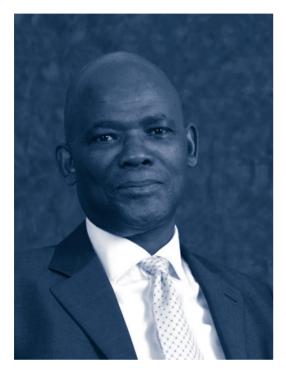
community-based worker systems

Guidelines for Practitioners

Foreword

Foreword to Community-Based Worker Guidelines by Hon Minister, Z Skweyiya, Minister of Social Development, South Africa



Community based work plays a cardinal role in the human and economic development of some of the most vulnerable members of our society. Since the Department of Social Development is charged with delivering a caring and integrated system of social development services, it has participated in the National Steering Committee which is tasked with promoting the utilisation of community-based workers in South Africa. The work of the Steering Committee is motivated by the quest to secure a better life for all by integrating social and economic development whilst promoting employability and economic well-being of some of the most vulnerable members of our society by employing some of the most labour intensive methods. The communitybased worker programme also facilitates for the extension of key government services whilst securing livelihoods of participants.

These guidelines bear testimony to our continued commitment to our people and labour intensive approaches in service delivery, as set out in the Social Sector Plan on the Expanded Public Works Programme (EPWP). The guidelines are underlined by our collective government wide approach which locates the role of the post '94 state as a developmental and caring state. Accordingly, we are convinced that these guidelines offer a rare opportunity to facilitate for the practical application of community-based worker models whilst contributing towards improved service delivery in the context of the journey towards achieving selfreliance and total emancipation of our people.

I commend the work undertaken in the development of these guidelines and hereby take the opportunity to invite you to study them carefully and apply them in your work. Undoubtedly, these guidelines will assist all of us to achieve our goals of improving livelihoods and empowering communities to be actively involved in managing their own development.

Dr ZST Skweyiya, MP Minister of Social Development, South Africa

Acknowledgements

These Guidelines are the result of work from early 2004 by over 30 partners in Uganda, Lesotho, South Africa and Kenya, working in the HIV and natural resource sectors. The list of partners is below. A group of partners came together to actually write these guidelines, and these included Abdi Nur Elmi, Agnes Lephoto, Alani Alberts, Antoinnette Schutte, Dr Ian Goldman, Dr James Kyaka, Dr Joyce Njoro, Grace Kazingati, Jacob Mutemi, Keneilwe Thipe, Mapoloko Leteka, Monene Mamabolo, and myself. We would also like to acknowledge the contribution made by Rachel Searle-Mbullu, Anita Oliphant and Clear Image. We hope these Guidelines contribute to improved services in Africa, especially amongst poorer communities.

Patrick Mbullu, Project Manager September 2007

© Community-Based Worker Project

This action-research was funded by the Central Research Department of the UK's Department for International Development (DFID). However, the findings, interpretations and conclusions expressed in this paper are entirely those of the author(s) and should not be attributed to DFID, which does not guarantee their accuracy and can accept no responsibility for any consequences of their use.

The guidelines are freely available from **www.khanya-aicdd.org** although the source should be acknowledged when adapted to specific use by organisations.

For further details please contact admin@khanya-aicdd.org or write to us at:

16A Pres. Steyn Avenue Westdene Bloemfontein 9301 South Africa

Tel: +27 (0) 51 430 0712 Fax: +27 (0) 51 430 8322

Kenya

Directorate of Veterinary Services	Dr Kisa Juma	kisajuma@yahoo.com
Environmental Liaison Centre International	Ken Orwa	kennedyo@elci.org
Farm-Africa	Lucy Kimani	lucy@farm-africa.org
Kibera Community Self-Help Project	Anne Owiti	kikoshep@mitsuminet.com
Practical Action	Willie Tumising	willie.tuimising@practicalaction.or.ke
Ngei 1 Development Youth group	John Cornwall	johnkingsley9@hotmail.com
Wajir South Development Association	Abdi Nur Elmi	wasda@wananchi.com

Mapoloko Leteka

Agnes Lephoto

Hon M Metsing

Mantiti Khabo

Keketso Sefeane

Matseliso Ramochalla

Dr Vincent Hungwe

Dr Thabelo Ramatlapeng

Lesotho

CARE SA-Lesotho Christian Health Association of Lesotho Minister of Communication, Science and Technology National AIDS Commission Office of First Lady Red Cross TEBA Khanya-aicdd

South Africa

Dept of Social Development Greater Tzaneen Municipality Hospice Palliative Care Association Khanya-aicdd Extended Public Works Programme Siyabhabha Trust Dept of Social Development World Vision - National World Vision - Free State CHoiCe Trust Health Systems Trust Mvula Trust Mangaung Local Municipality University of Free State Development Bank of South Africa

Uganda

5		
CARE Uganda	Christine Achieng	achieng@careuganda.org
Concern Worldwide Kamokya Christian Caring Community National Agricultural Advisory Services National Forest Authority Palliative Care Association of Uganda	Peter Byansi Dr Francis Byekwaso Rebecca Ssabaganzi Rosemary Kiwanuka	pkbyansi@yahoo.co.uk fbyekwaso@naads.org.ug rebeccas@nfa.org.ug pcan@apca.co.ug
Uganda AIDS Commission	Joyce Namulondo	namulondo@yahoo.com
Regional		
African Palliative Care Association	Fatia Kiyange	fatia.kiyange@apca.co.ug
Project manager		
Khanya-aicdd	Patrick Mbullu	patrick@khanya-aicdd.org

Alfa Mahlako Morongoa Mbhalati m Alani Alberts Monene Mamabolo Gomba Mashao Mpogeng Mahlangu, Mpontsheng Kumeke Daleen Raubenheimer Silas Thakanyane, Fiona McDonald Irwin Friedman Modjadji Letsoalo Marietta van Rensburg Lucius Botes Zoli Kampi mleteka@care.org.ls aidscoordinator@chal.org.ls

> sefeak@nas.org.ls tsidi@ofla.org.ls

mkhabo@teba.co.za vincent@khanya-aicdd.org

alfa.mahlako@socdev.gov.za morongoa.mbhalathi@tzaneen.gov.za alani@hpca.co.za monene@khanya-aicdd.org gombam@worpfs.norprov.gov.za mmahlangu@sacbc.org.za kumeke.m@socdev.gov.za daleen_Raubenheimer@wvi.org silas_thakanyane@wvi.org fiona.choice@mweb.co.za lrwin@hast.org.za modjadji@mvulaptb.co.za aticc@civic.mangaung.co.za boteslj.ekw@mail.uovs.ac.za Zolik@dbsa.org

Table of contents

Fore	ewordi
Ack	nowledgements
List	of examples
Glo	ssary
1 In	troduction
1.1	Context
1.2	Purpose of the Guidelines
1.3	How to use the Guidelines
2 G	eneric components of the CBW system4
2.1	Generic outline of CBW system
2.2	Key stakeholders in the CBW system
2.3	The different models
2.4	Principles of the system
3 De	eciding where to use a CBW approach and preparing for implementation10
3.1	Introduction
3.2	Assessing the current situation in a community
3.3	Deciding on which model to use and what incentives to use
3.4	Checking on the policy/legal issues
3.5	Sensitisation of the community and clarifying roles
3.6	Roles and responsibilities for key stakeholders
3.7	Accountability
3.8	Key conditions and capacities of a Facilitating Agent
4 Oı	perationalising the CBW system
4.1	Introduction
4.2	Role of the CBW
4.3	Recruitment process
4.4	Training of CBWs and supervisors
4.5	Equipping the CBWs
4.6	Ensuring accountability
4.7	Support, supervision and referral
4.8	Maximising benefits to CBWs
4.9	Learning and sharing
4.10	
4.11	Upscaling, withdrawal and sustainability

List of Examples

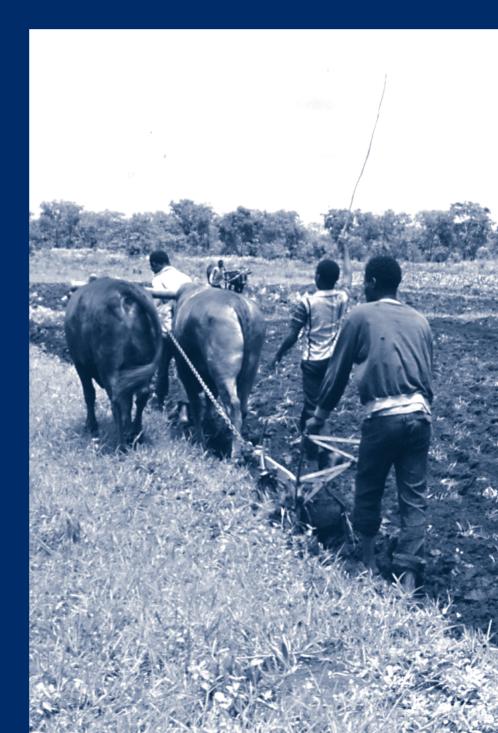
Example 1:	Coordination and linkages, ULAMP, Uganda
Example 2:	Support structures through Pastoral Associations, WASDA, Kenya7
Example 3	Situational Analysis of HBC organisations13
Example 4:	Farmer extensionists, Lesothoand Uganda17
Example 5:	Non-monetary incentives
Example 6:	Stipend policy, CHoiCeTrust, SA
Example 7:	Deciding to specialise ,ULAMP, Uganda
Example 8:	VHWs and TBAs, MOH, Lesotho
Example 9:	General HBC and palliative care specialists, HPCA, South Africa
Example 10:	Roles of CAHWs in Kenya
Example 11:	The Home- Based Caregiver's Scope of Practice, HPCA, SA
Example 12:	Job description for Volunteer Community
	Care worker – Caregiver, CHoiCe Trust, SA
Example 13:	Summary job description for VCCWs / Caregiver, CHoiCe Trust, SA
Example 14:	Selection criteria for CAHW in Kenya
Example 15:	Criteria used to select volunteers, CHoiCe Trust, SA
Example 16:	Contract for engagement for HATS, KCCC, Uganda
Example 17:	Sample Volunteer Treatment Box Refill Form
Example 18:	Contents of a Home-based care kit45
Example 19:	Kit for home gardens, CARE Letsema Programme, Lesotho
Example 20:	Linking with other stakeholders, WASDA, Kenya46
Example 21:	Linking CBWs to credit facilities, Farm-Africa, Kenya
Example 22:	HIV and AIDS Treatment Supporters (HATS), KCCC, Uganda
Example 23:	Disciplinary procedures for employed staff, based on SA labour legislation50
Example 24:	Disciplinary process for volunteer co-ordinators, CHoiCe Trust, SA
Example 25:	Reporting procedures, KCCC, Uganda
Example 26:	Reporting procedures for CBWs, CARE Lesotho
Example 27:	Example of Report Format from HPCA, SA54
Example 28:	Volunteer Co-ordinator Monthly Report, CHoiCe Trust, SA
Example 29:	Monitoring Procedures, KCCC, Uganda
Example 30:	Reducing stress levels, KCCC, Uganda
Example 31:	CHW referral form, Ministry of Health, Lesotho
Example 32:	Pastoral Associations, WASDA, Kenya60
Example 33:	Developing skills and commitment, ULAMP, Uganda
Example 34:	Peer exchanges - NAADS in Kabarole District, Uganda
Example 35:	Over-concentration of CBWs in Lesotho
Example 36:	Co-ordination in Wajir District, Kenya

Glossary

AHT	Animal Health Technician
ALRMP	Arid Lands Resource Management Programme (Kenya)
ART	Antiretrovial Therapy
ASAL	Arid and Semi Arid Lands (Kenya)
CAHW	Community-based Animal Health Workers
CBF	Community-based Facilitator
CBO	Community-based Organisation
CBW	Community-based Worker
CDF	Community Development Facilitator
CHAL	Christian Health Association of Lesotho
CHW	Community Health Worker
CSO	Civil Society Organisation
DOH	Department of Health
DOT	Direct Observation Therapy
DSG	District Steering Group
ELCI	Environmental Liaison Centre International
FA	Facilitating Agent
FBO	Faith-based Organisation
HATS	HIV and AIDS Treatment Supporters
HBC	Home-based Carer
HEI	Higher Education Institutions
HPCA	Hospice and Palliative Care Association
HWSETA	Health and Welfare Sector Education and Training Authority (South Africa)
KCCC	Kamokya Christian Caring Community (Uganda)
KICOSHEP	Kibera Community Self-Help Project (Kenya)
LC	Local Council (Uganda)
MoAFS	Ministry of Agriculture and Food Security (Lesotho)
МоН	Ministry of Health
MSAT	Multi-sectoral Action Team (SA)
NAADS	National Agricultural Advisory Services (Uganda)
NGO	Non-governmental Organisation
NQF	National Qualifications Framework
NR	Natural Resources
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care
SA	South Africa
SAQA	South African Qualifications Authority
TBA	Traditional Birth Attendant
UIF	Unemployment Insurance Fund
ULAMP	Uganda Land Management Project
VHW	Village Health Worker
WASDA	Wajir South Development Association (Kenya)



Africa is predominantly rural, often characterised by poor infrastructure and inadequate services. Many communities in Africa are largely dependant on services provided by local people, rather than by external agencies including government. Such services include traditional birth attendants, traditional healers, farmer to farmer extension, homebased carers, paralegals and water pump attendants. Building on and scaling-up community-based worker systems of service delivery is likely to have a greater impact on poverty than continuing to focus exclusively on an expensive professional-based system, with staff who are often remote and unable to access and reach local communities.



1 Introduction

1.1 Context

Africa is predominantly rural, often characterised by poor infrastructure and inadequate services. Many communities in Africa are largely dependant on services provided by local people, rather than by external agencies including government. Such services include traditional birth attendants, traditional healers, farmer to farmer extension, home-based carers, paralegals and water pump attendants.

The concept of community-based workers stems from the African concept of voluntarism. Examples include Munomukabi - helping the bereaved family, Twekobe or Burungibwansi which literally mean self-help (Luganda), Ubuntu which implies 'I am because you are', Letsema (Sotho), and Harambee meaning 'pulling together' (Kiswahili). In modern times this concept has been extended to helping the sick (eg cancer and AIDS patients), participating in church activities, serving on school governing boards and contributing to a wide range of social and community activity or arrangements (eg farming or grazing commonage) designed for the mutual well being of community members.

Building on and scaling-up community-based worker systems of service delivery is likely to have a greater impact on poverty than continuing to focus exclusively on an expensive professional-based system, with staff who are often remote and unable to access and reach local communities. But any alternative decentralised system must be cost-effective and sustainable, and able to reach into remote rural communities. Community-based service delivery represents an opportunity to actively engage the community in meeting their own, locally specified needs and demands, and in ensuring the accountability of delivery agents. Such improved models and methods represent a significant challenge to many stakeholders involved in service delivery.

These Guidelines are the product of a 4-Country action-research project on Community-based Worker Systems funded by the Department for International Development (DFID) UK, between 2004-7 and operating in South Africa (SA), Uganda, Kenya and Lesotho. The list of main partners is on page (i), illustrating the wide range of organisations which have played an active role in the project. The project was managed by Khanya-African Institute for Community-Driven Development (Khanya-aicdd) and focused on developing and implementing best practice on the use of CBW systems in the natural resources and HIV/AIDS sectors. These guidelines are however relevant to a much wider range of sectors.

The target group for these Guidelines is practitioners in government, civil society or the private sector already involved or interested in the practical application of community-based worker models.

1.2 Purpose of the Guidelines

The purpose of these guidelines is to assist practitioners and implementing partners to run CBW systems more effectively, maximising impacts for clients of the service, empowering communities, empowering the CBWs themselves, and assisting governments to ensure that services are provided at scale to enhance livelihoods. The guidelines focus on how to run the CBW system rather than technicalities around HIV/AIDS or natural resources issues.

The guidelines are generic and draw primarily from work in South Africa, Uganda, Kenya and Lesotho, where the project was implemented. However they can be used as a resource in all countries in the region, and across sectors. The guidelines are intended to be straightforward but with sufficient practical detail to be informative and useful.



1.3 How to use the Guidelines

Section 2 of the Guidelines provides an introduction to the CBW system and the different models the project has been exploring.

Section 3 provides a basis for managers of NGOs and government to decide when it might be appropriate to introduce and develop a CBW approach and critical issues to consider at this stage.

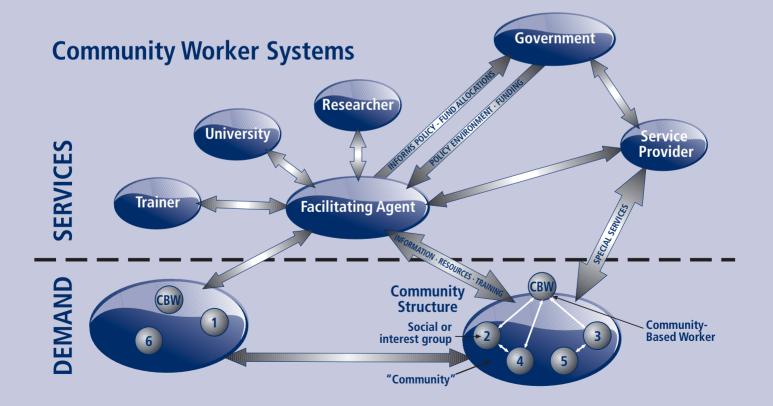
Section 4 describes different elements of the system, and provides step-by-step guidance around each of these. It also gives examples of real tools used by different agencies and illustrates where some variants of the CBW system differ in how this element should be applied.

It is assumed that organisations wishing to use these guidelines will adapt them and/or incorporate them in their own guidelines as appropriate. Each organisation will also need to develop or use technical guidelines which are not covered here eg technical elements of home-based care, animal health etc. In addition most organisations will need to develop guidance for CBWs - ideally in their first language - as part of a resource and support framework.

We hope these guidelines assist with embedding community-based systems to improve pro-poor service delivery across Africa.



This section introduces the CBW system and the different models the project has been exploring.



2 Generic components of the CBW system

2.1 Outline of a CBW system

An effective **community-based worker (CBW) system** will contribute to improved service delivery particularly to poorer communities (see Figure 1). Community-based workers themselves are a pivotal factor within the system, assisted and enabled, or hindered and challenged by a wide and diverse range of influences. Within any system the different parts are interdependent and operate in conjunction with each other. The same understanding is applied to a CBW system which comprises a range of different stakeholders (groups, individuals or organisations), institutions (formal, informal) and approaches (to management, learning etc) - all of which are underpinned or guided by certain principles (see 2.4).

The core concept of a community-based workers (CBW) system is:

- People from within a community (CBWs) providing **voluntary** time to support their community (except in the cases of commercial models such as Community-based Animal Health Workers). These CBWs are a focus for providing training and support to others;
- Provision of incentives to these CBWs. In most cases costs are covered such as travel and food, in some cases they receive a fee or a stipend for the service rendered, and there are a variety of nonmonetary incentives.
- Recognition that CBWs are **para-professionals**, selected from the community they live in, trained to cover a specific task, but without a long professional training and qualification;
- Provision of support and supervision by a facilitating agent (FA) that can be an NGO, private sector or government;
- Mechanisms of **accountability** by CBWs to the community or a specific group within the community as well as the facilitating agent.

The process used to generate these guidelines is based primarily on work in the HIV/AIDS and natural resources sectors and included the following types of CBWs:

Addressing HIV/AIDS

Home-based carers, peer educators, direct observation therapy (DOTs) workers, Voluntary Counsellors.

Supporting the use of natural resources

Community forestry workers (Uganda), community-based animal-health workers (Kenya), farmer extension facilitators, community soil conservation volunteers and home-garden extensionists (Lesotho).

There are a wide range of other areas and sectors engaging CBWs and much of this guide will be relevant to these as well, including:

- Water pump attendants;
- Legal paralegals;
- **Security** home guards (Kenya), police reservists, fire reservists (SA);
- **Environment** urban rangers, waste management, community-based facilitators for beach management units (Kenya/Uganda).



2.2 Key stakeholders in the CBW system

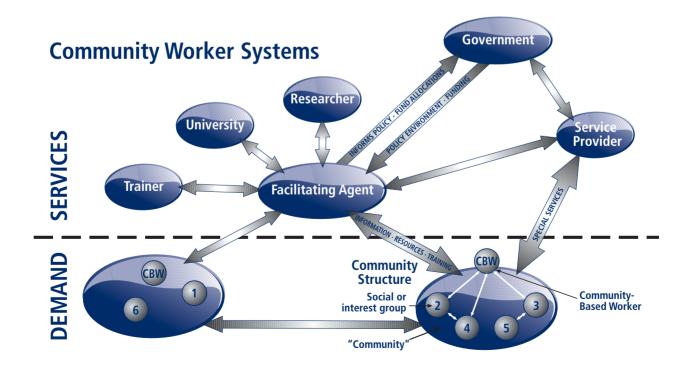
Any CBW system will include a number of critical stakeholders and players: the CBWs themselves; the community/ [in]formal institutions through which people organize to act collectively and link with the CBW; a facilitating agent supporting the CBW; and other service providers. Linkages formed with stakeholders maximise impact of the system and help to ensure that there is coordination and no duplication of functions. These stakeholders need to be involved at all stages of a CBW system for it to work effectively.

The Community-based Worker

The CBW plays a central role in a CBW system. His/her responsibilities are varied depending on the type of service provided. However, the CBW may play some of the following roles:

- Being a conduit for information and technologies (and sometimes supply of inputs such as drugs);
- Being a bridge/link person between the community and service providers/facilitating agent;
- Applying the approach on their own livelihood activities and providing demonstrations from their own farm or household;
- Mobilising the community for advisory, support and learning activities;
- Engaging in training activities with the facilitating agent, training community members and following up with them subsequently;
- Animating the community by providing energy and enthusiasm for development activities and maintaining the momentum of these activities.

Figure 1 Diagram of the Community-based Worker system



Community

The community is central in ensuring the successful implementation of a CBW system. Community representatives should be involved in drawing up selection critirea for CBWs and recruiting/ selecting them. Community members will also provide support to CBWs including mobilising community support and facilities for training. Community members will also be involved in monitoring the work of CBWs and contributing to any neccessary disciplinary processes. Community involvement from the beginning of the project will enhance ownership of and commitment to the process and so greatly increase the chances of success. Other community structures that need to be involved in the CBW system are community and or opinion leaders, community-based organisations (CBOs) and faith-based organisations (FBOs).

Facilitating Agent (FA)

The Facilitating Agent can be from the government or nongovernment sector, and they support and mentor the CBWs, and ensure linkages with other service providers. FAs might provide funding for the work undertaken by the CBW. This can include providing stipends or being a conduit of government funding of stipends. FAs can also, provide useful information, support in training and technical supervision. If government is to use such systems effectively they must see the FAs as a key resource for widening service delivery, and therefore informing government policy. They can act as institutions of collective action and interlocutors between people and public service providers - advocating for equitable funding allocations. The FA should link with other agencies eg NGOs working in the area, to avoid duplication and also to create the synergies that help sustain CBW systems.

Government

Government and national institutions help to provide an enabling environment for developing and maintaining CBW systems. The national bodies such as the National AIDS Control Council are strategic because they organize the sectors and are able to ensure access to service provision on a broader, national level. Government's role involves creating policies, setting standards (eg of training) and also funding the system. Government too has a duty to provide technical expertise, eg health workers, doctors, veterinarians, agriculturalists, etc. Some governments also play the role of implementation eg in South Africa, provincial government is an implementer of health, agriculture and social development services, and in Uganda local government provides these services.

Private Sector

The private sector can play different roles including that of a supplier - eg supplying drugs, fertiliser, and agricultural equipment to CBWs through FAs. In some cases they also provide technical expertise, eg in the use of certain seeds.

Example 1 Coordination and linkages, ULAMP, Uganda

The ULAMP project supported agricultural extension work in communities. CBWs were trained in soil and water conservation technologies by the Facilitating Agent (ULAMP). In the same area there was another NGO called ACTS which was providing a gravity-fed water system, involving the digging of trenches for pipes which caused environmental damage. Through the partnership of the two organisations, ULAMP and ACTS, the ULAMP CBWs were called upon by ACTS to address the destruction of the environment through planting of cover crops and also constructing soil and water conservation structures. This partnership benefited both organisations: ACTS benefited through the availability of human resource in the form of CBWs, and ULAMP CBWs received stipends from ACTS.

Example 2 Support structures through Pastoral Associations, WASDA, Kenya

Wajir South Development Agency (WASDA) in Kenya collaborates with various stakeholders to form the support structures for Community Animal Health Workers (CAHWs) in the region. The CAHWs link directly with these Pastoral Associations. The Associations are the entry points for the CAHWs into the community, they assist in community mobilisation for animal vaccination and disease surveillance, they have drug shops from which the CAHWs can buy, and they also assist in provision of venues for training.

Specialised service providers

These provide specific technologies, training, evaluation and technical assistance in particular areas. There may well be specialised services that are needed, eg identification of plant diseases, where specialist support is needed. It is important that such linkages are made as part of the system, and that suitable referral systems are in place when the situation demands competences beyond those that the CBW can provide.

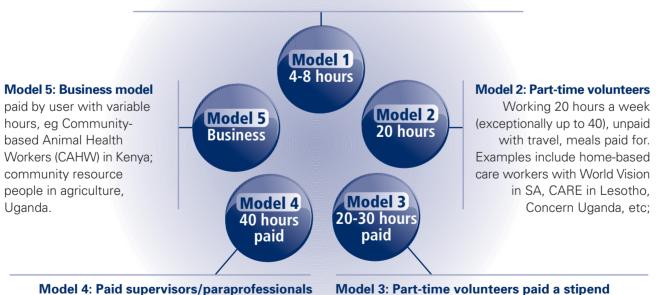
Donors

Donor agencies can be important in the sustainability and scaling up of CBW systems. It is important that stakeholders identify potential funders, preferably those based locally in the area. The donor agencies provide resources that can assist in the integration of CBW approaches with other programmes eg Life Skills, Entrepreneurship, IT Skills and any other projects that might be of benefit for the CBWs and the system. They can also be instrumental in ensuring that advanced learning in Higher Education Institutions meets urgent community needs by helping to fund career pathing, providing incentives and relevant strategies for CBW programmes.

2.3 The different models

In the four countries the project found a variety of CBW models which are an approximate of what is happening in practice. The models are:

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



Model 4: Paid supervisors/paraprofessionals They work 20-30 hours a week. For example homebased care workers in SA are paid a monthly allowance of \$70 and in some cases up to \$140;

They work 20-30 hours a week. For example homebased care workers in SA are paid a monthly allowance of \$70 and in some cases up to \$140;

2.4 Principles of the system

To guide the establishing and maintaining of a CBW system that can improve pro-poor service delivery, the following principles have been identified:

- The system should be **replicable** and **sustainable** (assuming that government provides mainstream funding and donor funding is only viewed as supplementary);
- The system must be cost-effective and easy to implement at scale in a sustainable manner (using government funding);
- Governments should have a clear policy on usage of the CBW system, and be willing to fund it on a long-term basis;
- The CBW system should **complement** and **integrate** with existing structures, implemented through **strong partnerships** between civil society and government;
- Roles and responsibilities need to be clear as well as the benefits and expectations on all sides;
- The system must be **responsive** and **flexible**, be based on a holistic understanding of the community, addressing priority needs and generating **tangible benefits** at local level;
- The system should **empower communities**, build on local knowledge and strengthen local capacity;
- Accountability to users must be built into the system, and monitoring and evaluation linked to learning at all levels simple tools for CBWs to collect and analyse data should be developed;
- The value-added through the role of the CBWs must be **recognised**, and they should receive direct and **frequent feedback** from superiors on the services they are providing.





B DECIDING WHERE TO USE A CBW APPRO AND PREPARING FOR IMPLEMENTATION **DECIDING WHERE TO USE A CBW APPROACH**

This section provides a basis for NGOs of and managers government to decide when it might be appropriate to introduce and develop a CBW approach and critical issues to consider at this stage.



3 Deciding where to use a CBW approach and preparing for implemenation

3.1 Introduction

This section covers steps towards making a decision as to whether a CBW system is relevant, and the preparatory phase of a CBW project. This stage requires effective stakeholder consultations, planning and resource mobilisation to set the process of implementing a CBW system in motion.

3.2 Assessing the current situation in a community

3.2.1 Introduction

A situational analysis is an important first step before developing any kind of CBW intervention. This should provide useful information about the community, their needs and problems, identify possible solutions, provide the basis for decision-making in a CBW intervention and inform decisions about how a CBW system will be established and the particular model that may be introduced.

An introduction into the community is important if the FA is new to the community. This can be achieved through consultation with local leaders and the local administrative structures and helps define the scope and process for a more thorough situational analysis. This sensitisation process is critical in beginning to define and build relationships between stakeholders and initiating dialogue about operationalising CBW interventions.

Such an analysis can involve various methodologies including surveys, focus group discussions, stakeholder workshops and a literature review. Participatory methods applied thoughtfully at the community level can make the process as interactive as possible and help build ownership towards any intervention. The tools used in community-based planning provide a useful PLA toolset which can be used for this situational analysis. The facilitation guide is available at **www.khanya-aicdd.org**. The assessment would commonly be carried out by FAs, although key stakeholders such as the government must be included as participants and/ or facilitators if the facilitating agent is an NGO.

If the CBW system is likely to have an HIV/AIDS focus, important information needs to be gathered around behaviour and attitudes towards HIV/AIDS, how the infected and affected are taken care of, availability of health facilities and other support services eg Voluntary Counselling and Testing. In the context of agriculture and natural resources, basic information to be gathered at this stage would include the farming practices, diseases affecting livestock, coping mechanisms, available services, marketing of produce and sources of credit. In the livestock sector, important information will be about the drug supply system, current service providers (public and private), roles of men and women in livestock-keeping, livestock markets and source of credit.

The needs are then prioritized and possible interventions to address these identified. Other important information that will be generated through a situational analysis exercise is discussed below.

3.2.2 Demographic data

This includes the population and its distribution, ethnicity, literacy levels, age distribution and gender profiling. The information will also provide a picture of the socio-economic status of the community. This identifies the type of clientele that the CBWs will serve and also the pool of people available from which to select CBWs. Demographic data also assist in the categorization of the community which helps stakeholders identify appropriate approaches to ensure equitable access to services and benefits of the CBW system.

3.2.3 Livelihood systems

This will identify the different social groups in a community and their livelihood systems, eg natural resource-based livelihoods such as agriculture, fishing and livestock, or business-related livelihoods. This should also identify how the systems are working, what roles are being played by public and private institutions, and where there are key gaps in the system if this is to operate in an improved but sustainable manner. The information on livelihoods helps to determine the context of the CBW system and also the incentive systems that may be utilized. It also helps identify possible community resource contributions and when they would be available for project activities.

3.2.4 Community organisation

Community organisation varies with different communities. Some communities are organised along traditional structures while others are organised along government administrative units. Many combine both. It is therefore important to assess the role of all these structures and the influence they have on the community, leadership and power distribution arrangements and decision-making mechanisms. Knowledge about the culture will also help in the utilization of local knowledge including cultural norms, practices and behaviours that may affect the operation of a CBW programme.

3.2.5 Institutions

Information is required about the distribution, roles, nature of services and capacities of local institutions and organisations such as CBOs, local committees, local NGOs, schools and health facilities. Other organisations operating in the area are also interviewed for information about their activities and approaches. This exercise helps identify key stakeholders, collaborators and potential partners in the CBW system. To do this a variety of stakeholder analysis tools can be used such as participation matrix, impact analysis of stakeholders, identification of clients/actors/owners etc.

3.2.6 Policy situation

It is important to consult policy papers and government personnel to understand the current policy and legal frameworks relevant to any proposed CBW intervention and identify gaps and plan strategies of advocacy to influence the necessary changes where needed (see also 3.4). It is critical to involve policy personnel from the outset in determining the purpose and scope of a likely intervention around CBWs to build ownership and assist with ensuring an effective enabling environment is built as a fundamental and very influential part of the CBW system.

Example 3 shows a situational analysis format to assess the capacity of home-based care (health care) organisations in the Western Cape, South Africa

3.3 Deciding on which model to use and what incentives to use

3.3.1 When is a CBW system required?

A CBW system should not just be introduced because it sounds like a straightforward or cheap alternative to improve service delivery to poorer communities. When the criteria in Box 1 below are met this would usually indicate that more decentralised service delivery is appropriate.

The stronger these are, the more locally the service should be provided. Thus home-based care is not technologically complex, people can be trained locally to provide this, and their proximity also makes them readily available to help people who need care perhaps twice a week or more, and it is important to know the individuals concerned to provide a suitable caring service. Home-based carers are able to provide basic health care: first aid, immunizations against diseases such as diphtheria, whooping cough and measles, and health education. In many countries they are involved in teaching hygiene as basic as washing hands before eating and after using latrines. Illnesses beyond their training capacity can be referred on to physicians at local clinics or health centres.

Example 3 Situational Analysis of HBC organisations

Name of organisation:			
Physical address:		Postal:	
Telephone:	_Fax:	E-r	mail:
Geographical area of operative	ation:		
 Estimated population:		_	28:
Estimated numbers of people livi (this information should be available from			
Do you employ home - based-car Home-based care programme:			
Total no of patients			
Referring hospitals and clinics		· _	
Hospitals: 1 Clinics: 1	2		_ 3
Clinics: 1	2		3
Other referral agencies Other NGOs working in your area providing care to HIV/AIDS patients:			
Which of these NGOs are funded by PAWC?			
Signature:			Date:

What is important is also to look at the long-term sustainability of the service. There are a number of issues here:

- The **long-term financing** of the system see section 4.11 is government committed to mainstream funding or are there other long-term sources to finance the system?
- Is the system likely to be **integrated** with other service provision to provide the mix of FA and specialist services?
- Is there a basis in **policy** for the system?
- Are there **community structures** that can be built on to hold CBWs to account either local administrations, traditional structures or specialist groups such as farmer groups?
- Is there a **private sector** structure that would be interested in supporting CBWs (as in vets for CAHWs)?

3.3.2 Deciding on which model

Objective

For managers and decision-makers to be able to decide when a CBW system is appropriate and which model could be used.

Process

- 1. Use information from a comprehensive *situational analysis* to identify the needs in the community and possible solutions to these challenges, eg what type of service will address these needs and what type of person could deliver this type of service.
- 2. Understand the way the *system* is working currently asking the following critical questions; what is the problem, why is this a problem, who needs to benefit from services and deliver services, when (how often) should the services be delivered, where (area of operation) and how will this best be done? What (potential) service providers and services are there in the community and stakeholders? What similar services are already provided and how linkages and partnerships might benefit the setting up of a community-based worker system?
- 3. Making the *decision* as to whether a CBW system is appropriate:
 - Apply the *criteria* in Box 1 does this suggest a CBW system is possible and appropriate?
 - Do appropriate *human resources* exist in the area or could be accessed (type of skills available in the community, technical skills available in organisations operating in the area or with interest to work in the area, FA).
 - Is equipment needed that can easily be supplied to a volunteer?
 - Is it a challenge to provide services to all communities does this represent a real possibility for getting services into all communities in a *cost-effective* manner?
- 4. Decide what type of CBW model would best address the needs of the community. You must consider what resources are available to support the service, including paying stipends, travel costs, training etc. Is the funding sustainable? Would it be appropriate to pay stipends and if so would there be sufficient funding for this?
 - If not, then you are considering models one or two.
 - If appropriate and available, then model three can be considered.
 - Is the service a private good or public good service? If it is a private good service, will the recipient be prepared to pay for the service rendered (for example for treating livestock)? In this case model 5 should be considered.

For example, a CBW programme aiming to engage and retain workers with academic qualifications will need to provide attractive salary payments and benefits package. A programme that trains CBWs will need to make decisions about whether to provide a stipend, offer an incentive package, or rely entirely on pure volunteerism. These decisions have implications for those choosing to join the programme and how long the programme can expect to retain that CBW.

5. The objectives of the planned services should be defined clearly at this stage.

Box 1 Criteria for providing services locally

- The technology required is relatively simple and so it is easy to train people that can operate and maintain this locally;
- There are no great economies of scale (no expensive equipment needed, eg medical equipment in a health centre);
- The service is required frequently (eg weekly);
- It is difficult to standardise the service unless the knowledge and culture of local people is effectively harnessed;
- Change is happening in the environment, so again local knowledge is important.

3.3.3 Incentives

CBWs essentially start out as people with a passion to be of help in their communities and became involved as volunteers. Usually their passion to provide some sort of help is inspired by a specific need in their community and a personal motivation to be of help. The question arises however as to whether the CBWs' work should be appreciated through provision of incentives. Should CBWs be refunded for expenses incurred, or paid for the work done, especially in cases where they are experiencing poverty themselves? A wide range of incentives can be provided to support CBWs which range from:

- Training, educational tours and exchange visits, which provide an opportunity for CBWs to learn from others, be challenged and receive encouragement and thus become more committed to their work;
- Certification and developing a career path;
- Recognition and status in the community as CBWs provide a community service, they interact with a range of people including community leaders, government officers, visitors etc. In addition to the training they receive this helps them build self confidence and esteem. By virtue of their work, they become popular in the community and some end up being appointed in community development committees. Sometimes awards of best practice or annual celebrations are used as opportunities for giving recognition to CBWs;
- Access to equipment eg bicycle, or drugs to treat own livestock;
- Uniforms or T- shirts, caps, or bicycles bearing messages or symbols of the work they do, can make it easier for CBWs to be visible and recognised;
- Preferential access to services, eg health care or food supplies during famine. CBWs and their families can be prioritized for benefits eg drugs and where other material benefits are offered to community, eg identification card method in Lesotho;
- Gifts eg Christmas gifts given by FA to CBWs in appreciation to their tireless efforts in providing community service;
- Stipends, provided by some of the FAs depending on the number of hours worked by a CBW;
- Opportunities to **practice approaches** they are advocating within their own household eg improving their own livestock.



CBWs are potentially providing significant services in their communities, often where government has responsibility. In some cases resources are potentially available which can provide some remuneration for CBWs, notably in SA, where stipends are now being provided to home-based carers. However such arrangements can distort the spirit of voluntarism and mean that volunteers in adjacent areas or different sectors are less willing to volunteer unless there are financial rewards or clear tangible benefits. Therefore it is critical to have an agreed policy on remuneration of CBWs within particular sectors, ideally at a national level.

Generally where monetary incentives are provided as in model 3, these are stipends or allowances but with no recognition of an employment relationship. In model 5, the business model, direct fees are paid for services such as providing drugs. Where a stipend is paid, there may be a graduation system which stipulates that the CBW has to have volunteered for one year, for example, before they are considered for a stipend.

Being a CBW can enhance a CBW's livelihood but can also jeopardise other livelihood opportunities. This can result in a high turnover of CBWs. It certainly is challenging for both the FA and the CBW if CBW commitments inhibit full-time employment opportunities. So some projects invest in incomegenerating activities to provide additional income for volunteers. Such arrangements do assist with motivating CBWs.

However, even when such arrangements are in place there are sometimes expectations that a CBW should be paid in relation to the amount of work done. In SA for example, community home-based caregivers worked for a long time without any payment, but when the government started paying stipends to them, the complaint was soon that the money was too little in relation to the amount of work done and the hours spent doing it. The government then doubled the stipends. Whilst this was beneficial to these particular CBWs there are not always resources available to respond in this way.

In the Highlands water scheme in Lesotho, the experience was that if community members received payment once, they will in future not be willing to perform voluntary work, but will expect to be paid for the work performed. This compels the FA to ensure that sustainable funding is available when they start paying stipends to CBWs. The key issue is deciding on the appropriate model and whether resources are available to provide stipends.

- Is the service provided a private good which people would be prepared to pay for? If yes consider model 5.
- Does the funding and policy situation support the idea of payment of stipends? If yes then consider model 3. If not consider models 1 and 2.
- Model 4 is a supervisor model which will be true in most cases.

Model 1

Model 5 Business

> Model 4 40 hours

Model 2 20 hours

Model 3 20-30 hours

3.3.4 Discussing incentives with communities

Objective

To select an appropriate model in consultation with communities, which both motivates CBWs and does not destroy the spirit of voluntarism, and where the CBWs do not feel exploited.

Who facilitates?

FA, community leaders and community members.

Who needs to be involved in the process?

FA, CBWs, Community, Government

Process involved

- 1. Initial discussions should be held with the community following on from the situation analysis, exploring possible service delivery models and roles.
- There should be a frank discussion with the community on possible incentives and the advantages and disadvantages, building on what communities already practice or used to do on a voluntary basis. This should consider the nature and ethics of voluntarism, appreciation for voluntary work done, recognizing the status and contribution of a CBW in the community and hours of work expected.
- There are significant implications for the process of selection (see 4.2) so that communities are realistic in their expectations, select CBWs who are motivated, and CBWs are also realistic in terms of their contribution and the support they will get.

How long will it take?

The key phase for this is during the sensitisation process prior to establishing any system (see 3.5).

Comments and tips

Inevitably as the CBW develops their understanding of their role their motivation may change depending on how the system works, what they feel they are achieving, the support they are getting, how much they are learning and how much they can apply what they are learning in their own lives (eg on their own farms, or family). Thus, this process of acknowledging and reviewing incentives is ongoing.

Example 4 Farmer extensionists, Lesotho and Uganda

Uganda's NAADS and the Ministry of Agriculture and Food Security in Lesotho involve other farmers in holding demonstration trainings on CBWs' farms. The CBW shares his knowledge and benefits from crops produced which results in the CBW enjoying a higher status in the community from being known as a person who can train others, as well as the gains from the crops produced and the instruments used.

Example 5 Non-monetary incentives

WASDA in Kenya provides certification and extra drugs to the most active CBWs;

FarmAfrica (Kenya): Provides cell phones to CHWs to assist communication between beneficiaries, supervisors and suppliers;

Ladybrand Hospice (SA) has introduced periodic awards and food parcels in appreciation of services rendered by CBWs and in recognition to the best performing CBWs. The awards further motivate CBWs who provide work in very stressful environment.

CHoiCE provides double blankets, vouchers, training shoes, watches, jeans / skirts, cosmetics, stationary, bath towels, DOTS Bags, training and career path.

Example 6 Stipend Policy, CHoiCe Trust, SA

CHoiCe Trust introduced its stipend policy in 2005 when the Department of Health (South Africa) provided funding for 120 Caregivers to receive a monthly stipend of R500.

Stipend process

Very strict criteria/conditions were set in order for a volunteer to qualify for stipends including:

- Completion of all 5 Home-Based Care Training Courses (59 days)
- Dept of Health Endorsement (and link with local clinic)

Activities include:

- Attendance at monthly support group meetings
- Submitting monthly reports and statistics
- Accurate mapping of area and households
- Any Volunteer/caregiver working in excess of 20 hrs/week in formal employment or receiving a stipend from another organisation is disqualified.

In order for CHoiCe to pay the stipend, eligible candidates needed to have completed the following :

- The Employee/Volunteer Detail Form;
- Attachment of a copy of your ID document;
- Fill in all the details required correctly;
- Return the necessary documents to the Volunteer Co-ordinator.

Stipend criteria

Elements required

- 1. Years of Active Service
- 2. Completion of 5 Home-Based Care Training Courses
- 3. Department of Health Endorsement
- 4. Volunteer Co-ordinator's endorsement
- 5. That they are active Volunteers:
 - Attending monthly support group meetings
 - Submitting monthly reports
 - Accurate Map 250 Homes
- 6. A volunteer is ineligible if they are receiving a stipend from another organisation or through formal employment if the hours worked exceeds 20 hours/week.

Expected Monthly Activities/duties from a Caregiver Receiving a Stipend

- Minimum 20 hours they have worked Log on sheets - hours are to be collected on Patient Registers and calculated at the end of each month
- 2. Perform at least 5 information talks on various subjects at different community venues
- 3. Communicate regularly with area role players eg Counsellors, Local Govt., clinic staff, social worker and Volunteer co-ordinators.
- 4. Collect community information, identify needs and address with Volunteer Coordinators.
- Familiar with project aims and activities in order to host donor site visits together with CHoiCe staff
- 6. To be available to attend relevant training/conferences as requested.
- 7. Perform 10-15 healthy home visits per month.
- 8. Establishes at least 1 vegetable garden for self, and participates in the communal garden development.
- 9. Visits 250 households over a 2 month period.
- 10. Attends the Monthly Support Group Meeting.
- 11. Maintains a monthly Caregiver Register.
- 12. Provides Monthly Volunteer Statistics.

Stipend Monitoring & Evaluation

Each month the Volunteer Co-ordinators sign a form regarding each volunteers service, attendance at Support Group and submission of Volunteer Monthly Statistics. This form becomes the basis of payment of a stipend. Failure in the areas cited above will be investigated and if necessary the stipend will be ceased for the inactive time period. The following section on Stipend Policy outlines the areas that have been ratified by the Co-ordinators as acceptable to receive a stipend.

Stipend Policy

- Pregnant volunteers are entitled to full stipend and leave for 3 months pre and post delivery;
- Sick: If a volunteer is sick with a sick note they will receive their stipend;
- III: If a Volunteer is seriously ill they will continue to receive a stipend until their grant is approved;
- Grants: Volunteers who get Disability Grant or Child Support Grants are eligible to a stipend;
- Work: If a volunteer is working less than 20 hrs and can prove this on a monthly basis then he/she may get the stipend.

3.4 Checking on the policy/legal issues

It is important that the FA or government consider the policy and legal issues before embarking on establishing any CBW system. Some of the key issues to consider are:

- 1. Laws and policies guiding service delivery in a **particular sector**: Any CBW system should complement existing systems, with clear understanding of how other services are provided and how CBW systems can fill the gaps, so helping to ensure synergy and reduce conflicts.
- 2. Existing **labour laws** to ensure that the model selected does not contravene the labour laws. It will then be important to know what the laws stipulate about volunteerism to avoid setting standards that are equal to those of employees and thus exploiting them or getting involved in legal tussles with the volunteers.
- 3. Existence of **harmonised manuals or guidelines** for the implementation of CBW systems in a particular sector. Where guidelines and manuals exist, the FA should use the same as they are meant to standardise training and improve the quality of services.
- 4. **Quality control and regulatory laws** that guide on type of equipment and procedures that can be handled by a particular cadre of employees.
- 5. The legal and policy gaps that need to be addressed through **advocacy** to ensure that the CBW system is sustainable. For example the animal health policy in Kenya does not recognise the services provided by the CAHWs although they are still operating in the ASALs. There is therefore no formal structure for their support. This becomes an advocacy issue as CBW systems are unlikely to be sustainable without government support.
- 6. Other areas where policy and practice guidelines are important include principles and guidelines for registration, co-ordination, monitoring and evaluation, remuneration and appraisal of CBWs, and advocate for the standardisation of the training given to CBWs. Current experience shows that organisations lack effective guidelines for involving local governments and other community leaders/structures in monitoring, evaluation and appraisal of CBWs. Regulations need to address relationships and agreements between government departments and NGOs, and between NGOs, CBOs and CBWs.
- 7. In order to ensure compliance with the required service delivery standards, it is necessary to institute mechanisms for **quality assurance** and technical auditing of work done by CBWs and these need to be factored into the design process.
- 8. A **regulatory framework** is also relevant to all CBWs receiving stipends or volunteering and all NGOs using community-based workers. Regulation needs to consider issues surrounding CBW misconduct, indemnity, referral pathways, quality assurance, and training and learning programmes.
- 9. While it may prove difficult to standardize all the training of CBWs due to differing contexts and environmental dynamics, efforts should be made towards standardization and accreditation incountry of **CBW training curriculum for specific sectors**.

3.5 Sensitisation of the community and clarifying roles

Background

One of the tensions around CBW systems is how empowered or not the community is, or whether it is just another more local top-down service delivery model. Therefore the involvement of the community is critical whether through specific interest groups or the community more generally. It is important that discussions are held at an early stage where roles are clarified and community expectations and interest sought.

Objective

The community has decided whether they wish to participate in a CBW system, and the roles they would like to play clarified.

Who facilitates?

FA, community leaders

Who needs to be involved in the process?

FA, CBWs, Community, Government

Process

- Identification and recognition of key community leaders in consultation with the relevant local government departments, FAs conduct an inventory of all existing community opinion leaders; religious leaders, community elders, government administrators, political leaders, women leaders, youth leaders etc, and the role they play in the community. This should have been done during the situation analysis.
- 2. FA teams analyse the results emerging from the situation analysis and the factual technical information to **discuss with the community leaders**, clarifying their own intent and process.
- 3. **Creation of rapport** with community leaders the FA teams convene introductory meetings with the community leaders and discuss emerging findings and what they are hoping to achieve and seek support from the leaders to achieve results, and agree a way forward.
- 4. It is important for the FA leadership to establish and **maintain a cordial relationship** with the leaders.
- 5. Defining the **roles of the FA** the FA explains its mandate to the community leaders ie who they are, what they stand for, what they intend to do (activity/ies), when, how and for how long. In so doing the FA may share its approach to development in terms of what they offer and what they expect to come from the community.
- 6. Defining the roles of the community FA recognises the role played by community leaders in the community and underlines the importance of the leaders in sustaining development projects. FA and community leaders agree on possible roles and responsibilities the community leaders will play such as community mobilisation, beneficiary identification, resource mobilization, identification of CBWs and monitoring of their performance.
- 7. **Creating awareness** amongst community members Community leaders and FA develop an action plan for community sensitisation meetings where the community leaders will introduce the FA. The FA is given time to share information with the community including what the FA will do and what its expectations are from the community. Community leaders then facilitate the community in discussion around roles and commitment. A possible way forward is discussed.

3.6 Roles and responsibilities for key stakeholders

While establishing a CBW system, it is important to clarify the different roles of all the actors involved in a CBW system. The following checklist extends the discussion started in section 2.2 on the key stakeholders involved in making the CBW system effective. See also section 4.2.2 for detailed discussion on roles of CBWs.

3.6.1 The role of the facilitating agent

- Mobilisation of the community;
- Providing funding and identifying other possible funding opportunities for the CBWs;
- Consulting communities and drawing-up proposals based on the requirements of the community;
- Standardising and formalising the selection criteria for the CBWs, in consultation with communities;
- Providing guidelines and facilitating the selection process for CBWs;
- Designing and signing contracts with CBWs;
- Supporting capacity building for CBWs in terms of training, on the job support and exposure. The common practice has been that the training content is designed by FAs for most of the CBWs;
- Standardising training manuals in consultation with the different FAs within the community;
- Developing a simple and sustainable supervision and monitoring system to guide the communities in monitoring CBWs activities;
- Supporting, training, supervising, monitoring and evaluating the CBWs;
- Empowering communities to run their own affairs through training and exposure;
- Facilitating reflecting, experiential learning and sharing of best practices;
- Promoting adoption of approaches that lead to sustainability of the CBW system;
- Facilitating linkages with other stakeholders in order to ensure coordinated approaches, routes for referrals and learning with other organisations.

3.6.2 Role of the community

- Participate in situation analysis to enhance design, ensure a sense of ownership and therefore sustainability. For effectiveness, the focus of the CBW programmes and projects should be informed by community needs and priorities;
- Adapt selection criteria for the CBWs and select through a public meeting;
- Where applicable, witness the signing of the contract;
- Contribute to the work of the CBWs in-kind or cash eg allocation of site or a field to be used by the CBWs for demonstration or meeting purposes;
- Supporting and recognition of the value of CBWs eg offering gifts and or praising the work they do;
- Monitoring and supervision of CBWs;
- Involvement and participation in resource mobilisation eg Harambees in Kenya;
- Paying for services eg community-based animal health care.

3.6.3 Local government and local leaders

- Serve as a gateway and the entry point to the communities;
- Provide enabling environment for the CBWs to operate;
- Play a role of key decision-making on key issues concerning the community;
- Provide information on all FAs operating in the area as well as an inventory of all FAs and CBWs and their projects;
- Plan for CBW systems and allocate resources;
- Mobilise the communities towards development activities;
- Recognize work of CBW through different fora;

MEETINGS

- Play a coordinating role for community-based development activities;
- Monitor and evaluate the performance of the CBWs and their projects, facilitating reflecting, experiential learning and sharing of best practices;
- Quality assurance of the CBW processes and services provided;
- Engage in lobbying and advocacy including mobilization of resources for community projects;
- Serve as a bridge between the community and the FAs;
- Monitor, evaluate and document processes, outcomes and best practices.
- Provide protection to the CBWs (security) and participate in resolving conflicts;
- Monitor adherence to government policies;
- Provide linkages to higher authorities eg at the district or national levels.

3.6.4 Specialist technical service provider

- Provide technical assistance to CBWs as well as referral point;
- Strengthen capacity of CBWs;
- Participate in coordination meetings and periodic reviews;
- Monitor the technical performance of CBWs.

3.7 Accountability

3.7.1 Introduction

In a practical sense, accountability is seen as a process in which two or more actors undertake a given task, have a shared understanding of the goals and responsibilities for effectively fulfilling the needs of the intended beneficiaries in a timely manner while ensuring regular feedback through mutually agreed channels and procedures. This therefore means that for accountability to take place, the parties involved must have a shared understanding of what to do and why, for whom and with whom. Both parties are responsible for what they do and how they do it as individuals and within a team with agreed mechanisms for feedback in place.

In a conventional CBW system, accountability operates at different levels. The CBWs have multiple accountability responsibilities depending on the type of system and service provided. They are accountable to the community who are also the clients and also to the FAs as they provide support and resources to the CBWs. Depending also on the types of linkages the CBWs are also accountable to other stakeholders including technical line departments and private sector stakeholders.

3.7.2 Accountability by CBWs to the community

In some contexts, CBWs are expected to share their work plans and the expected outputs with the communities to ensure that the community is part of the process. This makes it easier for the community to follow up and give feedback during the entire implementation process. In cases where the CBWs are not honest or reliable, the community would have the mandate to hold them accountable. This would therefore ensure quality and timely services to the communities.

With regard to reporting, the CBWs are responsible for providing feedback to the communities as and when need arises but ordinarily the reporting would be weekly, monthly, quarterly and annually. While discussing the reports, the CBWs would engage the leaders and communities on issues that affect them. This would entail sharing of successes, challenges and other emerging issues in relation to the workplans.

3.7.3 Accountability of FA to the CBWs and community

The FA is also supposed to be accountable to the community and the CBWs. To facilitate transparency, the FA should share plans, resources and other important issues with the community and the CBWs. There should be regular meetings with community structures which are held at least quarterly.



3.8 Key conditions and capacities of a Facilitating Agent

The FA should ensure that it has adequate capacity to support the CBW system. This involves setting up and putting in place certain structures and systems to ensure operational harmony. These aspects have been summarised in the table below.

Table 1 Key conditions and capacities of an FA

Key conditions for Facilitating Agent	Description	
Information management	 Basic information management systems ensure that the FA has access to information and tools that will enable it to work efficiently and effectively. Updated database system in place. 	
Monitoring and evaluation systems	• Capacity to collect, collate, analyse and document data that will assist in planning and implementation of activities.	
Conducive environment	 Capacity to understand and formalise the CBWs role within government policies. Recognition of the role that the CBWs play in service delivery. This should be seen as complementary to public services and not as competition. 	
Infrastructure (eg transport, office space, communication)	 Space for meetings, supervision, mentoring and management of CBWs. Office space also enhances credibility to access funding. Equipment eg computers, faxes, transport. 	
Financial management system	Capacity for effective management of finances.	
Human Resource Management	 Development of job descriptions Entry and Exit strategies Recruitment Skills development Development of career path and succession plan 	
Internal policies and procedures (HR, Finance Policy)	• Policies to regulate the relationship between CBW and the FA.	
Accountability structures (Board)	Board of Trustees to keep the FA focused and accountable.	
Funding the CBW system	A minimum of one year funding available for implementation of activities and development of systems.	
Strategic Plan	Long-term guidance for CBW operations in terms of targets that needs to be achieved by a certain period and an operational plan.	
Legal Status of the FA	Registration to fulfil legal requirements (eg workman's compensation, unemployment insurance fund).	



OPERATIONALISING THE CBW SYSTEM

This section describes different elements of the CBW system, and provides step-by-step guidance around each of these. It also gives examples of real tools used by different agencies and illustrates where some variants of the CBW system differ in how this element should be applied.



4 Operationalising the CBW system

4.1 Introduction

The hypothesis and underlying assumption of the CBW system is that;

- Improved approaches to community based worker systems will increase the delivery of pro-poor services;
- Improved delivery of services (through CBWs) will increase awareness and interest of CBW system by policy makers.

This section further describes the critical components of the CBW system and a step-by-step guidance for operationalising these. Different examples of tools that are used by implementing agencies are also given and illustrate where some variants of the CBW system differ in their application.

4.2 Role of the CBW

4.2.1 Tasks

CBW systems vary from one area to the other and from one organisation to another but the roles and their responsibilities should be articulated and written up clearly. CBWs should be guided by the specific area of their work and also by a job description which helps to clarify their role. It also clarifies the community expectations and prevents overloading of the CBW with more responsibilities than they are able to perform. Some of the challenges that emerge when the scope and remit of a CBWs roles and responsibilities are unclear can be shown from the following examples:

- An evaluation carried out by Lesotho's Ministry of Health in 1988 discovered that the lack of services and high level of community expectations resulted in CBWs having too much to do. There is therefore a need to sensitize communities on CBWs scope and practice;
- In South Africa, home-based carers are given a stipend creating a high expectation from the departments that provide the stipends on what CBWs should do. Because the system of home-based caregivers receiving stipends is functioning well, government departments are not implementing more CBW projects, but rather stacking more tasks on top of existing CBWs workload;
- In Kenya's Arid and Semi Arid Lands (ASALs) CAHWs are expected to provide animal health services and also take on other roles such as peace keeping and HIV/AIDS activities. This results in too many projects and responsibilities to firstly deliver and secondly to report on and leads to CBWs being overwhelmed and sometimes being perceived as ineffective.

Some CBWs are specialists in nature while others are generalists. Specialisation helps CBWs to be more focused in what they do and add real value. Others think the generalist

Example 7 Deciding to specialise, ULAMP, Uganda

In Uganda's Land Management Programme, the CBWs were generally trained on several technologies. Later on it was realised that some CBWs were opting for enterprises they were particularly interested in and the programme decided to train them on these specific enterprises that they were implementing at home.

Example 8 VHWs and TBAs, MOH, Lesotho

In Lesotho the Ministry of Health has a combination of Village Health Workers (VHWs) and Traditional Birth Attendants (TBAs); the VHWs are generalists while TBAs are more specialised cadres. Some of the VHWs are also TBAs. Those who are afraid of conducting deliveries are allowed to remain generalist and not forced to do what they do not like.

Example 9 General HBC and palliative care specialists, HPCA, SA

The hospices in South Africa are re-training originally generic HBC in more specialised training in palliative care. This creates a sense of fulfilment for the CBW, since he/she is providing a specialised service and also strengthens them by providing skills and expertise. CBWs are more cost-effective – for example when a HBC also conducts direct observation therapy (DOTs) as HBCs and DOT workers will often visit the same households, but experience has shown that an increase in tasks and diversification of existing tasks can impact negatively on the quality of service. Generalist CBWs work best when generic basic services are required.

Overall, the general view of practitioners is that CBWs should be fairly specialised so that they can add significant value in the area of work they are trained in but should also have awareness of broader issues so they can signpost and refer clients to relevant services, as necessary.

4.2.2 General roles of CBWs

The general role of a CBW is:

- **Community mobilisation:** the CBWs mobilise the community on behalf of the FA, the government or other stakeholders as they are the link between these different stakeholders. They are also involved in resource mobilisation for the communities they serve;
- Information provision: the CBWs are the conduit for important information flow to the community. Most times the information is passed on from the FA or other agencies through the CBWs. The information can be about creating awareness on new technologies or products in the market. This information can also be in terms of signposting where they can link the community to other services or service providers;
- Reporting: the CBWs are expected to report about their activities both to the community and to the FA though the reporting system will vary based on the role of the CBW and reporting arrangements in place;
- **Scouting:** as an agent of the FA or the government, the CBW acts as a scout. This is comparable to a monitoring role of the CBWs. The CAHWs in Kenya, for instance are expected to report notifiable diseases to the government or the FA, thereby being a surveillance arm of government;
- **Provision of services:** CBWs provide various services based on their training and technical expertise for example health and agricultural extension services;
- Link between community and other service providers: in some communities the CBWs are trained on existing services and service providers (formal or informal) and often act as a link between the community and these service providers. They can refer the community to available services, or interact with the service providers alerting them to needs in the community.

4.2.3 Hours worked

The hours that a CBW is expected to work vary and are determined by the model chosen. Table 2 below depicts a summary of this. A CBW working four hours cannot do the same amount of work as a CBW who works for 20 hours. The number of hours worked should ideally be stipulated in a job description which should be customised for the specific sector.

Example 10 Roles of CAHWs in Kenya

The primary roles of CAHWs in Kenya (Kenya Veterinary Board Minimum Standards curriculum) include:

- Treat sick animals, record such treatments (the type and dosage of drug used) and make the necessary follow-up of the case;
- Refer difficult clinical or surgical cases to the supervising veterinarian or Animal Health Technician (AHT);
- Advise livestock owners on marketing of livestock products;
- Promote animal welfare;
- Promote ethno-veterinary usage and conservation of biological sources of ethno-veterinary products;
- Report occurrence of livestock diseases, including notifiable diseases, to the Department of Veterinary Services or the supervising veterinarian or AHT (surveillance);
- Prevent disease occurrence through vaccination;
- Promote good livestock management practices;
- Monitor herd health and production;
- Collect samples from sick animals and submit them to the supervising veterinarian when necessary.

The secondary roles of CAHWs in Kenya are to:

- Provide extension messages on disease control and prevention;
- Provide advice on breed improvement;
- Advise communities on public health issues including meat and milk hygiene to avoid zoonotic diseases;
- Promote sharing and conservation of natural resources and the environment;
- Sensitise communities on policy and legislative issues relating to the livestock sector with particular emphasis on handling of veterinary drugs, quarantines and livestock movement and their relevance to disease control;
- Recognise the most common diseases that occur in the region;
- Identify and diagnose sick animals;
- Promote personal hygiene and HIV/AIDS awareness.

Table 2 Typical CBW model andhours worked per week

Type of model	Hours of work in a week	
1 Occasional volunteers	4-8 hours	
2 Part-time volunteers	20 hours (up to 40 hours)	
3 Part-time volunteers paid a stipend	20-30 hours	
4 Paid supervisors/ Para-professionals	Working 40 hours	
5 Business (paid by user) model	Hours variable	

The workload of CBWs should be adapted in accordance with the following factors:

- The hours of work and flexibility to allow CBWs to maintain their livelihoods;
- Amount of time it takes a CBW to perform the specific activities;
- Level of skills and knowledge (the more skilled a CBW is, the faster they can complete tasks);
- Travel time needed to perform job related activities;
- Legal implications check what the law entails re: working certain hours and when a volunteer is considered an employee (see box 2);
- Expected outcomes of the FA in terms of the services they want to provide.

Example 11 The Home- Based Caregiver's scope of practice, HPCA, SA

Procedures are planned with and carried out under the direction of a professional nurse. Elements of these include:

- Care of the patient according to a care plan;
- Promotion of health and maintenance of the hygiene of a patient/family and community;
- Promotion and maintenance of the physical comfort of a patient, comfort, rest, sleep, exercise and reassurance of the family;
- Prevention of physical deformities and other complications in a patient;
- Assessing patients in a critical condition eg temperature, pulse and respiration and report.
- Promotion and maintenance of body functions;
- Promotion and monitoring of nutrition for the patient and family;
- Promotion of communication with the patient and the family;
- Assist the professional nurse during nursing procedures;
- Care of a dying patient and recently deceased patient;
- Bereavement care for family;
- Referring patients to clinic/hospital or community organisations;
- Networking with other members of the care team.





For example in the 20-30 hours/week model, if it takes one-hour for a Home-Based Caregiver (HBC) to care for one client and it takes an average of 20 minutes to travel to that client, the CBW can therefore theoretically visit 30 clients per week. However, in a complete job description administrative tasks will also be noted and as such be reflected in the sample times needed for these tasks to be adequately met. This is however just a vague indication and should not be used to pressurise CBWs to perform at the same pace, since every CBWs pace, capabilities and environments of operation are unique.

Box 2 Legal basis in South Africa

Labour legislation stipulates that a person working more than 24 hours per month qualifies as an employee. However the Departments of Social Development and Health do not acknowledge this, saying that community home-based care givers are volunteers only.

One of the ways to help retain CBWs is to allow them flexibility in terms of working hours. For example a CBW could start work earlier if it is hot, rest over the heat of day and work again when it becomes a bit cooler, instead of specifying working hours for example starting at 9:00 and finishing at 15:00 hours. The CAHWs hours of working are variable eg the rainy season is busier than the dry season due to a higher incidence of vector-borne diseases.

CBWs should be eligible for leave and time-off from work (see also section 4.3.4 on Rights of CBWs). Applicable labour legislation should be taken into account when policy decisions on leave and time-off are implemented. When CBWs are dealing with particularly emotional or strenuous work, such as home-based care, extra consideration should be given to allow for time-off in cases of CBWs being exposed to burnout or reacting to traumatic experiences. This is currently less applicable in the business/ paid by user model where the CBWs do not have leave days. As noted above, CAHWs' work is seasonal with the rainy seasons being busier than the dry seasons.

4.3 Recruitment process

4.3.1 Developing the overall process for recruitment of volunteers

Background

Effective recruitment of CBWs is critical. The community need to feel confident in the personnel selected to serve them. In turn, the personnel themselves need to reflect desired skillsets. A balance needs to be struck between a professional, neutral recruitment process and reviewing how much the community need to own the process, and in fact whether the community is the broader community or a specialised group such as livestock farmers or people living with HIV & AIDS.

South Africa is focused on a more bureaucratised system as some of the examples show. Organisations considering how to implement a CBW system can adapt some of the examples provided.

Objective

To have a high quality and standardised approach to recruitment and selection, attracting, and retaining staff of quality.

Process

Some of the tasks to be considered include:

- 1. Identifying the key work areas of the position and developing a job/volunteer description including benefits or incentives- see section 2.
- 2. Developing a likely profile of suitable candidates and selection criteria (see example 12 and sections 4.3.2 and 4.3.3).
- 3. If appropriate developing an application form.
- 4. For supervisor positions, advertising with a closing date and application process and deciding whether to advertise internally/externally/ both (see section 4.4.3).
- 5. Agreeing an interview panel and developing interview guidelines.
- 6. Seeking references or endorsements for successful candidates if required.
- 7. Seeking police clearance for successful candidates if required.
- 8. Developing an agreement or contract with successful candidates including signing a declaration of "fitness to practice".
- 9. Implementing an induction process as required or established.
- 10. Implementing support and supervision procedures as required or established.
- 11. Updating job descriptions on regular basis based on a review of emerging experience.

Comments & Tips

- It is important to agree how formal the recruitment process will be. Compare and contrast the job description in Example 12 with the simpler selection criteria in Examples 13 and 14.
- Many CBOs may not have the infrastructure in place to implement the full process as detailed above. However, it would be important for such CBOs to identify the most critical elements of the above.

Example 12 Job description for Volunteer Community Care worker - Caregiver, CHoiCe Trust, SA

KEY PERFORMANCE AREAS:

Community networking in order to promote the projects activities:

- Identifies and arranges/organises meetings with relevant community members to promote projects and to obtain community buy-in, eg talk to local church, leaders, other CBOs.
- Perform at least 5 information talks each month on various subjects at different community venues.
- Communicate on a monthly basis with the areas role players eg Counsellors, Local Govt., clinic staff, social worker and Volunteer Co-ordinators.
- Attend the local Clinic and meet with DoH staff regularly concerning clients.
- Attend meetings and liaise on behalf of Volunteers' Co-ordinators, clinic and the community.
- Develop relationships with CHoiCe project managers, local TB/AIDS & HVC Co-ordinators to assist with project activities. Participate in all monthly meetings.
- Collect community information, identify and address needs with Volunteer Coordinators.
- Be familiar with project aims and activities in order to be able to host donor site visits together with CHoiCe staff.
- Develop and maintain a referral network that is effective and accessible.
- Attend relevant training/conferences as requested.
- Act as liaison between interested individuals and project/community activities.
- Works at least 20 hours per week.
- Perform 10-15 Healthy Home Visits per day.
- Have a catchment area of 250 households which are visited at least every 2 months.

Project planning is carried out in an effective and verifiable manner:

- Attend planning meetings and provide prepared input to plan current and forthcoming projects.
- Keep accurate and verifiable records eg Volunteer Register, Volunteer Monthly reports, OVC & Scout reporting forms, receipts etc
- Attend a minimum of 9 Volunteer Support Meetings per annum and the Volunteer Conference day sponsored by CHoiCe.

Projects are implemented in specified communities:

- Initiate agreed specific projects within the target communities.
- Identify problems and potential problems, facilitate problem solving at local and family levels and report to Volunteer Co-ordinators.
- Provide on-going monitoring, follow-up and support to patients and their families.
- Complete volunteer monthly reporting forms accurately and submit on time.
- Compile and submit reports on any related workshops / seminars and present feedback session to volunteers attending same Support Group.
- Write/contributes to articles for the local "Newsletter" in order to share experiences.
- Facilitate awareness activities such as World AIDS Day, launches and day to day information dissemination.

Reports are completed accurately and submitted on time

- Completes the orphans and vulnerable children (OVC) form for every OVC household
- Completes the Scouts form for every Scout group per month

- Completes the daily patient register
- Completes the daily orphans and vulnerable children (OVC) register
- Completes the Caregiver monthly report
- Completes a written training report for all training completed
- Completes an education form for OVCs who are not attending school
- Submits all reports to the Volunteer Co-ordinator by the Volunteer Support Group meeting day each month

Self development is considered a vital on-going function:

- Remains abreast of developments in field of expertise.
- Seeks out self-development opportunities.
- Makes self available for regular in-service training
- Assists in conducting community situation analysis and needs assessment to form project planning

Contact Person: _

Tel:

Example 13 Summary job description for VCCWs / Caregiver, CHoiCe Trust, SA

JOB TITLE :Volunteer Community Care Worker - CaregiverDEPARTMENT:Operations

SALARY RANGE: No salary. A stipend is given to cover costs incurred in carrying out volunteer duties and should not be considered as a salary.

PRIMARY PURPOSE OF JOB:

• To support households caring for sick people, orphans or vulnerable children

MINIMUM REQUIREMENTS:

- Speaks local language
- Lives in nearby community
- Has been a volunteer for at least 1 year
- Has completed 5 Home-Based Care Training Courses
- Endorsement by the Department of Health
- Endorsement by the volunteer Coordinators
- Is an active volunteer: Attending monthly support group meetings; submitting monthly reports; accurate map showing at least 250 homes

A volunteer is not eligible if they are receiving a wage through formal employment or any other stipend.

PREFERRED SKILLS:

- Preferable community project experience
- Training background.

I have reviewed and determined that this job description accurately reflects this position and I understand that this position is temporary as a volunteer and is only valid until _____

4.3.2 Developing selection criteria

Background

How CBWs are selected plays a role in determining their effectiveness and acceptance in the community or social group they work with. Well developed selection criteria can assist in harmonising the CBW approach with other organisations and partners operating in the same area. It creates a common foundation for any organisation to implement similar programmes. A set of formalised selection criteria avoids nepotism or favouritism and enables the selection of the best people for the job, enhancing participation, ownership and contributing to the sustainability of the system. This assumes that some preparatory work has already been carried out (see section 3) where the possibility and viability of a CBW system has already been discussed with the community.

Objective

To develop appropriate selection criteria for CBWs in a way that is locally owned but that is acceptable and practical and leads to the best people being chosen as CBWs.

Process of developing the criteria

- Community sensitisation hold community meetings and outline the role of CBWs and the type of criteria for selecting CBWs (part of preparatory phase).
- 2. The FA clarifies what the CBW will be doing (developing a job description - see 4.3.1). If the activities require a lot of physical/manual work such as lifting a patient and travelling long distances, the selection criteria should aim at identifying the most appropriate persons for the intended tasks. In this case, physical fitness will be an important criteria. If there are legal implications for the type of service in terms of record keeping, literacy or child protection, it might be a requirement to screen applicants.
- 3. The FA develops criteria which reflects technical needs (see example 12).
- The FA meets with community members and other stakeholders to adapt the criteria. This consultation process can also involve CBWs if some are already working.
- 5. On the day CBWs are being selected the FA should remind the community of the criteria agreed upon and allow for amendment if necessary. The process should be participatory, open and the contribution of all actors encouraged. This does not take away the need for confidentiality, if the community so wishes.
- 6. The selection criteria are reviewed each time recruitment happens but at least once annually to make them relevant to the changing environment that CBWs operate under.

Example 14 Selection criteria for CAHW in Kenya

- Own livestock (must be practicing livestock owner)
- Their livelihood must be based on livestock
- Willingness to learn
- Hard working and self-motivated
- Physically strong to handle livestock
- Willing to travel where livestock are located – (in the nomadic communities - willing to follow the pastoralists with their livestock)
- Well behaved and trusted by the community (acceptable to the community)
- Good communication skills
- Have knowledge on traditional livestock management and treatment
- Willingness to devote time for the sake of others
- Willingness to be supervised by stakeholders
- Having basic education where possible

4.3.3 Selecting CBWs

Background

A well run selection process enhances local ownership and minimises conflict between different players in a CBW system. The process of selecting CBWs depends on the type of service to be rendered as well as legislation in cases where CBWs are receiving payment or stipends from the FA.

Objective

To select the most suitable, competent and committed people who will have the consent and mandate to serve other members of the community for the specific service to be rendered.

Who facilitates the CBW selection process?

The FA should take the lead in running the selection process. Together with the key community leaders, wider community leaders meetings should be organised to select the CBWs. Key leaders in the community and government must ensure that the correct information is communicated to all community members. They also advise the FA on what may or may not work in relation to the community's cultural norms and practices.

Who is involved in the selection process?

Example 15 Criteria used to select volunteers, CHoiCe Trust, SA

- Selected by the community
- Live in the village which is to be served
- Mature (otherwise buddy system is encouraged)
- Gender
- Willingness and interest
- Commitment and dedication
- Reliability
- Honesty
- Time available
- Not in full time employment
- Preferably literate (ABET level 4)
- Good relationship with people
- Respect confidentiality
- Ability to communicate in local language

Community representatives or opinion leaders, technical government departments, FA and other stakeholders where applicable.

Process involved if community selecting candidates

- 1. Community sensitisation see preparatory phase.
- 2. Development of agreed job description and criteria.
- 3. Community meeting held where names are proposed of people who match the criteria. This meeting can involve the broader community or specialised groups such as livestock owners for CAHWs. Potential candidates may be requested to motivate their application or have a spokesperson motivate on their behalf.
- 4. The meeting then votes for the candidates.
- 5. Proposed names are forwarded to the FA for vetting or if necessary the selected persons undertake competency-based interviews conducted by the FA or government officers.

Process involved if interviewing

Candidates respond to advert

- 6. Short-listing candidates for interview based on minimum requirements, maximum number of candidates for interviewing.
- 7. Short-listed candidates are advised of time and venue for interview, the likely duration of the interview, any documentation they need to bring with them and the structure of the interview.
- 8. Developing questions for interview and range of tests to be considered.



- 9. Interviews will be carried out by appropriately selected staff including the HOD/Supervisor
- 10. Records of the interview are retained on file and are easily accessible for 6 months and in archives for 3 years

Finalising selection

- 11. Selected CBWs are informed by the FA; community leaders may also be involved. Candidates not selected are also informed.
- 12. Candidates declare whether they are the subject of any current police investigation in any country or have been convicted of any criminal offence required by law to be disclosed.
- 13. Ideally the potential volunteers are exposed to the type of work they will be undertaking before training to ensure their expectations are not unrealistic.

How long will it take?

The selection time varies based on the level of mobilisation already done with the community.

Resources needed

The resources needed for selection include:

- Human resources to conduct the exercise from FA, Government departments, community leaders.
- Transport or funds to cover transport costs where applicable.
- Stationery.
- Meals for the community meeting.
- Resources about good practice in conducting interviews, suggested competency tests etc.

🚺 Comments & tips

It is very important to have an inclusive CBW selection team that reflects the interests of different actors including the community, NGOs and government. The FA plays an important role in leading and guiding this team.

4.3.4 Clarifying expectations - rights, appointment and contracting

Background

It is essential that all stakeholders understand each other's roles from the outset. This will counter false expectations that may negatively impact on performance and retention levels of CBWs. If communities and the FA understand what the CBWs are expected to do, there is less chance for inappropriate demands and frustrations. This should be specified in a letter of agreement between key stakeholders clarifying their respective roles and responsibilities and operating conditions.

The Kamwokya Christian Caring Community (KCCC) uses the same contract for CBWs (HATs), as that of full time staff, which stipulate their duties and responsibilities as well as liability issues. These contracts are also countersigned by the HATs and the organisation (see example 16).

Regarding the rights of CBWs:

- The FA needs to ensure a safe and conducive working environment according to legislation and basic human rights of the country;
- CBWs must be equipped with the necessary skills and knowledge to protect themselves against occupational hazards (eg handling of body fluids);
- Roles and responsibilities of the CBWs need to be clearly identified to ensure that the CBW performs activities in line with a job description signed by both the CBW and the FA;
- A written contract between the FA and the CBW should stipulate working hours, reporting, leave, absenteeism, stipend/incentives, disciplinary procedure, appeals process and termination of services;
- Working hours should not prevent the CBW from taking part in their own income-generating activities or family responsibilities.

The FA must provide:

- The necessary personal protection equipment to ensure a safe working environment for CBW (eg hand gloves, disposable aprons, treatment kits) (see 4.5 Equipping the CBWs);
- Quality training and ongoing mentoring to ensure CBWs are equipped with the necessary skills and knowledge to protect themselves against diseases (human or from animals);
- The expected legal requirements to ensure protection of the CBW for example. unemployment insurance, indemnity insurance and Workman's compensation.

Objective

CBWs are informed about the conditions of their appointment as a volunteer and have signed a contract to that effect.

Who facilitates?

The FA facilitates this process.

Who needs to be involved?

Most particularly the CBW and FA though sometimes also other stakeholders such as relevant government departments or community leaders.

Process

- 1. The process involved in appointing and contracting of CBWs will depend on the specifications of the service to be rendered, the relevant legislation and the policies and procedures of the FA.
- 2. There are three basic documents needed for the appointment of CBWs, namely a letter of appointment, contract and job description (see 4.3.1).
- 3. Job descriptions can be signed by the CBW and the FA to confirm mutual understanding of the tasks.

Comments & tips

The letter of appointment should contain the following:

- 1. Position
- 2. Starting date
- Stipend amount or other form of remuneration (where applicable).
- Information on appointment documentation e. g. orientation, mentoring and supervision.
- 5. Disciplinary code, contract, job description.

Example 16 Contract of engagement for HATS, Kamwokya Christian Caring Community, Uganda

We are pleased to offer you employment with the KCCC on the following terms and conditions.

- You are appointed to the post of ______ tenable at ______
 Your salary shall be in the salary grade ______ at
- 3. Your monthly salary will be as follows: Gross monthly remuneration ______Ug shs.

This amount is subject to all statutory deductions such as PAYE, NSSF, etc.

- 4. Management reserves the right to terminate this contract of employment, at its sole discretion, without assigning any reason whatsoever, or for any conduct behaviour on your part which is prejudicial and or detrimental to the interest of the organisation.
- 5. As an employee of KCCC your service conditions shall be governed by the rules and regulations of the organisation as well as the administrative instructions, directives, guidelines, etc issued by the management from time to time. Breach of any of these shall be construed as misconduct on your part and the management shall initiate disciplinary action accordingly. You are therefore, advised to observe the organisational rules and regulations and strictly adhere to them.
- 6. Please note that this contract of engagement shall be further governed by other terms and conditions of employment as may be determined, modified amended, altered by the management of the organisation from time to time.
- 7. You will serve a probation period of six month from the date of taking up the appointment. The probation period may be extended for a further period of six months if need a rises. During your probationary period the management will observe your work and conduct and you will only be confirmed in service on satisfactory completion of probation. In case of unsatisfactory work and conduct your service will be terminated.
- 8. The management reserves its right to terminate your service at any time during probation period without assigning any reason whatsoever after giving you seven days notice or seven days salary in lieu of notice
- 9. Similarly you may also terminate your employment with the organisation during the period of probation by giving seven days notice to the organisation or forfeit seven days (7) salary in lieu of notice
- 10. Please note that the annual salary increments are not granted automatically but it has to be earned through hard and sincere work. The salary increments are being granted, at the sole discretion of the management, depending on theyour performance.
- 11. Unless otherwise specified or modified later, the normal working hours are from Monday to Friday -8:00 am to 5:00 pm with one hour lunch break. These working hours are subject to change from time to time to suit the operation of KCCC in order to ensure continuity of operations, lunch breaks will be staggered in such a way that there is at least an employee manning the work station at all times.
- 12. Your job description, which is subject to amendment and alteration from time to time to suit the needs of the organisation, herein is attached for your ready reference. It is advisable that at the time of joining the organisation, you discuss each major responsibility with your immediate supervisor with a view to decide the performance targets to be attained by you during the period of your probation.
- 13. It shall also be noted that any misrepresentation/concealment of your qualification, experience etc would render this contract of employment "null and void" and your services shall be liable for terminated forthwith.

Signed

Executive Director

I here by accept this contract of employment on the terms and conditions set out above and by appending my signature hereto, I agree to bind myself to its terms and conditions and I also agree to abide by the same. I will report for duty on ______.

Signature

place _____

date ___

4.4 Training of CBWs and supervisors

4.4.1 Initial training of CBWs

Background

The initial training will enable the CBWs to start operating effectively in their assigned role. This should cover both how to operate as a CBW, how the system works and the specific technical content of their role, as a home-based carer, farmer extensionist etc.

Objective

By the end of the training participants will be able to effectively perform the work that they are expected to do using the different tools in their practices.

Who should be involved?

The FA and/or technical specialist from a government ministry, NGO or CBO.

Process

The type of training should respond to the job requirements and level of training needed to effectively perform the relevant service. Section 4.4.4 has some detailed suggestions for organising a training event.

Some examples of the initial training provided by different organisations include:

Home-based care

- 19 day Health and Welfare Sector Education and Training Authority (HWSETA) accredited training in SA;
- 10 days in Lesotho on HBC/CHW (CARE);
- 69 day in SA on HBC;

Other

- 21 day TBA two weeks theory, one week practical;
- 21 days for CAHW including practical and theory in Kenya;
- 10 days in Lesotho for farmer extensionists (CARE).

4.4.2 Refresher training of CBWs

Background

Refresher training is intended for participants who have already engaged in a previous training and a process for monitoring it's impact and effectiveness. Refresher trainings are good for follow-up, aftercare support and human resource development.

Objectives

CBWs are updated on a regular basis, and additional skills imparted which could not be covered in the initial training.

Who facilitates?

FA and subject matter specialists

Who is involved?

FA, Trainer, CBW and Supervisor



Process

Preparation

- 1. Identification of those participating, informing them and ensuring that training resources are available eg budget.
- 2. Review of the previous training report, monitoring reports and feedback from the field. Find out what has worked and what has not worked, including challenges faced.
- 3. Identifying support and training materials needed to implement the training.
- 4. Providing new training on additional issues which might be more complex technical issues or new technologies, approaches or products eg drugs. The training should also involve sharing of latest developments and trends.
- 5. Planning how the CBWs will implement what they have learned when they return.
- 6. Identification of training gaps/needs for the future.

How often?

The refresher courses are arranged in response to identified needs arising. Examples are indicated below:

- CHOICE Trust in SA has quarterly one-day trainings combined with ongoing support and guidance where some training needs are identified and addressed as they occur;
- WASDA in Kenya has quarterly five-day refreshers for CAHWs and TBAs. These are combined with one on one capacity building opportunities according to need;
- ULAMP in Uganda holds refresher trainings annually for five days. This is however limited by funding. During the year, the CBWs still receive other informal methods of refresher training and support;
- CARE Lesotho's Letsema project has refresher courses conducted a month after the initial training is done.

Resources needed

- Venue, materials
- Budget and people to organise the training
- Accommodation and catering
- Transport

4.4.3 Supervisor training

There are different models of supervisor training for both initial and refresher training. For example:

- HOSPICE in SA does an annual performance appraisal and Training Needs Assessment and develops an individual training plan for volunteers and supervisors. This is combined with in-service training;
- **CHoiCe Trust in SA** has a staff development plan in place, but training depends on the availability of funding;
- **CARE Lesotho** trains two representatives from each group of CBWs as supervisors using selection criteria that includes required educational standards. They are taken through participatory training modules for a period of two weeks every three months, and a two day refresher training after a month;
- **FARM-Africa in Kenya** selects supervisors from those with a level two certificate in animal health (ie they are para-professionals). They receive additional training from FARM-Africa every six months;
- **WASDA in Kenya** Supervision is done by staff and the Government Veterinary Department professionals.

4.4.4 Organising training

Background

This includes making prior preparations for the training which is critical in determining the success of the training or not. Efficient organisation will rationalise use of available resources and create an enabling environment to optimise learning. This applies in both initial and refresher training contexts.

Objective

Ensuring the training is successful and appropriate for the CBWs and supervisors.

Process

- 1. Budget thoroughly for the training and ensure the finances are available.
- 2. Identify the target group and conduct a training needs assessment to gauge the level of knowledge of the CBWs.
- 3. Assessment of the knowledge and skills required for the tasks, and developing standards (this may be more-or-less formal).
- 4. Develop an adapted training package for these potential trainees.
- 5. Develop a training schedule based on identified needs.
- 6. Develop terms of reference for the trainers and identify suitable facilitators/ trainers/subject matter or technical specialists and supervisors.
- 7. Decide on the training team composition based on the topic to be covered.
- 8. Identify an appropriate training venue and dates (space for the classroom sessions, for small groups if needed, practical demonstrations).
- 9. Inform both trainers and trainees of the training using various media and send out invitations at least two weeks in advance.
- 10. Purchase stationery, training materials and equipment.
- 11. Prepare packs including registration forms, key guides/handouts, payment sheets and evaluation forms.
- 12. Prepare training including facilitator notes, visual aids for the training, including preparing content sessions, energisers, reflection sessions etc.
- 13. Conduct the actual training.
- 14. Evaluate the training and facilitate report writing.
- 15. Issue certificates.
- 16. Update FA database of people trained.

A Balle



- The logistics and resources should be allocated and organised ahead of time to avoid confusion.
- Timing should be planned properly so that it doesn't conflict with community seasonal activities.
- Trainer to ensure methods used are as participatory as possible and build from what people know. Training must be learner-centred and not teacher-centred.

Venue

The majority of trainings for CBWs should be organised at the local level of village, parish, sub-county or district. At whatever level the training is conducted, the following should be considered in selecting the venue; accessible for trainees and trainers and potential field visits, located in a noise-free place and well ventilated. Possible places that could be used as venues include government halls, school classrooms/halls, community halls, hotels, churches, peoples' homes and sometimes outside under a tree. It is important to confirm the venue and communicate it to the trainers and participants well in advance.

Logistics

- Meals and refreshments: For trainings which last more than four hours, participants may need to be given meals in form of snacks or full meals. This will increase concentration and interest of CBWs;
- **Transport and out of pocket expenses:** CBWs and facilitators incur transport costs to and from the training venue and these must be met by the FA. So transport must be budgeted for and organised for each of the participants. Out of pocket expenses should also be catered for to enable participants to acquire some basics like toothpaste and other essentials;
- **Stationery and other training materials/equipment:** These should be purchased well in advance and include flip charts, marker pens, masking tape/prestik, notebooks, pens, scissors, plain cards, training material/manuals, payment sheets, glue sticks, flipchart stand, manikins, visual aids, laptop computer and projector and portable printer if available;
- Accommodation: Accommodation is provided if the training is held far from the homes of the CBWs or when it is too intensive and more hours are needed to complete the course. Flexibility is however required as women, for example, in some areas, can only attend non-residential trainings because of their other domestic chores. For any residential workshops, accommodation bookings should be made well in advance;
- **Trainers:** Experience has shown that trainers used are predominantly technical/ subject matter specialists from line departments such as Agriculture, Veterinary, Health, as well as from NGOs. A training schedule developed based on felt training needs should be drawn and communicated to the identified trainers well in advance to allow ample time for content preparation. Trainers should be identified that meets the gender needs of trainees;
- **Invitations:** Trainees are informed using a range of methods such as hand-delivered invitation letters, community radio, mobile phones, notices displayed in prominent places, notices handed to schoolchildren to take home to their parents where applicable, through CBW committees, use of mobile loudspeakers, use of special announcements in places of worship and during social functions like weddings, meetings and market days. The invitations should be made well in advance.

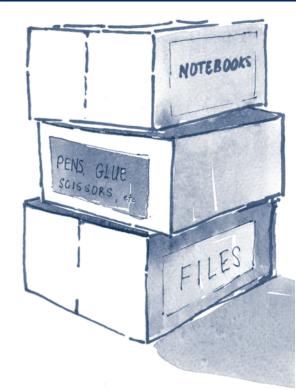
4.4.5 Certification

Background

Certification is a way of communicating what the individual is able to do based on the skills and competencies acquired. At individual level, it recognises an achievement, which gives self-satisfaction and recognition for the person. For many people it also acts as a significant motivating factor, especially if it is part of a system where the credits from the training can accumulate, as in the accreditation system in South Africa. Certification can also be provided by the organisation conducting the training, or it can be part of a larger process of deciding on unit standards, accrediting training to deliver to those standards. Types of certificates can include:

- Certificate of attendance;
- Certificate of performance/merit;
- Certificate of competency.

Objective



To give official recognition to an individual's knowledge and skills in a specific area of work, and to enable them to build a career path.

Who facilitates?

The FA and/or line department staff eg Heath, Veterinary, Agriculture facilitate the training and adherence to quality standards. The certification will be provided to individuals who meet the minimum requirements. Where unit standards are a must, they can be developed by the FA or relevant government line department.

Who needs to be involved in the process?

FA and/or line department, standards authority and training service provider (if contracted from outside of the FA).

Process

- 1. Assessment of the knowledge and skills required for the tasks, and developing standards (this may be more-or-less formal) and/or linking to appropriate unit standards.
- 2. Deciding who need to issue the certificate eg just the training body or some wider authority.
- 3. Running the training.
- 4. Testing the ability to perform the tasks covered by the training.
- 5. Issuing the certificate in public.
- 6. Keeping a database of those issued with certificates and their performance.

How long will it take?

This is to be done after completing the training. In the case of an accredited training course, certificates will be issued after the formal assessment is conducted, moderated and endorsed by the appropriate body (eg HWSETA in SA).

Comments & tips

The certification should be controlled to maintain quality. Different organisations use different criteria to measure achievement. Unless there are clear ways of awarding, certification can be subjective. It is helpful if common standards can be agreed for the training.

4.5 Equipping the CBWs

4.5.1 Initial equipping

Background

It is necessary to equip CBWs with the specific equipment and supplies to enable them to perform their work effectively. To get this equipment the FA should seek advice from the technical people in order to know which type of equipment and supplies a CBW needs and how the equipment should be used. Even for the same role this will differ from one country to another, for example some countries do not allow CBWs to have certain equipment or drugs. It is important to clarify ownership and mode of replenishment before the equipment and supplies are provided. To ensure accountability and good use of the equipment, it is important that the FA, community and the CBWs are involved in the whole decision-making process.

Objective

To provide the CBW with the appropriate equipment and supplies to undertake their work effectively, to protect themselves, to boost their morale, and to overcome logistical challenges (eg easing transport problems with provision of bicycles or motor bikes).

Who facilitates?

FA

Who needs to be involved?

FA, CBW, technical suppliers

Process

- 1. FA to consult with the technical people on the necessary equipment/supplies to understand what is required and to ensure that whatever goes into the kit is in line with existing regulations or legislation.
- 2. Decide on how this will be replenished and the type of supplier network needed.
- 3. Ensure that the CBWs get a mark-up by negotiating with the suppliers for a special price/package (applies to business model).
- 4. Training on the use of the contents of the kit before issuing. This helps in proper management and use of the kit. It also instils accountability of the CBWs to the client, the FAs and to themselves.
- 5. For the business model it is suggested that the CBWs receive basic entrepreneurship skills to assist them in bookkeeping, costing of the kit contents and determining profit margins.
- 6. Clarify with CBW and the community the ownership of the equipment.
 - a) Where CBWs are providing a public service, eg Home-Based Care Kit, the kits are usually free.
 - b) Where the services are a private good, the kits are either given free or on loan eg Animal Health Workers in Kenya, which is a business model. From experience, when the kits are issued on loan, the CBWs are more committed to their work because they have to repay and also do its upkeep. The loan can be given by the FA or the CBWs can be linked to a credit facility.
 - c) It is good for the FA and the community to decide who owns the kit. In many CBW Projects the kits are owned by the CBWs eg Animal Health in Kenya and Home-Based Care in Lesotho and SA. Some of the kits or equipment can be owned and shared by a group of CBWs especially expensive non-perishable equipment eg Burdizzo in Animal Health Project in Kenya.
- 7. Make decisions on the management of the kits depending on the type of ownership. Where the kit is owned by an individual, the CBW takes full responsibility of it. Where it is shared, they develop a mechanism of sharing and make decisions on where it should be kept for easy access. Where it is community owned, the community decides on its management. For the FA owned equipment contracts/agreements should be drawn up, with detailed ownership and conditions under which it should be used.

- 8. The kits are usually issued at the end of the initial training eg in the case of CHWs of Lesotho. Where the training occurs in phases, the kits are either issued in phases, based on what has been on the training content covered or at the end of the training. Issuance of kits at the end of training can also be done as a graduation ceremony, which is a recognition factor for CBWs.
- 9 Replenishment mechanisms It is important for the FA to devise a kit replenishment mechanism and communicate it to the CBWs and mid level managers. In this respect, the FA will have to link with other stakeholders. This may be other FAs, government or collaborating partners eg donors, or private sector suppliers.

Comments & tips

- It is important to look into the contents of other CBWs' kits within the same area so that confusion and dissatisfaction are eliminated, for example if there is more than one home-based care project in a specific area, the content of the different home-based care givers should be similar, to avoid dissatisfaction and possibly conflict between home based care givers.
- The inputs of experts should be used to ensure that the minimum standards are met.

Content of the kit

The type and quantities of materials depends on the tasks to be performed by the CBWs. This also depends on the legal dispensation of each country and the capacity of the FAs and supporting organisations. The amount and type of kits also depend on the geographic location of the CBWs. In other cases such as SA the dispensing of medication is regulated by strict legislation and CBWs are not allowed to carry any medication. The dispensing of even Schedule One medication such as Panado is not allowed except by a pharmacist, doctor and under certain condition a professional nurse with a dispensing licence.



VOLUNTEER TREATMENT BOX

Example 17 Sample Volunteer Treatment Box Refill Form

ea:	Clir	nic:	
Equipment Requested	Date re- quested	Date Supplied	Signature of Volunteer Co- ord.
Gloves (Vulco 1pr)			
Hand Soap (1bar)			
Toilet Paper (1 roll)			
Aqueous Cream (small bottle)			
Cotton Wool (1 small)			
Band-Aid Plaster			
Panado Tabs (20)			
Salt (500mgs)			
Brown Sugar (1kg)			
Plastic Soap Dish			
Face Washer			
Superswipe (1)			
Washing Soap (200g)			
Gauze Bandage			
Gentian Violet			
Jik (750ml)			
Sugar (1kg)			
Vinegar			

Volunteers Names and Numbers requesting the refills: _

Example 18 Contents of a Home-based Care kit

Lesotho **South Africa** Panado Gloves (Vulco 1pr) Cough mixture Hand Soap (1bar) Vitamin B complex Toilet Paper (1 roll) Ung methyl sal (Rubbing Aqueous Cream medicine) (small bottle) Zinc oxide for Cotton Wool (1 skin lesions small) Band-Aid Plaster Moducare Calamine lotion Bandages Savlon Salt (500mgs) Methylated Brown Sugar spirits (1kg) Plastic Soap Dish Nystatin Vaseline Face cloth Condoms Superswipe (1) Mouth wash Washing Soap (200g) Sunlight soap Gauze Bandage Gloves Gentian Violet Apron Jik (750ml) Cotton wool Vinegar Bandage Colgate Air freshner Jik

Example 19 Kit for home gardens, CARE Letsema Programme, Lesotho

Seeds (variety), Wheelbarrow; Digging fork; Spade; Rake; Watering can; Covering plastic; Slashers.

4.5.2 Linking to suppliers

Background

It is essential for the CBW to form linkages with suppliers to maximise impact in their area of work, whether government or private sector. The suppliers will provide guidance to the CBW on issues of regulation. Through linkages with the supplier the CBWs will replenish their kits easily.

Objective

To ensure a consistent supply of quality equipment and supplies for the use by the CBW.

Who facilitates?

FA and technical staff

Who is involved?

FA, CBW, communities and technical staff - plus suppliers

Process

- 1. The FA will probably need to negotiate with suppliers to ensure favourable prices and economies of scale.
- 2. The FA may need to facilitate an introductory meeting between the CBW and the suppliers to clarify on what is required, offer price, lines of communication, how ordering will happen, who pays etc.
- 3. The FA should develop support mechanisms for the CBW in order to:
 - Respond to emerging challenges of the CBW;
 - Facilitate conflict resolution between the supplier and CBW;
 - Play a role of a guarantor for the CBW to the supplier;
 - Provide the CBW with linkages to other suppliers eg in case they don't find the equipment/supplies from the supplier.
- 4. Ensure the supplier and CBW are working effectively together with respect to provision of supplies, guidance given by the supplier to the CBW on the use of specific drugs or inputs and building an enabling environment for the CBW to engage effectively with the supplier.

Comments & tips

- The FA must take the facilitation of the linkage between the supplier and CBWs as a serious task if sustainable mechanisms are to be put in place;
- It is also important that the suppliers train the CBWs on new drugs in the market to enable them to help them determine dosages and counter indications.

Example 20 Linking with other stakeholders, WASDA, Kenya

WASDA has been collaborating with various stakeholders who are part of the support structures that CAHWs are linked to. For example the CAHWs are linked to Pastoral Associations, providing the following:

- Entry points for the CBWs into the community
- Assistance in mobilization of the community for livestock treatment,
- Drug supply to CBWs through drug shops that they manage,
- Provision of training venues.

4.5.3 Credit facilities

Background

Credit facilities are useful for the CBWs as they often lack the capacity to start on their own. This is the case particularly with the business model where CAHWs require external support to enable them to acquire a basic start-up kit/capital. Forms of credit include money, drugs and equipment. The credit should be short-term or in soft loans with low interest rates to avoid overburdening the CBWs. If the credit is used as intended it should motivate the CBWs and contribute to the long-term sustainability of the system. Accessing credit is also an incentive to the CBWs who would otherwise be unable to start without this support.

Objective

For CBWs to have access to suitable credit facilities.

Who facilitates?

FA, community members and relevant government departments.

Who needs to be involved in the process?

Community, FA, private sector and lending institution or supplier

Process of linking CBWs to credit facilities

- 1. Ensure that a sustainable drug/kit replenishment system is in place.
- 2. Identify how equipment or supplies will be provided in the first place free initial kit or loan.
- 3. Identify potential sources eg the supplier themselves or lending institution, and understand the terms and conditions from the institutions.
- 4. Select potential suppliers that meet basic conditions in relation to the FA mandate.
- 5. Agree on the modalities (guarantors, interest rates, repayment periods etc) and develop Memorandum of Commitment (MoC) with the suppliers/lenders.
- 6. CBW identifies their needs/projections, based on the time of the year and raises the order with the suppliers.
- 7. Disbursements of loans/kits.
- 8. Monitoring and reviewing how it is being used and sufficiency of the contents in the kit.
- 9. Suppliers report on the provision of equipment/supplies
- 10. Repayment from the CBW to the supplier.

Example 21 Linking CBWs to credit facilities, FARM-Africa, Kenya

Farm-Africa links its project supervisors to local banks. The FA negotiates with the lender on interest rates. The FA provides the security and deposits some money as surety. What is paid back accumulates and establishes a revolving fund from which the system can borrow in the long run.

4.6 Ensuring accountability

4.6.1 Clarifying accountability

Background

As highlighted in section 3.7, accountability is a critical part of the design process. Issues to consider include how much accountability there is to the community (often very little) and to the FA (usually very dominant) as well as to government in the area (often also limited). This section considers this issue further, while section 4.6.2 addresses the issue of documentation. There is also much overlap with the topic of monitoring and evaluation, part of whose rationale is for accountability, and part for improving management and performance. Section 4.7.1 looks specifically at reporting, and 4.7.2 at regular reviews with CBWs.

Objective

That all parties are clear about their roles and the expectations for reporting and accountability, and that the system is demonstrating responsiveness and transparency.

Process

- 1. Clarify objectives of the accountability (as discussed in 3.7 as part of preparation process).
- 2. Based on this clarify the roles of the different actors, what they are expected to do, for whom, with whom, how to do it, the resources available, the time when they are expected to undertake their assignment and feedback arrangement.
- 3. All parties involved must agree about the expectations. Develop a memorandum of understanding/agreement to be signed between the parties involved to provide a basis for taking corrective measures and making improvements in the future.
- 4. As far as possible, self and team accountability should be promoted and strengthened since the achievement of the set goals depends on both individual and team performance. Where individuals are failing to take responsibility for their actions, they should be sensitised about how this affects overall team performance and the ethos of the organisation.
- 5. The parties involved should be committed to what has been agreed upon and maintain transparency in how they work and communicate to each other. In the absence of transparency, accountability becomes difficult.
- 6. As with staff, volunteers need to be fully inducted to internalise the core values of the organisation. Doing so ensures that they fully understand why the organisation exists and its values, so that they can appreciate how their role fits into the big organisational picture. Without undertaking this process, volunteers may unknowingly represent the organisation in ways that contradict its values and goals.
- 7. Use existing social support structures and networks to identify, monitor and animate them as opposed to creating parallel structures.

Comments & tips

- Helpful documents would be an organogram of the FA, depicting exactly where the CBW sits in terms of line function and the job description.
- Mechanisms for feedback meetings should also be well laid out.
- There should be increased involvement of local leaders in the operationalisation of the CBW concept. This will entail building their capacity to carry out effective monitoring and developing and supporting joint periodic feedback mechanisms between the leadership and CBWs.

4.6.2 Documentation as a form of accountability

This is the process of collecting and recording information on processes, outputs/outcomes, impacts, challenges, best practices and lessons learnt for purposes of individual and organisational learning, compiling a database, replication and dissemination to different stakeholders. The information recorded can be both qualitative and quantitative depending on the subject matter. Section 4.7.1 addresses the issue of reporting.

4.6.3 Disciplinary action

Background

In most cases CBWs are perceived as volunteers who perform some form of assistance in the community. The assumption may easily be that because their intentions of getting involved are 'good', they will not need disciplining. This may not always be the case and it could sometimes be necessary to discipline certain individuals in case of misconduct outside the expected norms and standards or breach of contract. Disciplinary procedures may therefore be necessary to ensure that CBWs operate within a structure that will ensure fairness in case of conflict and promote equal treatment of individuals.

Objective

To ensure that disciplinary action is undertaken appropriately to ensure effective performance of CBWs.

Who needs to be involved in the process?

The process would involve the FA (managers/supervisors), CBW, community and local leaders. It is very important to determine where the authority for disciplining lies. In some cases it may be the FA who takes responsibility for the disciplinary process, but in other cases it may be the community themselves.

Process

- 1. Clarify the roles of all the actors in a CBW system. This process should be facilitated by the FA.
- 2. Develop structures and procedures of operation for all those involved.
- 3. Decide who is responsible for monitoring which functions of the CBW. For example the personal conduct can be monitored by the community while the ethics can be monitored by the FA or technical person responsible.
- 4. Communicate the procedures and accountability structure to all the stakeholders.
- 5. Set up a reporting and feedback system (see 4.7.1).
- 6. Develop a system for grievance and disciplinary action which meets the needs of relevant legislation. Example 23 shows the process involved from employment legislation in SA.

Resources needed

Written contract between the FA and CBW; policy and procedures for disciplinary action; and available references (DOH for CBWs, Labour Relations Act).

Example 22 HIV and AIDS Treatment Supporters (HATS), KCCC, Uganda

HATS are accountable to clients in as far as fulfilling the roles outlined above is concerned. Informally, they are accountable to the community through the local council officials and the small Christian communities (Bubondo) that recommended them to KCCC. Every now and then the HATs informally brief the village chairperson about their work. They also give feedback to Bubondo members during the weekly fellowship meetings in which all members report on the pastoral assignments (eg visiting the sick at home and in hospitals, counselling, community needs identified etc). Although these structures are not given written reports and cannot directly impose any punitive measures they can recommend to KCCC to suspend the service or refuse to recommend the person for future service opportunities on account of their poor performance or lack of adequate feedback. In that sense, communities are keen to observe what HATs do and how they do it so to advise their community social support structures and KCCC accordingly. Therefore, the HATs are expected to perform to their best so as not to disappoint the community where they live and those that recommended them for the work they do.

Comments & tips

- Disciplinary procedures are a sensitive process to implement but a policy on hiring and firing should be in place for the CBW system to be effective. Disciplinary processes require fairness and personal discipline to differentiate between the issue at hand and character of the person. It requires an aspect of neutral behaviour from the manager/supervisor.
- The facilitator/conductor needs to follow the Labour Relations requirements as a guideline.
- The manager/supervisor needs to provide necessary support and guidance.
- It is advised that FAs and communities have some form of written policy and procedure documents. This will ensure fairness in all cases and ensure uniformity.

Example 23 Disciplinary procedures for employed staff, based on SA labour legislation

- **Verbal**: Individually on first offence. Clear actions and expectations to be agreed upon. Progress will be reviewed on a monthly basis for a period of 3 months.
- First written: If performance has not improved a written warning will be issued. Performance review will be conducted in the presence of a third party. If the CBW refuses to sign, the witness will sign as an acknowledgement. The signed document will be kept on record.
- **Second/Final written**: This meeting requires the presence of a representative of the FA management. Clear expectations to be agreed upon with a set period (1 month) of improvement.
- Dismissal: In a case of lack of improvement, immediate dismissal action is taken. The above process can not happen within the minimum period of 6 months.
- **Appeals process**: This process acknowledges the rights of both parties. The offender could get legal advice and representation.

Example 24 Disciplinary process for volunteer co-ordinators, CHoiCe Trust, SA

A monthly appraisal has been introduced with the volunteer co-ordinators to give them feedback on their skills and maintain the standards as agreed to by the signing of their contracts.

The following is a disciplinary process in the event that a volunteer co-ordinator consistently fails to meet the standards set.

Monthly individual feedback will be given to the co-ordinators.

1st Month - If a problem arises the co-ordinator will be informed and the issues discussed with a way forward to improve the problem area planned.

2nd Month – The co-ordinator will have a private meeting to check on performance and to review improvement.

If no improvement:

- The problems will be further explored.
- Remedial assistance will be given eg if a financial issue the co-ordinator will be given extra assistance by the finance officer to meet the standards required.
- Reviewed the following month.
- **3rd Month** The co-ordinator will have a private meeting to check on performance and to review improvement.
 - If some improvement:
 - Review the next month
 - If no improvement:
 - The co-ordinator will receive a 1st warning (verbal) and this will be recorded on their personnel file.
 - Remedial assistance will be given again
 - Reviewed the following month.
- **4th Month** The co-ordinator will have a private meeting to check on performance and to review improvement.

If no improvement:

- Private meeting with Operations manager and Training & Development manager
- The co-ordinator will receive a 2nd warning (written) and this will be recorded on their personnel file.
- **5th Month** The co-ordinator will again have a private meeting to check on performance and to review improvement.

If no improvement;

Dismissal proceedings will be commenced.

4.7 Support, supervision and referral

Support, supervision and referral are important elements within a sustainable CBW system. Since FAs are the focal point and a major source of resources for implementing the various projects, it is of paramount importance that the CBWs account to them periodically and that the FAs in turn report to government and/or donors. There is therefore a need for the FA to develop clear policy and procedures on how to support CBWs in the delivery of effective services. This can be done monthly, or at other regularly agreed times.

The organisation or FA would expect the CBWs to account on day-to-day activities performed in the communities. The reports would highlight the successes, lessons learnt and challenges encountered during implementation but also planned activities for the subsequent period. It is important for the CBWs to account for any funds entrusted to them.

In terms of enhancing professional standards, the FA has the responsibility to uphold their credibility by ensuring that they set standards to guide implementation and that they are adhered to by CBWs. It is therefore important for the FAs, CBWs and communities to sign a Memorandum of Commitment to further support adherence to standards and performance based on an agreed code of conduct with the community and the CBWs.

4.7.1 Reporting

Background

Reporting is a means of providing feedback on work done and other emerging issues to and by different stakeholders. It is important because it;

- Checks progress and impact caused as a result of particular interventions;
- Checks effective and efficient use of resources;
- Helps to identify strengths and weaknesses or gaps;
- Provides a basis for future plans;
- Is a tool for accountability;
- Could be used as evidence when soliciting funds and other resources;
- Is an important tool for information sharing.

Process

- 1. Draw a workplan with activities that should be implemented on an annual, quarterly monthly or weekly basis.
- 2. Decide on the people that need to be informed on what is happening and the information they require, and the types of reports that will be required eg financial reports, narrative reports and the audience for each types of reports.
- 3. Where the CBWs are reporting to more than one person, a list/inventory of the supervisors should be kept with details of the types of reports to each supervisor and frequency of reporting.



- 4. Develop reporting formats for the different reporting levels (FA, supervisor, CBW etc) based on the audience of the reports. Keep this simple! CBWs are not usually people with degrees! Often too much information is collected, little of which is used.
- 5. Outline and prepare the reporting tools required to capture information eg cameras, audio tapes, etc.
- 6. Train those who are supposed to report on how to use the formats, what to record and also how to use the reporting instruments. Ensure that they record work done/activities, achievements, challenges and issues arising as well as real life stories/case studies from the beneficiaries. The records can be in print, video, photographs or audio-cassettes.
- 7. There is need to provide for a proper information management system (analysis, storage, retrieval) otherwise the reports will be produced but not interpreted and analysed. Time needs to be allowed for this. It should be as appropriate as possible for easy access by whoever wants to use it, whatever mode of storage of the data is used, electronic or paper. Example 28 shows an analysis report by CHoiCe Trust.
- 8. Presentation and discussion of reports to the stakeholders eg the community, FA, technical support, private sector etc.
- 9. Feedback on issues emerging and actions needed to improve impact or effectiveness of service delivery.

Comments & tips

- The type of reporting largely depends on the kind of issue being reported on, the forum or target audience, support and competency of the FA and the preferences, experiences and competencies of the CBW.
- The reporting **types** can also be combined to maximise the information captured. For example sometimes pictures are used during verbal or written reporting to emphasize a given situation, but also as and when need arises.
- **Oral/verbal** reports can be done on a weekly or monthly basis depending on the activity and CBW involved. This provides feedback on progress and other emerging issues either to an individual or a group of stakeholders informally or formally.
- Written reports normally involve presenting information in a structured manner by use of formats or simply writing about the work done. This type of reporting should be submitted within a given timeframe and to particular stakeholders.
- **Pictorial** reports involve presentation of information using pictures, graphs and other symbols. It is used for purposes of accountability; clarification of particular issues. Pictorial reporting can be quite instrumental when dealing with an illiterate target group. For example, photographs of the poor living conditions of the HIV/AIDS affected and infected people or explaining the status quo such as soil erosion.
- **Frequency** of reporting is determined by the kind of work being done or issue being reported on. This can be in terms of hours, weeks, months or even years.
- In order to ensure **quality** reporting, it is important to train and mentor the CBWs on reports and reporting. It is however important to provide continuous backstopping on reporting if quality has to be achieved over time.
- Different organisations provide different **formats** for reporting for different CBWs. Essentially the format should be elaborate enough as to allow for reporting on various areas of CBWs responsibilities such as progress against planned activities, use of kits/seeds, challenges encountered and other emerging issues, possible solutions where applicable and an outline of planned activities for the subsequent period.
- Lessons, case studies and best practices are the '**real life**' elements within a report and often the most absent. They should also be captured during reporting as a way of providing evidence of processes and impact of the CBWs activities.
- The **structure** of reporting should provide a guide for effective reporting. Depending on the type of reporting, each agency develops its own structure. However, most structures recommend that the CBWs report to a supervisor, who in turn reports to the FA or a technical body that is responsible for quality assurance.
- **Confidential** information should be stored in a safe place to avoid damage by water or fire. It should also be safe from access by unauthorised people.

Example 25 Reporting procedures, Kamwokya Christian Caring Community, Uganda

When the HIV and AIDS Treatment Supporters (HATS) go to the field, they provide feedback through the doctors, Adherence Nurses and data Clerk on a daily basis at the KCCC main clinic. This is mainly through the ART Patients adherence register where they record all the data collected; including that on patients who need special attention throughout the week. When HATs report for duty they are also expected to sign in the duty register book the time they arrived at their point of assembly. These mechanisms ensure close supervision and monitoring of their whereabouts and performance.

KCCC has put in place home visit forms, which are filled by the HATS on a daily basis whenever they visit the patients in their homes. The forms track the patient's treatment coping mechanism and adherence to drugs. They also show when the volunteer and caregiver directly observed the patients taking the drugs. Since the HATs are expected to report at the clinic on a daily basis, KCCC has established a weekly/monthly time table that engages HATs in patient data flow process where they shift files of patients from one treatment work station to the other, eg from the filing cabinet, to the doctors treatment room, pharmacy and finally back to the data office for entry and filling.

To ensure quality control and assurance, KCCC has also established a weekly and monthly monitoring follow up meetings for all the HATS where they meet and discuss various issues concerning their work, identify and find solutions to the problems that may hinder their work, share experiences and lessons learnt in their respective locations/communities. On a quarterly basis, they compile and submit quarterly reports to the M&E department for review. This is because as KCCC service agents, HATs are governed by the organisation's personnel policies and procedures that relate to volunteers. Therefore, they are expected to set targets, which they report on just as staff do. The Monitoring & Evaluation and the human resource offices review the reports and identify emerging issues, which are followed up in a feedback meeting between KCCC supervisor/manager and the HATs.

Example 26 Reporting procedures for CBWs, CARE Lesotho

The Community Health Workers and Home Based Carers report in a weekly, monthly, guarterly and annual basis. A two days training on reporting is conducted annually and a one day refresher course is also organised quarterly. CARE also has developed a format for writing reports. The CBWs report to the CBW committee at village level on a weekly basis. The Committee then consolidates the weekly reports for the month and submits to the FA every end of month.



Example 27 Example of Report Format from HPCA, SA

Example 2/ Example of Report Format from HPCA, SA
Name of Home-based carer:
Activity27 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 8 9 20 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 T
Home-based care Total number of patients
No of visits
No of add persons
Counseling Total number of patients
No of visits
No of add persons
Bereavement care Total number of patients
No of visits
No of add persons
Planning for OVC Total number of patients
No of visits
No of add persons
Eye on the child Total number of patients
No of visits
No of add persons
Grant applications Total number of patients
No of visits
No of add persons
Chronic patients Total number of patients
No of visits
No of add persons



Example 28 Volunteer Co-ordinator Monthly Report, CHoiCe Trust, SA

Summary of Volunteer Activities

NAME :	LOCAL AREA :	MONTH :	YEAR:
			· · · · · · · · · · · · · · · · · · ·

TOTAL NO OF VOLUNTEERS : _____ TOTAL VOLUNTEERS ACTIVE DURING THIS MONTH: ___

1. MEETINGS				
1.1 Care Giver Support Group	DATE	VENUE	ATTENDANCE Volunteers Others	OUTCOMES
1.2 Role Player Meeting	DATE	VENUE	WITH WHOM	PURPOSE / OUTCOMES
Dept of Health and Welfare	•			
Religious Sector				
Counsellors				
Dept of Education				
Traditional Leaders				
Traditional Healers				
Other:				
1.3 Volunteer Training	DATE	VENUE	ATTENDANCE	PURPOSE / OUTCOMES / TRAINING
1.4 Monthly Volunteer Support Group Meetings	DATE	ON-GOING TRAINING		PORT GROUP MEETINGS ve you done? Outcomes)

2. Number of Villages currently working in

2.1. Number of Villages without Volunteers

2.2.	Number	of	Volunteers	required to	assist the	villages
------	--------	----	------------	-------------	------------	----------

3. Volunteers Receiving Stipends	Did they attend Support Group Meeting	Did they hand in a Volunteer Summary	Are they active in their community	Any Questions or concerns about their performance. Follow Up
1.				
2.				
3.				
4.				

Volunteers Not receiving stipends but Active

Inactive Volunteers

DATE:

VOLUNTEER COORDINATOR SIGNATURE:

4.7.2 Regular reviews

Background

Performance reviews or support and supervision meetings provide opportunities to review progress, including work being undertaken and the challenges and successes encountered by the CBW. The partners involved also consider how to address the challenges and build on the successes and identify new strategies to maximise impact. The frequency of reviews varies with the level of reporting. For example at the CBW level, reviews should be done frequently eg once a month, to ensure that the challenges faced are addressed as they occur. The review informs the other capacity building and support functions in a CBW system. The review as part of monitoring is done for the following purposes:

- 1. Track adherence to goals, outputs and responsibilities.
- 2. Fostering transparency and team work hence ownership of the project.
- 3. Ensuring continuity and sustainability.
- 4. Tracking resource use and value for money.
- 5. Allowing for timely corrective action.
- 6. Laying ground or opening up of opportunities for further financial, technical and material support and networking.

Objective

To ensure that CBWs are working effectively, that their work is monitored and support provided to improve their service and promote individual growth

Who facilitates the process?

FA

Who needs to be involved in the process?

CBW, FA, community leadership or representatives, extension worker eg health centre nurse or agricultural extension officer

Process

- 1. Develop quarterly or monthly work plans for the CBW.
- 2. CBW writes monthly reports to the supervisor.
- 3. Supervisors meet CBWs on monthly basis on a prearranged day to discuss progress. Emerging issues and areas of support are identified and addressed and a plan of action on ways forward regarding ongoing support and guidance developed.
- 4. A short report is written summarising issues emerging, or a section added to the report produced by the CBW.

Example 29 Monitoring procedures, KCCC, Uganda

KCCC has established a weekly and monthly monitoring system with follow up meetings for all the CBWs. These meetings are forums to identify issues and find solutions to the problems encountered. Through this process CBWs, share experiences and draw out lessons learnt in their respective communities. On a quarterly basis they compile and submit reports to the M&E department for review. The M&E and Human Resource offices in turn review the reports and identify emerging issues, which are then followed up in a feedback meeting between KCCC supervisor/manager and the CBWs/HATs.

On a quarterly basis, KCCC organizes feedback meetings where HATs have the opportunity to raise issues related to their work and how they think KCCC can intervene to make them more effective. In the same meetings KCCC gives feedback to HATs about the data collected and how it is used for programme improvement and decision making at the point of service. This ensures and maintains transparency between the organisation and HATs. It also motivates and gives them confidence that their work is valued.

On a quarterly basis, KCCC holds meetings with local council officials and Bubondo leaders to provide and get feedback about the progress of their work. In the meetings the leaders take minutes, which they also use to brief their constituencies. Such meetings provide KCCC the opportunity to brief participants about new developments in relation to ART and the AIDS epidemic and discuss the social, cultural, economic and environment issues that impact on adherence and the patients' and caregivers' ability to effectively cope with the epidemic.



- 5. Regular meetings held between the supervisor, FA, CBW, government department and community leaders, to discuss issues identified individual progress monitoring and positive feedback and monthly debriefing session to boost the morale of the CBW.
- 6. Some form of performance appraisal (eg annually or six monthly) is a useful tool that serves as motivation and recognition of the CBW. It forms an integral part of the development of the individual as it outlines the strengths and weaknesses of each person. It also identifies individual development needs.

Resources needed:

• Report format and review process format as well as documenting results.

Comments & tips

Frequency is determined by task and geographical area and cost - if too long between reviews people may continue to make same mistakes and they may feel neglected.

4.7.3 Mentoring

Mentorship refers to a formal process of support and capacity-building, based on assessment and strategic planning. The concept of mentorship is closely linked to empowerment. A mentor provides guidance, support, leadership, supervision, and advocacy. In addition to providing ongoing encouragement, mentorship involves monitoring and evaluation by the mentor. The success of mentorship can be measured in terms of the CBWs ability to deliver a high quality of service and the continued ability to cope with work demands.

Support and mentorship of CBWs is very important for the long term sustainability of CBW work, since the wealth of any CBW system lies in its human resource component. Because training of CBWs is a costly and tedious process, the maximization of CBWs capacities and retaining them in the CBW system is of utmost importance.

A specific type of mentorship programme is a "care for the carer" programme and this is applicable to health care workers, essentially those who are continually exposed to the suffering of other human beings. The motivation for this type of programme is that people who are often exposed to the suffering and trauma of others, are susceptible to secondary traumatic stress. The goal for such a programme is thus to support CBWs who may be at risk of secondary trauma. These types of programmes may use some of the following processes:

- Trauma debriefing;
- Peer support;
- Retreats;
- Support groups;
- Individual or group counselling;
- Memory work techniques;
- Relaxation techniques;
- Stress management training;
- Coping skills.

Background

Regular mentoring of the CBW, through ongoing support and guidance will ensure the development of the individual to render a quality service. In essence mentoring within a CBW system will ensure that someone is looking out for the wellbeing/welfare - not just the performance - of the CBW. It is important to get "buy-in" of the government departments who may not operate such a system to support the credibility of any mentoring initiative.

Objective

To ensure CBWs are well cared for and able to manage their workload properly through an effective mentoring system.

Who facilitates?

The process of support and mentoring of CBWs is facilitated by the FA. It is the responsibility of the FA to invest time and money in the process of supporting and mentoring the CBWs working under their supervision.

Who needs to be involved in the process?

Example 30 Reducing stress levels, KCCC, Uganda

To reduce the stress that comes with the heavy workload, KCCC also conduct staff retreats where all the staff members and HATs find time to meditate and reconcile with their own spirituality and God, reflecting on their lives and the work they do. To improve their work the organisation also organises capacity-building sessions for HATs based on the gaps that they have identified and the changing dynamics of ART, and the HIV and AIDS epidemic.

The individual or a group of CBWs and their FA-appointed supervisor should be involved in this process. The FA should take ownership of this process in terms of providing the resources needed to implement the personal development plan of CBWs.

Process

- 1. Planning phase: The mentor needs to have a good knowledge of the CBWs capabilities, strengths, weaknesses and potential. This can be captured through a performance appraisal and training needs analysis after which a personal development plan can be formulated. In this personal development plan the needs to be addressed must be prioritized. The process continues with ongoing training, guidance and support.
- Implementation phase: In this phase it is important to ensure that the mentor and CBW agree on the areas for mentorship. After they reach an agreement on the areas to be addressed through mentoring they will continue to decide on activities that might address the identified needs. The formalization of the personal development plan should contain goals, tasks, person(s) responsible, expected outcomes, timeframes, possible costs, challenges and risks.

Since this process in essence is about maximizing the potential of the CBW, it is implied that it is a monitoring process and therefore the outcomes of this process must also be evaluated.

How long will it take?

The support and mentoring process is an ongoing process, which will continuously need to be updated and evaluated.

Resources needed (people, facilities etc)

Supervisor and CBW time, stationary, place for private consultation, training for supervisors, training as identified in personal development plans and transport.

Comments & tips

The training of supervisors to provide mentoring is very important, since it requires specific skills. The benefits of these activities will become apparent in the quality of services rendered as well as in the retention of CBWs.

4.7.4 Referral and linkages

Background

CBWs need to be well linked with the relevant authorities and different service providers - both public and private. CBWs are essentially the link between the community and other service providers and play a critical role in referral and signposting. For example, HBCs in SA link directly with local health clinics and the Department of Social Development to access services for their clients. Peer networks can also be useful referral points for care and support services.

Objective

That CBWs and FA are clear on what a CBW can do themselves within the scope of the service they are providing and what they need to refer to other experts.

Process

- 1. The FA should clearly demarcate roles and responsibilities for the CBW in the job description, outlining what they can and cannot do or achieve within the given time available. Their tasks should be structured so they know specific issues that they can manage (sometimes referred to as a protocol) and those that they need to refer elsewhere. This is critical across both animal and human health due to the legal, liability and ethical issues involved. Good protocol will ensure effective referral system and accountability channels are in place and thereby avoid repercussions around ethical issues.
- 2. During the training, service providers providing back-up should be introduced and the services they can provide.
- 3. CBWs will encounter cases that they cannot deal with themselves and need to know when a problem is beyond their capacity and refer as appropriate. This needs to be part of the training that they receive.
- 4. The CBW assesses the client's needs, makes an assessment of what is needed and who best can provide that service, then refers as appropriate. For example, they can refer to other networks and service providers - CBOs, NGOs and government departments.

Tools and Resources

- Produce a simple document outlining key support roles and who can provide them, with contact details.
- Collect referral examples from real life practice of CBWs and use these as case study material in trainings where you can ask participants how they would have responded to the situation before sharing the actual outcome.

Example 31 CHW Referral Form, Ministry of Health, Lesotho

NAME AGE	VILLAGE
CHIEF	HEALTH FACILITY
REASONS FOR REFERRAL	
REFERRED BY	
REFERAL BACK	
PATIENT'S NAME	AGEVILLAGE
HEALTH FACILITY	
NAME OF THE DOCTOR/NURSE	
FOLLOW UP ACTIONS	

Example 32 Pastoralist Associations, WASDA, Kenya

WASDA has been collaborating with various stakeholders who are part of the support structures that Community Animal Health Workers are linked to. The CAHWs are also linked to Pastoral Associations, and these associations provide the following:

- Entry points for the CBWs into the community;
- Assist in mobilization of the community for animal treatment;
- They have drug shops from which the CBWs can buy;
- They also assist in provision of venues for training.

4.8 Maximising benefits to CBWs

4.8.1 Nurturing commitment, spirit of voluntarism and CBW's wellbeing

The first three models are all based on volunteers (those providing a service without a payment or for a small incentive), even if there is a stipend paid. Model four is essentially a volunteer coordinator (who is selected amongst these CBWs to supervise the rest), while model 5 is private sector. For the development of social capital within a community it is important that models 1-3 are flourishing. This must be kept in constant review and reflected on in quarterly reviews so that the mechanics of running the system and stipends do not deplete the commitment of the volunteers.

While CBWs are not employees of the FAs, both FAs and communities have a moral responsibility to ensure the well-being of these volunteers who are giving their time to support the community. Section 3.3.3 discussed the decisions around incentives and implications of these decisions in relation to a full-time volunteer or stipend-based model. It also provided a non-monetary incentive for volunteers but important for motivation. Also, the FA and the community needs to formulate a retention strategy to ensure ongoing service delivery, retention of as many CBWs as possible, and as motivated as possible, and preventing burnout. This underpins the importance of supervision and mentoring processes already discussed.

4.8.2 Career pathing

Helping volunteers on their career path is an important incentive. It is important that this is considered at the beginning of the project when planning starts, and this process becomes part of the strategic planning for the project. CBWs themselves are less likely to feel they are being used to implement services without any regard for their well being. Career pathing will also ensure that there is an element of continuity and sustainability for the project as CBWs move on to other opportunities and are replaced by new recruits.

Supervisors

The CBW supervisors need to be considered for appointment in other areas of the FA's work and they should be given preferential treatment in staff recruitment processes. This needs to be part of the FA's strategic planning and recruitment process and should be considered at that level. However not all supervisors can be transferred into other areas, and in that case it is important for the FA to link with other organisations, such as government and private sector (eg private clinics) who could provide potential employment opportunities to supervisors. The supervisors could also be equipped with other skills like entrepreneurship and could be provided with grants to start-up businesses. Alternatively, further training would enable supervisors to continue in their specialised area.

Lay counsellors

Lay counsellors have specialised training and for their career pathing they could be provided with further training, through partnerships and linkages with private sector and government.

Example 33 Developing skills and commitment, ULAMP, Uganda

Arising out of the need to become leaders by example and to share and complement each other in terms of knowledge and skills, CBWs came together to form an association. Each of the CBWs was able to set up a model home before they embarked on intensive mobilisation and training of communities which they were appointed to serve. In addition, while the majority of the community-based facilitators had been trained as generalists, some became more specialized in particular enterprises and interventions. The CBWs would therefore use each others' expertise during training hence optimising learning for themselves and other farmers in the process.

Peer educators

Committed peer educators are a valuable asset, and they need to be given support and feel that they are valued for their commitment. Career pathing is one way in which the peer educators could be recognized and valued. Career pathing for peer educators can be organised through training or preferential treatment in recruitment for supervisors' positions.

Learnership programmes in SA (Accredited training)

Learnership programmes are another way in which career pathing for the CBWs can be planned. Learnerships are accredited trainings that are recognized by the South African Qualifications Authority (SAQA) arranged around the National Qualifications Framework (NQF). The NQF is developed to accommodate learners from the lowest to the highest qualification. CBWs could be offered NQF-related training to build their careers. For example in South Africa, Home-Based Care Workers have been offered NQF level 2 and level 3 training as part of career pathing, and with the level 3 training they can be absorbed by private and government hospitals as Health Workers.

Enhancing livelihoods

Particularly in productive sectors, access to training, credit, and seeds can assist CBWs to apply/implement what they have learnt to improve their livelihoods, This is an important incentive and career path in the NR sector.

4.8.3 Improving access to supplies and services

(eg drugs, health services)

Improving access to suppliers and services has already been discussed in section 4.5.2. The following example 21 from Kenya outlines one way in which CBWs are linked to credit facilities to improve services. Receiving improved access to drugs can be an important motivator in its own right.

Example 34 Peer exchanges, NAADS in Kabarole District, Uganda

CBWs have been sponsored to visit other CBWs within and outside the District. The first of its kind was when they visited CBWs in Isingiro District which has the most functional CBWs in the country. They were able to interact with fellow CBWs and with technical guidance, they developed an action plan based on new areas of learning which they needed to emulate. Furthermore they were also able to form an association and since then there has been a remarkable improvement in their performance. In order to share experiences periodically, the association is funded to meet every six months and update each other on progress against their action plans.



4.9 Learning and sharing

4.9.1 Learning from monitoring and supervision

When learning is facilitated as an explicit part of CBW activity it will assist with improving performance whether through attracting funding, justifying interventions, making possible adjustments in the project design, demystifying allegations, or assisting with expansion and up-scaling. Tools for monitoring and evaluating the work of CBWs and the performance of the overall CBW system, needs to be integrated in the entire service delivery system for the concerned sectors.

Section 4.7.1 covered reporting and 4.7.2 reviews. It is important that both processes are used for learning including aspects such as:

- Performance of the CBW and FAs;
- The extent to which the community is involved;
- Whether the CBWs work should continue in a particular location with the specific assignment and the relevance of the interventions being undertaken by CBWs;
- Gaps and challenges and areas for capacity building.

It is important to have peer review processes, with CBWs periodically reviewing their work against objectives, and reflection processes for learning.

Experience has shown that there are varying levels of performance among FAs and CBWs within the same locality, same sectors and even when using similar resources. The factors underlying this are many and vary from community to community. However the most commonly talked about reasons include among others;

- Level of commitment of an individual and degree of self drive;
- Expectations;
- Responsiveness of the target group/communities;
- Support from the FAs;
- Socio-economic status of an individual.

Therefore sharing of experiences across communities, FAs, regions and nations becomes paramount in enhancing the CBW work with the aim of learning from others' experience and lessons learnt. This can be in the form of meetings, dramas, exchange visits, panel discussions on radio, compiling and showing short videos, newsletters or other print media or through using internet forums (websites, discussion forums etc.). In each of the cases above, CBWs can share their innovations and successes with others.

With regard to meetings and/or periodic reviews in Lesotho (CARE's Letsema programme), the CBWs met monthly to



discuss their reports regarding progress attained, lessons learnt, best practices, challenges encountered, practical solutions and plans for the future. The District task force constituted by different organisations would then organise a follow up meeting where FAs participated. Such a meeting provided an opportunity to discuss the gaps, challenges and other emerging issues and to take action accordingly. If CBW activities are being funded by donors, feedback needs to be given to these donors and this depends on monitoring the activities of CBWs. Monitoring is a continuous process of collecting and analyzing data to ensure programme activities are rolling out as planned and if necessary to adjust action to circumstances. The monitoring process focuses on both quantitative and qualitative data. Monitoring activities of CBWs will also support learning processes and also enable the FA to plan future service delivery. For example, if CBWs in a specific area are constantly working more hours in certain geographical areas, it could be an indication that more CBWs are needed or that more training and capacity building of CBWs should take place.

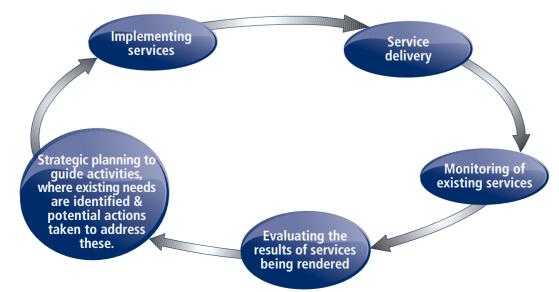
Table 3 Some purposes of evaluation

(source: www.wikipedia.org)

Approach	Purpose
Experimental research	Determine causal relationships between variables.
Management information systems	Continuously supply evidence needed to fund, direct, & control programmes.
Objectives-based	Relates outcomes to objectives.
Decision-oriented	Provide a knowledge & value base for making & defending decisions.
Policy studies	Identify and assess potential costs & benefits of competing policies.
Consumer-oriented	Judge the relative merits of alternative goods & services.
Client-centred	Foster understanding of activities & how they are valued in a given setting.

Good monitoring and evaluation can help measure the impact of interventions and understand the reasons behind any changes. This requires suitable tools to be developed through a participatory process involving the FA and CBW. The tools should be easy to manage by the users. The data should be measurable and specific to ensure that it is useful in the process of quantifying the results of any given aspect that was monitored. The data collected should be analyzed by stakeholders and the outcomes used to guide strategic planning decisions which will enhance positive results and minimize negative effects.

Figure 2 The M &E process



4.9.2 Sharing experience eg through exchanges

Background

Adults learn best by their own experience, directly, or by sharing experiences with other adults.

Objective

To improve performance through sharing experience with people or organisations undergoing similar challenges and opportunities.

Process

- 1. Identify gaps for which learning and exposure might be required.
- 2. Using different fora and media, identify places which will offer the required knowledge/skills/insights and solutions.
- 3. Agree on the mode of sharing based on resources available and the scope of needs to be addressed eg study visits, use of the media (telephone, print and electronic media) etc.
- 4. Initiate contacts with the identified stakeholders and draw up a plan of action.
- 5. Establish learning questions to be asked from the visit and brief participants and if possible allocate specific areas for each to follow up on. This may include experiences, lessons learnt, new innovations/best practices, challenges encountered.
- 6. Implement the visit/exchange and brainstorm the lessons.
- 7. Compile a report on the findings and a plan for improvement based on the lessons.
- 8. Share the report with the relevant stakeholders.
- 9. Identify priorities for implementation.
- 10. Identifying possible areas for collaboration and support while assessing own performance.

11. Implement.

Resources required

Travel costs and possibly accommodation and meals. Time for trip and lessons.

Comments & tips

Study tours need to be well-planned to get maximum value out of them. Plan well to ensure participants' expectations are reasonably matched to the programme objectives.



4.9.3 Assessing impact and making changes

Background

The purpose of initiating a community-based service delivery system is to make positive changes in the lives and livelihoods of vulnerable people in need of some specific service. Any activities implemented will have an impact, either intended or unintended which could be positive and in line with identified targets but could also be negative.

Objective

To improve CBW systems through developing participatory monitoring and evaluation mechanisms.

Who facilitates?

FA and relevant government departments.

Who needs to be involved in the process?

FA, Community, persons with technical expertise, relevant government departments, beneficiaries and external evaluators (if needed).

Process

- 1. Training supervisors and CBWs on M&E to build ownership and contribute in developing the M&E framework/programme.
- 2. Planning for monitoring and evaluations including developing learning questions, deciding on methodology for answering them, and ensuring funding available or fundraising.
- 3. Development of participatory monitoring and evaluation indicators and tools.
- 4. Develop monitoring and evaluation plans.
- 5. Assess resources required to implement and include in project plan.
- 6. Identify roles of individuals/ Institutions.
- 7. Develop the terms of reference.
- 8. Carry out the task (monitoring/or evaluation).
- 9. Analyse the information collected.
- 10. Conduct learning events with stakeholders to review emerging lessons and implications of M&E data.
- 11. Make appropriate decisions in line with findings amendment should be done where necessary).
- 12. Document learnings and disseminate the information.

How long will it take?

Monitoring and evaluation is an on-going activity and will be an ongoing feature of the programme. A baseline survey is often important to do at the outset which can then serve as a reference point against which subsequent data and information can be compared.

Resources needed

- Human resources, transport, stationery and meals/travel expenses, computers, printers etc.
- Note M&E can often take 5% 10% of a project budget.

Comments & tips

- For M&E to make a difference it is important that results are seen to inform decisions and further development. It is also critical that the M&E procedures are clear and logical and that all stakeholders have a sense of understanding of and commitment to them and the wider purpose of the M&E work.
- For further detail on M&E and improving management for impact go to www.managing4impact.org

4.10 Coordination and partnerships

4.10.1 Introduction

For CBW systems to operate there needs to be coordination between all stakeholders. In addition there is the potential for a wide variety of CBWs providing services in any one community and potentially several FAs operating. The challenge is how this will be coordinated at community level, and local government levels to integrate the different services appropriately. Currently there seems to be no unified or harmonised structures for coordinating the range of community-based service delivery systems already in operation, nor CBW with other services. For example in Kenya, coordination of sectoral issues occurs at the district level, however, there is no specific focus on CBWs in the District development plans.

Box 3 CAHW kits, Kenya

In the animal health sector in Kenya some NGOs were providing free kits while some were providing kits on a costsharing basis. This caused confusion in the area since many NGOs were working there.

There are many potential benefits from effective coordination of CBW activities: harmonising training, improved quality of CBWs, advocacy where there is no legal support, better management of resources, deciding which areas are more of a priority, the incentives to be given, and also maximising the value of CBWs. It also allows for standardisation of training and approaches that do not clash or cause confusion. Such coordination can also:

- help avoid feelings of disparity between different 'types' of CBWs and help ensure they all feel valued the same way;
- assist with improving practice where learning and sharing forums are established;
- assist with coordinating funding mechanism by creating forums for influencing donors on approaches that work.

Some possible areas for action include:

- 1. Government identifies a **coordinating department** for CBWs within each sector starting from the national level, district and local levels.
- 2. Development of a **national steering group** for promoting CBW systems which takes an explicitly cross-sectoral approach so that the potential for CBW systems changing the approach to service delivery can be advocated.
- 3. In designing a CBW system, NGOs **design links to government** and other NGOs and the private sector explicitly. **Joint planning** and reviews with all actors should be encouraged.
- 4. The **functions of all FAs** are made known at all levels, especially those in direct implementation and work plans are shared.
- 5. **Coordination** of services is encouraged at local government level, with NGOs part of the accountability and coordination mechanism, involving local stakeholders in design, implementation and in M&E.
- 6. Developing **forums for sharing experience** at local government and higher levels both sector-based and non-sectoral.
- 7. Constituting **technical teams to provide backstopping** and carry out programme monitoring and evaluation.

Example 35 Overconcentration of CBWs in Lesotho

Experience has shown that there can be overconcentration of CBWs as a result of multiple funding of different FAs. For example in Lesotho, CHWs emerged when primary health care (PHC) was adopted. Their function was to address all elements of PHC. With the advent of HIV/AIDS, adequate funding resulted in support groups emerging whose role was not well defined. As a result CHWs begun operating as Home-based Caregivers. CHWs are now crossing over to be part of home-based care and the PHC programme is almost collapsing.

Example 36 Coordination in Wajir District, Kenya

The District steering group (DSG) is co-ordinated by the Arid Lands Resource Management Programme (ALRMP) and brings together all Departments and organisations to jointly plan and oversee both Development and Emergency programmes. The DSG has subcommittees which are responsible for different sectors eg District Food Security, Water and Sanitation etc.

4.10.2 Networking and negotiating with stakeholders

Background

Networking is an important strategic role for managers and involves developing relationships with potential partners and stakeholders with common interest for the benefit of a project. It is important therefore to understand the interests of the partner and align communication and dialogue with their interests. This demonstrates interest in their work and opens up the organisations and creates forums for experience sharing including successes and challenges. It also enhances resource sharing leading to reduction in organisation costs.

Objective

To provide the FAs and the CBWs with tools that will enable them to develop the skills to network and negotiate potential stakeholders to facilitate information sharing.

Process

- 1. The first step is to determine who possible partners could be. This information will be obtainable from the community profile during the stakeholder analysis.
- 2. Approaching prospective networking partners can be done in a number of ways, and these could be formal or non-formal. The following are some avenues of networking with stakeholders;
 - Formal meetings
 - Informal meetings
 - Conferences/ Workshops
 - Gala events
 - Dinner, breakfast, or lunch
 - Courtesy calls
 - Open days
 - Newsletters and brochures
- 3. Setting up a relationship could be formal (having memorandum of agreement) or informal (listing details for referral purposes or having meetings from time to time).
- 4. Maintaining a good relationship with networking partners should be a task delegated to a specific person (often the manager) and should be a priority for the FA.



4.11 Upscaling, withdrawal and sustainability

4.11.1 Retention of CBWs

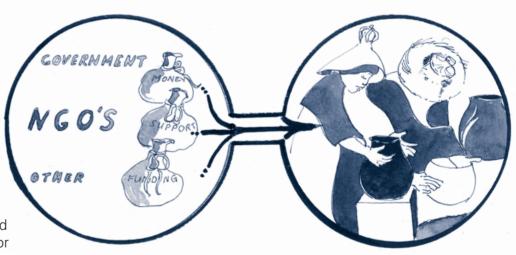
A key issue facing many agencies implementing a CBW system is retaining and maintaining a skilled cadre of volunteers. Linked to this is the high rate of attrition of CBWs. Such high attrition rates lead to lack of continuity in the relationship between a CBW and community, increased costs in selecting and retraining and lost opportunities. There also appears to be a critical gap on successful ways (models) of reducing attrition and increasing retention of CBWs. These guidelines argue for the need for FAs to develop clear CBW retention strategies as a viable and sustainable element of the CBW systems. They acknowledge that the wealth of a CBW system lies in its human resource, thus care should be taken to develop and implement plans to retain CBWs to ensure continuity of the services that are being provided.

4.11.2 Financing the system

The interest in using a CBW system is that it may provide a way to extend services to all communities in a cost-effective and empowering manner. If this system is adding value in areas of government's responsibility then government should consider financing it. Currently, the CBW system is funded by NGOs and donors in many countries and to a limited extent by government - for example, in SA.

NGOs are usually responsible for the establishment of the system. To keep the system operational, the government sometimes contributes support in terms of technical inputs, personnel, drugs, supervision, stipends and training. Funding may also come in part from NGOs, but ultimately if this is to be a sustainable system there should be state commitment to provide support (not only financial but in terms of training etc) to ensure project sustainability. An example of this being provided in a state-wide manner is the use of barefoot doctors in China where ten years after the Cultural Revolution, there were an estimated one million barefoot

doctors operating after three-six months training. However the barefoot doctors programme largely fell apart in the 1980s and '90s as central government provided less financial support for the programme, and the country's emerging free-market system began forcing farmers to pay for their health care but 40 years after the programme began, it still holds allure and lessons, for health officials around the world looking for a solution for inadequate rural health care.



If CBW systems are to be sustainable, operational costs need to be financed, ideally not through shortterm projects but through mainstream funding. This is happening in SA where stipends for home-based care and crèche workers are being paid under the Social Expanded Public Works Programme. However the whole system needs to be funded, including:

- The costs of the FA providing support and supervision;
- The costs of the CBWs themselves, stipends, training, kits etc;
- The costs for referral systems.

It is essential that government is part of CBW systems so that this role is taken on and needs to be planned for in sectoral and integrated planning processes.

4.11.3 Fundraising

Table 4 discusses the benefits and challenges involved in different ways of funding a CBW system.

Table 4 Sources of financing the CBW system

Туре	Benefits	Challenges
Governme nt funding	 May be substantial amounts of funding May have minimal reporting requirements Could add to the credibility of the FA and gain recognition of the work done by CBWs 	 Not always a reliable source of funding Significant bureaucratic requirements Could raise expectations in the community and with CBWs Could create confusion when seen as salary, hence entitlements.
Donor fundraising	 Can be significant amounts of money Sometimes flexible, even funding advances 	 Can require specialised people to develop proposals May have particular bureaucratic requirements eg reporting Not usually long-term and project focused so difficult to cover core costs, and renders it unsustainable
Events fundraising	 Enhances the FA's visibility in the community Promotes the work done by the CBWs Good public relations and networking tool 	 Takes a lot of time to organise Does not necessarily bring in a lot of money, especially if the community is poor The risk factor is high, because there is always a possibility that the event may not be successful
Corporate fundraising	 Takes less time and effort (in comparison to organising events) A bigger amount of money could potentially be raised, since it is not depending on the local economy 	 Requires at least one person with the skill to write proposals The reporting back requirements may be too high if capacity in FAs is limited Requires a minimum of infrastructure to be able to generate a proposal eg computer, printer etc.

A proportion of funding should be allocated through community structures, for items and some support costs like travel and meals, to enable projects to remain community-based/owned. In addition, where the service provided is of a private good nature (eg benefiting a specific individual) the user can contribute to the cost of service being delivered eg in animal health, soil conservation and forestry.

CBOs running a CBW system need basic training in simple proposal writing to help them raise the necessary funds to sustain their programme. Box 4 shows a possible content of a concept note that can be elaborated on.

Box 4 Content of a concept note for a funding proposal

- Background
- Who the key stakeholders are and where they are based
- The key problem we are seeking to address with some figures to justify
- The goal and purpose of the proposed intervention
- Activities and a GANTT chart for these
- A budget
- The competence of the partners to take on the project
- Management arrangements



Notes

Notes



Notes
