 hours a week but this only covers costs;
- Even though paid we should be providing the other incentives, e.g. equipment and kits;
- How do we balance the purely volunteer approach and motivation (ubuntu) vs the paid?

Relevant elements from the previous group work

- Development of a cross cutting curriculum for CBWs on cross cutting issues such as book-keeping, project and financial management skills is important;
- Career pathing opportunities eg upgrading carers thru proper training;
- Refresher courses as way of strengthening their skills and keeping them up to date with the latest developments;
- As a way of improving accountability of CBWs to the community, there has to be systems in place where communities provide feed back to the CBWs and the FA on services they are receiving and how it can be improved.

3.4 Private sector model

3.4.1 Core concept

The core concept of this model is that CBWs are recompensed by a direct payment from the client served for the work undertaken, eg by selling animal drugs, charge per toilet construction. There is a thin line between when this is just a private entrepreneur, and when the support process is a business development one. However at an initial stage this would be seen as contributing a service to the community, and the community would have an interest and responsibility to make sure it happens. For example the origins of the CAHW approach emanated from community need for animal health service delivery which the state was not meeting. The model has evolved over the last 20 years from full volunteers to a private system of service delivery complementing capacity shortages in government service delivery. This model can be a mix of entrepreneurship opportunities, skills development and transfer, and empowerment to communities/individuals.

South Africa's Water and Sanitation Programme is a government initiative to involve communities in their own basic service delivery, now moving towards community/individuals contracting the builder on a private capacity. Some examples of private sector CBWs are:

- **Community-based animal health workers (CAHWs)** in Kenya – these are local community members selected to provide animal health services to livestock keepers in the Arid and semi-Arid Lands (ASALs) of Kenya. They are trained by facilitating organisations and government personnel in their operating areas. CAHWs should be conversant with the values of the community, culture and language;
- **Builders** in Mvula Trust Nelspruit sanitation programme in the construction of toilets. These are paid per toilet constructed. They start off as individual builders and as they master the skills they are encouraged to become community contractors where they take on other unskilled people to assist them and in the process transferring the skills to a wider number of other community members. In future they will assist in having a local skilled pool of builders to build toilets for the community long after the project is completed;
- **TBA**s – who are identified by a FA through the community, then trained and would provide their services on fees paying basis;
- **Beach Management Units (BMUs)** in Uganda – community based committees working closely with the Department of Fisheries to monitor and ensure legislation is adhered to by fishing communities. (need to clarify who is the CBW – and not the BMU itself).

3.4.2 The Community Based Worker

Who are the CBWs?

CBWs are selected by the community, but are workers paid on a piece work basis, directly by fees for services rendered. They are members of the community who render service and are compensated for it. They can be an interest group coming together to provide services for a fee.

Selection criteria

Since people are paid, is there greater pressure for selection? Are selection criteria written down? What personal qualities, educational qualifications and other specific skills, age/sex should be considered in the selection criteria?

- Non discriminatory as per country policy;
- Embrace community norms;
- According to the basic requirements of the sector, depending on the complexity of the task to be performed;
- Should be based on merit.

CAHWs are selected by the community through a selection criteria developed in a participatory manner by the community and the facilitating agency. The Kenya Veterinary Board (KVB) through other partners has developed minimum standards curriculum that provides guidelines for selection of CAHWs. The guidelines are already being adopted by many agencies implementing community based animal health care programmes. These guidelines are shown in box 3.4.2 below:

Box 3.4.2 Selection criteria for CAHWs in Kenya

- The candidate should own livestock;
- Be a member of the community and be well known to them;
- Be keen to be selected and be willing to learn;

- Livelihood should be based mainly on livestock;
 - Be hard working and self-motivated;
 - Be physically fit to handle livestock;
 - Be willing to travel to where the livestock are grazing;
 - Be well behaved and trusted;
 - Have good communication abilities;
 - Be knowledgeable about traditional livestock management and treatment;
 - Be willing to devote his/her time to delivery of animal health to the community members;
 - Be willing to be supervised by the community and a registered veterinarian and his/her delegated agent;
- NB: Illiteracy should not prevent candidates who are otherwise suitable from being trained.

Re the builders, these are community people initially identified as a way of providing them with employment opportunities.

Comments for the pilots (learning from experience for best practice):

- Literate trainees should be preferred – which is relevant especially in monitoring drug quantities, filling monitoring forms, etc.;
- The community members should participate fully in the selection process and there should be no undue influence by opinion leaders;
- There is still a debate on the qualification levels eg whether the ideal CAHW should be a form four leaver; certificate leaver or should it be left to the community to decide;
- Issues around accountability and liability should be factored in the training curriculum.

3.4.2 The work that CBWs do

What work do CBWs do?

The CAHW system has been well thought out and in the minimum standards training curriculum, CAHW roles have been divided into primary and secondary roles, which also fit the generic roles in the core model, with the exception of lobbying, perhaps not surprising in a more private sector approach. Primary roles are core whereas the secondary roles are variable (depending on where the CAHWs are from). These have been organised to fit the generic categories. The secondary roles are in *italics* and as can be seen are primarily extension roles (technical advice). The work that CBWs do will depend on the sector and in line with community demands.

Comments to be considered:

- They should register as a sector of the labour force
- Consider issue of tax payments
- Embark on awareness campaigns on CBW systems
- Needs assessment: Recognize the most common diseases, including notifiable diseases that are common in the region and area of operation;
- Link between the community and service providers, including referral and signposting: Refer difficult clinical or surgical cases to the supervising veterinarian or his assistant, mobilize livestock owners for vaccinations and other animal health activities;
- Technical advice and training support: Promote good livestock management practices, advise on zoonotic diseases and how to prevent them, promote ethnoveterinary usage and conservation of biological sources of ethnoveterinary products, sensitize communities on policy and legislative issues relating to the livestock sector with particular emphasis on handling of veterinary drugs, quarantines and livestock movement and their relevance to disease control. *Provide extension messages on disease control measures and prevention to the livestock owners. Provide advice on animal production including proper housing for the young stock and feeding of the young. Provide advice on breed improvement. Advise communities on public health issues including meat and milk hygiene. Advise livestock owners on marketing of livestock and livestock products. Promote sharing and conservation of natural resources and the environment. Promote peace-building initiatives. Advise on control of disease vectors - ticks, tsetse etc. Promote animal welfare;*
- Direct technical implementation: Identify and diagnose sick animals, treat sick animals, record such treatments and the type and dosage of drug used and make the necessary follow up, participate in disease prevention campaigns, collect samples from sick animals and submit them to the supervising veterinarian;

- **Monitoring and after-care:** Report occurrence of livestock diseases, including notifiable diseases, to Department of Veterinary Services (DVS) or the supervising veterinarian (surveillance), Monitor herd health and production, follow-up on regular basis;
- **Lobbying:** advocating for better services to pastorists and their communities.

With the toilet builders, the role is basically technical implementation. Extension roles are played by other community facilitators.

What hours do they work?

The number of hours worked is variable depending on demand, season, migration pattern and distances to be covered. Most CAHWs work on part-time basis. This can however be estimated to be 5 hours per day in a week, or 35 hrs per week. In the Mvula Trust Nelspruit programme, builders sometimes work full-time if there are many toilets to be constructed. Their role is also to assist in replication/construction of other toilets and continue constructing toilets for new households using appropriate technology even after the project is completed.

- Hours depend on country labour regulations
- Clocking system can help adherence to the agreed hours

Comments for the pilots (learning from experience for best practice)

- Need to monitor the hours worked per week during the pilots.

3.4.3 Training, support and supervision

Who is the Facilitating Agent?

There are a variety of FAs in this model, as with the generic model:

- Government departments;
- International NGOs/donors;
- National NGO;
- Local NGO/CBO;
- Faith based organizations;
- Intergovernmental organizations (AU/IBAR);
- Bilateral organizations (GTZ);
- Private sector.

Comments for the pilots (learning from experience for best practice)

- The key to this model is for FAs to understand the private sector to support the CBW in terms of training. This is a challenge for many FAs.

What training do CBWs receive?

The CAHWs receive 160 hours of training according to the training of trainers manual for CAHWs (under development). This can be broken down into two sessions as the trainer may deem fit. This is followed by refresher trainings that are packaged depending on gaps identified after monitoring their performance. Training contents are shown in box 3.4.3.

Box 3.4.3 Training content for CAHWs in Kenya

Technical

- Introduction to CAH and roles of CAHWs in animal health delivery
- Herd health and livestock diseases e.g. hoof trimming, castration, dehorning etc.
- Drugs handling and usage
- Diseases surveillance monitoring and record keeping

Client support

- Livestock extension
- Field days, practicals and demonstrations, reviews and problem solving
- Trainee assessment and certification
- Mobilisation
- Organizational issues

Business management

Cost recovery (marketing) and business management

Supervision monitoring and evaluation

The Mvula Trust has a standard participatory methods training for all CBWs including builders. Training for new projects takes about two-three months with follow up training depending on gaps that have been identified during implementation. This is now getting formalized because of link with SETA accreditation requirement in SA.

Comments for the pilots (learning from experience for best practice)

- there is a need to encourage business management training to all CBWs/ service providers.

3.4.3 What ongoing support and supervision do CBW get and from whom?

Support mechanisms are set up for CAHWs through the following functions:

- Community awareness through dialogue in order to clarify CAHWs role and therefore forge community acceptance and support;
- Training mainly through a relevant department or FA;
- Provided with initial equipment/inputs eg drug kits for the CAHWs and access to restocking;
- Referral systems – technical eg vet or animal health technician. Communication and transport issues;
- reporting systems – monthly eg to the vet and the FA – technical and the sale of drugs;
- Practitioner support – mentor – not yet well thought through unless with a private vet;
- Information access and dissemination often linked with referral visits (currently weak);
- Quality assessment, eg the Mvula Trust programme where quality assessor check the builders.

Comments for the pilots (learning from experience for best practice):

- Need to strengthen linkages with stakeholders eg with drug supply system to enhance sustainability;
- Community support including paying for the services is crucial;
- Establishment of a viable credit system is needed for the private operators - AHSPs (AHTs, private veterinarians) or builders.

3.4.4 Who are they accountable to?

The CAHWs are accountable to:

- The community who benefit and pay for services rendered. The community can render a CAHW irrelevant simply by declining their service. This is also problematic where the community is not paying for their services how then do they hold the CAHW accountable for not providing a particular service? Is there a community forum for holding the provider accountable? eg community barrazas, pitsos;
- Suggestion box on service for feedback on service or evaluation questionnaires
- The linking government and/or private veterinarian who trains and is also part of the referral system that takes care of the technical performance of the CAHWs;
- Government sector departments can come up with performance management systems for CBWs within their sectors
- In case of any professional misconduct, the District Veterinary Officer (DVO) can undertake disciplinary measures against the CAHW;
- The facilitating agency that provides resources and support to the CAHWs. They can only punish the CAHW through the community or through withdrawal of support;
- Facilitating agents should have internal monitoring systems that promotes accountability
- A community committee e.g. the Water and Sanitation committee used in Mvula's Nelspruit programme

Comments for the pilots (learning from experience for best practice):

- The community role (forums) in overseeing the function of the CAHWs needs to be enhanced, i.e balancing the private/public good

3.4.4 Incentives

- This depends on the of type of system
- Entrepreneur: the compensation is based on profit (Quality control should be ensured)
- Skills development and transfer: standard compensation as per government or facilitating agent regulation
- Livelihoods improvement and empowerment: standard compensation as per government or facilitating agent regulation

Monetary

CAHWs/builders are not paid but they earn a living through charging fees for services they render. When business is good and they get good returns, they are motivated to perform. The profits they make take care of their travel and other costs. In the Mvula water and sanitation programme different arrangements are in place, for example, builders who are involved in toilets construction receive between R250-300 per toilet constructed.

Other

Common

Comments for the pilots (learning from experience for best practice):

- Social/Cultural practices are hindering the growth of CAHW businesses – because CAHWs are offering services on credit - for example, providing free services to family members;
- Emergency relief destroy business – i.e. when an emergency programme is introduced in an area, the structure/culture of paying for a service is diminished - need to liaise with the workers on the ground;
- Lack of a business orientation in the pastoralists communities makes charging for services difficult.

This model seems to be drawing on the Kenya CAHWs model, it would be advisable if a standard model be drafted to be applicable in all sectors.

3.5 40 hours a week paid model

3.5.1 Core concept

In SA a number of NGOs are implementing CBW systems using people who work 40 hours a week (full time) and in most cases receive payment for the services they render. There seem to be two types: CBWs who have been “promoted”, and paraprofessionals with significant training.

- CBWs who have been “promoted”, eg:
 - Student social auxiliary workers in St Nicholas Children’s Hospice, who previously workers as CBW doing HBC. They are receiving a small salary, which will be increased when they qualify as social auxiliary workers. The training is an in-service training programme which is accredited by the HWSETA and is registered by the SACSSP. The hospice carries all the costs for the training;
 - HBC supervisors with CHOICE – former HBC workers who have been promoted to become coordinators;
- Paraprofessionals who are employed eg:
 - Paralegals, who undergo a six month training, eg in Eastern Cape;
 - Animal Health Technicians in Kenya, as a stage up from the CAHWs, who receive two years training.

These may well be employees of the FA but drawn from the community. They may well also be part of the CBW systems (a new cadre of CBWs), supporting other CBWs.

3.5.2 The community based worker

Who are the CBWs?

They are members of the community, who have proven to the FA that they have potential for further training and would be an asset to the company or community and the FA is prepared to secure the funding to utilize their skills for the full 40 hour week. In other cases they could also be para-professionals looking for work experience towards a study qualification. They may be existing CBWs seen to have potential qualities. They will be performing certain specialized tasks, either technical or supervisory.

Comments for the pilots:

- Performance appraisal and close management are an advantage;
- Be aware to communicate this very clearly to other staff members. Conflict could arise when newer appointed CBWs are “appointed” instead of ones who worked for a long time being nurtured into these positions.

Selection criteria and process

This is a very important issue, since some/most CBWs are actually seeking permanent employment and there must be clear criteria for selection. Sometimes a specific situation dictates the relevant person to select with proven abilities. It is important to have a policy for this type of case.

Comments for the pilots:

- Need to advertise, even if only internal;
- Need for good communication with other CBWs about the decision to select a particular individual;
- Previous experience and proven abilities are vital indicators;
- Role clarification and continued support very important, since the transition is sometimes very difficult

3.5.3 The work that CBWs do

Considering this specific case, CBWs are likely to be doing specialized tasks depending on the core function they will perform e.g. social auxiliary workers at St Nicholas, care givers at the day care centres etc. The key roles they perform are:

- Identification:
- Needs assessment
- Link between the community and service providers, including referral and signposting: following referrals from CBWs, paraprofessionals provide technical advice, and if appropriate refer on to full professionals, eg vets

- Technical advice, support and training: the CBWs provide direct higher level technical advice, eg AHTs to clients directly, and also supervision and advice for CBWs such as CAHWs
- Direct service implementation
- After-care:
- Lobbying and advocacy:

What hours do they work

These CBWs are employees, and usually work 40 hours per week, usually office hours, with allowance for flexi hours, if they are expected to do after hours work.

Comments for the pilots:

- Contracts are important;
- Amend job descriptions and working hours accordingly.

3.5.4 Training, support and supervision

Who is the FA?

There are a variety of FA's in this model:

- Government – eg public vets with AHTs;
- Private – eg private vets with AHTs;
- NGOs, local eg Hospice and national.

What training do CBWs receive?

- Depending on the type of service to be rendered they undergo specific training to render different kind of service, eg St Nicholas provides in-service training as social auxiliary workers
- Preferably recognized, accredited training which links to professional career development

What ongoing support and supervision do CBWs get and from whom?

Usually a professional staff member will supervise and manage the 40 hour paraprofessionals. As much as possible contact between the CBWs and manager is needed, especially at the start of their new role. It usually takes a lot of time to make the paradigm shift, until they have found their feet.

Other support needs can include:

- Community awareness ;
- Training;
- Referral systems – technical eg vet or animal health technician. Communication and transport issues;
- Reporting systems – Monitoring and evaluation is undertaken by the community, and the facilitating agency, in many cases by these full-time CBWs. Record keeping and statistics are of vital importance as part of performance management and also to identify training needs. Monthly collection of statistics and supervision should be enough, because of daily interaction relating to work;
- Practitioner support – mentor – not yet well thought through unless with a private vet;
- Information access and dissemination often linked with referral visits (currently weak);
- Quality assessment, eg the Mvula Trust programme where quality assessor check the builders.

Comments for the pilots:

- It is important that these professionals are provided with mentors as it is very easy for them to continue with business as usual;
- Service contracts, job descriptions and performance appraisals is very important;
- Allow time to adapt, lots of support and patient in-service training is needed;
- Professional accountability is important.

Who are they accountable to?

- These are essentially employees of the FA and so accountability is primarily to the FA and not to the community. If they are registered at some or other professional council, they are also accountable to them.

3.5.5 Incentives

Monetary

Salaries in SA are between R 1000 - 2000 ((\$170-\$340) per month. AHTs in Kenya?

Other

- Common, but these people are often clearly in a career path and it is important to look at how their training can be upgraded so they have a proper career path.

4 Role of pilots in the CBW programme

4.1 Objectives for the Pilots

The models were identified at the 4-country workshop, which was held in September 2004, as a way of simplifying the complexity of experience in each country. There are currently a wide range of approaches being tried, and we wish to improve these, using the models to identify core elements, which we can then see how to improve. These models will then be piloted, evaluated, and these lessons used to modify practice and hopefully influence policy on service delivery.

By the end of the piloting phase (i.e. March - August 2005) each of the 4 countries will have:

- Tested and documented at least 2 of the CBW models;
- Evaluated their relevance in service delivery and shared learnings of the elements of the models that work or not, in-country and across the 4 countries;
- Analysed how to improve the models for next stage of implementation.

The system that we want to pilot is one which *works, is improved and is more effective* in delivering appropriate and important services for poor people. The system should have the following attributes:

- **Sustainable** – systems will ensure service delivery without dependence on support from an external facilitating agent. Mechanism could be dependent on local resources or any system that ensures that such resources will be available consistently over a long period after the facilitating agent phases out;
- **Replicable** - the model can be applied in different environments or sectors;
- **Pro-poor** - the model reaches those groups of people that are vulnerable and can be rendered invisible or excluded by other mechanisms of service delivery;
- **Cost-effective** - can be sustained with the current/available level of resources if they are allocated efficiently.

4.2 After the pilots....

Each partner country will test a number of these models through pilots over a 6 months period. During this time Steering Committees, together with the pilot partners will document, video examples of how the different models are working or not, undertake peer reviews with other partner countries and evaluate/be evaluated by others on their experience of implementing these pilots. National workshops to share results with wider network of interested stakeholders will be held in each country. The lessons learnt during implementation and the national workshop will be used to design a second round of implementation to be mainstreamed to influence policy makers on how to improve quality of service delivery.

5 Proposed criteria and pilots

5.1 Context

This stage of the CBW programme aims to pilot these models in the four countries to see how CBW system(s) can be modified and enhanced in-country. In order that pilots are implemented effectively the following criteria are proposed. This is not an exhaustive list and partners are encouraged to add and modify as they consider which pilots to implement in each country.

5.2 Principles for piloting

- Pilots should be good examples of CBW systems where partners are able and prepared to pilot adapted approaches over the next 6 months;
- They should test overall models for the project as a whole, as well as helping to take forward national agendas and priorities;
- They should consider possible integration of approaches, eg where several models operate within one local government, and so broader issues of widespread application can be considered.

5.3 Criteria for selecting pilots

The suggested criteria for selecting pilots include the following:

- The FA should be implementing a form of CBW system in the natural resource or HIV sectors;
- The FA must be willing to adapt the CBW system and pilot elements of best practice in the timescale required by the project (February – August 2005);
- The FA must be willing and committed to implement participatory approaches, which promote community ownership;
- The FA is committed to linking their implementation to government in terms of policy, funding and other enabling roles, rather than operating in isolation;
- The FA has at least one year's funding for implementation of their CBW systems which would allow piloting, learning from that experience and then mainstreaming;
- The FA is prepared to undertake the documentation, monitoring/learning process to enable learning from experience required of a pilot¹;
- The FA is willing to learn and share experience with others on their use of CBW systems;
- The FA is willing to assist an evaluation at the end of the 6 months of piloting, i.e allowing access to staff, volunteers and clients, assisting with workshops, etc);
- The FA nominates a contact person for the purpose of liaising with the in-country Steering Committee;
- FAs must consider sustainability/up-scaling of the system as part of finalising of the pilots;
- Location of the plot should consider accessibility not just distance – and where the project will have highest impact;
- There should not be too many pilots so that it is difficult for the Steering Committee to keep track of them and the quality is too poor, jeopardising impact.

5.4 Potential costs and benefits for pilots

There are no funds allocated for pilots in the action-research programme as it is assumed that pilot partners are already implementing CBW systems. However 15 days are budgeted for to evaluate the outcomes of the pilots in each country, and for a national workshop to share the results.

It is also assumed that country secretariats and Steering Committee will volunteer their services to ensure that the project happens in each country.

Potential benefits for pilots

¹ The methodology for this will be supplied later.

- Access to best practice in the country and internationally, sharing experience within the sector and across sectors;
- Opportunity to discuss and share with partners in country and in study tours overseas;
- Opportunity to showcase their work on a national and international stage;
- Easier profile to leverage funds within their country – either from a particular government department or an international donor such as DFID to intensify monitoring and follow up or scale-up a particular model;
- Opportunity to test out their thinking with partners in-country, have a formative evaluation to contribute to the quality of their own services;
- Opportunity to join partners to lobby for community-based worker systems as a systemic approach to pro-poor service delivery;
- Opportunity to influence national policy.

Costs for pilots

- Need to adapt practice to take on board some of recommendations emerging;
- Need to document learnings;
- Willingness to be open about learnings from their experience;
- Steering Committee time to share experience and learn from others.

5.5 Process for selection

Partners should adapt the proposed criteria above to their situation. Outlined below is a possible checklist for national Steering Committees to select pilots which they should adapt and add as necessary. Partners are asked to send comments on this by 10th February.

A suggested process is shown in Table 5.5.

Table 5.5 Steps to finalise pilots

Activity	Who	When
Guidelines sent to partners	Patrick	4 Feb
Comments on guidelines including suggested criteria and process sent to Patrick	Partners	10 Feb
Improved version sent out to partners, including learning framework	Patrick	12 Feb
Each Steering Committee requests possible candidates for pilots to look at the Guidelines and consider what they may be interested to pilot	Steering Committees	19 Feb
Submission of possible outline Memorandum of Understanding between Steering Committee and pilot	Patrick	19 Feb
Each potential pilot submits a short summary of the type of project proposed for a pilot, the current structure of operation (using a format similar to that in Annex 2 similar to that used during the national workshops), and what elements of the CBW models they will pilot	Pilots	26 Feb
Steering Committees finalise pilots	Steering Com	3 March
4 Country teleconference with Secretariats/Chairs to finalise and launch pilots	Secretariats	3 Mar
Steering Committee confirms monitoring and support arrangements with pilots	Steering Comm	3 March
FA and in-country SC sign a MoU outlining key deliverables and expectations from each other (this can inform the M&E process i.e. what are the outputs expected from the pilots?)	Steering Comm and pilot	10 March
Pilots officially start	Pilots	10 March

5.6 Possible pilots

Table 5.6 below shows the set of possible pilots and the models they correspond to. Some additions have been added, and these are shown in italics. The list will be completed after discussion in each country with their Steering Committees. We agreed to have a working /final list of partners for the relevant models by 18 February.²

² Hold a teleconference across the 4 countries to finalise and launch pilots (early March)

Table 5.6 Range of pilots per country against a specific model

Model	Pilots in:			
	SA	Uganda	Lesotho	Kenya
5-8 hour volunteer (costs covered)	<ul style="list-style-type: none"> • Thaba Nchu Food Security (Khanya) • Attorneys & Docs – (Hospice) 		<ul style="list-style-type: none"> • USAID Embassy (HIV) • TEBA (HBC) • Machobane (Tutor Farmers) 	
20 hour volunteer (costs covered)	<ul style="list-style-type: none"> • World Vision – Mopani • Environmental – Tzaneen Municipality • NAPWA – ATICC • Limpopo DoA? (Khathu to follow-up) 	<ul style="list-style-type: none"> • CONCERN Mpigi (HIV) – <i>will this bring in the paralegal CBWs?</i> 	<ul style="list-style-type: none"> • SHARP (will there be a FA once the project closes?) 	<ul style="list-style-type: none"> • KANCO (where/what?) • KICOCHEP?
20-30 hour paid a stipend – <i>need to clarify whether this only covers cost or more?</i>	<ul style="list-style-type: none"> • HBC – Golang Batcha and Sunflower house • Choice 	<ul style="list-style-type: none"> • NAADS – Agro Forestry & Agriculture? • Kamwokya Christian Caring Community – (HIV) 		
40 hour paid (<i>often supervisors of the above</i>)	<ul style="list-style-type: none"> • Choice? • Sunflower House • Paralegals? 			<ul style="list-style-type: none"> • DVS – CAH Unit – AHT from the community?
Private sector	<ul style="list-style-type: none"> • (DWAF) Mvula Trust – Limpopo • In-touch – (IGAs with PLWHA) – Tzaneen 	<ul style="list-style-type: none"> • BMUs (NR) – <i>who are the facilitating agents?</i> • ORUDE Jinja – farmer extensions & HIV? 		<ul style="list-style-type: none"> • WASDA – CHWs, CAHWs & water (also looking at integration where there are several CBWs) • DVS – CAH Unit (animal Health) • CIFA (animal)

6 Guidelines for implementation (including documentation and evaluation)

Again this checklist of guidelines is not exhaustive and SCs and FAs are encouraged to suggest other elements and to share widely with their partners. An earlier section discussed the process for selection of pilots, while this section discusses the actual implementation.

6.1 Flexibility

The elements of the model to be include should be flexible. The common and specific elements of the models that are included in sections 2 and 3 and include a full checklist of items to consider in each FA's programme, and in each pilot we would want to test some of these. It is up to each FA to decide which of these they would like to implement, but each Steering Committee should know what is being tested in each pilot.

This will be indicated in the 1-2 page summary of each pilot discussed in section 5.5. A possible version is shown in Annex 2. Partners should therefore finalise what is being piloted – e.g. changes they propose to make (signing off the two-page submission of the FA who is piloting).

It is very important to factor in consideration of sustainability and up-scaling issues into the design and inception of the pilots, so that the system which is being tested can realistically be applied at scale, and is not restricted to small-scale operations, i.e. isolated islands of excellence.

6.2 Monitoring process

For the pilots to be useful adequate monitoring and learning must be carried out. A learning framework will be developed with formats to be supplied. Khanya will draft these and forward by 12 February. Some activities that will probably be required include:

- CBWs log time (use diaries), activity, learning and client feedback on service received and provided;
- FAs logging support and supervision provided to CBWs;
- Challenges emerging from the revised practices;
- Monitoring visits by Steering Committees;
- Reports to Steering Committees at least quarterly by the pilots.

It is very important that government and policy makers are involved in reviewing the pilots so they can see how service delivery can be restructured and improved, and being part of the process are interested and motivated to act on the learnings. It is also important to make sure the DFID advisors are well briefed.

6.3 Financing the implementation

There are no funds allocated for implementation of pilots in the action-research programme because it is assumed that partners are already implementing. However, partners can also leverage funds within their country – either from a particular government department or an international donor such as DFID to intensify monitoring and follow ups.

6.4 Evaluation

Some funding is available from the 4-country programme for an evaluation of the pilots (15 days in total allocated), as well as the showcasing of results at a national workshop. This should be undertaken by an independent organisation to have credibility, and should be a formative evaluation on what elements have worked, what haven't and what should be modified as a next stage of improving practice and mainstreaming. It would be a wonderful learning experience for partner countries to participate in evaluation of other countries

Table 5.4 Steps to finalise pilots

Activity	Who	When
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Activity	Who	When
Pilots officially start	Pilots	15 Feb
Reporting by pilots	Pilots	Bi-monthly
Draft Evaluation TORs circulated	Patrick	July
Possible service providers for evaluation identified	Partners	July
Tenders submitted	Service providers	August
Pilots evaluated		Aug/Sept
National workshop to review results of pilots		Early Oct
4 country workshop reviews lessons across partners and next steps	4 countries	Mid - November

Annex 1 Learning Framework (to be developed)

Some research questions (part of learning framework)

- **To understand individual participation in collective activity in relation to CBW systems**
 - To test some of the assumptions made about the motivation and ability of individuals to participate in community-based worker systems of service delivery
 - Who participates and why do they choose to do so? How does participation relate to individual life trajectories? Does participation lead to empowerment? Who is included or excluded from participation and why?

- **To understand the contribution of community workers to participatory processes**
 - To understand how community workers mediate between individuals (in communities) and interact with institutions
 - How do community workers balance the often competing demands of community and development institutions?;
 - Who gets selected as community workers?
 - How do they fit into local institutions?
 - How effectively do community workers monitor and evaluate participatory processes and how can they be supported in this?

- **To understand the possibilities for ‘getting institutions right’ in community based worker systems which promote pro-poor development**
 - To investigate how participation takes place through a variety of institutions, both formal and informal, and the extent to which local institutions can be ‘crafted’ to promote empowerment and inclusion
 - How are existing institutions used and by whom?
 - How do institutions evolve over time?
 - What is the complementarity between existing ‘socially embedded’ institutions and newly introduced ‘bureaucratic’ ones?

Annex 2 Format for One Page Summaries

The CBW project will be piloting a number of models in the 4 countries involved in the project. A few partners will be selected for this piloting phase. To be able to select from a range of different partners we would like to make available this 1-2 page summary which we would like you to complete using the following format:

Heading	Content	Length
1. Context	Title eg Hospice's Home-based Care Programme in Central Free State Context and policy environment in which the initiative operates	1 paragraph
2. Description of initiative		2 paragraph
3. The CBWs – who are they? gender	Examples of CBWs in the project Men: 86 Women: 795 Youth: 476 Selected for Home Based Care training by NGOs, CBOs, FBOs with the HBC District coordinators. Selection criteria: Person belongs to an NGO, CBO or FBO that has been offering Home Based Care for at least a year.	2 paragraphs
4. The CBW's Role	Generic and specific)	2 paragraphs
5. Incentives	e.g. R500.00 (department of health and social welfare stipend in SA) transport allowance, lunch allowances, etc	1 paragraph
6. Accountability	Who are the CBWs accountable to?	
7. Training	What training do the CBWs get, who provides it, what other training needs have been identified?	1 paragraph
8. Management	Who and how are the CBWs managed?	1 paragraph
9. Support	What support do CBWs receive from: the FA, community and other agencies e.g. local government	1 paragraph
10. Facilitating agent	Who is the FA agent and what is its role?	1 paragraph
11. External links	CBWs belong to community organizations which are linked with local clinics and working directly with district coordinators who are reporting to the Provincial coordinator.	1 paragraph
12. Contact person(s) -	Including telephone and email addresses	

Annex 3 Elements to be piloted

One of these is required for each pilot being tested.

Area of concern/research focus	Current practice of implementation	Proposed changes or adaptation in the pilot
Who are the CBWs		
How are they selected eg. what criteria used and who selects them		
What work do the CBWs do		
What hours do they work		
Who is the facilitating agent and what is their role		
What support does the facilitating agent provide		
What Training do CBWs receive and how frequent		
What ongoing support and supervision do CBWs get and from whom		
Who are CBWs accountable to		
Who has the power to hire or fire a CBWs		
What type of incentives do CBWs receive (monetary/in-kind)		

