



khanya-aicdd
African Institute for Community-Driven Development

CBW national workshop report South Africa

**Khanya-African Institute for Community-Driven
Development**

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Development
(Khanya – aicdd)

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Acknowledgements

This report forms the shared experiences of partners in South Africa based on the national workshop held from 28 – 29 November at the University of Free State, Bloemfontein. The report includes the presentations from the participating partners and other stakeholders involved in CBW work. A way forward was generated at the end of the two days workshop mapping the future direction of the programme in South Africa.

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Monene Mamabolo and Patrick Mbulu, January 2007

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

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Glossary

AIDS	acquired immune-deficiency syndrome
ADPs	Area Development Programmes
AHWs	auxiliary health workers
ART	anti-retroviral treatment
ARVs	anti-retrovirals
ATICC	AIDS Training, Information and Counselling Centre
BUCODO	Budongo Forest Community Development Organisation
CAHW	community animal health worker
CARESA	CARE South Africa /Lesotho
CBD	community-based development
CBO	community-based organisation
CBW	community-based worker
CCG	community care giver
CCMA	Commission for Conciliation, Mediation and Arbitration
CDP	community development practitioner
CDW	community development worker
CHoICE	Comprehensive Health Care Trust
CHW	community health worker
CPSI	Centre for Public Service Innovation
DTEEA	Department of Tourism, Economic and Environmental Affairs
DFID	Department for International Development (UK)
DoH	Department of Health
DoLGH	Department of Local Government and Housing
DOTS	direct observation therapy short course
dplg	Department of Provincial and Local Government
DPSA	Department of Public Service and Administration
DSD	Department of Social Development
DWAF	Department of Water Affairs and Forestry
ECD	early childhood development
EPWP	Extended Public Works Programme
FA	facilitating agent
FST	Food Security Team
HBC	home-based care
HCBC	home community-based care
HIV	human immunodeficiency virus
HPCA	Hospice Palliative Care Association
HSRC	Human Sciences Research Council
HWSETA	Health and Welfare Sector Education and Training Authority
IDP	Integrated Development Plan
IMF	International Monetary Fund
ISRDS	Integrated Sustainable Rural Development Strategy
KDM	Kerklukse Mahtskappy Dienste
LED	Local Economic Development
LPDA	Limpopo Provincial Department of Agriculture
LRAD	Land Redistribution for Agricultural Development
M&E	monitoring and evaluation
MDGs	Millennium Development Goals
MFMA	Municipal Finance Management Act
MPCC	multi-purpose community centre
MSA	Municipal Services Act
MSyA	Municipal Systems Act
NAPWA	National Association of People Living with AIDS
NGO	non-governmental organisation

NPO	non-profit organisation
NQF	National Qualifications Framework
NR	natural resources
NSF	National Science Foundation
O&M	operation and maintenance
OVC	orphans and vulnerable children
PEA	participatory extension approaches
PFMA	Public Finance Management Act
PFM	participatory forest management
PGDS	Provincial Growth and Development Strategy
PLWHA	people living with HIV and AIDS
PMU	Programme Management Unit
RDP	Reconstruction and Development Programme
RFSA	rapid food and livelihood security assessment
SACBC	Southern African Catholic Bishops' Conference
SAP	Structural Adjustment Programme
SAQA	South African Qualification Association
SAT	Southern Africa Trust
SETA	Sector Education and Training Authority
SL	sustainable livelihoods
SLP	Sustainable Livelihood Programme
SPP	Surplus People Project
SSRL	Support for Sustainable Rural Livelihoods
SSU	Small Stock Units
TB	Tuberculosis
UNDP	United Nations Development Programme
URP	Urban Renewal Programme
VCT	voluntary counselling and testing
WVSA	World Vision South Africa

Executive summary

1 Introduction

For the past three years Khanya–African Institute for Community-Driven Development (Khanya-aicdd) has managed a four-country action-research project involving Kenya, Lesotho, South Africa and Uganda. The objective of the project is to see how community-based worker (CBW) systems can be used to widen access to services and empower communities.

In South Africa the project has focused on:

- Identifying pilot partners in two provinces (Free State and Limpopo) focusing on the natural resources (NR) and HIV/AIDS sectors;
- Promoting dispersed, active and locally accountable CBWs who can work in a range of sectors, addressing services which are frequently needed and best delivered at community level; and
- Identifying good practice around five emerging models.

This report is an outcome of deliberations from a two-day national workshop held on 28–29 November 2006 at the University of Free State in Bloemfontein. The workshop brought together practitioners and policy-makers involved or interested in CBW systems to review the current experience and situation in South Africa, and to identify opportunities, gaps and successes in implementing the CBW systems.

1.2 Objectives

The objectives of the workshop were that, by the completion of the workshop, participants would have:

- A better understanding of the CBW systems and be aware of the findings from the **impact** evaluation of CBW systems;
- Developed the broader **institutional, policy and advocacy implications** for adapting and upscaling the CBW system as a mechanism for pro-poor service delivery in South Africa

2 Welcome and opening address

The Director of the Centre for Development Support, Professor Lucius Botes, set the scene for the workshop by highlighting the importance of the subject matter, community-based workers. In his opening address, councillor Makhanya emphasised the long history in South Africa of community participation, and that the role of leadership is therefore to create the conditions that allow for this to flourish, and to support community control and participation wherever possible.

3 Introduction to the CBW systems

Patrick Mbullu of Khanya-aicdd introduced the conceptual framework underpinning the CBW model, highlighting the key principles of the approach. The model includes the community and a CBW (micro); a facilitating agent (FA) and service providers (meso); and government, national institutions and the international community (macro).

Community-based workers (CBWs) are para-professionals, based in and drawn from the community they serve and therefore understanding the local context, and are accountable to the community and to a facilitating agent. They perform a variety of roles, including acting as a link between communities and service providers and as a conduit for information and technologies.

The CBW project aims to see how services can be provided to communities in a cost-effective and sustainable way. Most communities depend on locally provided services, and the CBW project seeks to address how these can be made more effective and scaled-up, and what is required to make this happen.

4 Presentations on examples of CBW systems

4.1 Community animal health workers in Kenya: Khanya-aicdd Lesotho and the Notifiable Avian Influenza National Preparedness Committee are implementing a plan to combat potential threat of an avian flu outbreak in the country. A representative team visited Kenya in November 2006 to learn how community animal health workers operate in the country. The team found that there is a shortage of qualified veterinarians in Kenya and animal health is negatively affected. Community animal health workers (CAHWs) provide this sector with an alternative pool of service providers. CAHWs have improved livestock production and enhanced household livelihoods, in the process mitigating the potential outbreak of the avian influenza in the country. Their partnership with government veterinarians looked at increasing production and productivity rather than at the disease itself. The CBWs are filling a huge gap, but do not receive a stipend or any legislative support for their work.

4.2 Animal health workers and village links in Lesotho: A project in Thaba Tseka District in the Lesotho central highlands investigated the relationship between licensed private sector wool and mohair farmers with villagers living in the rural mountainous Lesotho highlands. The remote Lesotho mountains are difficult to get to, which makes treating small stock extremely complicated. Commercial farmers acted as training mentors to rural villagers who became CAHWs and were in a much better position to care for the small stock units because they lived in close proximity and possessed first-hand knowledge of the rural areas. The CAHWs quickly became the primary link between the various rural communities and the private sector. Stock deaths decreased and births improved, worth an estimated R65 million.

4.3 Home-based care in Greater Tzaneen municipality: The Comprehensive Health Care Trust (CHoICE) is a health training NGO that provides training to Community health workers (CHWs) to become ancillary health workers (AHW) in an accredited Health and Welfare Sector Education and Training Authority (HWSETA) course. They emphasise community development, poverty alleviation projects as well as the empowerment of women through various community-led initiatives.

The CHWs specialise in home-based care and link in with government support programmes. Challenges faced by the volunteers are exploitation, low stipends, 'burn-out' and lack of national policies to support their work.

4.4 Community water management in South Africa: Mvula Trust is a national NGO that focuses on community-based management of water services. Mvula supports a project implementation cycle that provides a developmental framework with emphasis on local participation, community skills development and local economic development (LED). They believe that community members should be empowered to participate in the service delivery process, and that the management of water services should take place at the lowest appropriate level.

4.5 Community-driven development in Uganda: the role of Cows: On the basis of its' decentralised services framework, the Ugandan government has introduced CBWs at village level to liaise with technical agricultural staff and to act as facilitators for village farmers, encouraging them to establish community farmer co-ordination committees. Various examples of this method, such as the Uganda Land Management Project and the Budongo Forest Community Development Organisation have shown positive impacts. CBWs are

making a significant contribution towards the delivery of services to the rural poor farmers. Government recognition and support has been and continues to be critical in the success of CBWs.

4.6 Plenary: emerging issues from presentations: Emerging issues from the case study presentations were discussed. These included; the need to build partnerships between community, government at various levels and the private sector; issues of voluntarism and payment; the recognition that the CBW system is about the potential for a new paradigm of service delivery and community empowerment; recognition that training may take time; the need for better communication; and the need for various interventions at the policy and legislation level, including questions of equity and employment. Critical to these is the role of communities in determining service delivery and involvement in the selection and management of CBWs.

5 Presentations on recent evaluations carried out in South Africa

5.1 CBW pilots in South Africa: This study focused on three CBW projects in the HIV/AIDS sector and two in the natural resources (NR) sector. Findings on impact were uneven, with unclear results in the NR sector but positive impacts found in the HIV/AIDS sector. On cost-effectiveness, there was no evidence for cost-effectiveness in the NR sector but positive results in the HIV/AIDS sector. Good practice elements included CBW management capacity building, community involvement in selection of CBWs and community linkages in general, and improving on incentive systems.

Recommendations in the NR sector included enhancing accountability and strengthening relationships in all directions, selection of beneficiaries and CBWs, improving performance management and formalising volunteer agreements. In the HIV and AIDS sector key recommendations included standardising stipend payments nationally, improving management capacity and debriefing/counselling for CBWs.

Issues for up-scaling included the need for legislation, formalisation and standardisation of CBWs and enhancing management capacity at the FA level.

5.2 Understanding CBWs: a study of Siyabhabha Trust Grantees: The aim of this research was to understand CBWs: who, size, scope and contribution of activities undertaken by CBWs in grantee projects in SA. The research found that the CBW system is underpinned by a number of problems, including high dependency on external support and funding, CBWs carrying work costs as individuals, issues of training and quality, weak systems of accountability and a general ideological domination of welfare over social transformation.

Recommendations included ensuring CBW systems are sustainable by working on participation, responsibility and accountability; standardisation and accreditation of training programmes; national policy support and learning exchanges both locally and internationally.

5.3 Community health workers and community care givers: toward best practice: Research was carried out by the Health Systems Trust to study the range of ways that CHW programs have evolved in South Africa. In addition, to assess the extent to which CHW deployment has been addressing important health priorities; to document success stories and lessons; to identify champions and to compile recommendations and lessons to improve practice.

The study found that CHWs are most valuable in expanding health services and mobilising communities around health and development, rather than replacing professionals. They play a particularly important role in the comprehensive home-based response to the HIV&AIDS

and TB pandemics as well as in other more traditional areas of primary health care. It found that CHWs are more cost effective than facility-based providers in specific situations, though the system must not be seen as a cheap/quick fix to avoid health care. Generalist roles for CHWs tend to be most beneficial.

6 Parallel groups on national policy

Parallel groups discussed national policy regarding the Extended Public Works Programme, the national Department of Health regulatory framework, the Department of Social Development and the BASED farmer training model in Limpopo. These frameworks were considered to see how CBWs could be incorporated into existing policy.

6.1 Extended Public Workers Programme: In 2004 Cabinet approved two areas, home community-based care (HCBC) and early childhood development (ECD) to be piloted for EPWP. The goal is for over 200,000 unemployed to acquire temporary work and income over the next five years. NGOs and CBOs are to continue as delivery agents of social development sector programmes, funded by government and possibly business to create employment. The focus is on unemployed people and volunteers, providing them with on-the-job experience, a stipend and training for a period, leading to National Qualifications Framework (NQF) qualifications and longer-term job creation opportunities.

6.2 Towards a national regulatory framework in national health: Recruitment of community workers need the involvement of the community and/ or ward committees, and other relevant stakeholders. Their selection should be someone who is a resident and accepted in the community they will serve, as well as able to understand the language and culture of the community that community.

6.3 Department of Social Development – Community Development Practitioners: DSD implements programmes for alleviation of poverty, social protection and social development amongst the poorest of the poor, the vulnerable and the marginalised.

6.4 Promoting PEA Service Delivery Systems in Limpopo: The Limpopo Department of Agriculture (LDA) is working with local farmers using Participatory Extension Approaches (PEA) to respond to key challenges faced in extension and service delivery at community level. PEA looks at how to get people organised and articulate the “right to demand”, how to make people innovate and explore options for change, how to get the disadvantaged groups benefit from development initiatives and how to coordinate at community level.

7. Feedback from group work on issues and a way forward

7.1 Training: The group on training considered different trainings and opportunities provided for volunteers including CBWs, community development workers (CDWs) at ward level, ancillary health workers and community development practitioners (CDPs). Issues around standardization and accreditation of CBWs, monitoring for quality and impact were discussed. In general it was agreed there is lack of post-training support and there is a need for a statutory body to guide standardised norms and regulations.

7.2 Incentives: The group on incentives considered different types of incentives. There was general agreement that all CBWs should receive incentives, especially those doing intensive care work, but that stipends should be work related. The state is primarily responsible for paying stipends, but recipients should also make contributions in certain circumstances, and the private sector or donors could also contribute in specific cases. There are some circumstances in which fees for a service may be appropriate. Regulation and financial accountability is crucial for the functioning of the system. In general there was

agreement that voluntarism in poor settings is exploitative. Generally people receive some kind of compensation for work they do even in poor communities.

7.3 Selection and accountability: To ensure accountability, communities must play a major role in the identification and selection of CBWs, who should have a passion for the work that they will be doing. The community should draw up the terms of reference and the memorandum of understanding with the CBW. Beneficiaries or clients must be aware of the service that the CBW has to provide so that they are able to monitor the services they receive.

7.4 Roles and linkages: Roles and responsibilities need to be clarified between CBWs, CDWs, CDPs, ward committees and any other co-ordinating structures at local level.

7.5 Support and supervision: Standards and procedures for capacity building and a mentorship programme are required. There is also need for development of a quality management system and training in M&E. Debriefing of carers is needed, as is legal and logistical support.

7.6 Coordination of CBW systems: Currently there are no unified or harmonised structures for coordinating the myriad of community-based service delivery systems and a range of facilitating agents that these CBWs are affiliated to. The main challenge is how best to coordinate these disjointed initiatives at community and local government levels to integrate the different services appropriately

8 Way forward: The way forward included the formation of a task team with policy makers and implementers participating in it to take forward the ideas that emerged from the workshop. Communication and advocacy regarding CBWs was highlighted as crucial at this stage.

9 Closing remarks and a vote of thanks: Dr Dovichani Mamphiswana – Chief Director, from the Free State Premiers office gave the vote of thanks and closed the workshop. In his closing remarks, Dr. Mamphiswana acknowledged the role that CBWs play in improving communities. He pointed out that government has a role in ensuring that CBWs are supported to be effective in the work. Discrepancies with stipends issues also need to be dealt with as a standardise policy issue.

1 Introduction

1.1 Background

For the past three years Khanya–African Institute for Community-Driven Development (Khanya-aicdd) has been managing a four-country action-research project involving Kenya, Lesotho, South Africa and Uganda. The objective of the project is to see how community-based worker (CBW) systems can be used to widen access to services and empower communities. The **Project Purpose** is that organisations in SA, Uganda, Lesotho and Kenya have adapted and implemented a community-based worker system for service provision in the NR/HIV sectors, and policy makers and practitioners in the region have increased awareness in the use of CBW models for pro-poor service delivery. The project is funded by DFID in London. In South Africa the project has focused on:

- Identifying pilots partners in two provinces (Free State and Limpopo) focusing on the natural resources (NR) and HIV/AIDS sectors;
- Promoting and testing the concept of a dispersed, active and locally accountable network of Community-based workers (CBWs) who can work in a range of sectors, addressing services which are frequently needed and best delivered at community level; and
- Identifying good practice around five emerging models.

Partners involved in the 4-country action project have been running pilots since March 2005. Selected participants visited Peru in October 2005 to learn from a fifth-country experience in using CBWs there. The project recently concluded an evaluation of some of the pilots to see the impact and cost-effectiveness of the CBW system.

In South Africa the project has operated with partnership between:

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

The project is in its final stages, which involves drawing up experiences learnt and to develop or mainstream strategy for up-scaling. The partners in South Africa held a national workshop on 28–29 November 2006 at the University of Free State in Bloemfontein. The workshop brought together practitioners and policy-makers involved or interested in CBW systems to review the current experience and situation in South Africa, and to identify opportunities, gaps and successes in implementing the CBW systems. The workshop drew on the findings of the evaluations of in-country experiences conducted by the University of Free State Centre for Development Support, partner case studies and group work/tasks to identify common approaches. The outcome and deliberations are presented below.

1.2 Objectives

The objectives of the workshop were that, by the completion of the workshop, participants would have:

- A better understanding of the CBW systems and be aware of the findings from the **impact** evaluation of CBW systems;
- Developed the **broader institutional, policy and advocacy implications** for adapting

and up-scaling the CBW system as a mechanism for pro-poor service delivery in South Africa.

In total, 76 participants attended the workshop, representing different organisations beyond the immediate CBW partners, including government departments, NGOs, the private sector and individuals representing their community (see annex 2 participants list). Participants included CBWs themselves from the Khauhelo Area Development Programme (ADP) in Botshabelo, Golang Batcha in Mangaung Municipality and Phaphamang's Thaba 'Nchu Food Security Programme. In addition, four staff from Khanya-aicdd participated and assisted with facilitation and logistics of the event. The primary facilitators were Patrick Mbullu, Ian Goldman and Monene Mamabolo of Khanya-aicdd.

The two-day workshop included an overview of the project and approach, presentations on examples of CBW systems, findings from the South African evaluation, national policy environment (relevance, importance and challenges), group work sessions to identify lessons and gaps and group work on the way forward. A programme is attached in annex 1 and includes the project background, summary extracts of the in-country review, case studies and group work. Plenary, questions and discussion sessions were organised and provided participants with the opportunity to raise issues of concern.

Prior to the workshop there was an opportunity for interested participants to visit two projects in the Free State, which are currently implementing working using CBWs. One group visited the home-based care (HBC) project run by Golang Batcha, a community-based organisation (CBO) based in Batho township and supported by Mangaung local municipality's Health Department. The second group visited Khauhelo Community Project, a partnership between World Vision SA and Botshabelo community, 50 km east of Bloemfontein. The group visiting Golang Batcha was accompanied by media from the SABC television and radio and Volkblad newspaper. There were also media briefings and interviews during the workshop, with Monene and Louise being interviewed live on radio Lesedi and SABC, respectively.

The overall assessment of the workshop was excellent (83%), as was the achievement of the objectives set out for the workshop and participants' understanding of CBW systems (79%). Participants enjoyed the group sessions, parallel groups and plenaries (81%, 82% and 85% respectively), and the facilitation was rated as excellent (87%). See annex 3 for the full evaluation results.

2 Welcome and opening address

The Director of the Centre for Development Support Prof Lucius Botes, University of Free State, welcomed participants to the workshop and to the University in general. He highlighted the importance of the CBW systems from a personal experience the day before. His car had been stolen the previous day but within two hours of being reported stolen, community members had mobilised themselves and recovered the car. Prof Botes too touched on the strong partnership relationship that CDS and Khanya-aicdd have forged around community-driven development.

In his opening speech, Cllr Leonard Makhanya, member of the Mayoral Committee on Community Participation - Integrated Development Planning (IDP), he said;

“We need to utilise programmes like the present workshop to build on the knowledge and the expertise that we all have acquired previously. The activities and engagement over the next two days must also provide an opportunity for us to learn from experiences of our colleagues from other parts of the country and further drawing from the lessons across the world on how they approach development to further build the better future for our communities.

A pilot of this nature is an initiative to strengthen as it drives towards empowering our communities based on the concept of self-help and allowing them to be masters of their own destiny, especially with regards to service delivery. The full implementation of the programme will surely enhance other initiatives and interventions by government - be it national, provincial or local sphere - of achieving the fundamental objectives and principles, namely that the people of South Africa shall govern their own affairs. South Africa has a rich history of ensuring that our people are at the heart of the decision-making that affects their own wellbeing. Our communities have always and will forever play a crucial role in the determination of their own destiny. It is therefore the role of all of us in leadership and authority to make sure that we create a conducive environment for those in our communities who so wish to freely express themselves, for this we should be prepared and willing to provide the necessary support and resources wherever they are needed. Mangaung Local Municipality has committed to working together with local communities and for this reason we have embraced and are prepared to work together with other sectors whose objective and mandate is the empowerment and involvement of citizens in decision-making. Let's utilise the structures effectively and as the municipality we will be monitoring and supporting partnerships created at local level.

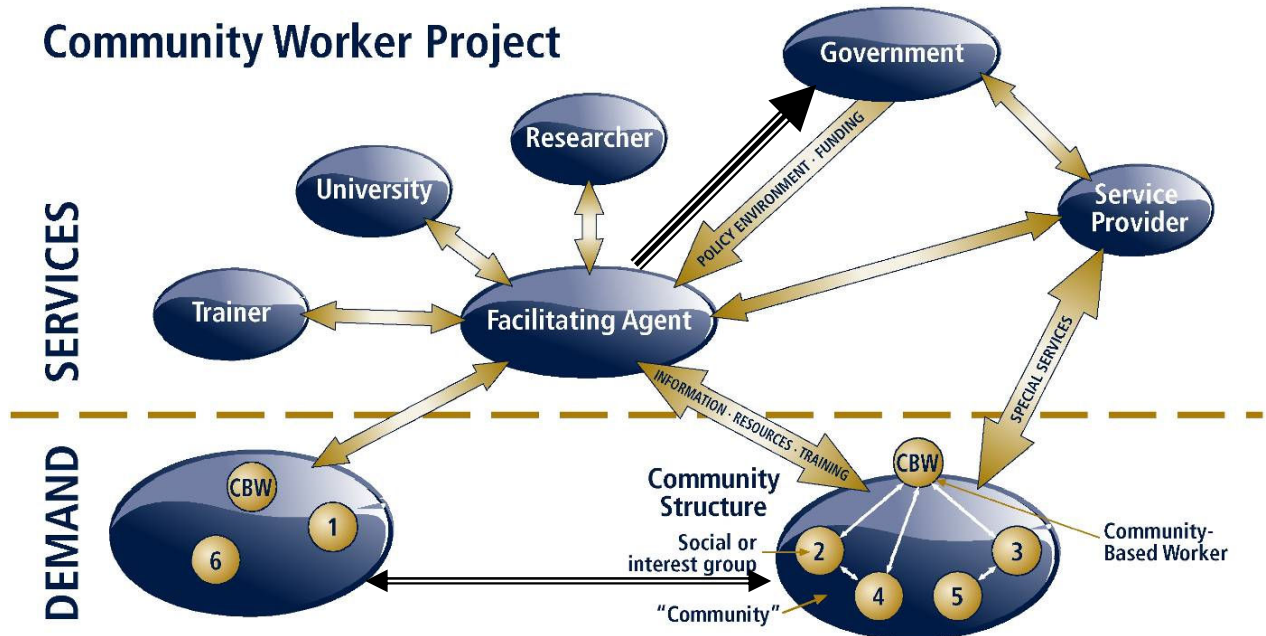
Lastly, we wish that you have an enjoyable stay although very short and we however expect to see you soon when you visit our area in a different capacity, meaning as a tourist to boost our 2010 readiness.”

3 Overview of Community-based Worker Systems, the CBW project

3.1 Introduction to the CBW model/system

Patrick Mbullu of Khanya-aicdd introduced the conceptual framework underpinning the CBW model, highlighting the key principles and approach to the project. The model includes the community and a CBW (micro); a facilitating agent (FA) and service providers (meso); and government, national institutions and the international community (macro) (see figure 1).

Figure 1



The core to the concept of **Community-based workers** (CBWs) is that they are volunteers, para-professionals, based in and drawn from the community they serve and therefore understanding the local context, and are accountable to the community and to a facilitating agent (maintaining a balance to ensure quality service delivery. The CBW may play some of the following roles:

- being a conduit for information and technologies (and sometimes inputs);
- being a bridge/link person between the community and service providers/facilitating agent;
- mobilising the community for learning activities and people into groups;
- engaging in training activities with the facilitating agent, training community members and doing follow-up;
- working on their own activities and providing demonstrations from their own farm or household;
- animating the community by providing energy and enthusiasm for development activities and maintaining the momentum of development activities.

The facilitating agent (FA) can be from government or the non-government sector and supports and mentors the community worker and other service providers. FAs might provide funding for the work being undertaken by the CBW, give useful information, support in training and provide technical supervision.

Government and donors provide an enabling environment, develop/create policies and training guidelines and may fund the system. They may also participate in linking policy and practice and sometimes government may be an implementer, e.g. in health, social development/welfare.

3.2 Why an interest in CBW systems?

Khanya-aicdd's work has evolved from research undertaken in 2000, involving Zambia, Zimbabwe and South Africa on Institutional Support for Sustainable Rural Livelihoods (SSRL). From this work we identified that if people's livelihoods are to be improved, there is need to strengthen micro-macro linkages. Six governance issues were derived as critical to improve such linkages and to support sustainable livelihoods. The six governance issues are grouped under three themes as follows:

Empowering communities

- **Poor people** active and involved in managing their own development (*micro*);
- Active and dispersed network of **local service providers** (community based, private sector or government) (*micro*);

Empowering local government and management of services

- **At district/local government level**, services managed and co-ordinated effectively and responsibly and held accountable (*lower meso*);
- **At provincial level**, capacity to provide support and supervision (*upper meso*);

Realigning the centre

- **centre** providing holistic and strategic direction around poverty, redistribution, and oversight of development (*macro*);
- **international level** strengthening capacity in-country to address poverty (*macro*).

The CBW project focuses on the second governance issue – promoting dispersed, active and locally accountable community workers, who can work in a range of sectors, addressing services which are desperately needed and are best delivered locally, and the links to higher levels of government and NGOs. In South Africa, for example, while urban areas have seen improvement in service delivery, currently very few services reach rural villages and some urban areas. Primary schools, sometimes a clinic, or a dip tank are often the only visible government services in rural areas. In most instances, resources are captured by few institutions but not reaching the clients these are intended to benefit. There is therefore a need to change the way services are currently structured if we are going to address poverty, so that all villages/communities can be adequately served.

The CBW project aims to see how we can provide services to all villages/communities in a cost-effective and sustainable way. In our participatory work we found that most communities depend on locally provided services, e.g. crèches, traditional birth attendants, traditional healers, home-based carers and local shops. There have been programmes, e.g. HBC, community health workers (CHWs) or paralegals, but these have remained as isolated examples and have not been scaled-up. The question the CBW project seeks to address is how these can be made more effective and scaled-up, and what the requirements are to do this.

4 Presentations - examples of CBW systems

The aim of this session was to contextualise participants to pro-poor service delivery through the use of a range of CBW systems in different sectors. The following five presentations outline the way each system is structured and the involvement of CBWs – including role, support and supervision structures. The case studies also outline the impacts, lessons learnt and challenges experienced.

4.1 Community animal health workers in Kenya

4.1.1 Background

Chaka Ntsane (Khanya-aicdd in Lesotho) was part of an 11 person team from Lesotho that travelled to Kenya to review community animal health worker (CAHW) systems in the country, from 11- 18 November 2006. This team forms the steering committee, a collaboration of Khanya-aicdd and the Lesotho Notifiable Avian Influenza National Preparedness Committee to develop and implement a plan to combat the potentially deleterious effects of the bird flu - avian.

The project is premised around a worst case scenario, i.e to be prepared for an eventuality in which the epidemic could wipe out the poultry flock of the country. The strategy is therefore to promote the productivity of all other small stock, in order to maintain adequate supplies of protein, and to reduce vulnerability to avian flu in the country. Phase 1 funding was secured from Irish Aid. The purpose of the project is *“By December 2007 to have demonstrated a sustainable community-based system bringing together community, government NGOs and other private sector, enhancing livestock production and reducing the vulnerability of small scale producers and vulnerable households, particularly to the threat of avian flu”*.

4.1.2 Policy and Legislative Framework on Community Animal Health Workers in Kenya

The steering committee visit to Kenya is in pursuance of output 1.3 - to review CAHW systems and experience that has been developed and applied in Kenya. The CAHW programme in Kenya has emerged as a result of the structural adjustment programmes (SAPs) of the 1990s, which essentially was a privatisation requirement placed on the government of Kenya and other African governments by the World Bank and the International Monetary Fund (IMF). The SAPs emphasised less state involvement in service delivery with dramatic reduction of services to communities, and promoted a privatised model to service delivery.

The Kenya Animal Health Service policy focuses on partnerships involving the Government of Kenya on the one hand and the private sector and beneficiaries on the other. A crucial aspect of the legislation is the recognition that beneficiaries should participate in the delivery of services. The current policy states that only certified and qualified veterinarians can carry out or perform veterinarian services. This policy is designed to ensure that only the best veterinarian practice and aims to regulate animal health throughout the country.

The Veterinary Surgeons Act, Cap 366, provides for the registration of Veterinarians and the manner in which veterinary services should be conducted. The Kenya Veterinary Board (KVB) was established under this act and mandated to ensure that only qualified and registered Veterinarians conduct the veterinary practice. This policy needed reviewing surrounding the delivery of animal health services (i.e. routine animal vaccinations) using CAHWs rather than certified veterinarians.

Unfortunately, like most African countries, there is a shortage of qualified veterinarians and, in this specific case, animal health is negatively affected. CAHWs provide this sector with an alternative and could potentially improve the animal health sector in the country. The use of

animal health assistants, especially in a resource poor country like Kenya, could strengthen the way services are delivered in rural, peri-urban and urban environments.

4.1.3 Key findings, lessons learnt in the use of CAHW systems in Kenya

The key is an integrated partnership approach with government, NGO, private sector and community-based workers. Here, State veterinarians regulate the private vets to practice and supervises Animal Health Assistant (AHAs) who in turn account and supervises the CAHW to practice and account to their relevant communities. These private Animal Health Assistants are a distinctly important group that has led the way in filling a gap created by shortage of staff in the public sector.

Thus far, the system is working well on the ground although not sufficiently articulated on paper to translate immediately into law. CAHWs, alongside certified veterinarians, have improved and enhanced livestock production and improved household livelihoods. The trained CAHW are now able to earn income and improve their economic condition through the decentralised and privatised animal health services. Like the private AHAs, CBWs are filling a huge gap although poorly supported or given protection by legislation.

Regarding sustainability of such systems, the visiting Lesotho team observed that the key to the sustainability of a community based worker system is the ownership and control by the community in terms of their involvement in the selection and recruitment of their community-based service providers. In addition, a form of compensation, whether paid a stipend or paid-by-user for time and energy spent in community initiatives, is an ingredient for the success of a sustainable community-based service delivery model.

Challenges facing CAHW system in Kenya and partnerships include;

- disagreements within the veterinary fraternity on the admission of the non-qualified personnel to administer animal health care treatments;
- the non entrenchment in the law of licensing veterinarian to sell drugs;
- Animal Health Assistants not covered by the existing laws and legislation in the sale of drugs.

There is an urgent need to explore alternative ways in which community based workers can be compensated e.g support in the establishment for entrepreneurial initiatives. Also to carefully explore mechanisms by which delivery of animal health services can be improved and therefore contribute to improved livestock productivity, leading to peoples' livelihood and national wealth.

4.2 Animal health workers and village links in Lesotho

4.2.1 Background

Jack Blaker from Mngcunube Development PTY presented on the animal health workers in Lesotho. The project is mainly in Thaba Tseka District in the central highlands of Lesotho, with part of surrounding districts but also around Mphaki in the Guthing District. The project is funded by DFID and runs from September 2004 to March 2007. It is a partnership arrangement with two licensed private sector wool and mohair traders to investigate the relationship between licensed private sector wool and mohair farmers with villagers living in the rural mountainous highlands of Lesotho. The goal of the project was to improve the conditions of existing small stock, increase animal health awareness among rural villages and empower CAHWs to care for small stock in their community. The CAHWs quickly became the primary link between the various rural communities and the private sector. Activities involved regular cycle of village visits by Community Animal Health Workers for animal health purposes, and the construction and management of mohair shearing sheds. Local people

were employed on a piecemeal rate for classing by trader and for shearing by livestock owners. Critical to this arrangement is that participating farmers paid for all medicines used for their livestock and participation was voluntary at all times i.e. farmers used and paid for the services according to their own decisions.

Lesotho's mountainous landscape makes treatment of small stock (sheep and goats) extremely difficult and complicated. To lessen this gap, Five [5] experienced farmers from the Free State province were each paired with one or two community animal health volunteers from the project area, identified by staff at the shearing sheds. Selection of these CAHWs was through a probation period focused on knowledge of the rural areas, literacy, willingness to work hard, reliability and interest in the work. The experienced farmer 'mentors' trained and capacitated the CAHWs in small business skills, teamwork, increasing stock service, treatment, etc.

4.2.2 Achievements

By August 2006 CAHWs had handled about 600 000 Small Stock Units (SSUs) in the field and had about 10 000 farmer interactions at village visits. SSUs are made up of sheep and goats plus cattle multiplied by six. Actual farmers/ households reached were about 4 800. The number of shearing sheds grew from 4 at the start of the project to 11 by December 2005 and with this the numbers of CAHWs also grew from 4 to 8. As a result of CAHWs involvement, stock deaths decreased and births improved.

A set of "Operating Standards for Livestock Operatives" was developed which in effect forms the skills development plan for the CAHWs and simultaneously part of the job description of the mentor to whom the CAHWs are attached. The mentor has to sign off for each skill set achieved by the CAHW – informal certification of competency – guided largely by how well the CAHW uses and communicates skills and knowledge to participating farmers. The Ministry of Agriculture also provided a 'paravet' course in line with legislative requirements.

At first, the performance of private sector traders and their staff at shearing sheds was the primary focus rather than CAHW and the animal health component through the cycle of village visits. Also the Logical Framework was more focused on wool and mohair and shearing sheds rather than animal health. But then a M&E data showed that value to farmers from better animal health in the form of reduced deaths and more births was R65 689 635 compared to the total of about R66 687 391, with wool and mohair only accounting for only 1.5%.

4.2.3 Sustainability

Realisation that better animal health was benefiting farmers much more than just a focus on wool and mohair, resulted in a post project planning in early 2006. A decision was reached to focus on a more comprehensive animal health care approach using CAHWs as the primary means of sustaining post project impact. The Operating Standards already covered basic business skills so it only remained to facilitate a business relationship between private sector traders and the CAHWs. This took the form of private sector acting as the Facilitating Agent by getting all the animal health products supplied to the CAHWs. Modes for this varied, as the CAHW was not able to do so given the remoteness from suppliers of veterinary pharmaceuticals, lack of ability to purchase in bulk and lack of ability to run an account with a supplier.

The Total project turnover over 30 months – namely cash paid for inputs by farmers – was about R800 000 which represents a maximum potential turnover per CAHW of about R3 375 a month. In reality in a post project setting this is likely to average about R1 000 - R1 500 a month net profit. This compares with the minimum rural wage of R700 a month in Lesotho.

4.2.4 Lessons to date

Data is still coming in but some CAHWs are doing well and others are not. Key learning points can be summarised as follows:

- Private sector suppliers, although they make little mark-up profit when selling on animal health products to the CAHW, have the incentive that more sales means more health stock and more and better wool and mohair for them to buy and sell. But some are playing the role of facilitating agent better than others. Reasons for this and ways to overcome problems are being worked out.
- Some CAHWs have taken to independent operations more successfully than others: possibly just how they are but support patterns are also being looked at.
- Two CAHWs have left the project. This highlights a vital role of the facilitating agent in a post project setting; i.e. willingness to engage with selection of new and/ or replacement of CAHWs and to facilitate their training and orientation.

4.3 Home-based care in Greater Tzaneen Municipality

4.3.1 Background

Louise Batty, Programme Manager, presented on the work of CHoiCE Comprehensive Health Care Trust, established in 1996 to respond to the identified health problems in the rural areas of the Greater Tzaneen municipality, Mopani district, in Limpopo province. Home-based care provision by community health workers (CHWs) is the major focus of the organisation. CHoiCE is a registered NGO and an accredited training provider with HWSETA. It has a well-developed network and relationships with donors, including the Department of Health (DoH), with whom a close working partnership is nurtured.

CHoiCE is a health-training organisation offering health courses in peer education, basic HIV/AIDS, workplace policy, first aid, agri-health, safety representative training and voluntary counselling and testing (VCT). Selected CHWs are trained as ancillary health workers (AHW) and accredited through the Health and Welfare Sector Education & Training Authority (HWSETA). CHoiCE focuses on community development, poverty alleviation projects as well as the empowerment of women through various community-led initiatives. Currently CHoiCE serves a population of approximately 500,000 supported by 128 volunteers.

4.3.2 Home and community-based care

CHoiCe is developing a new way for home-based care workers (HBCW) in Limpopo and the country as a whole. Although CHoiCe specialises in HBC it has also spearheaded **Food Sustainability Projects** in the health clinics they work in, they run a **people living with HIV/AIDS (PLWA) Support Project** involving 17 PLWA support Groups, and **Wellness Training and ART Preparation Programme**. It has various programmes for orphans and vulnerable children (OVC), including scouts. CHoiCE has a community development focus targeting vulnerable households in general, not just sick people. Their 128 volunteers reached 153,000 households in 2006, worked with 31,000 sick people, gave 16,000 referrals and reached 15,000 OVC. Over 150,000 people were reached through awareness on HIV and TB and 1,000 children supported weekly – 700 of these were trained in First Aid, while another 500 were trained in HIV awareness.

Like most CBOs, CHoiCE was founded by volunteers and works to empower and capacitate them to the fullest. The HBCWs themselves are identified through the community and once selected receive the HWSETA accredited training and are then each assigned approximately 250 households in the village in which they live. The HBCWs provide comprehensive home-based care, providing direct observation therapy short course (DOTS) support for tuberculosis, door-to-door visits, family education, counselling, health advice and many other essential

services. All 128 volunteers receive a monthly stipend and are offered continuous trainings and other forms of accreditation opportunities such as Rehabilitation, Orphan & Vulnerable Children, ART and Group Therapy.

4.3.3 Home-based care projects

CHoiCE has specific home-based care projects, all of which promote different kinds of community-led development. The food sustainability projects entail the establishment of large communal gardens at clinics as well as door-size gardens at individual homesteads. Both garden initiatives promote food security and self-sustainability. CHoiCE also offers a support project for PLWHA. They are currently running 17 PLWHA support groups, consisting of wellness training and anti-retroviral treatment (ART) preparation. The OVC project takes a rights-based approach and is integrated into HBC. They offer scouts, cluster care, group therapy and other circles of support for OVC in the area they service.

4.3.4 Support structure and involvement of other stakeholders

Volunteers are based at a local clinic and supported by a volunteer co-ordinator and the resident clinical nurse. Volunteer Co-ordinators meet their CBWs regularly in their clinics. Volunteer coordinators meet together monthly to address particular cases, debrief and develop strategies for better and more comprehensive service delivery. They meet at CHoiCE and have policy and programme input from their manager. CHoiCE empowers the volunteers to refer patients to clinics, social workers and community development workers. It is an integrated service including key partners – DoH, Department of Social Development (DSD) and provincial and national departments of agriculture. For example, the DoH holds monthly debriefing sessions with volunteers working in difficult environments.

4.3.5 Successes and challenges

CHoiCE has trained approximately 400 volunteers delivering quality range of services throughout Mopani District and surrounding villages. Their integrated community-driven approach empowers volunteers to deliver a valuable service. It has a good monitoring and evaluation system in place which ensure quality service delivery. Also it has recently supported 6 newly formed CBOs with NPO Registration. They encourage communities to take proactive action against health issues affecting their community.

Some of the challenges facing ChoiCE volunteers is the confusion regarding Caregivers - are they volunteers or an exploited labour force? The organization is concerned about the death of voluntarism through provision stipends, volunteer 'burn-out' and lack of national guidelines on policies and stipends. This is a serious issue because it is 'disempowering' that different provinces pay different amounts of money to HBCWs. Another challenge is government's policy that CBOs are formed with a maximum of 30 volunteers/organization to qualify for stipends. This poses a challenge or replacing those who leave or die. In 2005, ChoiCE had 213 well trained Caregivers, and only 128 left in 2006.

4.4 Community Water Management in South Africa

4.4.1 Background

Modjadji Letsoalo, the Mvula Trust Relationship Manager, presented on their work. Mvula Trust is a national NGO focused on community-based management of water services. Mvula's mission is to improve the health and welfare of poor and disadvantaged South Africans in rural and peri-urban communities by increasing their access to safe and sustainable water services. Mvula's programmes directly respond to the five key Millennium Development Goals (MDGs): to eradicate hunger and poverty, promote gender equality and empower women, reduce child mortality by two-thirds, reduce maternal mortality by three-quarters and combat HIV/AIDS, malaria and other threatening diseases.

South Africa is currently faced with major challenges in terms of water services backlogs. 8,2 million people are supposed to be benefiting from clean water but only 2.1 million households are currently served. Basic Sanitation is supposed to be reaching 15,3 million people but only 3,8 million households reached. Similarly, the historic bucket eradication programme should be covering over 800 000 people but presently only 200 000 households have been served.

Current national policy and legislation provides scope for CBO participation in developmental strategies, via alternative implementation models. Active civil society involvement in community-level projects and activities through partnerships with local government enhances awareness of government service delivery and improves social capital. Many CBOs have proven they have the capacity to provide long-term and reliable water services to communities. However many municipalities disagree with this and perceive CBOs to be incapable of providing efficient and reliable water services. As a result CBOs have a difficult time competing in an open market against private sector organisations for service delivery contracts.

4.4.3 Principles of Mvula's CBO approach

Mvula Trust supports a project implementation cycle that provides a developmental framework with emphasis on local participation, community skills development and local economic development (LED). Mvula Trust believes that community members should be empowered to participate in the service delivery process, especially disadvantaged women. The management of water services should take place at the lowest appropriate level (i.e. by CBOs where appropriate). Mvula Trust is also a promoter of environmentally sound water service delivery methods.

4.4.4 Case study: Tshiungani Community Water Scheme

This project is in Tshiungani village within the Mutale local municipality in Vhembe district, Limpopo province. The population of the village is approximately 905 people living in 190 households. The village water infrastructure consists of the following: a borehole fitted with a diesel pump, a 65 kilo litre brick reinforced concrete reservoir, a separate pumping main from the distribution to allow a gravity-feed reticulation, 3,100m reticulation pipe works and 12 communal standpipes, and a communal water trough for livestock.

Mutale local municipality got involved and agreed with the village to perform the following: operate the water service provision system, collect revenue payments for water services, handle customer relations (attend to community problems in relation to water services) and manage human and technical resources (i.e. looking at security issues relating to equipment, pumps, machines, and personnel).

Since handover of the project to the community in 1997, it has continued to provide a reliable potable water supply to the village in a sustainable manner. Each household contributes R10

per month, which covers diesel and a small stipend for the pump operator. A management committee was also established and meets monthly to address operational issues.

The community has benefited from the pump in various ways. The community is the primary owner of the pump, which means they are reliant on themselves to address any technical or maintenance issues that arise. As a result, there is a quick turn around in addressing minor repairs and in emergency situations, the community is able to warn water service providers quickly of a major breakdown. The community members invest financially every month, thereby having ownership and stake in the project. Issues of security infrastructure, vandalism, accountability and accessibility are relatively easy to address because they want to ensure that their investment has a high return. The pump has strengthened community participation and created social and political capital through building community capacity. The project is cost-effective and has improved long-term livelihood sustainability.

The training and empowerment of community members has ensured the correct operation and maintenance (O&M) of the scheme over time. Compliance with cost recovery is high as a result of the reliability of the water supply services and community members have expressed their preference in contributing towards the running costs despite their knowledge of the government free basic water policy. As a result, there is a good relationship between Mutale local municipality and Tshiungani village.

4.5 Community-driven development in Uganda: the role of CBWs

4.5.1 Background

There are some 80 districts in Uganda with populations ranging from 150,000 to 500,000. This makes it difficult for government to effectively implement services in different technical areas such as agriculture, health, education, community development or public works. As a result, the Ugandan government implemented a pro-poor service delivery policy. Firstly, it decentralised the service framework, putting more emphasis on local governments and communities. Secondly, it developed a poverty eradication action plan, a proactive strategy to ensure that public and private policies are geared towards increasing incomes of the poor. As a result of this decentralisation strategy, NGOs and CBOs have gained more attention and are used more to roll out technical services.

The agriculture sector deployed two technical staff (specialists in production and livestock) in each sub-county to decrease the gap between national government and grassroots production efforts. These technical staff members are required to work closely with communities and individual farmers on increasing yields, better access to markets, providing training, monitoring progress and increasing access to better, more efficient technology. Unfortunately, these services are not accessed by everyone and specifically by poor, rural farmers. Altering this reality is not an easy task.

The government recognised this gap and introduced two CBWs in each village. After training the CBWs, each was furnished with a bicycle and then deployed to facilitate communication between the two technical workers and community farmers. Their task was to act as facilitators for village farmers, encouraging them to establish community farmer co-ordination committees.

4.5.2 Case studies

One example of the work is via a programme called the Uganda Land Management Project (ULAMP), which aimed to help farmers adapt appropriate technologies to increase food security and incomes through improved land management. CBWs trained farmers in good farming practices, gave demonstrations of agricultural technologies and aimed to improve overall land management practices. They also acted as regular back-up for individual farmers

at household level. The results have been positive; farmers are now able to give better reports about farming activities, farmer groups are stronger due to regular follow-up by CBWs and rural households are using better farming technologies.

Another example is the Budongo Forest Community Development Organisation (BUCODO), which is entirely funded and managed by an NGO. The objective was to promote the sustainability of natural resource management by offering advisory services in agro-forestry, tree planting, commercial cultivation of medicinal plants and wetland management. BUCODO trained community members in tree planting and seed collection for forest conservation while creating buffer zones and reproductive health.

According to Dr Francis Byekwaso, the Planning, Monitoring and Evaluation Manager for the National Agricultural Advisory Services (NAADS), BUCODO's impacts are high. The use of CBWs increased the coverage of advisory services to the target population (i.e. there are now over 20 CBWs where no such services existed before) and a better appreciation and understanding of the concept of community forest management through peer-to-peer mobilisation. Livelihoods of the community also improved in the process. Women are now better able to generate incomes from selling crafts generated from the forests. CBWs also showed an increase in skills, incomes (from stipends) and community status improvement. Overall, there is better co-ordination between government and the private sector in the management of Budongo Forest.

CBWs are making a significant contribution towards the delivery of services to the rural poor farmers. Government recognition and support has been and continues to be critical in the success of CBWs. The Uganda CBW project has enabled a better understanding among policy makers, local government officials and community farmers in CBW concepts and approaches.

4.6 Plenary Session on the presentations

This session aimed to capture key learnings, gaps and challenges emerging from the five presentations.

4.6.1 Emerging issues

1. Development of a system

- Volunteers vs paid a stipend – need to bring in Dept of Labour
- Levels of professionals and services (community development practitioners - CDPs)
- Fragmentation – need for building partnerships
 - Linkage to other departments i.e. Extended Public Works Programme (EPWP), Limpopo Provincial Department of Agriculture (LPDA)
 - Linkage to private sector (i.e. EPWP, LPDA)
 - Local government and NGOs/CBOs
 - Lack of integrated planning at local level
 - Lack of integration of work of community development workers (CDWs) and CDPs
 - Linkage to multi-purpose community centres (MPCCs)
 - Role of CDWs and ward committees
 - CBWs with clinic committees
 - Clear referral systems – bringing in technical support
 - Link to Integrated Development Plans (IDPs) and Provincial Growth and Development Strategy (PGDS)
 - Link to service delivery improvement plan
 - Deal with at Office of the Premier so not sectoral

2. Recognition

- CDPs – equality

- Political buy-in (i.e. the potential of CBW systems across the board to expand services)
 - Enactment of the Batho Pele principles at local level
 - Not about CHWs, CAHWs, HBC – about a new paradigm of service delivery and community empowerment
3. Training
 - of CDPs
 - Shortening 36 month for farmer trainers – often does take a few years to learn, use of mentors and support
 4. Widening the focus
 - Youth and other family members
 5. Ensuring community owned
 - Local government has an important role – but community owned
 6. Communication
 - What programmes are doing (and potential of CBWs)
 - Need to publicise the learnings about CBWs
 7. Policy and legislation
 - For CDPs, guidance on community development
 - Equity regarding services, stipends, training, norms and standards
 - Indemnity – challenge for NGOs to pay
 - Dept of Labour legislation regarding when it becomes employment – there have been some cases of HBCs taking NGOs to the Commission for Conciliation, Mediation and Arbitration (CCMA). However, the EPWP has an agreement with unions that as long as they are learning and not earning a wage, community work should not be categorised as employment. The problem is that now some have been working for some time.

4.6.2 Discussion

Question	Response
Which CBWs get bicycles and are there cultural barriers surrounding bicycles? Who maintains and buys the bikes?	Women don't ride bikes, so they have to hire young boys in the community to take them to the different locations and meetings. The women also hire the bikes out as a form of income generation. Individuals maintain their own bikes. The bikes are given to the CBO or CBW, but the person pays out over time and must purchase the bike after two years of use.
Talking to and interviewing children – how do you deal with those issues?	Group therapy consent forms are signed by both carers and children when working with groups or gaining information. We have to get consent to work with children in any situation. If we are interviewing formally, we have to get it passed through the South African Research Board.
Is there any board that facilitates between government and NGOs, CBOs and CBWs? How is the evidence used to support others doing the same thing?	In the Mvula Trust example, stakeholder meetings help to create awareness
Is it right to expect the poor to volunteer?	In Uganda no volunteer operates in isolation, people are supported by community structures. For CHoiCE – Volunteerism needs to be instilled at all levels of society. Volunteers play an important role in our society. Volunteering is the gift that each of us can give to society.
Give us an idea as to how you handle 'burnout?' How do you support people who are caring for the dying?	In ChoiCE we have support mechanisms in place to support our volunteers experiencing burnout. We offer prayer, counselling, debriefing and we work with social workers who specialise in debriefing with volunteers. We also offer job-share for difficult households or situations.
Do you work in informal settlements?	We are not working in informal settlements because they are informal and not legal living spaces. Unfortunately, we must work within our mandate.

Question	Response
How are the ChoiCe community gardening projects sustaining themselves or generating income?	None of them are income generating and cannot claim they are sustainable at the moment. People have their own forms of selling or sustaining their production. We are a home-based care organisation and we don't specialise in gardens or income generation but get technical support from the DoA.
How many people pay R10 for the maintenance and management of the water pumps? Who decides who gets paid? What is municipality doing to better water sustainability?	Every household is expected to pay R10 and if they cannot the community does not allow them to obtain water until they are able to pay. The community decides who gets paid to monitor the pump. The municipality does not get involved in this process, we leave it up to the community members.
I got the general impression that community-based workers are super-human volunteers. What if we are misinterpreting their capabilities?	The community defines what they want of a CBW and the community holds this ideology. The community puts forth the volunteers they want to serve them. There are mechanisms in place for community-based workers which are supported by the community.

5 Presentations on recent evaluations carried out in South Africa

A core objective of this national workshop was to share the evaluation findings from the five pilots that had been piloting some of the CBW models that emerged earlier in the project cycle. It was also an opportunity to learn from other organisations or institutions involved in similar service delivery issues using community-based workers. The presentations below briefly outline what the exercise aimed to achieve, and draws out the key findings of the exercise re service delivery using CBW systems. They attempt to answer the question “are CBW systems effective and having impact on people’s livelihoods? Is the system cost-effective and if so what good practice can be drawn and the broader institutional, policy and advocacy implications? The studies make recommendations for taking forward and up-scaling the CBW system.

5.1 Evaluation of CBW pilots in South Africa

5.1.1 Assignment and programme objectives

Werner Schmidt from the Centre for Development Support, University of the Free State, presented the findings of five pilots in two provinces (Free State and Limpopo) that were evaluated. Three projects were in the HIV/AIDS sector and two in the natural resources (NR) sector.

The objectives of the evaluation were to establish:

- whether the CBW system is effective and having an impact on people’s livelihoods – significant impact indicators were sought, particularly impacts which suggest sustainability of the system;
- whether the CBW system is cost-effective as a form of service delivery – in this regard it became clear that one must first detect significant impact before the costs of the system may be evaluated in terms of cost-effectiveness;
- what seems to have been good practice in the running of the CBW system – the five pilot projects under review were benchmarked against one another and against CBW good practice literature, to appraise the practices followed within each, and arrive at constructive recommendations regarding improvement of certain practices
- assuming that overall the CBW system has proved cost-effective, what the broader institutional-, policy- and advocacy- implications are for adapting and upscaling the CBW system as a mechanism for pro-poor service delivery – consideration was given to the positioning of each pilot in terms of current government policy, the necessity of the service rendered by the pilot, and the possibilities surrounding upscaling each project into the mainstream of service delivery in its current state

The hypothesis and underlying assumptions of the pilots was that improved approaches to community-based workers (CBW) systems will increase the accessibility, sustainability, cost-effectiveness, and cultural effectiveness of the delivery of pro-poor services. These assume that:

- **Accessibility:** By deploying local people, a wider network of services can be set up and more people, especially those in remote areas being reached;
- **Sustainability:** Handing over responsibility to the beneficiaries might make them more involved in development planning, and thus help make development interventions and service delivery sustainable;
- **Cost-effective:** Working with volunteers is a cost effective way of expanding services, especially in low-income areas;

- **Cultural effectiveness:** The relationship between local providers and beneficiaries might be more equitable in who is served, and thus reach more people otherwise overlooked. The absence of socio-cultural misunderstandings might improve service delivery;
- **Sustainability** potential seemed positive, on condition that management of 2 of the 3 pilots is strengthened.

However, if sustainability can be defined as the 'ability of activities to continue appropriate to the local context after withdrawal of external funding', the potential seemed positive, on condition that management of most of the pilots is strengthened. Results of the HIV/AIDS pilots suggest that home-based carers are a useful resource during the project itself, but may not be sustainable after the FAs phase out, unless government takes over the whole process. Sustainability of the future of these carers will depend on: a) affiliation with village level institutions to maintain access to resources, and village level willingness to continue; b) quality of interaction and linkages with meso institutions; c) strength and leadership of the newly formed institutions; and d) perceived benefits by the carers implementing home-based care.

5.1.2 Key findings – impacts in the Natural resources

The pilots in the NR sector were not comparable in terms of focus. For instance, while the Thaba 'Nchu Food Security Programme (TNFSP) focuses on the creation of a support network for 300 community beneficiaries in terms of vegetable and small stock (chicken egg) production, the Ramalema Environmental Protection Project (Ramalema) focuses on reduction of pollution, cleanliness and recycling within their community.

The most significant impact detected for both NR pilots was, in TNFSP, the creation of a network to render support to the beneficiaries, and for Ramalema the cleaner environment and environmental protection awareness created. Recommendations flowing from the impacts noted focused on more intensive management of detailed impacts in terms of implementing real-time monitoring- and evaluation systems, to enable both pilot projects to concentrate on issues for improvement of the projects as a whole.

Although clear income generation targets were set by the TNFSP, at the time of the writing of this report, it seems likely that these goals would not be achieved. It should be noted that the TNFSP, when studied, had completed its first growing season for vegetables (2005/06) (out of 2 for the entire project period) and roughly five months of egg production. At the end of the project (around March 2007), a second growing season would have been completed, with an additional five months of egg production. This needs to be taken into account when considering the findings in terms of the uncertainty of statistics concerning production and commercial flow of income.

Cost-effectiveness was virtually impossible to prove, as the impacts expected at the start of the project were not well-defined and the services rendered by the two projects were supplementary to existing (conventional) services. The final impacts envisaged by the project included increased food security for all participants, with a certain proportion of participants being able to continue commercially and sustainably with their micro-agricultural activities. Conventional services in the NR section are agricultural extension services, with extension officers focusing on, e.g., an entire geographic area, not being linked to specific beneficiaries, as is the case with TNFSP. Ramalema's environmental cleaning activities were found to have begun due to the non-declaration of a landfill site by the local municipality.

Significant sustainability challenges were detected for both NR pilot projects because of the lack of tangible impact, and the possibility of unpaid volunteerism not being sustainable where volunteers (the CBWs) do not have sufficient means to sustain their personal livelihood. For TNFSP possibilities were identified, e.g. a possible proposal to erect a chicken hatchery in Thaba 'Nchu, which could lead to increased sustainability of the project.

Possibilities for up-scaling into the main stream government service delivery appear to be limited for both pilots, as Ramalema is currently performing services which fall within the ambit of service delivery at local authority level, and TNFSP's impact at the time of the writing of this report was low in terms of the project's original goals. The network created by the TNFSP between the community beneficiaries, CBW support services, government and the private sector (although a fairly informal network), could prove to be valuable should the project's impact should increase.

Recommendations in the Natural Resources sectors are:

- Improve **performance reporting** design and technical analysis of production to improve the management of impacts, cost-effectiveness and sustainability.
- **Networking** - Official agreements with other service providers and governmental stakeholders should be entered into.
- Performance in terms of original project criteria should be measured in tandem with the increased performance reporting design, to identify improvements in the short and medium terms.
- **Project design:** Food security vs. Self-sustainable commercial operations are flawed in that a clear expectation gap seems to exist between certain beneficiaries, who are expecting the food security phase (with "handouts") to be perpetuated, and who are consequently not planning for self-sustainable commercial upscaling. This issue needs urgent strategic attention in terms of the appropriate formulation of an exit strategy in terms of the food security phase. An associated concern is the short duration in which such a programme is expected to achieve such significant goals – given that there has only been one planting season and less than 5 months since the hens started laying eggs. Is two years long enough time to assess project impact?
- Project design: **Beneficiary selection** – beneficiaries were not specifically selected for entrepreneurship potential, which has proved to be a serious barrier to achieving the self-sustainable goal of the project – this needs urgent strategic attention.
- Project design: **CBW selection** – CBW selection for most of the 15 cluster villages participating did not result in CBWs selected with agricultural backgrounds – which increased the risk of technical support services not being rendered as originally envisaged in the project design – requiring urgent strategic attention.
- Project design: **CBW training** effectiveness seemed to be low, with very little training taking place where measurement / monitoring of training impact was performed – this may give rise to varying levels of technical expertise among CBWs, with a real risk existing that critical knowledge was not transferred to the CBWs, and by the CBWs to the beneficiaries;
- Project design: **Technical messages** - Crop and small stock selection did not seem to be undertaken in a technically appropriate manner to ensure maximum food security linked to optimal commercial potential – which may prove to be a barrier to achievement of the self-sustainable commercial phase of the project;
- Project implementation: **Facilitating agents' relationships with CBWs** and beneficiaries, and their role in general – it seemed that the relationship between the FA and the CBWs and beneficiaries could be improved to strengthen the network created by the project
- Key issues raised were whether unpaid volunteerism can be sustainable if CBWs are not in a position to satisfy their basic livelihood needs? And, lack of volunteer contracts that are lacking in the model should be provided to formalise the expectations on both sides.

5.1.2 Key findings – impacts in the Health Care pilots

The three HIV and AIDS/health pilot projects evaluated were Golang Batcha (Mangaung - Bloemfontein) in the Free State province, ChoiCe Trust, in Tzaneen, and Kodumela ADP, both in the Limpopo province. All of these pilots render primary health care services in their respective communities, ranging from (but not limited to) tuberculosis palliative care to general

home-based care, including health awareness campaigns. Where Golang Batcha focuses on TB palliative care and certain home-based care duties, Kodumela ADP and ChoiCe displayed more diverse primary health care activities.

Tangible impacts were detected for all health care sector pilots, both quantitative and qualitative. Findings and recommendations for 2 of the 3 pilots suggested that a renewed focus on management of the pilots and improvement of statistical data integrity will increase the impact of these pilots.

All health care pilots revealed good comparative cost-effectiveness when compared to conventional health care services as delivered by the public sector.

Regarding possibilities of upscaling the health care CBWs work into the mainstream of service delivery, we discovered that the stipend-paid CBWs are already fairly entrenched in the Primary Health Care system. One recommendation is to formalise the role of these carers, in terms of specific legislation. This could include, for example, the rights and responsibilities of the CBWs inclusive of detailed employment contracts; Unemployment Insurance Fund and Workmen's Compensation registration, and institution of a governing and advocacy body for the carers - possibly creating a new type (level/tier) of Primary Health Care nurse within the Primary Health Care sector, with these carers then forming part thereof.

Recommendations in the health sector are:

- The non-formalisation of health care CBWs across the two provinces leads to recommendations in terms of **standardisation** of the position within the health care system through dedicated legislation, stipend-levels, service conditions, workmen's compensation insurance, etc., of CBWs in the health care system. A key prerequisite for the formalisation, however, is to ensure that management of the CBWs is effective and efficient in managing their impact.
- Varying approaches to the **funding and management** of the CBW system were detected within the two provinces. It is important for the credibility of the stipend-paid health care worker system as a whole, that minimum training requirements, funding allocations (how many stipends funded per CBO), funding levels (what stipend does each carer receive) be standardised per province, and for SA as a whole. If this is not done, significant variances in terms of effectiveness may arise in the different provinces.
- Varying levels of debriefing and counseling among CBWs were observed, necessitating the recommendation of structured debriefing and counseling services to be implemented for all of these carers, including the establishment of a governing and an advocacy body for carer givers.
- Uniforms (which were lacking among certain CBW organisations) seem to be an important branding element for CBWs, where patient trust is a key element to effectiveness. Branding seemed to contribute to patient trust.
- In some health-care CBOs, certain management challenges were identified in terms of the management of impact and cost-effectiveness. Where CBWs operate within CBOs, it is of extreme importance to build sufficient management capacity to manage the impact and cost-effectiveness of the CBOs, as well as to cater for the sourcing of operational funding. Management should also ensure equitable distributions of workload amongst the CBWs.
- The CBWs should link with the community-development workers (CDWs) in their communities, and establish forums for collective discussion of challenges, etc. – this will only be to the benefit of the communities which they serve in terms of strengthening the community networks for development. The modalities for this would need to be worked out and supported by relevant government departments.

Statistics from the Health authorities, relevant to possibly proving a correlation between the work of the CBWs in the two provinces surveyed, and improved health of communities within the provinces, were outstanding at the time of the writing of this report.

Key issues in the future would also be the implementing and monitoring of minimum, standardised management requirements of CBW organisations such as Community-based Organisations (CBOs). Additionally, the pilots were recommended to investigate income-earning possibilities to fund their operations, and thereby significantly increase sustainability potential.

5.2 Understanding CBWs: A study of Siyabhabha Trust Grantees

5.2.1 Background

Siyabhabha Trust is the development and welfare agency of the Southern Africa Bishops' Conference (SACBC). Part of the Siyabhabha Trust programme in Southern Africa has involved providing small grants to community based organisations and projects over the last two to three years. Thus, Siyabhabha was interested in conducting research regarding these grantees in order to improve the understanding of the size, scope and contribution of the activities undertaken by the community-based workers (CBWs) within these community based projects in South Africa.

5.2.2 Study objectives

Specifically the research into CBWs was designed to focus on the following key areas

- Conduct an audit of the approximately 300 grantees to date;
- Provide a definition of a 'community based worker' and develop a 'typology' of CBWs by classifying the range and type of services/activities undertaken by the grantees;
- Quantify level and variety of activities undertaken by CBWs;
- Assess the size, scope and age of Siyabhabha grantee projects and activities (i.e. is there a 'life cycle' to the activities or are they ongoing?);
- Quantify the contribution of services to the community – e.g. calculate market related rates for different types of services offered by grantees such as, HBC, child care, community support etc.;
- Assess the challenges and constraints faced by CBWs;
- Assess the range, type and capacity of support systems available to the CBWs;
- Identify critical gaps that Siyabhabha can fill in order to strengthen and diversify community based volunteers and their activities;
- Make recommendations regarding how Siyabhabha can engage and influence government regarding its policies and practices relating to community based volunteers.

The methodology was in two phases: a qualitative assessment (completed November 2006) and a quantitative audit of 220 grantees (due January 2007).

5.2.3 Key Findings of the qualitative assessment

A total of 21 focus group discussions with CBWs were held covering all provinces across South Africa. In addition 42 key informant interviews and 94 CBW questionnaires were filled. Individual interviews were also held with key community leaders and stakeholders at each site in each province. During these interviews people's views on and perceptions were sought regarding CBWs, their contributions and challenges.

The following trends and issues were identified from the analyses of the questionnaires returned.

informant interviews, 21 focus group discussions and 94 CBW questionnaires.

Profile of CBWs

- Of the total 94 CBWs - 82 (87%) were women and 12 (13%) were men.
- A typical CBW is female, between the age of 20 – 40 years old (49%), single (40%) or married (36%), has a matric or some other qualification (35%) and is unemployed (57%).

Type of work

- A typology of different types of work conducted by CBWs included, community health workers; DOTS/ health workers; child carers; peer educators; food distributors; income generating project members; administrators; traditional healers and community development workers.
- The largest proportion of CBWs (42% or n=38) started volunteering within the last 18 months;
- Two thirds (66% or n=17) of respondents had up to 20 clients and worked between 36–40 hours per week (20% or n=17);
- Almost half (49% or n=45) of the respondents visit each client more than once a week.

Selection and recruitment

- The recruitment process appeared to be quite selective and based on personal connections, especially a relationship with the Catholic Church. The majority of respondents were recruited by word of mouth or were personally approached by church leaders or the NGO concerned.

Training, support and supervision

- The questionnaires showed that 75% (71) of the respondents received some training. Of these, an overwhelming majority (97% or n=63) felt that the training was useful;
- Of the 75% (71) of respondents that received training, close to four fifths (79% or n=51) claimed to receive post training support;
- In terms of supervision of the CBWs, most focus group participants said that they met monthly with their group or supervisor to report on their work, deal with any issues they were facing and receive updates/ information from supervisor and facilitating NGO. Respondents felt that these meetings were helpful in terms of providing them with feedback and support from their supervisor/facilitating organisation.

Remuneration

- More than half of the respondents (52% or n=48) did not receive a stipend. Of the 12 men that participated in the study 7 (58%) received a stipend compared to 37 (46%) of the women;
- When looking at the relationship between age and the receipt of stipends, younger (under 20 years) and older (61 years and above) did not receive any stipends. Respondents who were most likely (75% or n=18) to receive a stipend were between the age of 20 and 30 years;
- Stipend amounts range from R150 – R3000. No obvious pattern emerged when looking at the relationship between the number of clients, or the number of hours spent doing this work and receipt of a stipend, indicating that the workload of CBWs does not appear to make any impact on whether a CBW receives a stipend;
- 33% of respondents are currently receiving a stable payment on a regular basis. Fourteen percent of respondents currently receive irregular or once off stipend payments. The reasons for this appear to relate to the unpredictability of funding sources, especially stipends sourced from the Department of Health (this involves proposals submitted by an NGO and meeting certain criteria which appear to vary from province to province);

- The type and level of activity that CBWs are involved in appears to influence whether or not they receive a stipend. For example, CBWs involved in health related activities, such as HBC, caring for OVCs, disabled children tend to receive a stipend, while those involve in income generating projects/ gardening or who are duty bearers do not;
- Of the 48% (44) of respondents who receive a stipend the majority (56% or n=39) underwent some form of training. This could indicate a move towards training becoming a prerequisite for receiving stipends. However, again, due to the small sample size it is difficult to say if this is a general trend;
- In the absence of stipends respondents usually received other forms of remuneration from the church structures and organisations that they were attached to. This remuneration tended to be on an ad hoc basis depending on availability;
- One of the main remuneration issues CBWs face is that they have to cover the expenses related to the services they provide – such as paying for their own transport to cover large distances to visit remote clients (there are too few CBWs and clients are sparsely and remotely situated); having to provide their own protective clothing, gloves and basic cleaning supplies as well as food and provisions for client's and client households.

Perceptions of CBWs

- The CBWs focus group participants were asked how they saw themselves in relation to the work they did. Most respondents described themselves as 'volunteers' or 'community workers' or 'care givers'. Other terms used to describe themselves captured the passion and altruism of their role, such as 'redeemers' (Free State/ North West/ Mpumalanga and KwaZulu Natal CBWs); 'saviours' (North West CBW); or 'protectors' (Free State CBW);
- Clients, beneficiaries and key informants were unanimous in their praise and respect for the work performed by CBWs and the valuable services that they provided.

Challenges faced by CBWs

- Challenges faced by CBWs included, lack of erratic receipt of stipends; coping with their own poverty and unemployment; mobility difficulties (having to pay for transportation to visit clients, having to travel long distances in remote areas/ limited coverage of public transport options); lack of/limited equipment and provisions needed to conduct their work; high drop out rates and turn over of membership; too few CBWs in place to cope with demand for services and large area of coverage; once off/ limited training and skills development; need for more debriefing and individual counselling services as well as other personal risks faced, such as HIV infection, stigmatisation, crime and sexual violence.

Contribution of CBWs to the community

- Generally CBWs are highly valued by community leaders, key informants and beneficiaries. Many respondents spoke of CBWs in positive terms and praised their contribution to society, they are seen as doing valuable work and providing important basic services in areas where these are not readily available; For example, CBWs provide important information and basic services in areas where these are not accessible. CBWs also provide psychological support and empower their clients.

5.2.4 Lesson learned

Four assumptions underpin the promotion of the use of CBWs. These assumptions also pose a challenge for organisations working with CBWs, as they are often not fully realised in practice:

Accessibility – it is assumed that the use of CBWs will increase access to basic services, especially for poor and remote communities. While CBWs do provide valuable basic services, especially in remote, rural areas, they often do so under strenuous and difficult conditions. This study revealed that many CBWs have not received training, lack certain key skills required in their work, or have received training of variable quality, that is largely unaccredited

and not standardised. Many CBWs also work without the provision of basic supplies, such as gloves, soap, food and clothing, and have to cover these costs out of their own income. Thus, there is a concern about the quality and continuity of the services that are provided by CBWs in some areas.

Sustainability – it is assumed that handing over responsibility to the beneficiaries will help them to be more involved in development planning and thus, help make development interventions and service delivery sustainable. Generally, this was not found to be the case among the CBWs involved in this study. While CBWs do deliver a valuable service within their own communities, generally they are not accountable to their community. They are also highly dependent on the facilitating organizations for training and supervision and on external funders or the state for funds and resources. Similar findings have been reported in other studies. In addition to this, many projects were initiated by external organisations and do not originate in communities themselves. This has a significant effect on the autonomy, accountability and sustainability of projects over time. The facilitating organisation, be it an NGO, FBO or government clinic, remain the real owners of the project. They make decisions about how, when, and where funds, knowledge and equipment are allocated and used. While CBWs are perceived as responsible for improving certain aspects in the community, in reality they are often workers in externally controlled initiatives. For example, none of the study participants mentioned the existence of a community-based entity that would supervise and direct the CBWs. And mention was made of high turn over rates and the fact that when external funding was withdrawn, projects collapsed, highlighting the fragile, transient nature of some of these projects.

Cost effectiveness – it is assumed that working with volunteers is a cost effective way of expanding services, especially in low income or remote rural area. However, this study revealed a huge disparity in the amount, type and regularity of the provision of incentives to CBWs. The result being that many of the costs associated with the provision of these services is being borne by the CBWs themselves. As the state continues to struggle to deliver services at the required pace and scale, CBWs have stepped into the gap and even provide some of these services themselves. This effectively subsidises the state as the CBWs do not receive much, if any, remuneration in return. In providing assistance in this way, these volunteers run the risk of becoming the welfare or service arm of the state as opposed to an independent advocate for social transformation.

Cultural effectiveness – it is assumed that the relationship between local providers and beneficiaries will be less affected by inequality, and thus reach more people who would otherwise be overlooked. The absence of socio-cultural misunderstandings does help to improve service delivery – but time and preparation needs to be taken in forming and maintaining relationships with the community as well as clients and their households.

5.2.5 Recommendations

- Critically assess the real motivations for becoming or promoting community based workers at community, organisational and national levels;
- Making time and developing capacity for more strategic activities, such as lobbying and advocacy, as opposed to focusing on service delivery as an end in itself;
- Ensuring strategies are in place for the sustainability of CBW groups and projects, such as a local, accountable governance structure to select, supervise and direct volunteers – using processes and criteria agreed at community level;
- Promoting the accreditation of training programmes, to ensure that it is standardized and relevant to the activities CBWs are expected to carry out. Training should be ongoing and should include refresher modules where required;

- Training alone will not ensure the quality of services provided, thus CBWs need to be linked with skilled professionals are also involved in providing technical support to and mentoring of CBW programmes;
- Finding ways to provide ongoing support for CBWs by reviewing and developing clear government policies on incentives and systems for channeling state grants through accredited organisations, while also avoiding the risk of creating dependency. Additional input from CBWs themselves into such guidelines may be helpful in this regard;
- CBWs are mainly women. Strategies need to be found to mobilize men into these roles and to share the burden of care more equitably;
- Encouraging learning and the regular exchange of ideas regarding community based worker models and systems across different organisations, sectors and areas.

5.3 Community health workers & care givers: towards a best practice model

5.3.1 Background

The Health Systems Trust, has carried out research to study the range of ways that CHW programmes have evolved in South Africa, to assess the extent to which CHW deployment has been addressing important health priorities; to document success stories and lessons; to identify champions and to compile recommendations and lessons to improve practice.

CHWs or community caregivers can be defined as lay persons providing a community-based health service for which they have been trained. They are members of communities where they work, selected by and answerable to these communities for their activities. They are supported by the health system, but not necessarily part of its organisation. CHW are trained over a shorter period than professionals.

The methodology that the research followed was that separate studies were commissioned in each of eight provinces studied. A list of organisations was identified from key informants and provincial databases in each province. Snowballing techniques and web-based searches were used to identify additional organisations. Qualitative in-depth interviews using checklists were conducted in a purposeful sample of about five projects per province to understand the evolution of projects and learn lessons that could inform best practice.

A few CHW programmes have existed since they were first implemented in South Africa in the mid-1970s as NGOs. During the 1980s a few notable programs impacting on child survival flourished with support from international donors. In 1994 the new democracy introduced a progressive national health system which rapidly provided free or low cost access to care at a time when the new pandemics were exploding. Doctors and nurses became overburdened, and many left South Africa. Despite this, for five years CHW projects found little support with the new government and old programmes floundered and died. Since about 2000, there has been a growing commitment from government to support CHWs. Currently, in response to HIV/AIDS and TB, many NGOs and small CBO initiatives have mushroomed, although there is little co-ordination and a diverse range of uneven quality.

5.3.2 CHWs impact – towards best practice in extending public service

Most CHWs perform a range of health related functions. Most CHWs perform only a limited range of the the following functions: health promotion; health education; infant care (IMCI); growth monitoring; common illnesses; family planning; water and sanitation; nutrition and food security; first aid; rehabilitation; home-based care; care of OVCs; counselling and testing; advocacy and referrals; TB DOTS; ART support; and psycho-social support.

CHWs are most valuable in expanding health services and mobilising communities around health and development, rather than replacing professionals. They play a particularly important

role in the comprehensive home-based response to the HIV/AIDS and TB pandemics as well as in other more traditional areas of primary health care. The inadequacy of health services in poor communities has heightened the need for CHWs to make primary care more accessible to communities and to promote the responsible use of overburdened health facilities in the community.

In the past, CHW programmes focused on prevention health promotion and development issues. Today they are increasingly used to provide services in care and support for people infected and affected by HIV/AIDS, with a limited role in prevention. The role of CHWs is most notable in resource-poor settings where health and social services are inadequate, poverty is endemic and HIV/AIDS challenges community resources and the ability to cope with the burden of care. Fragmentation has characterised the rapid evolution of projects.

CHWs are more cost effective than facility-based providers in specific situations, though the system must not be seen as a cheap/quick fix to avoid health care. CHWs contribute to extending care to the poor/marginalised and thereby improve equity and outreach. They need to get adequate support (both human and material) to be effective. Generalist roles for CHWs tend to be most beneficial. In addition, community involvement and accountability is an important current emphasis of many CHW initiatives.

6 Parallel groups on national policy

This session aimed to deepen participants understanding of government policy in service delivery. Parallel sessions were organised for groups to explore how such a policy in that specific sector relates to an effective CBW system. Presentations were made in each parallel group followed by a discussion on the relevance and link to CBW systems. The following were key highlights from each group's presentation.

6.1 The Extended Public Works Programme – Social Development Sector

6.1.1 Background

The Extended Public Works Programme (EPWP) has its origin in the agreements of the Growth and Development Summit between organised labour, business and government in June 2003. The objectives of the programme are:

- To draw significant numbers of the unemployed into productive work to enable them to earn an income within the first five years of the programme;
- To provide unemployed people with workplace experience and skills training within the first five years of the programme;
- To utilise public sector budgets to reduce and alleviate unemployment.

In 2004 Cabinet approved home community-based care (HCBC) and early childhood development (ECD) to be piloted in EPWPs. The goal is for over 200,000 unemployed to acquire temporary work and income over the next five years. NGOs and CBOs are to continue as delivery agents of social development sector programmes, funded by government and possibly businesses to create employment. The focus is on unemployed people and volunteers, providing them with on-the-job experience, a stipend and training for a period, leading to National Qualifications Framework (NQF) qualifications and longer-term job creation opportunities.

To date, an audit of HCBC sites has been undertaken to profile and look at the conditions of caregivers. A number of policies and guidelines were completed such as the ECD integrated plan. In addition, a draft regulatory framework for community caregivers and CHWs developed and an appropriate training framework and qualification finalised.

In 2005 Cabinet mandated that these cadre of workers be harmonised i.e aligning and streamlining the norms, standards, stipends and conditions of work. The expectations are for departments to align, integrate and synergise their delivery processes to create maximum impact at the point of service delivery.

6.1.2 Relevance to the CBW systems

The EPWP is relevant to CBW systems in that government relies heavily on CBW volunteers, paraprofessionals, NGOs, CBOs and FBOs to realise the programme objectives and with service delivery to communities.

However, a number of elements are missing, including:

- How EPWP relates to other non-EPWP/ existing programmes;
- How local governments deal with NGOs and CBOs in their areas of jurisdiction;
- Communication strategy - how do we let people know about EPWP funding and services?
- Involvement of business sector – where does the business come in to support CBW initiatives?;
- Equity – the provision of stipends, training, etc. are not uniformly implemented by all

- provinces;
- Accountability - CBWs and NGOs, how to link with ward committees and CDWs;
 - Branding issues – where is the ownership of these initiatives;
 - Transfer of skills to immediate family members to take more responsibility of their immediate family members;
 - Political buy-in – need to locate the programme within current political structures.

The EPWP offers a great opportunity for CBW system to enhance skills levels of people trapped in the second economy. The programme has an enormous opportunity to accelerate and deepen the delivery of service in resource poor setting. Unlike other sectors, the EPWP in the social development sector is aimed at creating long-term work opportunities for low skilled workers, especially women and the youth.

6.2 National Department of Health: towards a regulatory framework

6.2.1 Background

A regulatory framework is relevant to all CBWs receiving stipends or volunteering and all NGOs using community care workers. It does not apply to persons caring for their own family members. Regulation addresses relationships and agreements between government departments and NGOs, and between NGOs, CBOs and CBWs. Regulation needs to consider issues surrounding CBW misconduct, indemnity, referral pathways, quality assurance, and training and learning programmes.

6.2.2 Key elements of the framework

The implementation of the framework is through the district municipalities. They will determine the number of beneficiaries for training, in alignment with provincial policies. This is however dependent on geographical areas and the socio-economic status of beneficiaries. The framework stipulates a maximum of 12 community workers per supervisor for effective support and supervision. A tiered stipend structure is also provided e.g. Community Care Assistant & Below = R 500, Community Care Giver = R 750 and CHW = R1,000 per month.

Recruitment of community workers needs to have involvement of the community and/ or ward committees, DOH, DSD and NPOs. Criteria for selection of community workers stipulate preferably someone who is a resident and accepted in the community they will serve, as well as able to understand the language and culture of the community they will serve. Disclosure of any previous offences and verification of disclosed information is essential for selection.

6.2.3 Challenges to realising an effective regulatory framework

A number of challenges to effective implementation of the regulatory framework exist. These include the following;

- There are currently no accredited service providers to support the role out of the programme;
- Stipends currently vary from province to province but setting one national standard could cause confusion among those currently receiving stipends;
- CBOs and CBWs are responsible for all indemnities, but may not have funds to cover costs, and this has the potential to ruin CBW systems;
- The voluntary sector would be drastically affected as regulation could have negative impacts on the capacity of CBOs to deliver services;
- Who is going to manage rollout of regulatory framework?
- Where will accountability lie – various departments, NGOs, CBOs or CBWs?

6.3 Department of Social Development – Community Development Practitioners

6.3.1 Background

The Department of Social Development (DSD) vision and mission are:

- **Vision:** A caring and integrated system of social development services that facilitates human development and improves the quality of life;
- **Mission:** To ensure the provision of comprehensive, integrated, sustainable and quality social development services against vulnerability and poverty and to create an enabling environment for sustainable development in partnership with those committed to building a caring society.

The DSD is therefore required through its mandate to continue to develop and implements programmes for alleviation of poverty, social protection and social development amongst the poorest of the poor, the vulnerable and the marginalised.

Community development is an important component of this, a process that embraces community action, community service and other community endeavours, whether geographical or issue-based, with emphasis on the disadvantaged, impoverished, and powerless in society. DSD's values include participation, empowerment, self-help and ownership.

Community Development within the social sector approach recognises the central importance of social support networks. A process is required where communities define their own social development and welfare needs to bring about change, with an emphasis on collective action to redress inequalities.

Service delivery within DSD is implemented through Community Development Practitioners (CDPs), whose purpose is to facilitate the identification, planning and implementation of integrated and transformative social development programs in partnership with key stakeholders for the effective empowerment of human and social capital through a community development approach to sustainable livelihoods.

6.3.2 Key performance areas for CDPs

- Identify and facilitate the implementation of integrated community development interventions in partnership with the community and other relevant stakeholders. This would, inter alia, include the following: establishment of social relationships, community profiling, planning and prioritization and monitoring and evaluation of implementation;
- Liaise and co-ordinate with all relevant role players, internal and external and stakeholders to facilitate collaboration and to establish partnerships to secure the sustainability of development actions within the communities;
- Support communities and perform administrative support on community development and related activities. This includes maintaining relevant records, e.g. reports, statistics, minutes of meetings, and the administration of client funds;
- Keep up to date with new developments in the community development field to enhance service delivery. This involves reading community development publications, listening to the state of the nation addresses to ensure that cognisance are informed of new developments and keep abreast of current practices.

CDPs must possess the necessary knowledge and skills to implement their work effectively. These include the following:

- Community development knowledge, skills, attitudes and values to engage in the social development of communities;

- Knowledge and understanding of human behaviour and social systems and legislation to assist with interventions at the points where people interact with their environments in order to promote self-empowerment;
- The ability and competence to co-ordinate community development structures and ability to manage projects;
- The ability to influence individuals and groups to participate in their own self-empowerment ventures;
- Understanding of social dynamics of communities;
- Presentation, facilitation, research and report writing skills; and
- Knowledge and understanding of basic financial management.

6.4 Promoting Participatory Demand Led Extension Service Delivery System

6.4.1 Background and Model

Since May 1998, Limpopo Department of Agriculture (LDA) with the support of GTZ embarked on a process of reorientation service delivery for the benefit of rural communities. The core problem identified was that “The Department does not respond sufficiently to the developmental constraints and opportunities of the majority of small farmers in former homelands”.

From the technical support of GTZ, LDA managed to develop participatory approaches for competency development of extension staff, self-organisation of communities’ for demand led service delivery and innovation development for solving technical problems in the sector.

The Participatory Extension Approach (PEA) is based on the following foundations:

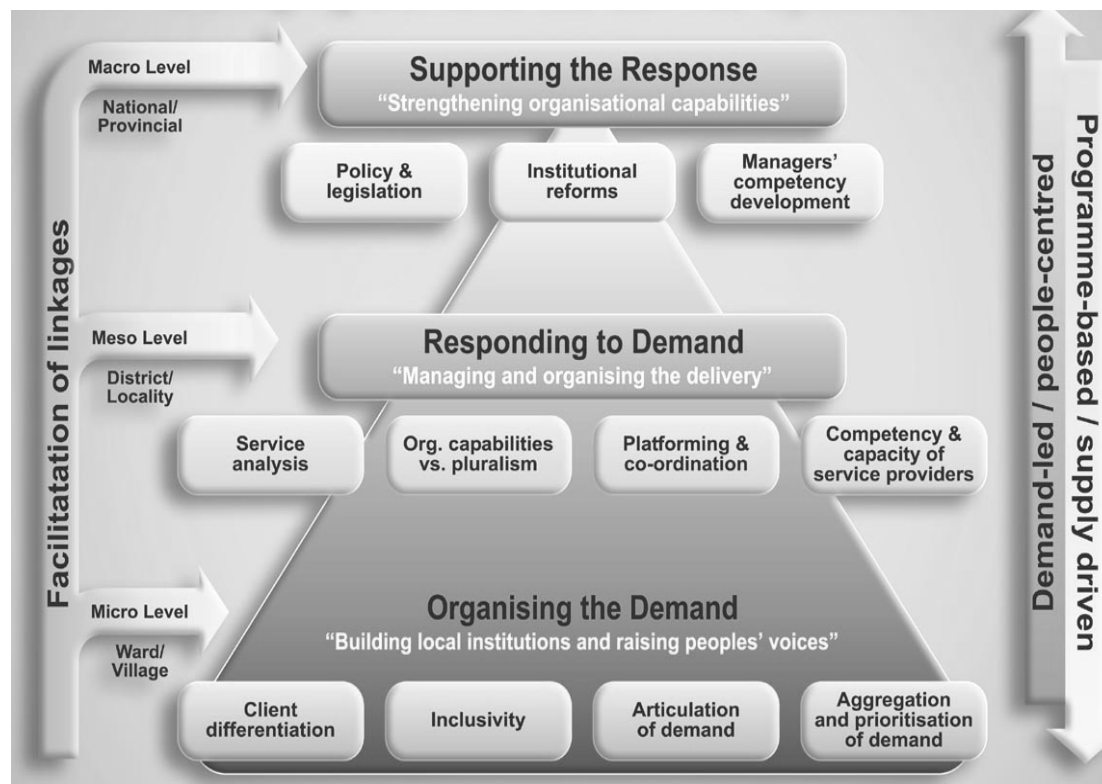
- learning approach for the strengthening of the individual and organisational capacities of rural people and their livelihoods to be able to deal with the dynamic challenges and changes in development
- It builds on the “life world” of rural people, who are having agriculture as a common foundation and spreads from this into other fields of development
- It facilitates a process of self-organisation and emancipation of rural communities to enable people to better articulate their needs for agricultural and social services and represent themselves vis-à-vis service providers and authorities

PEA is not a panacea but a promising approach to respond to key challenges faced in extension and service delivery at community level. PEA looks at how to get people organised and articulate the “right to demand”, how to make people innovate and explore options for change, how to get the disadvantaged groups benefit from development initiatives and how to coordinate at community level.

6.4.2 Community structure for representation and linkages

Farmer facilitators are part of the different interest groups forming an Umbrella body of farmers. They facilitate community processes periodically, for example, organising and moderating events for sharing, called mid-season evaluations, field days, etc. They also share PEA processes with other communities not already involved therefore mobilising such communities for introduction to PEA process. These farmer facilitators are accountable to the Umbrella and community, and other stakeholders. Government is involved through the BASED program and facilitates the process. Exposure visits for farmers to share experience are organized and indigenous knowledge is applied during farmer-to-farmer training.

Diagram 6.4.1 Managing Demand-Led Service Systems



6.4.3 Achievements of the BASED programme

1998	2005
<ul style="list-style-type: none"> Transfer of technology method 	<ul style="list-style-type: none"> Innovation systems in : Small scale seeds production , soil fertility management, livestock production, soil and water conservation Non agricultural activities
<ul style="list-style-type: none"> 2 districts 	<ul style="list-style-type: none"> 6 districts Helped EC & Mpumalanga Dept. of agriculture. NOVAFRICA
<ul style="list-style-type: none"> Initial concept of PEA 	<ul style="list-style-type: none"> PEA and PDA for SA context LOD – community mobilization Demand led service system
<ul style="list-style-type: none"> 40 extension officers 	<ul style="list-style-type: none"> 377 extension officers in PEA 600 Orientated in PEA Values
<ul style="list-style-type: none"> 6 communities 	<ul style="list-style-type: none"> 211 Communities/Villages 760 Farmers 197 Farmer Trainers 60 Umbrella Organisations Established 2 Maize Seed Co-ops being registered in Vhembe and Capricorn (108ha land involving 647 farmers)

6.4.4 Lessons learnt

- Farmers learn and internalize much better through trying out – experimentation and learning by doing
- Farmers are efficient in facilitating scientific concepts and processes through the use of tools and codes
- Trained farmers are able to help others to set up trials and mentor them during monitoring and evaluation of technical process

- Farmer facilitators are able to organize community events and run the program themselves (e.g. mid – season evaluation)
- Mobilization of local farmer groups by selected farmers helps communities to access inputs in bulks and at discounted prices

6.4.5 Challenges encountered in the implementation of the PEA/PDA model

1. Not all farmers chosen for training are good facilitators – how to use those who are good to facilitate other villages without disrupting production activities
2. Initially farmers are excited about being trained, but start demanding rewards once they are aware that they are providing better facilitation
3. How to balance farmers family requirements and community demand for services (e.g when a farmer miss irrigating her field on a day scheduled for her village because she had to go and help another village)
4. Poor availability of transport for farmer trainers to go out and do training, mentoring and monitoring of implemented activities.

6.4.6 Relevance of BASED/PEA Farmer Trainers model to CBW systems

The model is relevant because of its involvement of community leaders and members in the selecting members of umbrella organisations. Leaders of the umbrella organisation and farmer trainers volunteer their time to train and share lessons learned with other farmers and communities. Farmer trainers and mentors offer free time and do not receive any stipend from the Department of Agriculture. The farmers' groups organised into an umbrella organisation from participating villages and are being assisted to register an NGO, which will be able to render facilitation services to the Department and other organisations. Farmer trainers and mentorship programme implemented with LDA /BASED Program fits well with the CBW system as a model of adding value to the quality of services in rural areas.

6.4.7 What is missing in the model?

What is missing in the model are linkages with other Departments; limited youth involvement which threatens the future sustainability when elders pass on; the learning cycle for capacity building for the extension officers and farmer trainers is too long (at approximately 36 months). There is also limited private sector involvement in the model.

6.4.8 Recommendations

- The department must develop a module to provide incentives to the farmer trainers;
- Awareness creation workshops to present the evidence-based work done in the BASED programme;
- Strengthen the linkage with local municipalities who are the drivers of service delivery at local level;
- Development of national guidance framework for community development, which would ensure the same standards are followed countrywide.

7 Group work on specific elements of the CBW system

Seven different groups worked on the CBW research questions to identify **good practice** in relation to specific elements of the CBW system. One group focused specifically on identifying a way forward for the CBW system in SA. Each group was provided with background information on the particular issue, the task objective and a process to follow. The following is feedback from each group.

7.1 Training

7.1.1 Background

CBWs require training, support and supervision, provided by the facilitating agent, specialist/technical backstopping by others and the community. A key issue facing many agencies implementing a CBW system is the retention and maintaining of skilled volunteers. Many CBWs see the training opportunities provided as incentive and a way out to better employment opportunities. This group will tease out what is required to maintain a skilled cadre of service providers at the community level whilst providing them with the necessary skills to perform their tasks.

7.1.2 Task Objective

By the end of the session the group has identified and suggested appropriate mechanisms for CBWs' training.

7.1.3 Training group feedback

Type of CBW	Training currently provided	Standardised/ Accredited	Who monitors Quality	Comments
Volunteers/ CBOs/ NGOs/ CHWs	<ul style="list-style-type: none"> HIV Counselling DOT Health & Hygiene 59 days of training 	<ul style="list-style-type: none"> Standards vary No accreditation 	<ul style="list-style-type: none"> ? varies DoH DoEH Facilitating Agents/ NGOs 	<ul style="list-style-type: none"> Training provided by Dept. of Health In-service training/ post-monitoring provided
CDW- Ward level	<ul style="list-style-type: none"> CD practice Report writing Community mobilisation Participatory research etc 	Accredited- level 4	<ul style="list-style-type: none"> Mentor @ LG level Ward Councillor Community 	<ul style="list-style-type: none"> Interact with people @ grassroots level Get stipend whilst doing learnership
Ancillary Health Worker	<ul style="list-style-type: none"> Basic Nursing 	Accredited level 1	<ul style="list-style-type: none"> DoH 	<ul style="list-style-type: none"> Training provided by DoH through accredited service providers registered with the Dept Labour
CDP	<ul style="list-style-type: none"> Research Policy Project mgt legislation Finance Mgt etc 	Accredited at Degree & post graduate level	<ul style="list-style-type: none"> ? Employer State NGO Private sector 	<ul style="list-style-type: none"> Training provided by University. Gaps- different Universities provides specific training.

Cross-cutting comments

- There is a lack of post-training support;
- Career pathing;
- Recognition of prior learning;
- Need for a statutory body to guide standardised norms and regulations.

7.2 Incentives**7.2.1 Background**

The interest in using a CBW system is that it may provide a way forward to extend services to all communities in a cost effective and empowering manner. The different components of the CBW system include: the CBWs themselves, the provision of training and support by the facilitating agent; supervision and specialist technical support by others. If this system is adding value then government must consider financing the system. Currently, the Departments of Health and Social Welfare have an incentive system in place, but not uniformly implemented across provinces. NGOs too have their own incentive systems. There are no examples in SA of CBWs being provided stipends in sectors such as agriculture, environment etc. In some cases eg in Kenya some CBWs such as community animal health workers fund themselves by charging for drugs. How can the financing of CBW systems be implemented in a sustainable way, and also allow their expansion in other sectors?

7.2.2 Task objective

By the end of the session the group has identified and suggested practical ways of financing the CBW system.

7.2.3 Group feedback*What types of incentives are offered?*

Different incentives are provided currently. These range from:

- Stipends from government or NGOs;
- Fees for services;
- Pure voluntarism;
- Food for work;
- Equipment (bicycles and equipment);
- Supplies (i.e. seeds or seedlings, gloves, food parcels);
- Training with or without certificates;
- Networks, information, informal experience, track record;
- Uniforms;
- Awarding of points (Local Exchange Trading Systems).

When are fees appropriate?

- Where a service is being given to a person in production (more than just a business);
- Even in areas of social need, if someone is wealthy/rich or who can afford, a fee might be appropriate;
- When service is not distorted by the fee (i.e. need for immunisation);
- Encourage more appropriate use of resources to improve value of social grants;
- Possibility of vouchers to improve use of resources.

Should all CBW receive incentives?

- Formally community appointed CBWs should get a stipend, but must be work related;
- Where there is a high degree of care or long hours and where high motivation is needed, the stipend is important;

- There is a potential to exploit people's willingness to help – it is necessary to improve accountability;
- Social grant (disability grant) should cover the additional expenditure incurred in the household;
- Possibility of registering all individuals involved in caring for a very sick or disabled individual could be compensated (this implies work to a particular standard);
- Voluntarism is the luxury of the rich!!! Voluntarism on school governing bodies is a responsibility;
- In South Africa there is so much poverty we don't believe that there is pure voluntarism; voluntarism should be occasional but not on a day-to-day basis; there is usually some in-kind contribution for effort (*ilima, letsema*);
- We wouldn't stop voluntarism but we wouldn't expect it;
- We can't comment on other countries;
- Voluntarism is a noble idea, but an ethical view is that it is not something one can expect.

Who should pay?

- The recipient in defined situations (where it will increase responsibility);
- The state should mainly pay – this is important for sustainability (through various spheres of government, but also through community structures or representative community based organisations);
- Implies a reallocation of government expenditure because of cost-effectiveness;
- Private sector in specific situations (social responsibility, i.e. mining houses);
- Donor money should be used for new ideas and not for direct on-going provision of services; to help government, NGOs, CBOs and private sector to develop the system which is a major issue (i.e. harmonisation);
- Collaboration is very important.

Implications for policy and legislation re: financing of CBWs

- Choices (budgets) will have to be made between conventional and CBW systems;
- Facilitate a mechanism for accounting outside of government (contracting) to safeguard public money;
- Support and auditing of CBO needs to be managed to certain standards (risk-management);
- It will be valuable to identify the right economies of scale;
- Regulation is important.
- On voluntarism, because we are talking about 'workers', issues of voluntarism should be taken out of this debate.

7.3 Selection, accountability and community involvement in CBW management

7.3.1 Background

A CBW is a volunteer representing an interest or social group within a defined community, selected from within that interest group or the community they live in. They are normally trained to cover a specific task, supported and supervised by a facilitating agent (either an NGO or government) and in some way accountable to their community or the specific social/interest group they serve. Ideally, CBWs should be accountable to that community that selected them, as well as to the facilitating organisation or social/interest group they are affiliated to or supported by in their daily role as a CBW. But the norm is that accountability often happens upwards – to the FA or institution – and not downwards to the community.

7.3.2 Task objective

By the end of the session this group will have discussed and suggested 'best practice' approaches to improved accountability for CBWs to the community, as well as to other stakeholders

7.3.3 Group feedback

Stakeholder roles re selection of CBW	Current situation	How to improve
The role of the community regarding accountability	<ul style="list-style-type: none"> • Selection of CBW is currently taking place on an ad-hoc basis, the facilitating agent mainly prescribes the selection criteria • Accountability to both the community and the facilitating agent is not balanced-the facilitating agent tend to dominate the process 	<ul style="list-style-type: none"> • Communities must play a major role in the identification and selection of CBWs who should have a passion for the work they will be doing, e.g. home-based carers need to be people with a caring nature • The community should draw the terms of reference and the memorandum of understanding with the CBW. A minimum criteria or experience in line with the service being provided must be drawn • There is a need for a clear line of accountability to both the community and the facilitating agent.
The role of the client in accountability	<ul style="list-style-type: none"> • Currently people are passive recipients of services • Feedback methods happen on an ad-hoc basis, sometimes positive and sometimes negative 	<ul style="list-style-type: none"> • Empowering clients to know their rights and entitlements and to take the responsibility of monitoring the service they are receiving • The client must be aware of the service that the CBW has to provide so that they are able to monitor the services they receive. One cannot serve two masters- therefore a need for clear lines of accountability, report to the primary and secondary
The role of the facilitating agents	<ul style="list-style-type: none"> • Depending on the strength of the facilitating agent the following services are provided: <ul style="list-style-type: none"> - Monitoring - Mentoring - Reporting - Supervision - Capacity building • FAs are more accountable to the donors than to the community 	<ul style="list-style-type: none"> • They must be part of a vertically integrated management system that will respond to building up the strength in the services that are being provided • They need to be accountable to the community and the relevant local government structures

7.4 Roles and linkages required

7.4.1 Background

CBW systems comprise a number of distinct stakeholders performing different tasks for the system to operate efficiently and effectively. The manner in which these stakeholders interact with one another is important.

7.4.2 Task objective

By the end of the session the group has brought out experiences around the roles and linkages required of the different stakeholders in different CBW systems.

7.4.3 Group feedback

Type of Relationship	How currently performed	How role could be improved
Relationship between CDPs and CBWs	<ul style="list-style-type: none"> Local Coordinating Committees at town level have reps from all stakeholders CDPs play advisory role to CDWs Mobilise training for CBWs Do community assessments Facilitate implementation of devt initiative Some involvement in selection of CBWs 	<ul style="list-style-type: none"> Greater integration with other clusters More participation within IDP processes Clarify roles & functions viz ward committees
Relationship between communities and CBWs	Some involvement in selection of CBWs.	<ul style="list-style-type: none"> Need a community rep structure to drive planning, selection, oversight and monitoring of CBWs; Structure needs reps of CDWs, CBWs, ward committee etc.; Structures will need to vary from community to community – no one-size-fits-all; Need guiding principles for setting up structure; Should be at ward level – preferably the ward committee; Should be inclusive and representative; Members need the capacity to fulfil the mandate; Needs to be above political influence; We need to focus on making official structures work rather than 'reinventing the wheel'; Establish pilots in a few areas and evaluate experiences.
Relationship between ward committee and CBWs	<ul style="list-style-type: none"> Each ward has a statutory obligation to have a ward committee; Sometime these are political and not broadly representative. 	<ul style="list-style-type: none"> Need for closer relationship between CDWs, CBWs and other stakeholders at community level
Relationship between CDWs and CBWs	<ul style="list-style-type: none"> One CDW per ward – paid R800/pm; Report to province but located at municipal level without 	<ul style="list-style-type: none"> Need to address reporting problems of CDWs; Need to clarify role in relation to CBWs;

Type of Relationship	How currently performed	How role could be improved
	resources; <ul style="list-style-type: none"> • New system – relatively unknown in some areas; • Lots of overlap with some CBWs; • CDWs tend to have some experience and qualifications but can be inexperienced and young. 	<ul style="list-style-type: none"> • CDWs should play a better coordinating role; • Should provide advice and information regarding government policies and procedures; • CDWs should establish a database of CBWs working in their area.

7.5 Support and supervision

7.5.1 Background

CBWs require training, support and supervision, provided by the facilitating agent, specialist/technical backstopping by others and the community. They must be provided with regular on-going support and supervision by a facilitating agent (FA) who could be government (eg a clinic) or an NGO (eg CHOICE) if they are to operate effectively. Who should provide this in the short and long term?

7.5.2 Task objective

By the end of the session the group has identified and suggested appropriate mechanisms for CBWs' training, support, supervision and accountability that is also empowering them.

7.5.3 Report Back

Support/supervision required	How currently provided	Improvements needed
1. Capacity building i) Leadership and direction ii) Professional/technical backstopping iii) Continued training iv) Recognition/incentives v) Personal sustenance-income earning activities vi) Community buy-in vii) Motivation viii) Identify and build leadership	Ad hoc approach depending on organisation	<ul style="list-style-type: none"> • Coordinating system- • To provide standards and procedures • Playing the advocacy role and develop guidelines. • Mentorship programme to be developed • Supporting system
2. M&E	<ul style="list-style-type: none"> • Quarterly visit • Site visit; • Quarterly reports • monthly report; • AGM • Funder demands • Organisation forum meeting on a monthly base; and • monthly meetings 	<ul style="list-style-type: none"> • To develop a quality management and improvement approach • Proper monitoring frameworks with clear indicators • Reports to include qualitative measures • Strengthen the monitoring system function coordinated by the coordinating body • Training people on M&E and how to use it • Verification of information collected • Enabling comprehensive data base
3. Care for carers <ul style="list-style-type: none"> • Debriefing • Personal life skills 	<ul style="list-style-type: none"> • Specifically for HBC - very few care givers are ever debriefed by trained 	<ul style="list-style-type: none"> • Proper care mechanisms and systems to be developed for caring for carers e.g resources

Support/supervision required	How currently provided	Improvements needed
	debriefer. <ul style="list-style-type: none"> This has impact on the quality of service they provide. 	be put in place to respond to the needs and this should be a separate budget from stipend.
4. Legal support	<ul style="list-style-type: none"> Very few CBOs and NGOs are acquainted on legal issues e.g. mismanagement of funds and Labour issues There is no protection for CBW and the rights for care givers issue 	<ul style="list-style-type: none"> The department of health and social development to take responsibility for the legal aspects surrounding HBC Ensuring safety regulation are put in place Develop guidelines for providing support to the CBW.
5. Logistical support	<ul style="list-style-type: none"> Caregivers travelling long distances on foot without support or compensation for wear-and-tear. 	<ul style="list-style-type: none"> Strategic planning and budgeting.

7.6 Coordination of CBW systems at community and local government levels

7.6.1 Background

Currently there seems to be no unified or harmonised structures for coordinating the myriad of community-based service delivery systems in operation. However there seems to be potential for a number of CBWs providing services in a community (home-based carers, farmer extensionists, community health workers, community forestry workers, community vegetable advisors....) and potentially several facilitating agents these CBWs are affiliated to. The challenge is how will this be coordinated at community level, and local government levels to integrate the different services appropriately?

7.6.2 Task Objective

By the end of the session the group has suggested appropriate coordination mechanisms for CBWs at different levels of governance – community, FAs, local government and other higher levels.

7.6.3 Group feedback

Level	Coordination in place	Suggestions for improvement
Community (village/ward)	<ul style="list-style-type: none"> No unification Not able to initiate 'own' agenda 	<ul style="list-style-type: none"> Coordination should begin at Ward level/ grassroots / village level (foundation) Ward Committee representative of all community structures (CBWs) Strength lies in the community, with the people, Counsellor is convenor Ward - identify needs, implementation, advocate, M&E, comm. support, etc, Community-based planning Including key community stakeholders in planning stages (FBO, CBO, NGO)
Local municipality level	<ul style="list-style-type: none"> Public Participation Line structure 	<ul style="list-style-type: none"> IDP (Integrative Development Plan) Local Inter-sectoral Steering Committee (LISC) Integrate Municipal Sectors - Convenor is the Local Municipal Manager Public Participation Unit (Legislation calls for) Share lessons, challenges, successes

Level	Coordination in place	Suggestions for improvement
District level		<ul style="list-style-type: none"> District Inter-sectoral Steering Committee (DISC) - Convenor is the District Municipal Manager
Provincial level	<ul style="list-style-type: none"> Province has taken unilateral approach 	<ul style="list-style-type: none"> PISC

Problems of Interest:

- Top-down approach to government
- Coordination differs from Province to Province
- Bi-passing government structures/channels
- Ward counsellors lack LEADERSHIP and don't accurately represent entire community
- District not active enough at local level
- POLITICS – Political difference disable community development

8 Taking forward the Community-based worker systems in SA

8.1 Background

We have heard and discussed a number of areas where CBWs are being taken forward but disconnected from each other. This action-research project has been going on since 2004 but will be finishing in March 2007. We have collectively been learning about CBW systems through this project and a range of other work using volunteers of various types, including those highlighted here. The task for this group now is to respond to the big question “How can we take forward the learnings to upscale and mainstream these systems so contributing to much more widespread services to poor people in all communities?” The task for this group is to come up with practical ways on how to take this forward.

8.2 Objective

By the end of the session the group has identified ways to take forward CBW systems in SA and how they will be coordinated

8.3 Key process questions

- 3.1 What would you like to see in place around CBW systems in 3 years time?
- 3.2 What are the key/practical things we need to move towards this, taking forward the results of this workshop and our collective work on CBWs to develop coherent systems and maximise impact?
- 3.3 What activities are needed to move towards this, taking forward the results of this workshop and our collective work on CBWs to develop coherent systems and maximise impact?
- 3.4 For each activity suggest the actions needed (column 2), by who and when, concentrating on the actions needed in the next 3-6 months. Again use the matrix below.
- 3.5 Should a group be identified (mandated by this workshop) to coordinate work using CBW systems in SA?
- 3.6 If so, define the terms of reference for such a group – purpose, tasks, membership (who should be involved, who chairs and who provides secretariat), how often it meets?

8.3.1 Challenges

- Ensuring integration (IDPs, clusters, but implementation is problematic);
- Capacity of local gov, especially in rural areas
 - key for links to CDWs and Ward committees rather than service delivery;
- Need to ensure that these systems and other soft systems get integrated into IDPs
 - Can link with community-based planning, bringing forward voices and choices including CBWs;
- Ways of integrating NGOs with local government;
- Need to raise profile of CBW models in improving service delivery (eg in service delivery improvement plans) and empowering communities;
- Still need to clarify certain aspects of service delivery model(s);
 - Role of CDWs/ward committees
 - Role of CDPs
 - How to support and co-ordination multiple CBWs;
- No community development policy within which this fits – although the Municipal Services Act (MSA) talks of participation;
- Need to deal with budget constraints – so building up these systems with time (phased in

approach);

- Certain key legislative issues, for example employment status vs stipends and developing vs developed country standards;
- Need to use evidence and show how the system will improve quality of life to get political buy-in.

8.3.2 Three year vision (i.e. Botshabelo/Thaba Nchu)

- Widespread volunteering (5-8 hours);
- A cluster of CBWs in different sectors providing services strengthening lives and livelihoods even in poor areas (HBC, DOTS, vegetable growing, environment, security, water...);
- Communities receiving a wide variety of services locally, with a variety of people having livelihoods supplemented with stipends (20 hours plus).

8.3.3 Conceptual framework which is agreed including

- Variety of CBWs operating at community level;
- Integrated **community development services**, supporting communities, families, and disadvantaged individuals;
- Community development **policy** in place;
- **Coordination and support** of CBWs at local level;
- Agreed **standards** on selection criteria, training, stipends and employment, roles, structures (NGO, govt, community), powers;
- **Capacitated NGOs and CBOs** with an understanding of community development supporting CBWs;
- Driven provincially by **Office of Premier** so seen as cross-sectoral, delivered appropriately, that Departments are implementing and monitoring;
- Significant proportion of **provincial and local government budgets** being allocated to this front-line service delivery.

8.3.4 Some of activities to take forward

- Set up Steering Group/Task Team to take forward;
- Circulation of CBW in SA report and this workshop report;
- Small meeting hosted by Free State Premier inc DSD, DoH, dplg, mayors;
- High level workshop on results of CBW;
- Refine thinking on how challenges identified are to be addressed;
- Base document on CBW system including how challenges above will be addressed;
- Conference with all key stakeholders to identify how to move forward;
- Develop advocacy programme.

8.4 CBW task team

8.4.1 Purpose

To take forward the recommendations of this workshop in mainstreaming and integrating CBW systems in South Africa as a mechanism for improved service delivery and community empowerment.

8.4.2 Tasks of team

- Engage stakeholders to build interest, buy-in and commitment to support community-based approaches;
- To show how this links to current policy objectives, legislation etc.;
- To lead on the CBW project in South Africa until March, ensuring a satisfactory completion including a CBW South Africa report, and a four country meeting;
- To develop a plan for taking forward CBW systems and seeking funding;
- Monitoring and evaluating implementation of this plan;
- Finding a suitable institutional home to drive CBW systems in the medium term.

8.4.3 Composition of task team

- Free State Office of Premier (**Chair**);
- Khanya-aicdd (**secretariat**)

Policy makers	Implementers
Office of Presidency	Free State Dept of Health
DSD national	Limpopo Dept of Agriculture
dplg	SA Catholic Bishops Conference / Siyabhabha Trust
DoH national	CHoiCE
EPWP	Mvula Trust
Limpopo Office of the Premier	SADEPA
DPSA	World Vision – national
	National Hospice Association

8.4.4 Meeting

- 2 monthly – but first 2 meetings close during completion of current project
- First meeting at OR Tambo 7-8 February 2007
 - Discuss CBW SA report
 - Discuss 4 Country meeting and who attends
 - Start developing a plan
 - Meet key stakeholders on second day?

9 Closing remarks: vote of thanks

9.1 Introduction

Dr Dovhani Mamphiswana - Chief Director, Provincial, Monitoring and Research Policy Unit - the Department of the Premier, Free State, gave the vote of thanks as part of closing the two-day workshop.

"I am aware in engaging with participants in the last two days that we have delegates from different of the country and I take this opportunity to welcome everyone. It has been an honour to have you in the province contributing to this workshop organised by Khanya-aicdd. I would like to take the opportunity and thank the organisers for this event, where people from all levels were able to engage on issues affecting them and how these issues can influence how policy is developed.

People across the country deserve competent services, regardless of their socio-economic status and geographic location. Community based-workers live in the community, understand issues affecting their communities and are available to provide assistance and accessibility to community members. Community people can relate to community-based workers and interact with them at their own level. My observation is that CBWs mainly are people who are sensitive to culture, language and other related issues of importance to communities and this becomes clearer looking at the work that they are involved in.

9.2 Government's response to community development

In his 2003 state of nation address, the State President introduced the need for community development workers. Today ward committees across the country have CDWs. They are the conduit between communities and government, and I see CDWs and CBWs working together in contributing towards strengthening service deliver and raising awareness on the availability and affordability of services. The main role of CBW is actively to facilitate participation in community development projects.

9.3 Way forward

Community development policy must to be strengthened, from national to provincial levels, to be used as a guiding tool for implementing and supporting CBWs/CDWs. There is a need to standardise and have a uniform approach around issues of discrepancies in provision of stipends. Further, there is need for a meeting of human services departments/local government to deal with issues facing CBWs/CDWs.

In conclusion, the Office of the Premier is willing to take up the challenge of co-ordinating and initiating discussions on CBW systems and indeed, it is an honour to be recognised as a structure that can support this role. We will take this responsibility seriously to ensure the process succeeds. Thank you'.

Annex 1 Programme

Time	Session	Responsible
Day 1 Monday 27 November 2006		
1.30 pm	Optional site visits - Golang Batcha (Batho Location) and Khauhelo ADP - Botshabelo	Golang Batch & Khauhelo ADP
Day 2 Tuesday 28 November		
8-8.45	Registration and coffee	
Chair		Mr Alfa Mahlako, Director, DSD
09.00	Welcome	Prof Lucius Botes, Director for the Centre for Development Support, University of Free State
09.10	Opening	Clr Mahlomola Ralebese, Speaker, Mangaung Local Municipality
09.20	Objectives and programme	Monene Mamabolo, SA CBW Coordinator
09.30	Overview of Community-based worker systems	Patrick Mbulu, Project Manager
10.00	Presentations on examples of CBW systems including: <ul style="list-style-type: none"> Natural resources – CAHWs in Kenya Animal Health Services & Village Links in Lesotho and EC – (SA) Home-based care Community Waste management CBWs in agriculture/Forestry in Uganda 	<ul style="list-style-type: none"> Chaka Ntsane (Khanya-aicdd Lesotho) Jack Blaker (Consultant) Louise Batty (Choice Trust) Modjadji Letsoalo (Mvula Trust) Dr Francis Byekwaso, (NAADS, Uganda)
11.15	Tea/Coffee	
Chair		Ms Lorna Scheepers, Deputy Director, CHWs & EPWP Programmes (National DoH)
11.45	Discussions – in buzz groups	
12.15	Presentation of key findings from evaluations in SA of CBW processes: <ol style="list-style-type: none"> SA CBW pilots Home-based care - Understanding CBWs – research on grantees of the Siyabhabha Trust Community-health workers 	<ul style="list-style-type: none"> Werner Schmidt (UFS) Penny Ward (SACBC) Irwin Friedman (Health Systems Trust)
13.15	Lunch	
Chair		Edna Netshirembe, Senior Manager, Limpopo Department of Agriculture
14:15	Questions	
15:00	Parallel groups on national policy environment - focus: relevance, importance and challenges. Groups including: <ul style="list-style-type: none"> EPWP CBWs in health sector – towards a Regulatory Framework CBWs and HIV and AIDS CDWs Community Development Practitioners Natural resources – BASED; CAHWs in Lesotho Exploring other community-based service delivery mechanisms 	1-2 presenters per parallel session, followed by discussion
15.30	Tea	
16.00	Parallel groups continue	
17:45	Closure	

Time	Session	Responsible
	Optional social evening and dinner at local jazz club	
Day 3 Wednesday, 29 November		
Chair		Laché Katzen, Snr Manager: Health Programmes, Free State Department of Health
08.00	Feedback from groups – do we have a way forward on these nationally?	Ian Goldman
09.00	Group work on issues and on way forward	Patrick Mbulu
10.30	Tea/coffee	
10.50	Group work continues	
11.30	Report backs from groups including way forward group	
13.00	Lunch	
Chair		Mpogeng Mahlangu, Trust Manager, SACBC
14.00	Report backs from groups	
14.30	Way Forward	Ian Goldman
15.00	Closing	Dr Dovhani Mamphiswani, Chief Director, Provincial Planning, Monitoring and Research, Policy Unit – Dept of the Premier, Free State
15.15	Tea and depart	

Annex 2 Participants List

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Annex 3 Summary of participants evaluation

ISSUES/QUESTIONS	Ave	%
What is your overall assessment of the workshop?	4.2	83%
Did we reach/obtain our objectives:		
• Participants have a better understanding of the CBW system and aware of the findings from the impact evaluation of CBW pilots	3.9	79%
• Developed broader institutional, policy and advocacy implications for adapting and upscaling the CBW system as a mechanism for pro-poor service delivery in SA	3.6	73%
How useful did you find:		
• the welcome and opening sessions	3.4	69%
• overview of community-based worker systems	4.2	84%
• Presentation on CAHWs in Kenya	3.9	77%
• Presentation on Animal health services & village links in Lesotho	3.7	75%
• Presentation Home-based care in the health sector	4.1	82%
• Presentation on Community workers in the Waste Management and Sanitation	3.6	71%
• Presentation on CBWs in Agriculture/Forestry in Uganda	3.8	76%
Did you enjoy the buzz group to draw out lessons and challenges from presentations	4.1	82%
How useful did you find:		
• Presentation of Key findings of the SA CBW pilots evaluation (UOVS)	4.1	83%
• Presentation on understanding Community based Workers - research on Grantees of the Siyabhabha Trust (SACBC)	4.1	81%
• Parallel groups on national policy environment	3.9	78%
• Did you enjoy the social evening	4.4	88%
• Did you enjoy the feed-back session from group on do we forward nationally?	4.3	86%
• Did you enjoy the plenary and responses to questions arising from the floor	4.2	83%
• Did you enjoy the buzz group to draw out lessons and challenges from presentations	4.3	85%
• How would you rate your participation and contribution?	3.7	74%
• How would you rate the facilitation?	4.3	87%
• What was the overall organisation of the event like (before and during)?	4.0	80%
How would you rate the catering at the University of Free State?	3.4	68%
How would you rate the venue for the future meeting?	3.7	75%

43 participants, out of a total 80 who attended the workshop, returned their evaluation forms, i.e. 54% response rate. The overall assessment of the workshop by the 43 participants who returned their evaluation forms was excellent (83%). Regarding the achievement of the objectives set out by the workshop, 79% of the respondents said they had better understanding of CBW systems, and 73% said we developed the broader institutional, policy and advocacy implications for adapting and up-scaling the CBW system as a mechanism for pro-poor service delivery in South Africa. Participants feelings about the first set of presentations, averaged 76%), with the second set of presentations on findings from evaluations by UOVS and SABC averaging 82%. Whether they enjoyed the buzz group sessions, parallel groups (83.5%) and plenaries (83% respectively), and the facilitation was rated as excellent (87%). The social evening, in which the majority of participants went to Moods Jazz club for supper and music, was rated highest (88%). The catering could be improved in future (68%).

Additional comments are appended below. Some people would also have liked to see more CBOs represented in the workshop as it is these who know the realities that the workshop was discussing. Participants said that it was good to be provided with a DVD to be able to reflect and learn more about CBW systems. The CBW concept needs to be communicated further with all stakeholders. The presentation on CAHW was excellent, and the concept must be advertised to rural communities.

General comments

- The workshop was excellent but people who are catering did not treat the people well
- How to improve – make presentations and recommendations very clear. The venue does not accommodate for eating as there is no sitting arrangement
- A fair attention to detail and people have a general understanding of CBW systems.
- Social evening need to be done on the final day. Arrange accommodation, catering, transport for everyone.
- It was wonderful to be presented with DVD. More interesting we learned a lot about CBWs.
- Better time management needed. Auditorium not conducive for discussion need proper break-away space for small group work.
- I had difficulty with pronunciations but I discovered better listening skills. Should advertise such events to rural areas to attract CDWs, Health and Agriculture CBWs. Must have the policy to follow and same hours and stipend should be implemented for all volunteers.
- CBW concept need to be communicated to all stakeholders. Presentation on CAHWs was excellent. Overall organisation of the event was not well organised, time and logistics must be improved. Local not using accommodation limiting and seats very uncomfortable if one has to sit more than 2-3 hours.
- He (Councillor) is so slow. Very fast, no waste of time. Siyabhabha Trust presenter very good understanding about CBWs. Social evening had no customer care. Very much enjoyed feed back because I now know where I am going.
- Generally very well organised workshop.
- Yes participants had understanding of CBW systems and it was very well articulated. Not very happy, on how the way forward will address this issue. Very well although the Councillor was late but very well done. At least there was an assigned facilitator who handled groups and helped very well. Very much enjoyed the social evening. Very much enjoyed feedback session. Food was nice but service was poor. Venue was good but not effective for people who want to write notes, the chairs made it difficult for writing notes.
- Very good workshop especially for institutions having to deal with CBWs.
- There's still room for improvement. There's still no clarity on roles/responsibilities/objectives/management and monitoring systems for CBWs service delivery. Extensive research is needed/policies need to be revised. More time is needed for site visits. There is a need for integration between NGOs, government, church and NPOs. Keep up the good work. More research is needed on Waste Management and Sanitation and Agriculture/forestry. The findings were clear enough and understandable. Patrick must try to improve his dance moves. More burning issues needed time to be attended and there's more work to be done. We need to have relevant people's in groups. Attended workshop from day 1 to 2, helped others to understand, got better understanding of CBWs. There's always a room for improvement/lack of team dynamics. There is a need for professionalism. The accommodation was far from the venue/workshop. The juice was bad and water was hot. When it comes to taking notes or writing down what is useful, there were no tables /desk to use.
- Always room for improvement, e.g time management.. It is always nice to know each other. I now understand the overview of Community-based worker systems. We can learn from each other. Copy what is good and leave what is bad. I was a bit unclear with the presentation of home-based care in health sector. Presentation on Agriculture/forestry was very good. Was outstanding the buzz group. Not clear on some issues. Siyabhabha was a good presentation. Needed more food on social evening. Plenary and responses to questions were very useful. I was not familiar with some of the things. Clearly needs improvement. You needed to improve during the event. I prefer Holiday Inn/Southern Sun unfortunately it was fully booked. We needed tables or desks to write on in future.
- For those who have to drive in excess of 6 hours one-way provision should be made for

them to fly. Down time from organisation is too long and they are tired to participate fully.

- Well organised workshop
- Yes have understanding of the findings, however there is a need to invoice dplg for policy direction. Broadening understanding of concept and adaptation for wider application. Not understand link with Lesotho. Captured issues that could influence policy reform. Full participation by all members. Rate my participation good. The facilitation was excellent. Convenience and accommodation should be at the same venue for maximum interaction between participants.
- The organisation was very good with fewer hassles on getting work done. Good work Khanya!
- The workshop is giving service delivery agent of how to come up with service delivery plan. The issue that needs strengthening is how take on board political wing more specially the mayor or speaker. I am intending to take the skill and bring it to our area. There is need to prepare the presentation and compare with the legislation and policy, and all a workshop and request the dplg to coordinate this workshop in order to be able to analyse the impact that will bring on to the improvement of service delivery in South Africa. Is not conducive for this kind of workshop because of the set, is not for plenary.